UNIVERSITY OF CALIFORNIA, SAN DIEGO

Spit, Chains, and Hospital Beds: A History of Madness in Republican Beijing, 1912-1938

A dissertation submitted in partial satisfaction of the requirements for the degree
Doctor of Philosophy

in

History

by

Emily Lauren Baum

Committee in Charge:

Professor Joseph Esherick, Co-Chair
Professor Paul Pickowicz, Co-Chair
Professor Cathy Gere
Professor Weijing Lu
Professor Andrew Scull

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The dissertation of Emily Lauren Baum is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

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Co-Chair

_____
Co-Chair

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EPIGRAPH

It must be admitted that the art of the Story as I see it is a very difficult one… To be stories at all they must be a series of events: but it must be understood that this series – the *plot*, as we call it – is only really a net whereby to catch something else. The real theme may be, and perhaps usually is, something that has no sequence in it…

C. S. Lewis

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LIST OF ABBREVIATIONS

Beijing Municipal Archives	BMA
Guomindang	KMT
Peking Union Medical College	PUMC
Public Security Bureau	PSB
Rockefeller Archive Center	RAC
Shanghai Municipal Archives	SMA

LIST OF IMAGES AND TABLES

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VITA

Bachelor of Arts, Georgetown University	2006
Master of Arts, Columbia University	2007
Certificate, Johns Hopkins-Nanjing University Center for Chinese and American Studies	2008
Doctor of Philosophy, University of California, San Diego	2013

PUBLICATIONS

"Health by the Bottle: The Dr. Williams' Medicine Company and the Commodification of Well-Being in the Liangyou Pictorial." In Paul Pickowicz, Shen Kuiyi, and Zhang Yingjin, eds. *Ice Cream for the Eyes: Kaleidoscopic Shanghai, Contending Modernities, and the Liangyou Pictorial in Republican China*. Leiden: Brill, 2013.

FIELDS OF STUDY

Major Field:

Modern Chinese History
Professors Joseph Esherick and Paul Pickowicz

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Professors Suzanne Cahill, Weijing Lu, and Sarah Schneewind

Modern Japanese and Korean History
Professors Todd Henry and Michael Shapiro

Twentieth Century World History
Professor Patrick Patterson

ABSTRACT OF THE DISSERTATION

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by

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Doctor of Philosophy in History

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Professor Joseph Esherick, Co-Chair
Professor Paul Pickowicz, Co-Chair

This study examines diverging ways in which insanity was understood and experienced across different segments of Beijing society during the early twentieth century. Approaching the history of mental illness from both institutional and phenomenological perspectives, the dissertation shows how entrenched views of madness continued to hold sway among the Beijing populace in spite of institutional change. The first part of the dissertation, which describes the evolution of Beijing's first municipal

asylum from its establishment in 1912 to its later reorganization under the auspices of the Rockefeller Foundation, offers a colonial, Whiggish interpretation of institutional advancement in the wake of Western involvement. The second part of the dissertation then goes on to demonstrate how such narratives of medical and institutional "progress" were largely ineffective at influencing popular understandings of madness, which remained rooted in traditional cultural values and contemporary sociopolitical concerns.

Due to the wide variety of economic, educational, and social factors shaping understandings of health and disease during the early Republican period, no singular understanding of insanity was able to fundamentally eclipse all others. This portrayal of discursive coexistence challenges previous depictions of mental illness in Republican China, which have tended to portray understandings of insanity as having been strictly influenced by top-down discourses of scientific rationality and biopolitical control. In contrast, this dissertation argues that there is no singular "History" of madness in China, and that institutionally based narratives of madness reveal only a partial – and frequently skewed – perspective of the larger picture. Instead, an analysis of everyday attitudes toward insanity reveals a plurality of dispersed and conflicting interpretations about the causes and cures for mad behaviors: interpretations that were influenced more by contemporary concerns than by officially sanctioned discourses.

Introduction

I began my research into the history of madness in China at a particularly fitting historical conjuncture. In the months preceding my departure for Beijing for a year of dissertation research, the American media closely documented a series of attacks on Chinese elementary schools. The attacks, which were carried out by a number of unconnected men later deemed psychologically unstable, prompted several American journalists to question whether the Chinese were employing sufficient measures to care for their mentally ill. "Mental health remains a medical backwater," declared a *New York Times* journalist in 2010, during a two-part piece on the "inadequacies" of mental healthcare in China.[1] Another reporter for the *Times* similarly argued that mental illness is "a closeted topic in modern China," as neither "medication nor modern psychiatric treatment" is widely used.[2] Both seemed to agree that the time was ripe for more aggressive government intervention in matters of treatment, prevention, and access to professional psychiatric care.

By the time I had finished my research, much had changed. In October 2012, the first Chinese national mental health law had been promulgated to much domestic and international attention (it would not go into effect until half a year later). Aiming to expand mental health services into rural areas and to give more rights to patients, the law

[1] Sharon LaFraniere, "Life in Shadows for the Mentally Ill in China," *New York Times* (November 10, 2010).

[2] Michael Wines, "Attacker Stabs 28 Chinese Children," *New York Times* (April 29, 2010).

was championed in China as "the start of a new era in mental health,"[3] and declared in the British medical journal *The Lancet* to be "a clear example of a national policy response to a group of conditions that were perceived to have a substantial effect on the health of the nation."[4] The new law, which symbolized a successful adaptation to changing needs and ideological conditions, appeared to mark the beginning of a new attitude in China toward mental health practice.

Nevertheless, in spite of the momentous changes taking place at the legal level, many have questioned whether the new mental health law will actually achieve the goals it has set for itself. The British physician Michael Phillips, who has practiced psychiatry in Shanghai for over two decades, expressed his concern that the adoption of the new law would not have a great impact upon care-seeking behaviors.[5] Citing the largest psychiatric epidemiological study ever conducted in China, Phillips pointed out that only 8% of mentally ill individuals across four Chinese provinces have ever sought help for their problem; of these, only about half have employed the services of trained mental health professionals.[6] Much of the issue, he argues, stems from the fact that mental illness continues to be highly stigmatized in China, regardless of legal and educational efforts to

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[3] "Jingshen weisheng fa de qidai 精神卫生法的期待 [Awaiting the Mental Hygiene Law], *Caixin* 财新 no. 44 (November 12, 2012), 30.

[4] Michael R. Phillips, "Can China's New Mental Health Law Substantially Reduce the Burden of Illness Attributable to Mental Disorders?" *The Lancet* vol. 381, no. 9882 (June 2013), 1964.

[5] Ibid.

[6] Michael R. Phillips et al, "Prevalence, Treatment, and Associated Disability of Mental Disorders in Four Provinces in China during 2001-05: An Epidemiological Survey," *The Lancet* vol. 373, no. 9680 (June 2009), 2041-2053.

the contrary. Medical practitioners are often dissuaded from pursuing a career in psychiatry due to the low social regard of working with the mentally ill, and families frequently prefer to keep their mentally ill relatives out of public view rather than bring them to routine appointments with a mental health practitioner.

The tension between legislative change (at the level of the state) and phenomenological consistency (at the level of the society and individual) mirrors a similar pattern that unfolded in Beijing at the turn of the twentieth century. In the late 1920s, under pressure from Western medical practitioners to adopt "modern" psychiatric practices and institutions, the municipal Beijing government entered into collaboration with the American-run Peking Union Medical College in order to transform the defunct, unhygienic, and poorly managed municipal asylum into a scientific and cutting-edge Psychopathic Hospital. No longer under the purview of the police from this point forward, madmen and madwomen – thereafter transformed into mentally ill *patients* – were suddenly thrust under the jurisdiction of trained medical professionals. Spurred on by this institutional shift, a new place for the mentally ill was also written into law. By 1935, psychiatric patients would no longer be treated as convicts in need of discipline or punishment, but rather as sick people in need of therapy and rehabilitation.

In spite of the efforts of Western psychiatric practitioners, however, the changes undergirding these legal and institutional developments did not necessarily seep down into the population at large. Although intellectuals – particularly those who had trained in Japan or in the West – readily appropriated new terminologies and discourses related to mental illness, lower class men and women remained profoundly traditional in their orientations toward behavioral or psychological aberrance. Preferring to rely on more

familiar forms of therapy, such as shamanism and indigenous medications, Beijing families only tended to avail themselves of the services offered by the Psychopathic Hospital and Peking Union Medical College when they had exhausted other options.

The persisting traditionalism in Chinese views of madness frustrated the practitioners at the Psychopathic Hospital, who felt stifled in their ability to assess the types and causes of native psychological and neurological diseases. From the Western perspective, the failure to achieve greater success toward the proselytization of scientific psychiatry could be attributed to the native's total ignorance of biomedicine and the principles by which it functioned. Although such accusations were saturated with an undeniable racial chauvinism, they were not, strictly speaking, incorrect. To many contemporary Chinese minds, the theoretical underpinnings of biomedicine and scientific psychiatry were not only inscrutably foreign, but improbably useless in their approach to psychobiological disorder.

Chinese Medicine in Republican China

Across two thousand years of Chinese medical history, a multiplicity of competing medical traditions have waxed and waned, falling in and out of favor as new traditions have supplanted or built upon older ones. In spite of the heterogeneity of both mainstream and local practices, the historian Paul Unschuld distills four major conceptual systems for understanding Chinese medicine in the late Qing (1644-1911) and Republican periods (1911-1949): demonic medicine, religious healing, drug therapy, and a type of medical philosophy that he labels "systematic correspondences" (i.e. the notion that changing environmental and cosmological relationships can cause sickness and

disease). Although the practical methodologies contained within each of these approaches differed, Unschuld argues that the "paradigmatic core" of these systems was fundamentally similar. In each approach, illness was thought to be the result of a breakdown in the normally functioning relationship between the individual and his social or cosmological environment.[7] Due to the consistent emphasis on correspondence and cosmological interdependence – or, as the historian Nathan Sivin puts it, "a congeries of vital processes" wherein health is comprised of a "physiological, emotional, and moral balance"[8] – the notion of illness as being located in a single, isolated biological spot appeared highly improbable to many medical practitioners and patients of the late nineteenth and early twentieth centuries.

The entrance of Western biomedicine into China in the late Qing caused many intellectuals to reevaluate the validity of their medical and cultural traditions. At the center of the debate stood the concept of "science": a value system that appeared to offer both a panacea to national ills and a prescription for attaining modern civilization.[9] Particularly as China was being "carved up" by foreign powers, Chinese intellectuals grasped desperately for ways in which to strengthen both the Chinese body and the Chinese body politic. The answer, to many, seemed to lie in the promise of biomedicine: not only for how it approached the treatment of human disorders, but also for how it

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[7] Paul Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 5-7.

[8] Nathan Sivin, *Traditional Medicine in Contemporary China* (Michigan: Center for Chinese Studies, 1987), 3.

[9] D. W. Y. Kwok, *Scientism in Chinese Thought, 1900-1950* (New Haven: Yale University Press, 1965).

offered a means of subjugating the heretofore unknown elements of environment, disease, and human nature to the domination of medical expertise.[10]

The fall of the Qing dynasty in 1911 did not, as was hoped, fulfill the promise of outright modernization, and instead the early Republic continued to be marked by massive political and social upheaval. Yet, throughout the Republican era, medical practice remained an important target of intellectual and political concern. Modernizing government leaders, who were searching for ways to strengthen the national polity and achieve parity with the foreign powers, attacked Chinese medical theories and advocated for the adoption of biomedical practices. Beginning as early as 1912, the Republican government under Yuan Shikai established a series of national educational regulations that deliberately failed to acknowledge the contributions of traditional Chinese medicine. When the education minister Wang Daxie was confronted with the omission by a group of Chinese medical practitioners, he famously retorted that he had "decided in the future to abolish Chinese medicine and also not to use Chinese drugs."[11] In spite of this damning proclamation, the government took no major steps to actually eliminate Chinese

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[10] For example, Frank Dikotter, *Sex, Culture, and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period* (Honolulu: University of Hawaii Press, 1995); Frank Dikotter, *Imperfect Conceptions: Medical Knowledge, Birth Defects, and Eugenics in China* (New York: Columbia University Press, 1998); Charlotte Furth, *Ting Wen-Chiang: Science and China's New Culture* (Cambridge, MA: Harvard University Press, 1970); Sean Hsiang-lin Lei, "Habituating Individuality: The Framing of Tuberculosis and its Material Solutions in Republican China," in *Bulletin of the History of Medicine* 84, 2 (Summer 2010): 248-279; Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).

[11] As quoted in Paul Unschuld, *Medicine in China: A History of Ideas*, 250.

medical practices, instead leaving practitioners to continue their craft independently and without much government oversight.

The government's refusal to establish firm standards for Chinese medical training meant, in some ways, that Chinese practitioners were given more freedom to practice than they were in the late Qing, when the government had adopted concrete measures to standardize traditional practices. Nevertheless, the critical gaze of Western physicians, medical missionaries, and foreign-trained Chinese intellectuals meant that Chinese doctors came under increasing pressure to reform or "scientize" their practices throughout this period. Although Chinese medicine remained far from standardized during the first half of the twentieth century, an undeniable biomedical influence gradually began to penetrate Chinese medical tracts. Many leaders of the Chinese medical community came together to discuss such questions as how to achieve doctrinal consistency, whether or not to eliminate overly "superstitious" concepts such as *yin* and *yang*, and how to create new terminologies that would correspond to biomedical nomenclature.[12] Nevertheless, as David Lampton notes, there remained a strong ambivalence about the outright westernization of Chinese medicine. While many Chinese practitioners felt a strong sense of humiliation at their own non-scientific medical traditions, foreign-trained doctors simultaneously came under attack as agents of "cultural imperialism."[13]

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[12] Bridie Andrews, "The Republic of China," in T. J. Hinrichs and Linda Barnes, eds., *Chinese Medicine and Healing* (Cambridge, MA: Harvard University Press, 2013), 222.

[13] David Lampton, *The Politics of Medicine in China* (Colorado: Westview Press, 1977), 11.

The relatively nascent field of psychiatry, which was only introduced to China in the first decade of the twentieth century, further led to the construction of new medical terminologies, etiologies, and approaches to national self-strengthening. Prior to the Republican era, and as chapter four will discuss in more depth, Chinese medical practitioners did not attribute behavioral abnormality to malfunction within the specific corporal region of the brain or psyche. Instead, as the historian Vivien Ng suggests, madness was alternately considered a result of demonic or spirit possession, or the consequence of general corporal or cosmological imbalance.[14] In tandem with the increasing dissemination of psychiatric texts, and as Japanese-coined neologisms such as "psychology" (*xinli xue* 心理学) and "mental illness" (*jingshen bing* 精神病) gained more currency among the educated elite, Chinese intellectuals began to approach the study of mental disorder in the same terms as they had earlier approached the study of biomedicine.

As the historian Geoffrey Blowers notes, Chinese intellectuals of the Republican period were primarily interested in scientific psychology for the utilitarian purpose of national self-strengthening.[15] By determining psychological and neurological laws, definitively mapping brain and nerve function, and strengthening the mind and spirit through education and militarization, intellectuals were optimistic that the Chinese

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[14] Vivien Ng, *Madness in Late Imperial China: From Illness to Deviance* (Oklahoma: University of Oklahoma Press, 1990), 28.

[15] Geoffrey Blowers, "The Origins of Scientific Psychology in China, 1899-1949," in *Internationalizing the History of Psychology*, Adrian Brock, ed. (New York: New York University Press, 2006), 107.

masses could be disciplined, organized, and modernized.[16] At the same time, however, a strong contingent of intellectuals were simultaneously concerned that the persisting "scourge" of madness among the greater Chinese population pointed to the fact that on a scale from backwardness to modernity, China still had a long road ahead of her.

Colonial Medicine and Madness

The close relationship between the adoption of scientific medicine and the achievement of national modernity has been charted numerous times in the histories of colonial and semi-colonial nations, and the majority of these studies centers on the familiar dichotomy between a progressive biomedical agenda and an unscientific culture of traditional medical practice.[17] While many of these authors simply seek to narrate the vicissitudes of cross-cultural engagement and the arduous trek toward medical modernity that often resulted, other authors unintentionally reify the Orientalism implicit in charges of cultural backwardness. Ralph Croizier, for example, notes in his introduction to *Traditional Medicine in Modern China* that the Chinese have long had an "innate

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[16] Herbert Day Lamson, *Social Pathology in China: A Sourcebook for the Study of Problems of Livelihood, Health, and the Family* (Shanghai: The Commercial Press, 1935).

[17] A brief sampling of works, not otherwise mentioned in this introduction, that speak to the question of scientific medicine and national modernity in China includes Peter Buck, *American Science and Modern China, 1876-1936* (Cambridge: Cambridge University Press, 1980); Ralph Croizier, "Traditional Medicine in Modern China: Social, Political, and Cultural Aspects," in Guenter Risse, ed., *Modern China and Traditional Chinese Medicine* (Illinois: Charles C. Thomas, 1973), 30-46; Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body Between China and the West* (Durham: Duke University Press, 2008); Sean Hsiang-lin Lei, "When Chinese Medicine Encountered the State: 1910-1949" (University of Chicago: PhD Dissertation, 1999); Andrew Morris, *Marrow of the Nation: A History of Sport and Physical Culture in Republican China* (Berkeley: University of California Press, 2004).

resistance to cultural change," and observes that traditional Chinese medicine has consistently "failed to establish a scientific method."[18] Couching his analysis in a language of cultural deficit, Croizier replicates Edward Said's charge that the postcolonial agenda "elide[s] the Orient's difference with its weakness."[19]

Certainly, most authors who study medical history in colonized nations are not quite so blatant in this regard. But the quest to understand Western medicine in a non-Western context often means that cultural "difference" continues to be ignored, so long as it contests or resists a state-mandated biopolitical agenda. As a result, few authors take into consideration "the importance of different and often opposing 'readings' of the body," as the historian David Arnold suggests in his study of British medicine in nineteenth century India.[20] This problem is particularly apparent in histories of colonial psychiatry. As government agents aimed to shape and control the psychological constitutions of the indigenous population so as to render them more submissive to colonial domination, they simultaneously ignored, suppressed, and invalidated native healing practices and experiential orientations toward health and disease.[21] The all-

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[18] Ralph Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge, MA: Harvard University Press, 1968), 16.

[19] Edward Said, *Orientalism: Western Conceptions of the Orient* (London: Penguin, 1978), 204.

[20] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in 19th Century India* (University of California Press, 1993), 10.

[21] Catharine Coleborne, ed., *"Madness" in Australia: Histories, Heritage, and the Asylum* (St. Lucia: University of Queensland Press, 2003); Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007); James Mills, *Madness, Cannabis, and Colonialism: The Native Only Lunatic Asylums of British India, 1857-1900* (New York: Palgrave Macmillan, 2000).

encompassing imposition of Western psychiatric knowledge, Alice Bullard observes, "tended toward the destruction of traditional beliefs and the negation of indigenous culture."[22]

The fact that native medical practices frequently fell victim to colonialist agendas means that historians, when attempting to piece together the intricacies of colonial medicine, are often left in a double bind. On the one hand, the suppression of native voices means that there is often little record of indigenous experiences of madness; on the other, even when those voices are extant, they have generally been appropriated by Western agents in order to reaffirm the backwardness of the native and the correctness of the colonial project. The historian Jonathan Sadowsky, who has studied institutions of madness in colonial Nigeria, makes this point quite bluntly when he concedes that colonial psychiatry has "limited insight into the psychology of Africans but provides useful sources for understanding the colonial mentality."[23] Similarly, in the volume *Psychiatry and Empire*, editors Sloan Mahone and Megan Vaughan readily acknowledge that colonial psychiatry is "more complex" than a simple tool of "racist oppression," but offer no solutions as to how the academic preoccupation with colonial perspectives might be overcome. In spite of the fact that Mahone specifically points out the existence of

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[22] Alice Bullard, "Imperial Networks and Postcolonial Independence: The Transition from Colonial to Transcultural Psychiatry," in Sloan Mahone and Megan Vaughan, eds., *Psychiatry and Empire* (New York: Palgrave Macmillan, 2007), 198.

[23] Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999), 3.

"culture bound" syndromes such as *amok* and *latah*, she only uses these examples in order to reinscribe a dichotomy between "raw" and "civilized" natives in her own work.[24]

Although madness is still a relatively understudied topic in China, a similar preoccupation with colonial and state biopower has consistently been interwoven into histories of madness in the Republican period. Focusing strictly on the institution of the asylum, historians of China have typically privileged Western voices and methodologies over indigenous interpretations of mad behaviors, particularly insofar as asylum practices were used to assert state power over the individual and his society. Neil Diamant, in his investigation of two mental hospitals in Guangzhou and Beijing, notes that the cooperation between missionaries and local elites for the establishment of asylums was done for the end of "municipality-building," if not state building, per se.[25] Peter Paul Szto, in his sociological analysis of the first Western asylum in Guangzhou, asserts that the establishment of the John G. Kerr Refuge for the Insane resulted in the "successful transfer" of a Western "institutional approach" to mental illness.[26] And Hugh Shapiro's research into the Beijing Psychopathic Hospital shows how the Peking Union Medical College and its Western practitioners were able not only to transmit psychiatric

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[24] Sloan Mahone, "Psychiatry and the Practical Problems of Empire," in *Psychiatry and Empire*, 55.

[25] Neil Diamant, "China's 'Great Confinement'?: Missionaries, Municipal Elites, and Police in the Establishment of Chinese Mental Hospitals," in *Republican China* (November 1993), 7.

[26] Peter Paul Szto, "The Accommodation of Insanity in Canton, 1857-1935" (University of Michigan: PhD Dissertation, 2002).

knowledge to the surrounding community, but to influence methods of "state control" as well.[27]

Anthropologizing Medical History

In many ways, it is easy to understand why the bias toward colonial, official, or institutional perspectives has consistently overshadowed alternative narratives in the historical writing of colonial medicine and psychiatry. On the one hand, sources from the Western perspective are often more readily available than those from the indigenous point of view; particularly in locations where the native population lacks a culture of literacy, it can be nearly impossible to ascertain how diseases were experienced, articulated, and conceptualized from the perspective of the indigenous people. On the other hand, Western-trained academics who have been thoroughly indoctrinated with the notion of biomedical superiority can often find it counterintuitive to privilege native healing practices as something worthy of serious academic inquiry. As the anthropologist Byron Good argues, "It is difficult [as Western academics] to avoid a strong conviction that our own system of knowledge reflects the natural order… and that our own biological categories are natural and 'descriptive' rather than essentially cultural and 'classificatory'."[28] Good concludes with the cautionary note that biomedicine is just one

[27] Hugh Shapiro, "The View from a Chinese Asylum: Defining Madness in 1930s Peking" (Harvard University: PhD Dissertation, 1995), 4.

[28] Byron Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), 3.

cultural system among many – and that it is the role of the academic to challenge its claims to epistemological hegemony.[29]

Good's critique of the supposedly natural, objective, and acultural construction of biomedicine follows a line of thinking that has already been well established in science studies and medical anthropology. The philosopher Bruno Latour, for example, has previously argued that modernity involves the ability to distinguish the natural from the societal – to keep these "two branches of government" in "separate, watertight compartments."[30] And yet, Latour continues, at no point has "modern" man actually been able to distill the "naked truths" of the natural sciences in such a way as to keep them completely distinct from their socially-informed components. To the contrary, the "quasi-objects" of science and sociality have consistently remained bound up within one another, constituting a "Parliament of Things" that does not clearly distinguish between its human and nonhuman elements. To overcome an epistemological orientation that habitually perpetuates false claims to scientific objectivity, Latour suggests that academics must recognize the "uncertainty" of science and its "crazy ability to reconstitute the social bond."[31]

For medical anthropologists like Arthur Kleinman and Tsung-yi Lin, who have both researched psychiatric epidemiology in post-Mao China, this argument is particularly compelling. Unlike Hugh Shapiro's research into madness in 1930s Beijing,

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[29] Ibid., 26.

[30] Bruno Latour, *We Have Never Been Modern* (Cambridge, MA: Harvard University Press, 1993; first published 1991), 139.

[31] Ibid., 142.

which is informed by the belief that "the disease [of mental illness] transcends specific cultural or societal context,"[32] Kleinman conversely contends that mental illness is not a natural "given," but rather a dialectic of meaning connecting physiological processes, social structures, and individual experiences. While neurobiological malfunction certainly plays a role in the development of psychiatric disorder, Kleinman asserts, mental illnesses cannot simply be reduced to their physical, observable components. Similar to the arguments put forth by Good and Latour, Kleinman challenges the false dichotomy between natural and human, scientific and social; psychiatric concepts, he writes, are intimately enmeshed in "*social systems*."[33]

The anthropological approach to cross-cultural medicine and psychiatry has greatly informed my research here, and my starting point therefore acknowledges the role that culture plays in the articulation and lived experience of pathological distress.[34] Nevertheless, while scholars like Kleinman and Good are mainly concerned with epidemiological and curative approaches to psychobiological disorders in non-Western contexts, this dissertation is less focused on advocating for the culturally-bound nature of mental disease than it is on providing an alternative approach to biopolitical histories of

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[32] Shapiro (1995), 35.

[33] Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience*, 2-3. Italics in original. See also Arthur Kleinman and Tsung-yi Lin, eds., *Normal and Abnormal Behavior in Chinese Culture* (Boston: D. Reidel, 1981); Tsung-yi Lin, ed., *Chinese Societies and Mental Health* (Oxford: Oxford University Press, 1995).

[34] Kleinman distinguishes between the pathological "disease," which pertains to a "narrow technical issue" framed by a medical practitioner, and the experience of "illness," which is the property of the individual alone, and arises out of specific cultural systems and local mechanisms of knowledge production. See Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988).

madness and medicine more broadly. Following, perhaps, a trend set by Michel Foucault beginning with his *History of Madness* (1961), historians of psychiatry have routinely privileged the top-down relationships between changing discursive practices, social institutions, and state power.[35] Such a focus, though certainly important to understanding evolving modes of political surveillance and biological control, nevertheless tends to ignore the role that consciousness, experience, and individual subjectivities play in the process of knowledge production. As Byron Good caustically remarks, "Perhaps because he was a historian, Foucault could picture discursive practices in the absence of active practitioners, the gaze in the absence of the perceiving subject."[36] Everyday human agents, in other words, have gone missing from their own story.

Good's remark constitutes a low jab to the historical discipline, but it is a remark that warrants serious consideration. How, in the study of medical history broadly (and colonial medicine more specifically), can historians go about healing the rift between a biopolitical agenda and a silenced native perspective? How can historians reconcile junctures of biomedical and institutional "progress" with the everyday resistance to – or ignorance of – new epistemological structures? Resolving the contradiction between these apparently conflicting objects, I would argue, requires a slight reorientation in our attitudes toward historical study. Rather than simply focusing on instances of historical

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[35] For example, Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge University Press, 1985); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993); Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Totowa, 1981); David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown, 1971).

[36] Good, 69.

rupture, it is worthwhile to also explore the more mundane moments where change is neither hegemonic nor absolute – where it exists, but not in the ways we might expect. In this dissertation, those moments can be found at times when the everyday Beijing public alternately appropriated, rejected, or ignored neuropsychiatric discourse altogether. Although these everyday men and women certainly came into contact with agents of the biopolitical project, their own understandings of self, health, and society were not immediately swayed in the same directions as those pushing a modern, biomedical agenda.

In order to imbue these otherwise banal moments with a sense of historical worth, it is imperative to orient ourselves away from a uniquely deterministic conception of history and toward a type of history that also acknowledges the competing agencies of the individual. Taking a cue from anthropologists, historians would benefit from a deep reading of individual subjectivities and societal tendencies, even if they appear, at first glance, to be irrational, self-defeating, or profoundly opposed to our own sensibilities. When treated sympathetically, it is in such moments of cultural "difference" (to return to Said) that we can most fruitfully avoid the pitfalls of Orientalism while simultaneously revealing a past that more closely approaches a recognizable truth.

Chapter Summaries

This dissertation follows two competing, yet also overlapping, narratives. On the one hand, I sketch the institutional evolution of the Beijing Municipal Asylum over a thirty-year period, from its original establishment in 1912 to its eventual demise in 1941. On the other hand, I simultaneously step outside the confines of the institution in order to

understand how different segments of Beijing society came to terms with what it meant to be "mad," given their own intellectual, economic, and social backgrounds. Because I aim to interweave these two narratives into a coherent whole, the structure of this dissertation is somewhat idiosyncratic. Organized into three sections, the dissertation oscillates between a Whiggish narrative of institutional "progress" and four standalone chapters that counterbalance these hegemonic claims to medical modernity.

The first section, consisting of two chapters, uses the lens of mental illness to examine the conjoined questions of institutional "backwardness" and intellectual anxieties over Chinese traditionalism. In chapter one, I address the period between 1912 and 1928, when the Beijing Municipal Asylum was run as a branch of the municipal police department. The asylum, which was completely funded and supervised by the police, functioned more as an extension of the prison system than as a place of rehabilitation. Unhygienic, overcrowded, and lacking sufficient funds, the asylum mainly housed the deviant insane whose families were either unwilling or unable to look after them on their own. Chapter two goes on to show how Chinese intellectuals appropriated the symbolism of madness – and the backwardness of the mentally ill individual – in order to critique the failures of Chinese modernity. Arguing that the corrupt and self-deluding nature of the Chinese individual had led to a stalled modernity, these men viewed insanity less as a physiological condition than as a conscious orientation toward escapism. In the minds of the intelligentsia, the pathological Chinese represented a synecdoche for the cultural failings of his larger nation.

The second section examines the institutional and ideological transition from treating madness as a form of sociopolitical deviance to treating madness as a

psychobiological illness. Chapter three describes the handover of the municipal asylum to the Rockefeller Foundation's China Medical Board in 1933. The resulting Psychopathic Hospital, which functioned as a branch of the Peking Union Medical College, employed Western-trained neurologists, psychologists, surgeons, and nurses who aimed to soothe and rehabilitate the patients under their care. Never missing an opportunity to critique the previous asylum for its poor performance in handling Beijing's insane, the administrators of the Psychopathic Hospital asserted a typically Whiggish view of medical progress and therapeutic advancement in the wake of Western involvement. Chapter four expands on the newfound equation of madness with illness by focusing on the experiences and ideologies of Chinese medical practitioners. Unlike Western-oriented intellectuals, who were troubled by the increasing numbers of mental cases in the new Republic, Chinese practitioners discovered that the commercialization of treatments for madness could become a potentially lucrative endeavor. Taking a cue from Western practices and institutions, much like the Psychopathic Hospital, traditional Chinese medicine practitioners began advertising their own "specialized" cures for insanity and establishing their own treatment centers.

The last section, consisting of three chapters, aims to resolve the tension between the apparent successes of the Psychopathic Hospital on an institutional, bureaucratic level and the frustration of its Western practitioners to sway a larger portion of the Beijing populace to their cause. In chapter five, I examine the bureaucratic evolution of the Psychopathic Hospital from the perspective of the PUMC doctors who worked there. In spite of the PUMC's best efforts to spread the gospel of Western psychiatry to an uninitiated Chinese public, the doctors at the facility were consistently frustrated by the

limited scope of their impact and their inability to transform popular opinions on the proper treatment of the mentally ill. Chapters six and seven then turn to the ways in which the Beijing people conceptualized madness according to their own understandings of health and disease. In chapter six, which investigates the lower classes of Beijing society, I show how these men and women were little influenced by the influx of psychological thought and the establishment of Western hospitals. Instead, the vast majority of the lower classes tended to rely upon traditional modes of therapeutic practice (such as folk healers, exorcists, and traditional Chinese medicine practitioners) as a means of eliminating mad behaviors, and thereby only sought institutionalization for their family members as a last resort.

The dissertation concludes with a look into individual accounts of madness in chapter seven. Through an analysis of personal writings and diaries, as well as the oral confessions of purportedly insane men and women from the Beijing municipal police department, this epilogue shows how individual experiences of madness differed greatly depending upon one's social class, educational level, and intellectual orientations. Whereas intellectuals like the writer Zhou Zuoren embraced their psychological infirmities, believing that such modern ailments as neurasthenia and depression were a testament to their full participation in the modern era, families of lower-class madmen resisted the label of insanity. To them, madness was an object of mockery or derision that could only result in imprisonment, financial ruin, or loss of social currency.

By interweaving a straightforward narrative of institutional modernization with the multiple – and often conflicting – narratives of how madness was understood and experienced on an everyday level, I aim to both complicate the received picture of

colonial psychiatric philanthropy and offer an alternative perspective as to how medical history can be carried out in a (semi-)colonial context. In spite of the presence of the foreign agent – the missionary, the doctor, the psychiatrist – indigenous understandings of self, health, and disease did not simply disappear. Oftentimes they became even more deeply entrenched, particularly when faced with the challenge of an opposing point of view, and it is necessary to take these perspectives seriously rather than dismiss them out of hand as little more than superstitious relics of pre-modern, pre-scientific times.

Part I:
The Deviant Lunatic

Chapter 1.

The Police: 1912-1928

To the Beijing Municipal Police Department, the insane were a nuisance. Whenever these bothersome miscreants appeared on the city streets – having either slipped away while their families had turned their backs, or having been abandoned by their relatives and left to fend for themselves – they would not simply go away on their own. Instead, they became the charge of the already overextended police, who could apply neither force nor reason to achieve a satisfactory end with such exasperating, implacable creatures. These men and women roamed, fought, cursed, and stole; they threatened public health, challenged social norms, and posed a danger to the general law-abiding population. They were, simply put, the absolute dregs of society.

Although it was clear that the vagrant insane had to be put somewhere, the unarticulated question spanning the 1910s and '20s was where, exactly, they ought to go. Unless they were simultaneously insane *and* physically ill, they had no reason to go to a hospital; in the minds of the police deputies who hauled these men and women into their precincts, the homeless insane were not necessarily sick, but rather disorderly. Nor did they automatically have any reason to be sent to prison, either; a weakened constitution, even if it did have the potential to one day become violent, was not a guilty offense on its own. To the police, the insane were most on par with vagrants and prostitutes: the troublemakers and rabble-rousers who undermined the healthy social fabric of a developing nation, and who needed to be locked up somewhere until they could function as they should.

Prior to the twentieth century, the insane in Beijing were generally kept within the confines of the home or discarded in prison cells. The American doctor Charles Selden, who managed a missionary hospital in Guangzhou, observed that if Chinese madmen were ever caught roaming the streets, they were either "arrested" and "thrown into prison as if they were criminals" or "kept strictly chained" within the family home. It was not uncommon, he further noted, for madmen and madwomen to be dealt with in the "shortest and most effectual" way possible – a euphemism, certainly, for homicide.[37] And yet, in spite of the fact that the presence of madmen and madwomen in public places proved to be a continual thorn in the side of the police and local communities alike, few official solutions had ever been adopted to mitigate the problem.[38] With the fall of the Qing dynasty in 1911 and the advent of a modern republic, the need for a municipal institution that could act as a holding tank for the insane suddenly became a problem of first order, and one that demanded a proper – if not wholly satisfactory – resolution.

The very first Beijing asylum, which was founded in 1912, was less a specialized institution for the treatment of the insane than a crude and somewhat perfunctory facility that was attached to the city's poorhouse. The institution, which was only differentiated from the rest of the poorhouse on account of its name, *Fengren shouyang suo* (疯人收养

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[37] C. C. Selden, "Work Among the Insane and Some of its Results," *China Medical Missionary Journal* vol. 19, no. 1 (January 1905), 3-5.

[38] In the eighteenth century, the Yongzheng emperor called for the mandatory confinement of the insane; families with insane members were further forced to register with district magistrates. See Vivien Ng (1990), 63-67. Nevertheless, this practice was not necessarily upheld in a very stringent manner. Selden noted that upon querying his medical students, "There was not one who had not seen insane persons" in public places, with one of his students testifying to having seen at least ten madmen on the street. "Work Among the Insane," 3.

所 – literally, a unit for taking in and fostering the insane), announced from its very title that it did not necessarily intend to assuage the suffering of homeless lunatics, but would instead function as a temporary residence until a more permanent lodging could be found. The asylum itself was completely governed by the Beijing municipal police, and it was the police chief who appointed the asylum's manager, vice-manager, nurses, and staff. Funding for the facility also derived from the police department's own meager coffers, and judging by contemporary accounts, the sum allotted to the asylum was laughably sparse. Sidney Gamble, an American sociologist who meticulously surveyed early Republican Beijing, did not even bother going into detail about the conditions of the facility, contenting himself instead with the terse observation that the 1912 asylum was "far from satisfactory" and "very bad."[39]

Due to shoddy recordkeeping, few documents have survived from this period. However, according to the files that do exist, it seems that Gamble's no-nonsense description was not terribly far off the mark. The facility did not keep records on the names and conditions of inmates, nor did it segregate the insane by sex or by the severity of their disorder. All lunatics were instead thrown together in dim, cramped rooms with only the slightest regard for hygiene and safety. By 1913, the number of male lunatics had already exceeded sixty, far surpassing the marginal number of sixteen rooms available to accommodate them. Guards contented themselves with more pleasant distractions and only perfunctorily enacted the regulations – that is, if the regulations

[39] Sidney Gamble, *Peking: A Social Survey* (New York: George H. Doran Company, 1921), 125.

were enacted at all. Only a year into its existence, the facility had become a perfect breeding ground for disorder.[40]

Given these conditions, it was not exactly unexpected when a serious mishap did manage to occur during the late hours of August 21, 1913. On that night, an unnamed inmate brazenly left his room, scaled the walls surrounding the facility, and absconded into the suburbs of Beijing. Upon realizing what had transpired, the guards on duty immediately reported the incident to the manager of the poorhouse, Shou Shan, who then went on to file a report with the chief of police. The escaped inmate seemed to be about twenty years old, Shou wrote. His face was yellow and pockmarked, and he spoke in a southern dialect. At the time of his escape, he was wearing a pale-blue Chinese-style jacket with buttons and his hair had been cut short. Nobody, however, had thought to record the man's name.

While policemen were dispatched from multiple precincts to track down the lunatic, the chief of police struggled to grasp how such an escape could have occurred from an ostensibly well-guarded facility. Upon further questioning, Shou relayed the tumultuous events of the evening. Around three in the morning, a skirmish had unexpectedly broken out between the male and female inmates. A guard had reported hearing noises emanating from what was technically the female ward, and when he went to inspect, he found that two female inmates, Ms. Tian Zhang and Ms. En De, were crying uncontrollably. While the nurse on duty tried in vain to silence the women, a fight simultaneously erupted among the male inmates. When the wards finally quieted down,

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[40] Beijing Municipal Archives (hereafter BMA) J181-019-01866, 京师警察厅内城贫民教养院关于无名疯人越墙逃逸一案的呈, August 1913.

the guards noticed that one of the inmates had escaped. The unnamed man was later spotted on the southwestern wall of the city, but could not be captured.

Upon hearing the events of the night, the police chief could not help but wonder at the suspicious simultaneity of the ruckus in both the men's and women's wards. In spite of the fact that the sixth article of the facility's general regulations stipulated that men and women should not intermingle, it seemed disturbingly probable that the asylum guards had not been properly maintaining the boundaries between the sexes. In a likely attempt to save his own skin, Shou questioned the guards and reported to the police chief that they had repeatedly failed to abide by the precautions laid out for them. Strictly speaking, the guards should have known that the sixty-one insane men were supposed to have been housed in sixteen outer rooms, while the twenty-three insane women should have been locked in ten inner rooms. The guards were further supposed to segregate inmates by the degree of their insanity, such that the violently insane would reside alone, while lunatics afflicted with a less extreme form of madness would be lodged in rooms of three to four people. However, overcrowding in the facility prevented the proper observation of these regulations, and Shou surmised that the male and female inmates had not been separated to the degree stipulated in the asylum directives.

Shou was not content to blame the mishap simply on overcrowding, however. It was clear that someone would have to take the fall for the incident, and Shou was not about to sacrifice his own employment. Continuing his memo to the chief of police, Shou acknowledged that the main factor leading to the inmate's escape was the unacceptably lax discipline among the asylum's workers. "The guards were not as cautious as they should have been," he wrote to the chief of police, "and it is probable that they were

taking bribes or 'indulging themselves' while on the job." The guards' negligent conduct on the night of the escape, Shou continued, was in direct contravention of the asylum's general regulations. Asylum protocol mandated that two patrolling guards should have been deployed in the male ward during both day and night shifts, and that two female guards should have likewise occupied the female ward; the regulations further specified that a head inspector or guard leader should be on duty at all times, and that once it became time to change shifts, the guards were to have taken a headcount to ensure that the expected number of inmates was present. These rules, Shou admitted, had clearly been flouted. Nevertheless, Shou promised the chief of police that he would get to the bottom of the matter by inspecting the four guards on duty, including the head guard and chief inspector, to ensure that they had not been bribed into allowing an inmate to escape. A few days later, the chief of police wrote a condemnatory memorandum back to the facility, stating that it was clear that the poorhouse had only been "perfunctorily" abiding by the regulations.[41]

In the years following the incident, the situation at the poorhouse continued to deteriorate. By 1916, the facility had become so overrun with undocumented numbers of sick, infirm, and mentally unstable inmates that the wardens perpetually feared an outbreak of disease. The chief of police advocated that a better system of recordkeeping was absolutely necessary so as to keep track of the "daily increasing number of poor and insane" within the facility, and in a memorandum to the manager of the poorhouse, he demanded that workers should record and file detailed notes about each resident: his

[41] BMA J181-019-01866, 京师警察厅内城贫民教养院关于无名疯人越墙逃逸一案的呈, August 1913.

name, date of admission, physical condition, and most importantly, whether or not his family could be located so that they could bring the inmate back home with them.[42] Trying desperately to keep his facility from degenerating into a long-term residence for the city's delinquent poor, Shou made it a priority to track down the families of any lunatic who showed even the slightest sign of improvement. The attempt, however, proved to be a losing battle, and the vagrant insane continued to languish in the facility with little regard for Shou's ongoing predicament.

By 1918, it had become patently evident that the jointly administered asylum-cum-poorhouse was an unmitigated disaster. In that year, the police bureau decided to separate the asylum and the poorhouse into two separate entities, and moved the asylum from the western end of the city to a small courtyard in central Andingmen.[43] When Sidney Gamble visited the new facility, he noted with tempered enthusiasm that improvements had certainly been made. Here, at least, the facility segregated its lunatics by sex and did not seem to be quite so overcrowded. In fact, Gamble pointed out that the entire facility could accommodate up to eighty lunatics, while only thirty-two inmates (twenty-three men and nine women) were currently in residence at the time of his visit.

Gamble's observations were not overwhelmingly positive, however. The inmates, he wrote, still remained clustered together in stale, airless rooms lined on three sides with *kangs* (brick beds). Although efforts were made to distinguish between degrees of

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[42] BMA J181-018-06205, 京师警察厅关于调查收贫民及疯人并分别按月按旬造册上报给教养院的令, September 1916.

[43] Yuan Xi 袁熹, *Beijing chengshi fazhan shi, jindai juan* 北京城市发展史, 近代卷 [History of the development of Beijing, modern edition] (Beijing: Beijing yanshan chuban she, 2008).

insanity, the violent cases continued to be kept in the same room as those with less severe afflictions; the only difference, however, was that the more dangerous lunatics typically had their hands bound with rope so as to dissuade any violent tendencies. Although the facility contained a courtyard, the inmates were rarely allowed to make use of it for exercise, and their sparse diet consisted of only two paltry meals a day.[44] Later records also attest to the poor conditions in the police-run facility. According to reports issued in the 1930s by the Nationalist-run Ministry of Hygiene, the 1918 asylum did not have sick rooms, so both healthy and physically compromised inmates remained crowded together in unhygienic conditions. The inmates were further forced to wear "filthy and disgusting" rags, and subsisted solely on a diet of corn, millet, and pickled vegetables.[45]

The rather rudimentary conditions under which the facility operated were due, in part, to its meager funding. The operating expenses of the asylum amounted to a scanty 2,400 yuan a year, and the new manager of the facility, Zhang Mengxiong – who was simultaneously employed at a separate institution – received no remuneration for his work whatsoever.[46] Given these circumstances, it was a wonder that the asylum managed to function at all. But in addition to the engrained systemic issues surrounding the management of the facility, perhaps a better explanation for its crude and unhygienic

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[44] Gamble, 125.

[45] Beiping Municipal Government Ministry of Hygiene, ed., "Beiping shi zhengfu weisheng chu yewu baogao 北平市政府卫生处业务报告 [Report from the Beiping Municipal Government Ministry of Hygiene," in *Beiping shi zhengfu weisheng ju* 北平市政府卫生局 (Beiping: 1934).

[46] Gamble, 126.

conditions lay elsewhere: in the municipal government's general beliefs about insanity, the insane, and the basic purpose of the asylum.

Troublemakers

The police of early Republican Beijing did not tend to speak of insanity as a specific physiological condition. Indeed, inmates were not admitted to the asylum on account of their being "sick," but rather on account of the fact that they were being disruptive. Similar to tales of madness in early modern Europe, where the insane were thrown into asylums because of their "inability to work and to follow the rhythms of collective life,"[47] madmen and madwomen in early twentieth century Beijing were largely characterized by their troublesome behavior and seeming unwillingness to uphold accepted social norms. During the 1910s and '20s, the implicit correspondence between lunacy and delinquency was compounded by the fact that the Beijing police – and *only* the police – were responsible for processing admittance to the municipal asylum. Lunatics could not be brought to the facility directly by their families, nor were doctors given the power to prescribe a stay at the asylum independent of police agreement. Instead, the only people deemed fit to judge one's mental stability were the agents of the municipal police force: the same people charged with punishing perpetrators of crimes and misdemeanors.[48]

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[47] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Random House, 1965), 58.

[48] Gamble, 126.

Time and again, lunatics were admitted to the asylum with no other testimony to their insanity than the observation that they "hit people, cursed, and destroyed things" – an exceedingly common trope used to describe a lunatic.[49] Ms. Wang, the wife of a certain Xiao Wenpu, was brought into the police precinct on account of the fact that she "provoked disorder" at home and "damaged goods." Her husband, who testified against her, claimed that he was afraid for his life. (In spite of these damning words, the guards at the asylum wrote that "her insanity was not terribly serious" and she was released from the facility only one week after having been admitted.)[50] A beggar named Zhang Yicheng, who was living at the city poorhouse, was brought to the asylum after getting into a brawl with two other residents, purportedly hitting them on the head with his walking stick. Since the aides at the shelter could not determine the cause of the scuffle, they concluded that he must be insane and had him transferred out of the poorhouse.[51] Similarly, Zhang Binhe, a thirty-six year-old nurse, was picked up off the streets and brought to the asylum after creating a "barbaric ruckus" (*mannao* 蛮闹) that the police failed to control.[52] Regardless of the specific circumstances that incited such actions, each of the above

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[49] For example, BMA J181-019-32378, 京师警察厅内右三区区署关于何以懋素患痰迷之症请转送疯人收养所医治的公函, 1921-1922; J181-018-15681, 卜增义关于其妻卜艾氏疯疾复发仍请送疯人收养所医治的呈, February 1923.

[50] BMA J181-019-35295, 京师警察厅外右二区分区表送萧文普之妻萧王氏患精神病症请送疯人院医治一案卷, March 1922.

[51] BMA J181-019-35310, 京师警察厅临时乞丐收容所函送张义成一名似有精神病衣讯办卷, April 1922.

[52] BMA J181-018-15421, 京师警察厅内左二区区署关于报张宝和患疯疾送疯人收养所医治的函, June 1923.

suspected lunatics was brought to the asylum on account of the fact that they provoked disorder, caused public disturbances, or challenged their expected role.

The very vocabulary that the police used when issuing reports about cases of lunacy reveals an explicit correlation between insanity and delinquency. When lunatics were brought to the municipal asylum, they were not admitted to be "treated," but rather to be "detained" (*jujin* 拘禁 or *kouliu* 扣留), "taken into custody" (*kanya* 看押), or "imprisoned" (*jianjin* 监禁). Likewise, upon their release, they were said to have been "set free" (*kaishi* 开释) – an expression that was also used to refer to criminals being let loose from jail.[53] Throughout the 1910s and '20s, the police freely applied criminal vocabulary toward cases of insanity, regardless of whether or not the lunatic had ever actually committed a felony.

The unabashed use of such vocabulary was not without legal precedent; in fact, the equation of lunacy with criminality was basically written into the 1912 Beijing penal code. Article twelve of the code clearly specified that deviant acts committed by the insane should not automatically be labeled as felonies, but that the lunatic should still be "imprisoned and disciplined" (*jianjin chufen* 监禁处分) for having committed a crime.[54]

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[53] For example, BMA J191-002-11357, 京师警察厅关于送患精神病人犯到疯人收养所及京师一监、京师高检厅关于送精神病犯石文玉、刘汉卿等到京师警察厅疯人收养所监禁、病犯刘汉卿病故的指令、公函、呈, May 1925-May 1926; J181-019-01880, 京师警察厅外右四区区署关于将精神病人刘某送入精神病院医治一案的函, September 1913; J181-019-13502, 京师警察厅外右一区区署关于陆熙元控告李振华赖饭帐、形似疯癫一案的详, January 1916; J181-019-41632, 京师警察厅疯人收养所函报疯人于子凌疯疾已愈请查照卷, April 1924.

[54] Beijing Ministry of Justice, "Xingfa cao'an 刑法草案 [Penal code draft]," in *Zhengfu gongbao* 政府公报 (Beijing: n.p., 1912).

In other words, while the Beijing Ministry of Justice did not necessarily deem the insane *responsible* for their crimes, they nonetheless believed that lunatics should still be held *accountable* for their misdemeanors. The distinction was mainly semantic, as the consequences for wrongdoing often remained comparable in either case – even if an insane criminal managed to avoid a prison sentence, he would likely still end up locked away in the municipal asylum, the poorhouse, or a relative's quarters.

The logic that undergirded article twelve of the penal code was based upon the principle of intent. Since a person undergoing a bout of insanity could not be considered aware of his actions, then he could not be held legally responsible for having committed them. As a 1915 Ministry of Justice report stated, "Many countries believe that the actions of an insane person are not actually his own actions and therefore should not be punished. We, too, have decided that the actions of the insane should not be considered a felony (*buwei zui* 不为罪)."[55] The liberality of this statement was a bit misleading. As a 1915 circular report clarified, even if a lunatic could not be held legally responsible for having committed a criminal act, he would still be expected to be incarcerated and punished – sometimes to the full extent of the law. For example, if a criminal was found to be insane after he had been sentenced to death, his punishment would not be commuted, but simply delayed until the time at which he was able to regain mental clarity. The tribunal could then enact the death penalty exactly one hundred days after the

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[55] Beijing Ministry of Justice, "Sifa bu ling faguan duiyu jingshen bingren zhi fanzui wuyi daocha queshi zhengju wen 司法部令法官对于精神病人之犯罪务义调查确实证据文 [Report by the Ministry of Justice to the courts regarding the responsibility of insane criminals]," in *Zhengfu gongbao fenlei hui* 政府公报分类汇 no. 15 (Beijing: n.p., July 15, 1915), 49.

criminal's sanity had been restored. At no point, however, was the tribunal allowed to completely relieve the insane perpetrator of his sentence.[56]

With the declaration of these laws, the Ministry of Justice unwittingly plunged itself headfirst into a catch-22. If the crime of an insane criminal was not considered a "crime" until he regained psychological clarity, then he could not be immediately sent to jail; yet, if he could not be sent to jail, how was he supposed to be punished? The murky space between absolute penalization and absolute freedom came to be filled by the municipal asylum. In the early years of the Republic, the asylum became little more than a provisional holding tank for the city's delinquents, vagrants, and ne'er-do-wells: the people who could neither be handled by their families nor sent away to prison, and who would continue to tarnish the face of Beijing society if left to waste away on the city streets. The asylum was thus a gray area in the city's jurisdictional layout, and a facility that never quite came to be neatly defined in its role or purpose. It was, as Sidney Gamble succinctly wrote, a simple "custodial" unit.[57]

The municipal asylum, in other words, fell somewhere on the spectrum between a jail and a homeless shelter – often skewing closer to the former than the latter. The editorialist Weng Zhilong, writing for the periodical *People's Medical Journal*, detailed his own observations about the state of the Chinese asylum in the early republic. "The vast majority [of provincial or municipal asylums] are like prisons," he lamented. "They

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[56] Beijing Ministry of Justice, "Sifa bu ling xuangao sixing fan ru li jingshen bing huo yunfu jun ying tingzhi zhixing wen 司法部令宣告死刑犯如罹精神病或孕妇均应停止执行文 [Ministry of Justice declares that the death penalty should be halted in cases of insanity and pregnancy]," in *Zhengfu gongbao fenlei hui* 政府公报分类汇, no. 15 (Beijing: n.p., July 11, 1915), 48-49.

[57] Gamble, 126.

lack appropriate accommodations and psychiatric treatments. As soon as a lunatic enters the facility, he will immediately be put into iron shackles and locked up in a corner of the room. The insane are treated like the most serious criminal offenders and are completely deprived of their right to freedom." This was why, Weng concluded, the poor and wealthy alike would not dare step foot into an asylum of their own accord: funds were never sufficient, inmates rarely had enough to eat, treatment was cruel, and facilities throughout China were simple and crude.[58]

The doctor J. H. Ingram, who was employed at the Peking Union Medical College, spoke even more directly about the condition of the insane in and around Beijing. The mentally ill, he wrote, "are regarded as accountable for their actions, and are jeered at, scolded, tied up, starved, and tortured." Even the so-called municipal asylum, he continued, "is nothing more nor less than a prison where the insane are confined, and put in chains when necessary."

> It is difficult to get a patient in, and after he is in, one feels that it was scarcely an act of charity to have him placed there. The place is kept up more for the sake of being able to say that [the municipality has] an asylum than for the benefit of the afflicted. At one time when I visited the place, I found that it was overrun with about one hundred and fifty petty thieves, for whom no other jail accommodations could be found.[59]

Confirming Weng Zhilong's assessment, Ingram echoed the need for a total overhaul of the municipal asylum system in Beijing. Believing that a therapeutic approach to the care

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[58] Weng Zhilong 翁之龙, "Jingshen bingyuan yingyou de shebei 精神病院应有的设备 [Equipment that insane asylums should have]," in *Minzhong yibao* 民众医报, no. 6 (1931).

[59] J. H. Ingram, "The Pitiable Condition of the Insane in North China," *The China Medical Journal* 32, no. 2 (March 1918), 153-154.

of the mentally ill would soon become "self-supporting," Ingram argued for a more humane treatment of the insane than the one currently "in vogue."[60]

Defining Madness

To the Beijing municipal police officers tasked with determining the relative sanity of an individual, it was not always obvious whether the person in question was truly incapacitated, if he had just experienced a momentary lapse in judgment, or if he was simply the target of a false accusation. Given the squalid conditions of the municipal asylum, it was a serious task to mark an otherwise innocent individual with the label of lunacy. Nevertheless, throughout the early operation of the facility, the police did not ever develop a standardized system for differentiating chronic, protracted lunacy from what could otherwise be deemed an unfortunate misunderstanding.

Generally speaking, the policemen tasked with adjudicating cases of insanity tended to render judgment based largely upon their own gut instincts; they then justified their assessments through a series of formal tropes and stock expressions. The most common of these expressions pertained to the suspect's language. "His words are confused" (语言颠倒, 语言糊涂) was a stock phrase that the police invoked time and again to bolster a determination of lunacy. The characters *diandao* 颠倒, which can also mean "upside-down," or "topsy-turvy," were frequently followed with the clarifiers "lacking logic" (*wu lunci* 无伦次) or "very strange" (*liqi* 离奇). To the police, then, a suspect's ability to clearly express himself in a manner that coincided with their own understanding of reality was key to evading the label of madness.

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[60] Ibid., 154.

A few potential inmates were spared an asylum sentence after satisfactorily proving, through their oral confessions, that they conformed to the same system of logic as that of the police. Thirty-five year-old Xie Yinnan, for example, was apprehended at the Beijing train station in 1913 after an officer saw him board a train without a ticket. The officer noted that Xie seemed "suspicious looking," and upon questioning him, noticed that his words were "confused" (*hanhu* 含湖) and similar to those uttered by lunatics. Xie was brought into the precinct for interrogation. Over the course of the next few days, he attempted to explain to the police that he had come to the capital to call on a friend, but the friend had never arrived to receive him. Lacking sufficient funds to purchase a return ticket, however, Xie decided to surreptitiously board the train from the wrong side of the platform. He was spotted and apprehended by a station guard, who claimed that Xie was insane. Having sufficiently defended his case to the police bureau, Xie was released from the station four days later.[61]

A similar scenario occurred a few years after the debacle with Xie Yinnan. In 1926, a man attempting to board a train became embroiled in a scuffle with a policeman. The man, named Xu Jing, was reported to have punched and kicked the apprehending officer while speaking "confused" words. When he was brought to the precinct for questioning, the policeman on duty discovered that Xu was actually a police officer from Shanxi. Xu claimed that the officer who had brought him to the precinct had preemptively assaulted him at the train station for having ignored a command. According to police records, Xu's confession was "clear and understandable" (*mingxi* 明晰) and his

[61] BMA J181-019-01895, 京奉铁路关内巡警总局关于请将疑患精神病的谢荫南送入精神病院医治一案的汉, January 1913.

comportment was normal. The police kept him at the precinct to verify that his behavior was not simply an "interruption" in his insanity, and then released him two days later.[62]

Although the incidents with Xie and Xu prove that detainees were sometimes able to challenge initial accusations of lunacy, the vast majority of cases were not nearly this easily concluded. Various symptoms, neatly summarized in four-character stock phrases, were time and again deployed to bolster a determination of psychological incapacitation. Frequently, suspects were described as being in a "trance" (*jingshen huanghu* 精神恍惚) or were said to intermittently erupt into an insane episode only to later have periods of clarity (*shifa shiyu* 时发时愈). They appeared to be in a stupor (*hunmi* 昏迷) or stared straight ahead blankly, as if not seeing anything at all (*liangmu zhishi* 两目直视). They hit and cursed and destroyed things (*dama huiwu* 打骂燬物), and they jeopardized order and harmed public safety (*fanghai gong'an* 妨害公安). When a person was brought to the precinct displaying any of these characteristics, it was almost inevitable that he would eventually end up in the asylum – particularly if his family refused to incarcerate him on their own.

For many women accused of being insane, a simple display of emotional erraticism was often sufficient to secure a prognosis of lunacy. In addition to the tropes of madness described above, most women brought to the precinct were further characterized

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[62] BMA J181-019-50694, 京师警察厅外左一区分区表送许景现患疯癫请送疯人收养所医治一案卷, June 1926.

as being prone to "cry and laugh erratically" (*kuxiao wuchang* 哭笑无常).[63] In many cases, it was the perceived irrationality of the woman's emotional nature that sufficed to confirm her psychosis. Nevertheless, as the next chapter will discuss, the plight of the female in Republican Beijing was somewhat dissimilar from that of the woman in Victorian England. In spite of the fact that extreme emotionality in both cases was often interpreted as a marker of madness, in China psychiatric diagnoses like "hysteria" were rarely deployed in a gender-specific fashion so as to keep women subservient to patriarchal politics, as Elaine Showalter argues was the case in nineteenth century Britain.[64]

Such seemingly superficial categorizations of insanity did not mean, however, that a woman could simply be locked away on account of the fact that she was a nuisance to her husband or family. If it so happened that a husband sought to institutionalize his wife (or vice versa), the police would take confessions from both parties and attempt to reach an independent verdict. Nevertheless, some families did attempt to wash their hands of troublesome relatives by taking advantage of the lax rules governing entry into local asylums. In Shanghai, a journalist writing for the periodical "Women's Monthly"

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[63] For example, J181-018-19237, 疯人收养所关于吴氏染患精神病送所医治情形请备案的函, August 1926; J181-019-55242, 京师警察厅内左二区分区表送王镇侯现患神经病请送疯人收养所医治一案卷, July 1927; J181-019-50762, 京师警察厅中一区分区表送宋段氏无处可归形似心疾一案卷, September 1926.

[64] See Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Penguin, 1987); Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009). Showalter's discussion of the mutually reinforcing nature of medical and political policies argues that the idea of "female nervous instability" was used as a justification for keeping women from obtaining political rights and professional advancement (73).

was outraged to discover that the manager of a private asylum had agreed to lock up a man's wife in return for an undisclosed sum of money. The woman, named Pan Jingwen, had married her lover Jin Youshan in 1935. Quite soon after they were married, Jin fell in love with a nineteen-year-old woman, surnamed Wang. Seeing Pan as an obstacle to their love, Jin plotted to have his legal wife institutionalized. He bribed the manager of the Shanghai facility to arrange to have two of his workers kidnap Pan and bring her to the asylum. There, she was tied to a chair, physically abused, and forced to swallow pills. Pan might have been locked up indefinitely, if it were not for the fact that a servant had seen her being forced into a car. When the case was brought before local authorities, Pan was immediately released and everyone involved – with the exception of the asylum manager, who had managed to escape the city – was brought to trial.[65]

It is likely that a scandal of this magnitude was only able to occur as a result of the fact that the Shanghai asylum was a private facility, and Jin was therefore paying for his wife's "room and board" – not to mention lining the pockets of the asylum manager for his complicity in the unsavory scheme. The government-run facility in Beijing, on the other hand, was not for profit and often sought to dissuade new admittances due to ongoing issues with overcrowding. Nevertheless, the Shanghai asylum scandal attested to an unsettling potential trend. With the establishment of new asylums across China, and the concomitant notion that families need not be primarily responsible for detaining their insane members, insanity could provide a convenient excuse for disposing of an otherwise bothersome spouse or relative. Asylum agents therefore had to be doubly on

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[65] "Shanghai fengdian yiyuan feifa jingo yi jianfu 上海疯癫医院非法禁锢一健妇 [The Shanghai asylum illegally detains a healthy woman]," in *Funü yuebao* 妇女月报 2, no. 3 (1936), 44-47.

guard against instances of malfeasance or misleading charges, and the Beijing police generally attempted to cover its bases by taking oral confessions from everyone involved in the case – not just the accusers.

Women were not the only ones who could find themselves on the receiving end of an accusation of lunacy. It was not uncommon for wives and mothers to drag their insane husbands and sons to the police station on account of their mad, violent, or otherwise strange behaviors. Ms. Li He, for instance, brought a case against her husband Li Shuangxi after he allegedly threatened to kill her. In spite of his energetic and long-winded protestations to the contrary, the police examined him and found that his actions were "extremely abnormal" (*judong shushu guaimiu* 举动殊属乖谬). Keeping him under high security watch, they petitioned the chief of police to allow a transfer to the asylum.[66] Thirty-year-old Guan Yanchang was also escorted to the police precinct by his mother, who demanded that he see a doctor. The police recorded that his words were "still understandable" but "dull-witted" (*shenchi koudun* 神癡口钝). They decided that he was certainly mad, and sent him to the asylum to be temporarily housed and examined by a physician.[67]

Although the symptoms of insanity that the perpetrators displayed were unquestionably more complex than the above stock phrases can convey, these terms became the oft-invoked tools in the policemen's arsenal for identifying lunacy and

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[66] BMA J183-002-02270, 京师警察厅关于严监视李双喜有无精神病案及严缉魏庆祥等犯案的训 令, August 1926.

[67] BMA J181-019-21289, 京师警察厅内左二区区署关于关延昌因精神失常、请求医治安置的呈, February 1918.

handling its victims to the best of their ability. For the municipal police, identifying cases of insanity was not a precise science; rather, it was an instinct that something was amiss, abnormal, or not quite right. Unlike contemporary medical practitioners, who were increasingly guided by a classificatory impulse, the Chinese police tended to employ a number of different terms for "insanity" interchangeably and without concern for their dissimilar medical referents. Throughout the early years of the Republic, cases of insanity were alternately referred to as *jingshen bing* (精神病 – literally, an illness of the spirit or psyche), *shenjing bing* (神经病, nervous disorder), *xin ji* (心疾, "heart"/mental illness), *fengdian* (疯癫 or 疯颠, madness), *fengkuang* (疯狂, crazy), *tanmi zheng* (痰迷症, illness of confused sputum), *tanhuo bing* (痰火病, mucous fire disease), or *mihu* (迷糊, confusion). In case records, these terms were generally not used to differentiate between distinct types of insanity, but were rather used interchangeably or in conjunction.

The only document from this period to clearly articulate an etiological distinction between these terms was the general regulations for the municipal poorhouse-cum-asylum. Upon admittance to the facility, the regulations stated, each lunatic was to be examined to see if his illness was "serious" or "light." Those who were seriously crazy (*diankuang* 癫狂 or *fengji* 疯疾) were supposed to be separated from other inmates so as to prevent any violent mishaps, while those who were only slightly mad (*tanmi* 痰迷 or *xinji* 心疾) could be housed in close proximity to other inmates.[68] Nevertheless, police reports did not abide by this terminological demarcation, and a person's degree of

[68] BMA J181-019-01866, 京师警察厅内城贫民教养院关于无名疯人越墙逃逸一案的呈, August 1913.

insanity was often not apparent based upon the specific term that a given policeman employed.

The police did tend to make a distinction, however, between cases of lunacy and cases of idiocy (*daisha* 呆傻) or dementia (*chidai* 痴呆), but most people with cognitive or degenerative disorders still ended up in the asylum, even in spite of the perceived distinctness of their condition. Sun Qingxiang, a prisoner in the Number One Beijing jail, was transferred to the asylum in 1922 on account of having developed early onset dementia (*zaofaxing chidai* 早发性痴呆) while serving his sentence.[69] Likewise, a thirty-five year-old man named He Yimao was originally brought to the asylum in November 1921 on account of the fact that he "hit people and destroyed things." When his father came to claim him three months later, the asylum records noted that He was no longer insane, but had become an "idiot" instead (*daisha bing* 呆傻病).[70] Thus, in spite of the fact that the police made a terminological distinction between lunacy and idiocy, in practice they tended to lump all forms of cognitive and behavioral handicap together. The municipal asylum, in most cases, became the temporary residence to which these unfortunate men and women were sent.

Criminality and Insanity

Although the early Republican Beijing legal code essentially freed insane criminals of their legal responsibility for a crime (even if it did not free them from

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[69] BMA J191-002-13247, 高检厅、警察厅关于请将精神病犯孙庆祥等交疯人收养所医治的指令及河北第一监狱等的函, February 1922.

[70] BMA J181-019-32378, 京师警察厅内右三区区署关于何以懋素患痰迷之症请转送疯人收养所医治的公函, January 1921-February 1922.

punishment), the clause pertaining to insanity was less problematic in theory than in practice. How was one to judge, for example, if a crime had been committed during a period of psychological clarity or during a time of mental relapse? Who was to ascertain if a criminal was simply faking his lunacy so as to procure a more lenient verdict? How were jailers supposed to handle an inmate who suddenly became mentally unstable while serving his sentence? And what about the criminals who remained so deluded that they could potentially threaten public safety upon their release from jail? The legal code failed to address any of these matters, and as a result the police were forced to handle such situations on a case-by-base basis.

Deciding the psychological stability of a felon was not a cut-and-dry process. Quite often, prisoners would begin to show signs of mental deterioration in the midst of serving their sentence. When such cases occurred, a legal determination would have to be made about the prisoner's ability to complete his jail time. In August 1921, the Xianghe county jail asked to transfer two prisoners, Ma Hong'en and Wang Liu, to the municipal asylum because they had both shown signs of lunacy. Both Ma and Wang had been sentenced to jail on account of similar crimes: Ma had fatally injured a man named Yang Dezhong in a fight, and Wang had likewise fatally injured a man named Zhao Ying. While serving his fourteen-year-long sentence, Ma became absentminded, and would frequently stare into space for long periods of time. The prison wardens at first attributed his behavior to a form of depression, but Ma continued to deteriorate until it was determined that the facility could no longer afford to give him the extra medical and correctional attention he required.

While Ma slowly began showing signs of mental stress in prison, Wang had actually been deemed insane prior to his incarceration. In fact, upon reviewing Wang's history, the prison wardens decided that the verdict in Wang's case had originally attributed his violent actions to an episode of insanity. According to article twelve of the penal code, they reasoned, his actions should never have been counted as a crime in the first place. "Should we keep him locked up forever?" the warden of the Xianghe county jail wrote to the police chief. "The prison is overcrowded as it is." Citing an earlier case in which the Number One Capital Prison had transferred an insane prisoner named Wang Feng to the municipal asylum, the prison wardens highlighted the fact that a precedent had already been set for transferring insane prisoners to the asylum for specialized treatment. No further records exist, but it is likely that both Ma and Wang were sent to the asylum to be handled separately.[71]

A number of similar cases occurred in the ensuing years. In January 1923, the Number Two Capital Prison sent a correspondence to the chief of police in regards to a prisoner named Zhang Heshang. Zhang had earlier been sentenced to fifth degree limited imprisonment for four months, and his term was set to expire on the twenty-first of January. However, over the course of his imprisonment, he began showing signs of mental instability, and his prison wardens were nervous that he would be a danger to society if released according to the original verdict. The Ministry of Justice ordered that

[71] BMA J181-018-13183, 京师高等检察厅关于香河县属监狱已决执行人马鸿恩王大等二名现患疯病拟送疯人收养所诊治的函, August 1921.

Zhang be sent to the asylum to be examined and treated. Only after the asylum physicians could testify to his improvement would the police sign papers for his release.[72]

Insane prisoners who had completed their prison sentences were not uniformly shipped off to the asylum, however. If the inmate had relatives in the vicinity, the police were more likely to send him to live with his family rather than continue to drain municipal dollars on his surveillance. Such was the case in January 1925, when the Number One Capital Prison memorialized the chief of police in regards to a prisoner named Guo Baqun. Because Guo had inflicted an injury on another man, the Changping District Court had earlier sentenced him to twelve years and six months in prison. In 1925, Guo's sentence was set to expire, but the prison warden worried about his mental instability. Since Guo did not have any relatives in the area, the warden asked to transfer him to the asylum – a request that was denied due to rampant overcrowding. Luckily, the warden was finally able to contact Guo's older brother, who then made the long journey from Longze to the capital in order to take Guo home with him.[73]

In the cases of Ma, Wang, Zhang, and Guo, the prison wardens and police struggled to parse the distinction between a criminal and a lunatic in order to determine the final destination for each of these men – the prison, the asylum, or home with his relatives. In spite of the fact that the legal code distinguished between criminality and lunacy in theory, the lines separating them often became blurred in practice, particularly when it came time for each prisoner's release. Irrespective of *where* these men were sent,

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[72] BMA J181-018-16111, 京师警察厅内右三区区署关于送京师第二监狱放免窃犯张和尚似有精神病的呈, January 1923.

[73] BMA J181-018-18623, 京师第一监狱关于伤害犯郭八群因有疯病郝免的函, January 1925.

however, the principal intent behind their sentencing revolved around the desire to keep such delinquent and deluded individuals in a state of incarceration for as long as possible. The lunacy, sanity, or criminal intent of these men did not matter as much as the fact that they would be kept off the streets – even if it meant that their families would have to assume the burden of guardianship.

The above cases, however, only revolve around the question of the *release* of insane prisoners. How were the police to adjudicate if a suspect was truly insane at the time of his sentencing? As previously mentioned, oftentimes the police relied simply on a gut instinct of mental abnormality. However, certain cases did arise in which an outside opinion became necessary – particularly when it came to the issue of sentencing a violent criminal. In September 1922, an accused murderer named Zhao Xulin was brought to the Outer City Official Hospital (外城官医院) to determine whether or not he was actually insane. Although the police had previously investigated his symptoms, they were left undecided as to whether his condition could be classified as insanity or if he was simply putting on an act. In his jail cell, he had taken on the air of a comatose patient: his eyes stared straight ahead and he refused to talk when prompted. The hospital promised to put two specialized doctors on the case, including the Western-trained doctor Cao Fengwen and the Western-medicine specialist Liu Zishu. Upon examination, Cao determined that Zhao seemed to have lost all aural comprehension and could not speak. He further noted that the Zhao seemed confused, as if in a stupor. Nevertheless, Cao and Liu were unable to determine if Zhao was legitimately insane. The hospital sent a memorial to the chief of police noting that they would continue to monitor Zhao until a clear-cut determination could be made.

Over the course of the next month, Cao repeatedly examined Zhao and concluded that he appeared to be an imbecile (*daisha* 呆傻) and had potentially suffered from brain damage. He did not seem to be able to hear or speak. As for whether or not Zhao had been insane at the time of the crime, though, was a completely separate matter. Cao memorialized the chief of police to tell him that, in spite of his tests, his verdict was still inconclusive. Zhao was brought to court in early November, but it is unclear what became of him from this point on.[74]

Throughout the early Republican period (and, one could argue, even today), the fine line between criminality and lunacy was never completely articulated.[75] For the Beijing municipal police force, though, the delineation between the two did not hinge on questions of intent, moral responsibility, or an understanding of wrongdoing; rather, the main distinction between "penalizing" a criminal and "institutionalizing" a lunatic centered on the question of who would be responsible for overseeing the perpetrator's incarceration. Criminals who were deemed psychologically stable fell under the jurisdiction of the courts and local jail, and were either locked up, sent away to perform physical labor, or executed. On the other hand, insane criminals fell under the jurisdiction of the municipal police, who either sent these men and women to the asylum or returned them to their families to be handled independently. In both cases, incarceration was certain; the main difference was simply where the imprisonment would take place and

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[74] BMA J181-019-35361, 京师高等检察厅函送杀人犯赵绪林一名请转送疯人收养所鉴定是否确有疯疾卷, September 1922.

[75] See Bruce J. Ennis and Thomas R. Litwack, "Psychiatry and the Presumption of Expertise: Flipping Coins in the Courtroom," *California Law Review* vol. 62 no. 3 (May 1974), 693-752.

who would be responsible for carrying it out.

Throughout the sentencing process, the lunatic's family played a pivotal role in determining how the criminal would be handled. When sentencing a mad felon, the police first and foremost attempted to contact his or her family; if the family could not be reached, or if they refused to take the deviant home, only then would the lunatic be sent to the asylum for institutionalization. In all other cases, however, the mad person would be sent back to his family to be watched over (or chained up) at home. This routine procedure was written into the Beijing legal code in 1920. If a lunatic committed a crime, the code stated, the police should immediately notify his or her father, elder brother, or caretaker. The burden of responsibility would then fall upon *their* shoulders to appropriately discipline their charge – outside the purview of the law.[76]

The onus of responsibility did not end here, however. Logically following this rationale, if the lunatic's family did not seriously abide by the obligation to guard their mad relative and keep him off the streets, then *they* could be the ones to end up in jail.[77] As article thirty-two of the 1920 legal code stated, "Those who negligently allow lunatics, rabid dogs, or other dangerous animals to roam the streets or enter into other peoples' houses or buildings" could be detained for up to fifteen days and fined up to fifteen

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[76] Xu Ke 徐珂, *Shiyong Beijing zhinan* 实用北京指南 [Practical guide to Beijing] (Shanghai: Shangwu yinshuguan, 1920).

[77] The legal role of the family in guarding the insane can be traced back to the eighteenth century. Under the rule of the Yongzheng Emperor, family members who allowed their insane relatives to engage in criminal activity or commit suicide could be held legally responsible. See Vivien Ng (1990), 60-66.

yuan.[78] In other words, it was the family who acted as a proxy for the penalization of the insane. Their role in the matter not only allowed the police to bypass an inherently gray area in legal sentencing, but also enabled the police to evade partial responsibility for overseeing the maintenance of public order.

In addition to its assumption that the lunatic and his family were inextricably conjoined in legal responsibility, the above clause is further remarkable for its implicit equation of lunacy with animalism and rabidity. By grouping "lunatics and wild dogs" in the same breath, the legal code was suggesting that the lunatic, like a wild beast, lacked the consciousness of action that could classify him as truly human. It made little sense, then, for the municipal asylum to treat its prisoners with the same type of care that a hospital would give to one of its patients. In the eyes of the early Beijing municipal government, a lunatic should primarily be shackled and kept off the streets; receiving sympathetic care and treatment was by no means his necessary right or privilege.

Things Fall Apart

Upon Gamble's visit to the Beijing Municipal Asylum in 1918, the manager of the facility boasted to his Western visitor that the rate of insanity in Beijing was extremely low: only two-tenths of one percent of the city's population could be classified as insane, according to recent surveys. The facility, as manager Zhang Mengxiong was quick to point out, was not even holding half of its maximum capacity, and the existence of so many empty beds seemed to underscore the fact that insanity in China, unlike in the United States, was not a noticeable epidemic. Gamble seems to have taken Zhang at his

[78] Xu Ke.

word. In his writings, he later mused that, "It is always a source of wonder that there is not more insanity among the Chinese." They neither seemed to display the same nervous affects that characterized syphilitic patients in the United States, nor did they show signs of stress and world-weariness that plagued the modernizing Americans. Instead, the "phlegmatic temperament of the Chinese and the lack of strain in their life" seemed to act as a miraculous buffer against nervous disease.[79]

Gamble's supposition, unsurprisingly, was incorrect. While Zhang attempted to propagandize both the low occurrence of insanity in Beijing (supposedly a third the rate of insanity in the United States) and the asylum's effective treatment program (in 1918 alone, thirty inmates were said to have been completely cured through traditional Chinese medicine), in reality, the facility would soon become increasingly desperate to handle its skyrocketing number of inmates. The only reason that Zhang's positive propaganda seemed to hold sway with Gamble was due to the fact that the latter's visit had happened to fall at a purely auspicious time: the municipal asylum had just undergone both a managerial change and a physical relocation, and Gamble had therefore avoided witnessing the overcrowded and filthy conditions of the previous facility. In spite of the fact that the asylum seemed to be easily handling its brood during the time of Gamble's survey, this had not always been the case – nor would it remain the case for very long.

Over the next few years, the asylum would undergo a discouraging number of managerial changes. In March of 1921, Zhang Mengxiong, who had been managing the asylum while simultaneously acting as division chief of the General Affairs Bureau

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[79] Gamble, 126.

(*zongwu chu* 总务处), resigned his position and was provisionally replaced by a man named Wang Baohua.[80] Soon thereafter, Wang appointed Chen Zizhen to handle asylum affairs, but due to a messy incident in which Chen somehow managed to lose a casket containing an inmate's corpse, yet another asylum manager, Wang Chengxun, was appointed in January 1922 to take over for his politically compromised predecessor.[81]

The quick changeover of asylum heads meant that there was little internal consistency in asylum affairs during this period. Further, the fact that so few people were willing to saddle the asylum's work load for more than a few months also pointed to an undeniable bureaucratic predicament: a single general facility manager was simply insufficient to handle the increasingly onerous task of the municipal asylum, particularly when that manager was expected to hold down multiple bureaucratic positions simultaneously and was not even remunerated for his work at the asylum.[82] Indeed, it was not an anomaly that Zheng Mengxiong was concurrently employed at the General Affairs Bureau during his short tenure at the asylum. Throughout the 1920s, all managers of the municipal asylum were also employed in other bureaucratic offices and were simply expected to take on asylum affairs in their spare time (and for no payment). Although this

[80] BMA J181-018-12553, 京师警察厅秘书处关于疯人收养所管理员派王保华接收兼代的函, March 1921.

[81] BMA J181-018-14374，疯人收养所关于管理员王承勋于民国十一年一月廿一日到所视察的函，1922.

[82] BMA J002-001-00010, 社会局对乞丐收容所、疯人收容所所长、事务主任的任免令, July 1929-December 1929.

problem was glaringly obvious to those who had been forced into the managerial role, it would not be addressed until the late date of 1929.

One of the most pressing issues that these managers continually faced – but were hard-pressed to mitigate – was the ongoing problem of overcrowding. Similar to trends in the nineteenth century European asylum system, in which the rate of rehabilitation lagged far behind the rate of new admittances, recidivism, and incurable cases,[83] each successive manager of the Beijing municipal asylum found his hands tied when it came to the constant wave of incoming inmates. One of the reasons for such overcrowding was due to the fact that the municipal asylum was never meant to accommodate long-term stays, and it was an unwritten rule among the facility's staff that all inmates – cured or otherwise – would eventually find their way back to their families and ancestral homes. The reality, however, was that most families did not wish to take these economic and psychological burdens back with them, particularly if the city was willing to lodge and feed them for free. As a result, the insane languished in the facility, crowding its walls and draining its resources, while new inmates were ceaselessly dragged in each week.

Even inmates who were said to have been completely cured of their ailments were frequently left to waste away in the facility, due either to the fact that their families could not afford the transportation fees to pick them up, or simply because their families were economically unable (or emotionally unwilling) to care for them at home. One inmate

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[83] Andrew Scull's brilliant analysis of the rise and fall of the asylum system in England argues that the inability of asylums to provide cures for their patients resulted in the collapse of "moral treatment" in the nineteenth century; as a result, asylums became little more than "refuge houses for hopeless and incurable cases." Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993), 277.

named Wen Kui faced this very predicament in the spring of 1921, when his family refused to collect him from the facility even after he had been ostensibly cured of his illness. The local police were notified, and they were forced to personally escort Wen's family to the asylum to receive the lunatic, noting sanguinely that Wen could now "spend the rest of his days in peace" (*andu* 安度) in his ancestral home.[84]

Other inmates were not even this lucky. Certain families simply chose to wash their hands of their burdensome relatives for good, regardless of whether or not they had been "rehabilitated." Such was the case for the inmate Wang Weifeng, who begged the asylum doctors to release him once he had regained enough wherewithal to comprehend his pitiable surroundings. Unfortunately for Wang, an inmate could not simply be released of his own accord. Instead, the matter had to first be cleared with the chief of police, and secondly accepted by the inmate's family – who, it was expected, would keep him off the streets for good. In spite of Wang's recovery, his family repeatedly refused to take him home. The police went so far as to personally visit his family's home, "urging" them to pick up their son, but the effort was to no avail. The entire fiasco proved to be psychologically draining for Wang. He fell ill, and soon thereafter died at the asylum.[85]

The same case report that catalogs the asylum's efforts with Wang and Wen goes on to detail a disturbing trend at the facility. Patients who had regained psychological stability and physical health were time and again left to languish at the asylum – much to the chagrin of its floundering managers. "There are numerous lunatics who have been

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[84] BMA J181-018-12813, 京师警察厅疯人收养所关于请将已愈疯人徐同等饬区提回交领和今后凡有送医治的疯人由厅讯实转交医治的呈, May 1921.

[85] Ibid.

cured but have not been picked up," then-manager Wang Baohua wrote to the chief of police. "We have ordered their families to come get them, but if they refuse, the facility can't continue to look after them. The rooms are narrow and the inmates are already overcrowded. If we don't figure out a solution, then people will be packed together to the point of contracting disease." As a means of circumventing this frustrating issue, Wang decided to take a two-pronged approach. First, he attempted to decentralize the problem. Wang asked the chief of police to notify the individual district police stations (through which the insane had originally been delivered to the asylum) to return the cured inmates to their families immediately. Those without families would be "handled separately" at another facility, most likely the poorhouse. Second, he tightened the regulations for admittance to the asylum. If a family sought to admit an insane member, they would not only have to petition the chief of police, but would also have to undergo a thorough interview process to determine the extent of their need.[86]

Wang's efforts to limit overcrowding in the municipal asylum by sending lunatics back to their local police bureaus did not meet with resounding success. If the central, government-funded asylum was struggling to procure sufficient capital to feed and house the insane, then the district police precincts had even less of a chance to do the same. Indeed, while Wang was attempting to decentralize care for the insane, the local police bureaus were trying desperately to achieve just the opposite. The Sanhe District police precinct was one bureau that repeatedly petitioned the chief of police to approve the transfer of local lunatics to the municipal asylum. In September 1922, the Sanhe police

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[86] Ibid.

wrote a memorandum to the chief of police about a man named Du Dashun, who had beaten his mother and wielded a knife with the intent of assaulting her. After determining that Du was insane, the district police requested permission to transfer him to the municipal asylum, along with three other prisoners who had all displayed similar symptoms. The chief of police responded in early October, denying the request. The municipal asylum "is already cramped and the facilities are limited," the memorial began. "We have no way to handle these extra people."[87]

Grasping at straws, the Sanhe police began using every tool in its arsenal to persuade the chief of police to process the request. First, they cited the asylum's earlier "successes" in treating the insane. "The capital asylum previously accepted one person from our district and within less than three months, he was completely cured and returned home. He has not had another episode since." They tried groveling. "We have tried everything and are helpless (*paihuai shushou* 徘徊束手)… Could you please take pity on us and grant us this request?" They tried manipulating their inmates' spoken confessions, so that each confession closed with the rather pitiful, albeit formulaic, request, "We beg you to treat us so as to get rid of the root of this illness for good!" And finally, they promised that they would not let their cured inmates languish in the municipal asylum. "Once you treat [these lunatics] with your medicines and other methods, we will come to the asylum to pick them up and return them to their ancestral homes, one by one." Finally,

[87] BMA J181-019-35373, 三河县函为杜大顺头因疯推殴伊母并持刀行凶拟恳给文送入疯人收养所医治卷, January 1922.

on October 21 – almost a month after the original request had been submitted – the chief of police agreed to send the four men to the municipal asylum.[88]

By the mid-1920s, the problem of overcrowding at the asylum had only gotten worse. In a 1924 memorial to the police, manager Wang Chengxun confessed that the number of lunatics had already exceeded one hundred. "There are not enough rooms to put them in," he pleaded, "and so everyone is jostled together and crowded beyond measure." He proposed that the lunatics who had shown signs of improvement be housed elsewhere "for hygienic reasons,"[89] but his pleas were never answered. With limited options available, and with only meager economic support from the police, Wang struggled unsuccessfully to address the ongoing predicament. Meanwhile, conditions in the facility continued to deteriorate with no potential cure in sight.

Death

Cramped together in windowless rooms, where the stagnant air carried the stench of sickness and filth, inmates at the asylum were undeniably predisposed to contracting life-threatening illnesses. Deaths occurred regularly, and even if a patient was somehow cured of his psychological woes, he was often returned home in worse physical shape than when he had been admitted. Although, in some cases, the lunatic's compromised mental state could have been the result of an ongoing but undiagnosed physical malady,

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[88] BMA J181-019-35373, correspondences between September 29, 1922 and October 21, 1922.

[89] BMA J181-019-41632, 京师警察厅疯人收养所函报疯人于子凌疯疾已愈请查照卷, April 1924.

such as syphilis, in most cases, the poor hygiene within the facility was the primary culprit in the inmate's physical incapacitation or eventual demise.

The very worst treatment was often doled out to insane felons who had been transferred to the asylum while in the midst of serving a prison sentence. Two inmates at the Number One Capital Prison, Su Tianxi, age 40, and Sun Qingxiang, age 39, both met an unhappy demise upon their relocation to the municipal asylum in February 1922. The two men had been transferred to the facility as a result of the fact that they had both begun showing signs of mental deterioration while in prison, and the doctors at the jail were not prepared to handle them. By February of the next year, Sun had fallen ill. His "digestive organs" (*piwei* 脾胃) were acting abnormally, his face was soft and swollen, he had lost his appetite, his tongue was covered in a slippery coating, and he had very little strength. The asylum did not know what to do with him. Miraculously, he managed to survive until 1927, when he again fell seriously ill with diarrhea and lost consciousness. Su, on the other hand, expired far more quickly. In March 1923, only a year after having been transferred to the facility, Su's digestive organs failed, he would not take food or drink, and his body eventually became so weak that he expired on the sixteenth of the month. The police prepared a coffin and buried him in the graveyard outside Desheng Gate.[90]

[90] BMA J181-019-35272, 京师第一监狱函送精神病犯孙庆祥等请发交疯人收养所医治一案卷, February 1922-March 1923; J191-002-13247, 高检厅、警察厅关于请将精神病犯孙庆祥等交疯人收养所医治的指令及河北第一监狱等的函, February 1922; J181-019-35273, 京师警察厅关于第一监狱疯人苏添喜病故的函, March 1923-January 1927.

A similar series of events occurred with the prisoner Cui Xiong. Sentenced to three months of imprisonment for the crime of embezzlement, Cui entered prison on May 23, 1923. Soon after his admittance, the prison wardens noticed that he had begun to show signs of insanity. Since his sentence was set to expire on August 7, and none of his relatives could be contacted, the prison petitioned to have him sent to the municipal asylum for further incarceration. By mid-August, Cui had already fallen seriously ill. The asylum's doctors diagnosed him with a case of "excessive mucus fire," and noted that he routinely lost consciousness and refused both food and drink. He died on the twentieth of August. No foul play was suspected.[91]

While the compromised health of criminal inmates was exacerbated by the poor treatment they received in the asylum, inmates without a criminal record did not generally fare much better. The beggar Zhang Yicheng, mentioned earlier for having been admitted to the facility after provoking a fight at the municipal poorhouse, fell ill only a handful of days after being transferred to the asylum. On the night of April 15, doctors examined Zhang and found that he had contracted the "excessive mucus fire disease," his breath and pulse were slow and weak, and he refused both food and drink. At noon on April 20, Zhang passed away and the police buried him outside Desheng Gate. He did not have any injuries on his body, and the police concluded that he had died of illness.[92]

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[91] BMA J181-019-38439, 京师第一监狱函送崔熊现患精神病请医治一案卷, July 1923.

[92] BMA J181-019-35310.

The chances of contracting tuberculosis and typhoid within the asylum were extremely high. Incidences of uncontrollable diarrhea were rampant within the facility, likely due to contaminated water or unhygienic cooking practices. Ms. Jia Wang, who was originally sent to the asylum by her brother, began suffering from severe diarrhea and dehydration within a matter of months, and died soon thereafter.[93] Ms. Gu Li, who continued to insist that she was not insane even upon her admittance to the asylum, fell ill with tuberculosis seven months after entering the facility. Her condition deteriorated to the point that she could neither eat nor drink, and she was released to be treated at home by her relatives.[94] Ms. Liang Sun so detested living in the facility that she spent all day crying, screaming, and begging to be released. After attempting suicide, she was put on constant watch by an asylum guard. One week later, she developed a severe case of diarrhea and could neither hold down food nor water. She was eventually released to be cared for at home.[95]

The Peking Union Medical College physician J. H. Ingram, after touring the municipal asylum in 1918, made a damning observation about the poor hygienic and therapeutic practices employed at the facility. “No care is taken for [the] physical comfort and well-being [of the insane],” he railed, “and many develop tuberculosis.” One of Ingram’s own patients contracted the disease while staying at the facility, and died a mere

[93] BMA J181-019-01897, 京师警察厅外右五区区署关于王佐臣请求将其患精神病的胞妹贾王氏送入精神病院医治一案的呈, January 1913.

[94] BMA J181-019-13484, 京师警察厅外左五区区署关于王高氏控告谷李氏素有心疾持刀寻殴一案的详, July 1916-March 1917.

[95] BMA J181-019-36516, 京师警察厅贫民教养院关于梁孙氏在院哭闹请核办的函, January 1923.

six months after his release. "He was a strong man when he entered," Ingram recalled, and his death should therefore have been completely preventable.[96]

Although the deaths of the above victims were likely due to unhygienic conditions, severe crowding, poor diet, and little fresh air and exercise, other reasons for the high rate of disease within the facility can also be surmised. In certain cases, deaths at the asylum could also be attributed to a preexistent physical illness. General paresis had been known to result from a syphilitic infection since the late nineteenth century, but it is unclear whether or not the police or the wardens at the Beijing municipal asylum were aware of this connection. Traditional Chinese medicine practitioners were the only doctors available at the facility, and their descriptions of illness provide little insight into the types of sicknesses that were plaguing their patients, at least from a Western medical perspective. Certainly no mention of syphilis was ever made in asylum records during this time, although this lacuna does not discount the possibility of rampant infection within the facility.[97]

Another potential explanation for the high rate of mortality within the asylum is related to the demography of the inmates. If a family possessed any level of monetary stability whatsoever, they most certainly would not have allowed one of their relatives to step foot into the facility. Instead, it was the city's poorest residents who consistently

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[96] Ingram, 154.

[97] Unfortunately, no statistics were taken about the number of yearly deaths in the facility versus the number of inmates, so it is impossible to make further claims about fatality levels. Furthermore, since the Beiyang government did not engage in widespread surveys of disease throughout Beijing, it is impossible to compare the rate of death within the asylum with that outside the facility.

ended up as inmates at the shelter: those who had neither home nor family, or those whose families simply could not afford to care for them any longer. Asylum records indicate the absolute poverty of its residents. Upon checking into the facility, inmates were forced to turn over their possessions for safekeeping until their release. Most had few to no possessions to their name: a copper key, a ragged cloth, beat-up shoes, one silver coin. Between 1918 and 1921, only fifteen inmates – out of a total of sixty-two – were documented as owning any worldly belongings at all.[98] These men and women of the bottom rung were already weakened and compromised by their lives of scarcity. Malnourished, weather-beaten, and desperate, they were unquestionably predisposed to contracting a fatal disease upon serving their term at the asylum.

One case that underscores the severe poverty of asylum inmates involves the plight of an unnamed man, whose wife had gone crazy after a brutal bout of disease that had left her partially paralyzed. Earning only five yuan a month, the man was charged with providing for himself, his young daughter, his wife's mother, and his handicapped spouse. After spending 1.5 yuan on rent and a meager 1.5 yuan on food each month, he was left with only two yuan to care for and support his disabled wife and her family. Desperately poor and unable to care for his spouse any longer, he petitioned the police to send the woman to either a hospital or the asylum. Upon verifying the utter destitution of the family, the chief of police – in a rare show of generosity – not only admitted the woman to the facility but also "approved the allocation of one yuan to the family as a

[98] BMA J181-018-13082, 京师警察厅总务处关于送疯人收养所接收文卷器具等项册的函, March 1921.

means of showing empathy."[99] The woman's physical and mental infirmities, combined with her impoverished background, did not bode well for her future recovery at the asylum.

Backward Nation, Deviant Subjects

The generally pitiable conditions at the municipal asylum provided the basis for a narrative of medical and institutional progress that Western medical practitioners would soon jump to appropriate. Observing that the asylum's unsympathetic and unhygienic approach to incarcerating the insane was both woefully outdated and distressingly inhumane, practitioners like J. H. Ingram championed more "modern" methods of therapeutic rehabilitation. These methods, which would be implemented under the watchful eye of specialized medical practitioners rather than untrained government functionaries, would both assuage the suffering of mad victims and signal to outside observers that a more advanced level of national development had been reached.

Nevertheless, the Beijing municipal police who operated the asylum were not thinking in particularly ideological terms when it came to the problem of madness, since questions of modernity and progress were not nearly so pressing in their everyday lives as the mundane charge to keep lunatics off the street and out of public view. Following precedents of discipline and restraint that had been set long before the Republican period, the policemen who were engaged at the municipal asylum focused the brunt of their energies on local matters of maintaining social stability, upholding public safety, and

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[99] BMA J181-019-25183, 刑事所关于朱刘氏举止疯狂送疯人收养所医治一案的报告, May 1919.

keeping the peace. As part of their efforts, these men were frequently forced to resort to methods of imprisonment that contemporary Western observers found regressive, backward, and unbefitting of a modernizing society.

While madness, to the municipal police, was seen as a bothersome and routine occurrence that demanded constant attention but little mental energy, left-wing intellectuals and right-wing government officials both regarded the problem with a somewhat more nervous disposition. To them, madness appeared to indicate a general Chinese deficiency: a sign that the Chinese individual and nation were still far from attaining the sought-after standard of "modernity" that Western civilization had already achieved. In terms of both the growing numbers of mentally ill and the lagging standard of care for treating them, the Chinese intelligentsia imbued madness with a symbolism and an urgency that the everyday police were neither inclined to recognize nor equipped to handle. Madness, rather than representing an age-old problem with only stopgap solutions, instead signified the failures of Chinese civilization and a blanket Chinese unwillingness to confront the exigencies of modern life. While the underlying problem of lunacy remained the same in both cases, its solutions were interpreted in different ways depending upon the intellectual and social orientations of the people aiming to achieve its eradication.

Chapter 2.

Metaphorical Madness:
Chinese Intellectuals and the Problem of National Insanity

In 1931, a short government memo appeared buried within the pages of the *North China Medical Journal*. "All Western nations boast a flourishing and affluent capital, and each of these capitals has an asylum," the memo began. "Since Nanjing is the capital of this country, and since it, too, boasts prosperous businesses and a growing population, it has become imperative that an asylum also be established there."[100] The curious posting, which mentioned nothing of the problem of mental illness in Nanjing or its supposed cure at the hands of mental health practitioners, instead assumed a direct correlation between Western-style civilization and the erection of an institutional facility for the insane. In contrast to American medical practitioners like Charles Selden and J. H. Ingram, who noted that the establishment of proper treatment facilities for the mentally ill could serve to diminish the suffering of mad people in China, the government functionaries who posted the above announcement instead viewed the role of the asylum in somewhat more symbolic terms. Rather than acting as a purely therapeutic device in the general treatment of madness, the asylum instead appeared as an essential ingredient in the attainment of national modernity.

While the equation of asylum culture with Western-style civilization seems idiosyncratic, the perceived relationship between madness and modernity was not confined to China alone. For over a century prior to the publication of the above

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[100] "Shoudu fengren yuan 首都疯人院 [Capital Asylum]," in *Huabei yibao* 华北医报 (March 21, 1931), 3.

government memo, European intellectuals had puzzled over the apparent proliferation of mad people in civilized nations. As the sociologist Andrew Scull remarks, the perceived quantitative growth of madmen in eighteenth and nineteenth century England was rendered even more perplexing by the "paradox… which equated a 'higher' civilization with progress in all spheres of existence."[101] While British society was enjoying the fruits of a technological and industrial revolution, British minds appeared to be suffering from a paradoxical state of regression. The most baffling characteristic of the scourge was the fact that the bourgeois classes seemed to bear the brunt of the unfortunate condition; while rural laborers largely proved to be exempt from the ravages of mental disease, it was instead the "bourgeoisie and the plutocrats [who] enjoyed no such immunity from its depredations."[102]

The answer to the puzzling question of mental disease appeared to be found within British society itself. Unlike the imbecility or idiocy of the lower classes, which was generally understood to be a cruel trick of nature, age, or general impoverishment,[103] the more refined "nervous diseases" of the bourgeois elite were viewed as an abuse of

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[101] Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993), 157.

[102] Ibid., 158.

[103] It was not until the first quarter of the twentieth century that biological causes for mental diseases began to be isolated. The researches of Alois Alzheimer, Emil Kraepelin, and Franz Nissl were revolutionary for their contributions toward the categorization of mental diseases, isolation of neurological events that led to mental deterioration, and rigorous scientific study of mad patients. An analysis of the development of scientific psychiatry can be found in David Healy, *The Antidepressant Era* (Cambridge: Harvard University Press, 1997). For a discussion of an extreme interpretation of madness and biological infection, see Andrew Scull, *Madhouse: A Tragic Tale of Megalomania and Modern Medicine* (New Haven: Yale University Press, 2007).

knowledge, an indulgence of power, or an excess of pleasure to the detriment of proper discipline and moral values. To the intellectual elite in nineteenth century England, then, the mad individual appeared to be a distinct product of his social environment and a unique development of the civilized age. Going mad, for lack of a more scientifically sound explanation, was the assumed result of the increased mechanization, social alienation, and intellectual over-stimulation that had come to characterize the modern era. That the affliction would mainly affect the elite classes – the men and women who were most firmly enmeshed in civilized society's grip – was therefore both a constant cause for worry and an ironic source of self-importance.

The intellectuals of Republican China were already predisposed to internalizing the messages of contemporary Western psychology, as their ongoing concern with China's "sick man of Asia" status left them particularly attuned to any quasi-scientific theories that could potentially be used toward Chinese self-strengthening. But while Western psychological texts frequently espoused a causational relationship between modernity and madness, Chinese sociopolitical discourses on madness often reversed the order of cause and effect. Just as the government memo above assumed that the establishment of an asylum was a prerequisite to achieving Western-style modernity, many Chinese intellectuals – particularly those in right-wing government circles – tended to invoke the ongoing problem of madness in China *not* as proof of civilizational advancement, but rather as evidence of Chinese backwardness. The eradication of madness thus became an essential precondition to attaining modernity – or, if such an endeavor could not be immediately achieved, then the symbolic erection of a Western asylum in the new capital city of Nanjing could be used to similar effect.

As the historians Ruth Rogaski and Yang Nianqun have previously argued, Chinese intellectuals of the early twentieth century frequently equated the compromised health of the individual with the cultural failings of the nation. Pathology, in this rendering, appeared as a synecdoche for national and cultural bankruptcy, and the act of curing the patient therefore required the simultaneous treatment of the wounds of national indignity.[104] For Republican-era intellectuals, then, the perceived increase of madness in the twentieth century carried with it a bifurcated imperative. On the one hand, the fact that modernity appeared to be linked to the rise of nervous diseases gave Chinese intellectuals a means of critiquing the mechanistic, spiritually void nature of modern Western life.[105] On the other hand, and somewhat contradictory to the former impulse, the ongoing problem of madness in China seemed to provide proof of Chinese national backwardness, and thereby required a wholesale eradication if the Chinese were ever to achieve a sustainable form of modernity. As a result, scholarly tracts on mental illness in

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[104] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004); Yang Nianqun 杨念群, *Zaizao 'bingren': Zhongxi yi chongtu xia de kongjian zhengzhi, 1832-1985* 再造‘病人’:中西医冲突下的空间政治 [Remaking 'Patients': Politics of Space in the Conflicts between Chinese and Western Medicine] (Beijing: Zhongguo renmin daxue chuban she, 2006), 7, 254.

[105] Examples of Chinese intellectual tracts that make the argument that madness was a direct result of Chinese modernity and urbanism include: Tang Erhe 湯爾和, "Jingshen bing yu qi zhiliao 精神病与其治疗 [Madness and its Cure]," in *Dongfang zazhi* 东方杂志 vol. 21, no. 8 (1924); Sun Xiong 孙雄, *Biantai xingwei* 变态行为 [Abnormal Behavior] (Shanghai: Shijie shuju, 1939); Liu Xiong 刘雄, *Nao jingshen bing* 脑神经病 [Nervous Diseases] (Shanghai: Shangwu yinshuguan, 1931); Xu Shaochang 徐绍昌, "Xiao fengzi de gushi 小疯子的故事 [The Tale of the Little Lunatic] (Shanghai: Wenguang shuju, 1937).

Republican China were split between the critique of modern culture, and the critique of the sick individual.

This chapter will focus primarily on the latter impulse, wherein the mad individual was interpreted as the *cause* of a stalled national modernity, rather than as the consequence of societal advancement. In contrast to prior works on madness in the Republican period, which unilaterally assume that madness was interpreted as "an affliction of the 'modern'," [106] this chapter will demonstrate that Western abnormal psychology underwent a specifically Chinese reworking upon its introduction into an Asian context. Despite the fact that Republican intellectuals were inclined to adopt the major thrust of Western abnormal psychology, including its emphasis on scientific rationality and taxonomic categorization, they frequently reversed the underlying connotations of mad disease. Whereas Western madness, in the words of the historian Nancy Tomes, was perceived "as a flattering tribute to the progressive character of life," [107] madness in China was instead frequently viewed with an embarrassed pessimism about the potential for individual self-improvement and the possibility of national advancement. Through an analysis of scientific, sociopolitical, and literary discourse on the topic of abnormal psychology, this chapter will show that the urgency of eradicating madness in early twentieth century China often assumed national proportions. In order to

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[106] See Hugh Shapiro, *The View from a Chinese Asylum* (Harvard University: PhD Dissertation, 1995), 5.

[107] Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge: Cambridge University Press, 1984), 87.

fix the problem, psychologists and statesmen alike believed that it was first imperative to correct the backward thought processes of the mad individual himself.

Scientific Psychology and Psychiatric Taxonomy

To nineteenth century Western psychologists, the widespread appearance of mental illness, particularly in the upper classes, was an unquestionable consequence of the civilized era. The American psychologist George M. Beard, who became best known for having coined the term "neurasthenia," firmly stated that: "The chief and primary cause of [the development of nervous diseases] and its very rapid increase is *modern civilization*… Civilization is the one constant factor without which there can be little or no nervousness."[108] In Beard's analysis, civilization was distinguished by five main characteristics, including steam power, the press, the telegraph, scientific reasoning, and "the mental activity of women." When combined with secondary and tertiary factors, including harsh climates and the overindulgence of one's passions, nervous behaviors were certain to appear in both men and women alike. The German psychologist Wilhelm Wundt, in his Nietzschean account of the history of ethics, similarly argued that civilization distinguished itself through the development of a human mind that did not yield passively to environmental conditions, but rather actively shaped those conditions for personal gain. "This effect of mind on nature," Wundt warned, "is attended by profound reactive effects on the mind itself."[109]

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[108] George M. Beard, *American Nervousness, Its Causes and Consequences* (New York: Putnam's Sons, 1881), vi. Italics in original.

[109] Wilhelm Wundt, *Ethics: The Facts of Moral Life* (New York: Cosimo, 2006 [originally published in 1897]), 309.

Despite the fact that Beard and Wundt diverged greatly in their respective approaches to psychological analysis and experimentation, they nevertheless agreed on the idea that the relationship between man and nature had evolved profoundly in the civilized era. The development of new technologies, new modes of communication, and new means of controlling environmental phenomena benefited the physical functioning of the human body, yet simultaneously wreaked havoc upon the psychological functioning of the mind. The Chinese who became beneficiaries of such views received them with a mixture of apprehension and intrigue. On the one hand, while Republican intellectuals were captivated by the allure of modern science, they were also worried by its potential repercussions. Particularly in the wake of the First World War, which seemed, in the words of the historian D. Kwok, to be the "triumph of mechanism over spiritual values," intellectuals began to ponder whether or not Western ideals were indeed worth imitating in a wholesale capacity.[110] On the other hand, the Western scientific impulse to understand and assert control over the natural environment contained considerable appeal. As Chinese intellectuals continued to struggle with the question of how to achieve positive international recognition and a viable, sustainable modernity, they naturally turned their attentions to the scientific triumphs that European and American intellectuals had achieved in the field of psychology.

Despite the fact that the Chinese intelligentsia of the early twentieth century were intrigued by the possibilities of scientific psychiatry, their adoption of Western

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[110] D. W. Y. Kwok, *Scientism in Chinese Thought, 1900-1950* (New Haven: Yale University Press, 1965), 16.

psychological doctrine – if it is even possible to speak of a singular, unified doctrine of the mind[111] – did not occur in a wholesale manner. Indeed, from the very first moment that the discipline of psychology was introduced to China at the turn of the twentieth century, it was introduced in an altered form. One of the reasons for the necessity of such a transcultural appropriation was due to the fact that the Chinese language quite simply lacked a suitable vocabulary for expressing Western psychological terms.[112] The translation of the word "hysteria," for example, encountered so many cultural and linguistic barriers that a decisive rendering of the term was never actually agreed upon before the entire disease was dropped from the pathological register in the mid-twentieth century.[113] While certain authors preferred to retain indigenous medical terminologies for

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[111] For a discussion of the evolution of the psychiatric profession in the twentieth century, and the attendant squabbles over medical, social, and cultural jurisdiction that resulted, see Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988), part three.

[112] The very term for "psychology" did not become standardized until the first decade of the twentieth century. The first Japanese scholar sent to Europe to study psychology, Eidō Bakuhu, originally employed the term "*xingli xue*" (study of the logic of human nature). Three decades later, Y. K. Wen, translator of Joseph Haven's *Mental Philosophy*, used the term "*xinling xue*" (heart-spirit study) to capture the essence of "psychology." By the turn of the twentieth century, however, Japanese translators had begun employing the term "*xinli xue*" (heart-reason study), which is now the standard translation. See Peng Hsiao-yen, "A Traveling Disease," in James St. André, ed., *China and its Others: Knowledge Transfer through Translation, 1829-2010* (New York: Rodopi, 2012), 103; Geoffrey Blowers, "The Origins of Scientific Psychology in China," in Adrian C. Brock, ed., *Internationalizing the History of Psychology* (New York: NYU Press, 2006), 95-96.

[113] See Frank Dikotter, *Sex, Culture, and Modernity in China* (Honolulu: University of Hawaii Press, 1995), 48-52. Although Dikotter argues that hysteria in China became a "catch-all for irregular female behavior" (50), many Chinese authors, including Ju Zhongzhou discussed below, did not restrict the disorder solely to females. While hysteria never gained widespread currency in the Republic, neurasthenia (*shenjing shuairuo*) experienced more success. According to Hugh Shapiro, despite the fact that no precedent existed for the idea of a "nervous system" in China, the ailment still found

translation purposes, others decided that the creation of neologisms was simply more expedient. But while the former path was misleading in its unintentional assertion of Eastern and Western doctrinal equivalence, the latter option often conveyed no meaning whatsoever.

In the case of hysteria, both options were invoked by different authors at various times. For the scholar Pang Jing, who was trained in the practice of hypnotism but had never undergone any formal schooling for the study of psychology, hysteria was best rendered as *xinfeng*, or heart-wind (心风). Since behavioral disorders in traditional medical practice were often categorized as wind illnesses (as described in chapter five), Pang's employment of the term *xinfeng* as an approximation of "hysteria" resonated with the longstanding conception of illness as an environmental disorder, but failed to underscore the nervous and gendered roots of the original Western syndrome.[114] Another scholar, Zhao Han'en, preferred to translate hysteria as *zangzao bing*, or visceral unrest (脏躁病). Used in traditional Chinese medicine to refer to any condition in which the patient could no longer control his behavior or emotions, *zangzao* managed to capture the erratic nature of the hysterical patient but neglected to retain the specifically gendered

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"especially fertile soil in China," and continues to be invoked as a psychological or behavioral disorder even today. See Shapiro, "Neurasthenia and the Assimilation of Nerves into China" (work in progress, 2000); Shapiro, "The Puzzle of Spermatorrhea in Republican China," *Positions* 6, no. 3 (Winter 1998), 581.

[114] Pang Jing 庞靖, *Shiyong cuimian shu* 实用催眠术 [Practical Applications for Hypnosis] (Shanghai: Zhonghua shuju, 1923), 50. Pang also includes a note in the text that Japanese practitioners tended to translate the ailment as *xiesideli*.

component of the condition.[115] Other psychological texts decided to forego completely the attempt to convey a culturally understandable sense of the disease, and instead simply mimicked the sound of the Western word through the neologism *xiesideli* (歇斯的里). Yet even if this latter translation carried a sense of authority due to its foreign appearance, it captured nothing of the etymological significance of the original Western word, which asserted a specific biological and gendered component through its reference to the Greek term for "uterus."[116]

While Chinese intellectuals struggled with the question of how to adequately translate Western etiological categories, they also confronted the problem of how to adapt Western psychology to suit Chinese understandings of psychosomatic disease. Similar to their Japanese contemporaries, from whom they had received the first translations of psychological discourse beginning in 1903, early Chinese intellectuals remained deeply influenced by native medical philosophies in their attempts to integrate Western psychology into a Chinese context.[117] It was not uncommon, for example, for Chinese scholars of the late 1910s and early 1920s to entirely somaticize the symptoms of nervous ailments rather than retain the emotive implications of the original Western affliction.

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[115] Zhao Han'en 赵翰恩, *Jingshen bing xue* 精神病学 [Psychiatry] (Shanghai: Shangwu yinshu guan, 1929), 96.

[116] For a detailed history of hysteria in nineteenth century Britain, see Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009).

[117] Yu-Chuan Wu's unpublished dissertation, "A Disorder of Ki: Alternative Treatments for Neurasthenia in Japan, 1890-1945" (2012), makes the argument that treatments for nervous disorders in Meiji and post-Meiji Japan were "reinventions of traditional health methods" that both borrowed from Western ideologies and supplemented these ideologies with native beliefs and practices (66).

Similar to the ways in which traditional medical practitioners tended to interpret negative affective states in physical terms,[118] Chinese scholars often overlooked the emotional and behavioral ramifications of nervous disease and instead chose to express their symptoms simply in terms of somatic distress. Returning to the example of Pang Jing, who had decided to translate "hysteria" as "heart-wind," we find that his assessment of the symptoms of hysteria diverged greatly from that of his European forebears. While Western psychologists mainly emphasized the emotional and behavioral symptoms of the ailment, Pang instead spoke solely of its physical repercussions. Headaches, muscle aches, stomachaches, numbness, loss of consciousness, vomiting, frequent urination, and constipation were the only symptoms Pang listed to describe the etiological manifestations of the disease, and never once did he mention emotional erraticism, female sexual desire, or socially unviable behaviors.[119]

The content of early Republican psychology thus retained few elements from its original Western template, and instead presented itself in a typically syncretic fashion. Yet, one of the elements that *was* retained, and perhaps even expanded upon, was the Western scientific impulse toward psychiatric taxonomy. The taxonomic movement, which had begun to take shape in Europe in the nineteenth century, was characterized by a "fragmentation of the old monolithic descriptions of insanity into… mental

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[118] Arthur Kleinman and David Mechanic, "Mental Illness and Psychosocial Aspects of Medical Problems in China," in Kleinman and Lin, eds., *Normal and Abnormal Behavior in Chinese Culture* (Boston: D. Reidel, 1981), 335.

[119] Pang, 50.

'symptoms'."[120] Rather than simply referring to episodes of madness by their generic etiological classifications (such as melancholic or phlegmatic), mad symptoms were instead broken down into discrete psychoses and neuroses that were then organized according to their respective behavioral manifestations. The very act of fragmenting generic phenomena into their constitutive parts implied a detailed knowledge of, and a precise control over, those phenomena. It was this very emphasis on behavioral control that appealed most deeply to the originators of the Chinese psychological movement. Unlike traditional medical practice or folk religion, which remained mired in the bog of "monolithic descriptions," psychiatric taxonomy appeared to offer a concrete means of understanding, shaping, and exerting control over Chinese society, one individual at a time.

The principal obsession with psychiatric nosology tended to overshadow the substantive content of early Chinese psychological texts. While the authors of 1920s textbooks appeared to revel in the comprehensive and minutely detailed listings of countless mental afflictions, their understandings of the actual substance of such afflictions were often cursory at best. For example, in the 1923 publication *Abnormal Psychology Teaching Materials*, the scholar Ju Zhongzhou attempted to mimic Western psychiatric taxonomy by dividing his study into separate chapters that each focused on a discrete form of mental illness. Beginning with neurasthenia, Ju went on to discuss such varying mental diseases as nervous temperament, idiocy, paralysis of the insane, hysteria,

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[120] See German Berrios, "Descriptive Psychiatry and Psychiatric Nosology During the Nineteenth Century," in Edwin Wallace and John Gach, eds., *History of Psychiatry and Medical Psychology* (New York: Springer, 2008), 353 (353-378).

mania, paranoia, and epilepsy, among others.[121] The superficiality with which Ju grasped the underlying differences between these ailments became obvious in his discussion of hysteria. "Hysteria is similar to both neurasthenia and nervousness, as well as to early stages of other forms of insanity," Ju noted. "As a result, hysteria is often misdiagnosed, and other illnesses like paralysis of the insane, mania, and paranoia can also be easily misdiagnosed as hysteria."[122] Even epilepsy, Ju continued, shared certain characteristics with hysteria, including paralysis, muscular contractions, and loss of speech. Consequently, he concluded, it was often difficult to definitively differentiate one disease from the next.

For the first generation of psychological scholars – the majority of whom had never undergone any formal training in the discipline – the symbolic allure of Western psychology was more readily adopted into the Chinese context than the actual content of the original texts. Indeed, it was not necessarily the act of classifying mental disease that seemed intellectually appealing to the first Chinese psychologists, but rather the implications of what psychological knowledge could achieve when implemented on the ground level. From as early as Sun Yat-sen's 1918 proclamation that the "psychological construction" (*xinli jianshe* 心理建设) of the Chinese people was a prerequisite to achieving political, economic, and social revolution (a line that was later inherited by

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[121] Ju Zhongzhou 居中州, *Biantai xinlixue jiangyi lu* 变态心理学讲义录 [Abnormal Psychology Teaching Materials] (n.p.: Zhonghua biantai xinlixue hui, 1923).

[122] Ibid., 88.

Chiang Kai-shek),[123] Chinese scholars had become closely attuned to the possibilities that psychological rejuvenation could offer the modernizing Chinese nation.

As the historian Geoffrey Blowers confirms, the first psychological textbooks to gain a large audience in China were mainly concerned with the question of psychological "strengthening," and therefore focused predominantly on such phenomena as the relationship between child psychology and developmental education.[124] Rather than seeking to understand the inner workings of the mind or the philosophical underpinnings of human sociality, Blowers argues, Chinese scholars of the early twentieth century remained primarily interested in implementing psychological thought toward the end of fostering correct behavioral tendencies. By deploying the rigid categories of psychiatric taxonomy in elementary and middle schools, Chinese intellectuals aimed to employ a scientifically verified means of identifying – and weeding out – all possible types of social aberration from an early age onward.

The psychologist Zhao Han'en, who published an extremely detailed taxonomic study of abnormal psychology in 1929, remarked that it was of vital importance to "prevent and expel the causes of madness" in young children before they could fully develop.[125] Recommending a vigorous program of regular exercise, physical hygiene,

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[123] See Sun Yat-sen 孙中山, *Sunwen xueshuo* 孙文学说 [The doctrine of Sun Yat-sen] (Shanghai: Minzhi shuzhu, 1925); Chiang Kai-shek 蒋介石, "Guofu yijiao gaiyao 国父遗教概要 [A summary of the inherited teachings of the father of the nation]," in *Jiang zongtong ji* 蒋总统集 [President Chiang's selected works] (Taipei: Guofang yanjiu yuan, 1960), 40.

[124] Geoffrey Blowers, "Learning from Others: Japan's Role in Bringing Psychology to China," *American Psychologist* vol. 55, no. 12 (December 2000), 1435.

[125] Zhao, 63.

abstinence from smoking and strong beverages, and a complete cessation from reading pornographic and lewd materials, Zhao cautioned that adolescents who showed any proclivity whatsoever toward unhealthy behaviors – particularly masturbation – should be treated immediately with hypnosis, medicine, or other therapeutic options.[126] The substantial attention that Zhao paid to sexual disorders in adolescents was in keeping with Chinese intellectual trends of the late 1920s. Due in large part to the increasing influence of George Beard and Sigmund Freud, the latter of whom had become popular among intellectual circles thanks to the extensive translations of the psychologists Gao Juefu and Zhang Shizhao,[127] Chinese intellectuals came to believe that the onset of puberty was a particularly dangerous time for the potential development of mental disorders.[128] The

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[126] Ibid., 67-68.

[127] The introduction of psychoanalysis to China has been discussed widely in previous academic works. See Wendy Larson, *From Ah Q to Lei Feng: Freud and Revolutionary Spirit in Twentieth Century China* (Stanford: Stanford University Press, 2009); Zhang Jingyuan, *Psychoanalysis in China: Literary Transformations* (Ithaca: Cornell University Press, 1992); Geoffrey Blowers, "Freud's China Connection," *Journal of Multilingual and Multicultural Development* 14, no. 4 (1993): 263-273.

[128] While Chinese intellectuals of the 1930s displayed an obvious debt to Western psychologists in their discussion of sexuality and mental illness, one of the reasons that such discourses were able to gain an early foothold had to do with the fact that similar concerns about seminal depletion and sexual conservation had long before existed in traditional Chinese medical practice and Daoist thought. The act of conserving semen and restraining one's lustful inclinations was common among early Daoist practitioners, who believed that the depletion of the semen (精), an essential life force, could easily lead to illness or death. See Stephen Eskildsen, *Asceticism in Early Taoist Religion* (New York: SUNY Press, 1998); Robert Hans van Gulik, *Sexual Life in Ancient China: A Preliminary Survey of Chinese Sex and Society, 1500 BC – 1644 AD* (Leiden: Brill, 1974). For an early Chinese discussion of the relationship between sex and madness, see Zhang Kecheng 张克成, *Nannü shengzhiqi xing shenjing shuairuo de yufang ji zhiliao* 男女生殖器性神经衰弱的预防及治疗 [Prevention and Treatment of Male and Female Reproductive Neurasthenia] (Shanghai: Shenghuo yiyuan faxing, 1934).

content of their discussions therefore tended to employ the categories and symptoms of Western psychology in order to *prevent*, rather than reactively treat, the appearance of mental illness in youths.

From the turn of the twentieth century to the close of the 1920s, the penetration of Western abnormal psychology into the Chinese context occurred in fits and starts. While issues of translation and exegesis were bound by the limits of Chinese linguistics and traditional medical practice, the underlying motif of psychological study – that socially unviable behaviors could be specifically identified, targeted, and controlled – resonated with the intellectual desire to strengthen and psychologically unify the Chinese nation. Although the first generation of interested Chinese scholars presented a highly variable understanding of psychiatry, by the early 1930s the classification of mental diseases in psychological textbooks began to display a larger uniformity.[129] It was at this very point, however, that Chinese intellectuals began to assert more authorial control over the political commentaries contained in their psychological tracts. While many authors continued to mimic the Western argument that increases in nervous diseases could be attributed to modern civilization, other commentators suggested that madness in China concealed a different message. To these thinkers, the mad individual did not embody proof of modernity, but rather attested to the enduring struggle with Chinese backwardness. In order to achieve political reform, economic growth, and a viable

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[129] See, for example, Zhu Guangjin 朱光潛, *Biantai xinli xue* 变态心理学 [Abnormal Psychology] (Shanghai: Shangwu yinshu guan, 1933); Song Siming 宋思明 *Jingshen bing zhi shehui de yinsu yu fangzhi* 精神病之社会的因素与防治 [The Social Causes and Preventions of Mental Illness] (Shanghai: Zhonghua shuju, 1944).

nationalism, they argued, it was imperative for the individual to first be cured of his psychological deficiencies.

The Pathological Nation in Sociopolitical Discourse

Despite the fact that psychologists like George Beard and Wilhelm Wundt asserted a link between the rise of mental illness and the growing mechanization of society, they did not necessarily scorn the character of contemporary Western civilization. To the contrary, although certain thinkers looked longingly back to the illusory days of the enlightened savage, they nonetheless believed that the growing incidence of mental cases in the United States and Europe constituted objective proof that Western society was more modern, more advanced, and therefore somehow superior to that of primitive man. As the British physician Thomas Beddoes once remarked, the onset of madness required that the patient first be "civilized enough to be capable of insanity."[130] In other words, madness in the Western context was often, and somewhat ironically, taken as an object of pride: an indisputable marker of civilizational progress, and a pathological challenge to be overcome through modern scientific means.

While Western psychologists asserted that the roots of mental illness resided in civilized society, a number of Chinese intellectuals took this notion in a somewhat different direction. Rather than suggesting a direct causation between the (prior) achievement of modernity and the (subsequent) increase of mental illness, many Chinese thinkers instead believed that psychological infirmities were *themselves* the cause of societal decay, increased criminality, and the indefinite delay of a modern nationhood.

[130] Thomas Beddoes, *Hygeia* (Bristol: Mills, 1802), 40. As quoted in Scull (1993), 157.

The intellectual discourse of madness in China thus adopted a more politicized – and significantly more cynical – quality than that of their European forerunners. If the pathological individual could not be upheld as proof of modern achievement, it was believed, then he could only be interpreted as "evidence of a *lack* of modernity."[131] Fixing the backwardness of the Chinese nation and race, in this view, therefore required the preliminary treatment of the psychologically damaged individual.

The dual concern over madness and social backwardness was a theme that began to appear in Chinese psychological textbooks in the early 1930s. Two prominent psychologists – the Hong Kong-educated Gao Juefu and the Wellesley and Johns Hopkins-educated Gui Zhiliang – were among the most vocal in their view that madness was the product of an unfavorable psychological orientation within the individual, rather than the product of a mechanized and overly stimulating society. Unlike their Chinese predecessors, who showed a keen interest in psychiatric taxonomy and its ability to attribute specific symptoms to specific ailments, Gao and Gui tended to think in much more general terms about the causes and manifestations of madness. In their view, mental illness was little more than a conscious proclivity toward self-delusion, and a deliberate choice to avoid the harshness of contemporary life by remaining sheltered within the illusory comforts of one's own imagination. Although they never spoke explicitly about the relationship between madness and the Chinese nation, their views resonated deeply with contemporary statesmen and scholars who would invoke a similar argument in order to spur the Chinese people to conscious reflection and progressive action.

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[131] Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body Between China and the West* (Durham NC: Duke, 2008), 16.

Gao Juefu was an esteemed psychologist, lecturer, and vice-president of the China Psychological Society when he published a tract in 1935 that harshly criticized the backward mindset of the mentally ill. In his opinion, madness consisted of a deliberate choice to ignore the scientific imperative to "conform to and overcome [the demands of] reality." Similar to religion, he argued, insanity included any type of belief system that departed from a scientifically verifiable reality, and consisted of a conscious choice to reside in an "illusory universe" of one's own making.[132] "Although we look down on the insane," Gao sneered, "they still feel pleased with themselves (*kuaiwei* 快慰). Their goal is to escape reality, and to seek out the fruits of life through their own illusions. In the asylums, they believe that they are empresses. Even if their clothes are tattered, they still believe they are dressed as queens."[133] Unlike the typical neurasthenic patient presented in Beard's studies, Gao's madman was not an unfortunate victim of his social environment. He was, instead, a morally culpable perpetuator of his own self-delusion; like the religious zealot, he consciously strove to avoid the demands of objective reality. "If we are not satisfied with our environment," Gao concluded, "then we must find a way to change it through scientific means."[134] Mad escapism, on the other hand, would lead to nothing but further humiliation and stifled progress.

Gui Zhiliang, Gao's colleague and the first Western-trained female psychologist to practice in China, largely concurred with the above argument. To her, the necessity of

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[132] Gao Juefu 高觉敷, *Xiandai xinli xue* 现代心理学 [Modern Psychology] (Shanghai: Shangwu yinshu guan, 1935), 162.

[133] Ibid., 165.

[134] Ibid., 166.

rectifying unhealthy mental tendencies was most imperative among schoolchildren, who demanded "proper correcting" at an early age so as to prevent them from "disrupting social stability" at a later point.[135] Similar to Gao, Gui also dismissed the notion that madness should primarily be attributed to problems within society itself, and instead attributed societal decline to the unhealthy tendencies of the mad individual, which were either inherited, innate, or the product of a conscious choice. Since mental illness frequently manifested itself in criminal tendencies, Gui asserted, it could be upheld as proof of the individual's unwillingness to "take responsibility for himself" and his "inability to conform to his environment." Gui thus advocated for the early diagnosis and rehabilitation of mentally ill youths; only after they had received proper treatment and had been taught to appropriately engage with their society could they be remade into "useful social elements" (社会上有用之一分子).[136]

Despite the fact that Gao and Gui did not speak in specifically nationalistic terms about the problems of the mentally ill individual, their overall premise was widely adopted within Chinese political circles. Throughout the 1930s, it was quite commonplace for scientifically untrained politicians and statesmen to participate in the discussion of madness in contemporary China, particularly as it related to the ongoing problems of national backwardness, unhygienic practices, and political incorrectness. Li Yuan, an early graduate of Chiang Kai-shek's Whampoa Military Academy and a major general in the Nationalist army, followed in Sun Yat-sen's footsteps when he aimed to

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[135] Gui Zhiliang 桂质良, *Xiandai jingshen bing xue* 现代精神病学 [Modern Psychology] (Shanghai: Qinyue shudian, 1932), 11.

[136] Ibid., 76-81.

imbue the discussion of national reconstruction with a psychological flavor. In 1933, Li published a long tome on abnormal psychology and its adverse effects on Chinese nation building. In Li's opinion, problems inherent to the Chinese mentality were the major inhibiting factor in China's march toward national modernity. "China's current condition can be described as the amalgamation of its people's abnormal psychological constitutions," he wrote in the introduction to his book, *Abnormal Psychology and the Reformation of China*.[137] In order to fix the nation, he argued, the Chinese first had to fix themselves.

Similar to Gao, Li believed that madness was not a physiological problem that could be cured with medicine, but rather a purely psychic problem that could only be corrected with overt or subliminal "coaxing." In the Chinese context, madness most generally took the form of deviation from political orthodoxy. As a full-fledged member of the Nationalist Party (KMT), the brunt of Li's attack focused on the problem of the Chinese Communist Party, which was attempting to undermine the Chiang Kai-shek government by inculcating its followers with Marxist revolutionary thought. "The communist revolution does not fit the times," Li admonished. "Perhaps in a few hundred years [such an ideology] will succeed, but certainly not now." In Li's opinion, those who supported a communist-style revolution exhibited psychologically "backward" (*beichi* 背驰) behaviors and "escapist" (*tu dunbi* 途遁避) inclinations.[138] The result of such a mindset, rather than propelling the Chinese nation forward into modernity, was instead to

[137] Li Yuan 李园, *Biantai xinli yu gaizao Zhongguo* 变态心理学与改造中国 [Abnormal Psychology and the Reformation of China] (Shanghai: Xinsheng shuju, 1933), 3.

[138] Ibid., 49.

"sink ever deeper into darkness." The only way to save the nation, Li argued, was therefore to "first establish a firm psychological foundation… [in which the people's thoughts] correspond to the demands of the time and to the demands of the environment."[139] Saving the nation from extinction, in other words, required the prior salvation of Chinese minds and hearts.

For both Gao Juefu and Li Yuan, "madness" evaded the taxonomic impulse of Western psychology, and instead presented itself as a straightforward case of intentional delusion, escapism, or outright denial of an objective scientific and political reality. Such an interpretation distanced madness from its biological and social roots, and instead placed it closer to a form of backward political ideology or incorrect behavioral inclination. The implications of this interpretation were powerful. If madness was not the product of external factors (as Li, Gao, and Gui all seemed to believe), then the source of one's abnormal psychological tendencies could only be found within the individual himself. Logically following, it was not only conceivable, but also scientifically plausible, for the individual to eliminate his madness and act in a politically suitable manner if simply presented with the correct tools.

The thrust of this realization came to fruition with Chiang Kai-shek's wide reaching, yet politically ill-fated, New Life Movement. The 1934 campaign, which aimed to instill proper hygiene, proper behaviors, and proper moral values among the Chinese people, based its activities largely upon the conviction that "the key to China's national salvation lay in hygienic activities [meant] to purge the unhealthy habits of body and

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[139] Ibid., 57.

mind."[140] Although isolating unhygienic "habits of body" was relatively simple – spitting, sharing from communal plates of food, and not washing one's hands were among the long list of poor behaviors that Chiang sought to eradicate – the problem of locating unhealthy "habits of mind" was somewhat more difficult. The New Life Movement approached the problem with a dual offensive. On the one hand, Chiang sought to actively implement positive moral values and a national consciousness through the implementation of new "rules of behavior" and a resuscitation of traditional Chinese virtues. On the other hand, and somewhat more contentiously, KMT policy advisors also considered the implementation of a preventive strategy for improving mental health, which included the possibility of a eugenic program. This latter program took the form of the Mental Hygiene Movement (*xinli weisheng yundong* 心理卫生运动).

Two Berkeley-educated psychologists, Guo Renyuan and Wu Nanxuan, embodied the differing thrusts of these two respective efforts. Guo, who was a colleague and friend of Gao Juefu, originally made his name on account of his radical behaviorist leanings and belief in the empirical quality of human behavior.[141] Arguing that the advancement of

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[140] Arif Dirlik, "The Ideological Foundations of the New Life Movement," *Journal of Asian Studies* vol. 34, no. 4 (August 1975), 945. See also Madame Chiang Kai-shek, "General Chiang Kai-shek and the Communist Crisis" (Shanghai: China Weekly Review Press, 1935).

[141] Gao discusses his friendship with Guo in Gao Juefu 高觉敷, "Gao Juefu zizhuan 高觉敷自传 [Autobiography of Gao Juefu]," in *Beijing Shifan Daxue xiaoyu hui wenlu* 北京师范大学校友会文录, vol. 1 (Beijing: Beijing Shifan Daxue chuban she, 1985), 316. Although Gao, himself, remains silent on his political affiliations, many other prominent psychologists of the day, including Zhang Yaoxiang and Chen Daqi, were actively involved in Nationalist politics and research affairs at the Academia Sinica. For an account of Guo's behaviorist beliefs, see Guo Renyuan 郭任远, *Xinli xue ABC* 心理学 ABC [The ABCs of psychology], (Shanghai: Shijie shuju chuban, 1928) and *Xingwei*

Chinese civilization depended upon the psychological strengthening of the Chinese people, Guo relied on Nationalist support in order to establish an experimental educational program at the elite Zhejiang University in 1934. The program, which aimed to eradicate unhealthy ideologies, superstitions, and political orientations through a strict emphasis on corporal and spiritual discipline, militarization, and political reeducation, was based largely upon Guo's beliefs that unhealthy behaviors could be fundamentally altered through the introduction of new environmental stimuli.[142] Reflecting the New Life mandate to forge a psychologically healthier and more nationally conscious Chinese populace, Guo's efforts at Zhejiang University exemplified the conviction that the individual – when armed with the correct tools – could ultimately take control over his own behavioral integrity and psychological fitness.

While Guo believed that behavioral discipline was the key to creating a stronger and more unified Chinese population, the psychologist and Nationalist supporter Wu Nanxuan conversely advocated a more preventive approach to Chinese mental health. Like Guo, Wu had also begun his professional career in China as the president of an elite educational institution, Beijing's Qinghua University. Wu's unpopular policies, which resulted in his early expulsion from Qinghua in 1931 following massive student uprisings,

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zhuyi xinli xue jiangyi 行为主义心理学讲义 [Teaching materials on behaviorism and psychology], (Shanghai: Shangwu yinshu guan, 1928).

[142] See Emily Baum, "Controlling Minds: Guo Renyuan, Behavioral Psychology, and Fascism in Republican China," forthcoming in *China Historical Review*. So staunch was Guo in his behaviorist leanings that he denied the very existence of mental illness; in his view, madness was simply a made-up term for a prolonged biological reaction to an unhealthy environmental stimulus.

would foreshadow Guo's expulsion from Zhejiang under similar conditions in 1935.[143] By the mid-1930s, Wu had left his career in academic administration and taken to publishing extensively on the need for a Mental Hygiene Movement within China. The term "mental hygiene," which was first coined in the United States in the mid-nineteenth century, referred to the dual – and somewhat contradictory – impulse to improve upon the availability of resources for the mentally ill while attempting to prevent further incidences of mental disease through a program of eugenics and forced sterilization.[144] A staunch believer in the possibility of national resuscitation through scientific means, Wu championed the cause of mental hygiene – as well as the concomitant eugenicist program that accompanied it.

In 1935, Wu published multiple articles on the benefits of enacting a mental hygiene program in China. Although he believed that psychiatric disorders were closely connected to social ills, he did not attribute the rise of mental illness to the increasing

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[143] "Beijing Qinghua shiqi liren xiaozhang yi lanbiao 北京清华时期历任校长一览表 [Chart of university presidents at Beijing's Qinghua University]," in *Guoli Qinghua daxue shuwei xiaoshi guan* 国立清华大学数位校史馆. Guo was forced out of his position as university president on two separate occasions: once from Fudan University in 1927 and again from Zhejiang University in 1935.

[144] For an early discussion of what mental hygiene entailed, see Isaac Ray, *Mental Hygiene* (Boston: Ticknor and Fields, 1863) and Clifford Beers, *The Mental Hygiene Movement* (New York: Longman Green and Company, 1921). The movement did not gain a widespread following until the first decade of the twentieth century, when Beers published his landmark memoir *A Mind that Found Itself* in 1908. The autobiographical account of his time in a mental institution spurred the development of the Mental Hygiene Movement in the United States, which advocated for more humane treatment of the mentally ill. On the other hand, however, forced sterilization of the insane also gained widespread support during this time. The movement successfully implemented sterilization programs in twenty-seven states, the most aggressive of which was located in California. It was not until the Second World War, when talk of eugenicist policies became popular in Nazi Germany, that the American program was definitively scrapped.

pressures of modern life. Somewhat similar to the perspective of Gui Zhiliang, he instead argued that psychological problems were innate to the individual and could be targeted as the cause of "serious social and moral disintegration."[145] The poor mental hygiene of his fellow countrymen, he continued, was delaying China's modernization process and preventing the nation from moving beyond its culturally and socially backwards state. The only way to truly achieve modernity was thus to adopt a comprehensive program of mental hygiene that would, if necessary, include a provision for eugenics, euthenics, and the sterilization of the mentally ill.[146] As he wrote in a 1935 manifesto on madness and social control, "I believe that feeble-mindedness is a modern racial and social liability, and poses a great danger to the future of the nation. In order for the race to save itself, it must devise a way to limit this problem… Our countrymen must wake up to the critical nature of this crisis!"[147] One solution to the "crisis," Wu believed, was to take preventive action against the propagation of further cases of mental illness by nipping the problem off at the root.

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[145] Wu Nanxuan 吳南軒, "Xinli weisheng yundong di qiyuan he fazhan 心理卫生运动底起原和发展 [The origins and development of the Mental Hygiene Movement]," first published in *Pangguan xunkan* 旁观旬刊 no. 6 (1935); republished in *Xinli weisheng* 心理卫生 [Mental hygiene] (Shanghai: Jiaoyu bianze guan, 1935), 4-5.

[146] Wu Nanxuan 吳南軒, "Shehui kongzhi dineng de zhongyao he fangfa 社会控制低能的重要和方法 [The social importance and methodology of controlling the feeble-minded]," in *Jiaoyu congkan* vol. 1, no. 1 (1935).

[147] Ibid., 88. For a brief history of mental hygiene in China, see K. C. Wong, "A Short History of Psychiatry and Mental Hygiene in China," *Chinese Medical Journal* vol. 68, no. 1 (Jan.- Feb. 1950).

By the late 1930s, the attentions of the KMT had turned toward Japan, and potential plans for a more intrusive approach to the problem of abnormal psychology were temporarily scrapped. Nevertheless, the wide-reaching implications of the movement continued to influence policies well after the close of the New Life Movement, and likely contributed to the highly politicized interpretation of mental illness that was to gain currency under the Communist Party.[148] In the KMT's sociopolitical understanding of madness, psychological infirmities required the proactive attention of both psychologists and statesmen if the nation was ever to progress from its current state of cultural and racial degeneration. Madness, in this view, was neither upheld as a neurological disease that required medical treatment, nor as a psychosomatic reaction to social pressures and modern life. Instead, madness was thought to reside within the very fabric of the individual, either as a conscious psychological orientation or as an innate predisposition. It therefore had to be eradicated early on through a combination of preventive and rehabilitative policies that focused on imbuing the individual with a politically correct and socially responsible outlook.

Unlike studies of abnormal psychology in the West, which condemned the spread of mental illness while covertly reveling in its confirmation of societal advance, abnormal psychology in 1930s Chinese tracts tended to offer a somewhat more pessimistic view

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[148] The popularity of mental hygiene underwent a brief resurgence following the end of the Second World War in China. See Zhang Dashan 张达善, *Jingshen weisheng fa* 精神卫生法 [Mental hygiene methods] (Shanghai: Zhonghua shuju, 1946). Under the Communist Party, mental illness assumed a significantly more politicized position, with "incorrect" political views often being interpreted as a form of madness. For a brief discussion of policies surrounding mental illness in the PRC, see Ruth and Victor Sidel, *Serve the People: Observations on Medicine in the People's Republic of China* (New York: Josiah Macy, Jr. Foundation 1973).

about the current state of the Chinese nation. In the opinion of authors such as Li Yuan and Wu Nanxuan, the mad individual appeared as the *cause* of national stagnation, rather than as the *effect* of societal progress. Through such programs as the New Life Movement and the Mental Hygiene Campaign, psychologists and politicians alike attempted to correct the backward mentalities of the very people who stifled the forward progress of national modernity. Those who resisted were not only viewed as psychologically unstable elements, but as political liabilities as well.

The Escapist Individual in Literary Texts

The intertwined themes of madness, individual delusion, and a stifled Chinese modernity formed a strand that wound its way through much contemporary literature of the Republican period. Anticipating Gao Juefu's argument that deliberate escapist tactics were the cause (if not the content) of mental illness, Republican-era writers also invoked the metaphors of madness and self-delusion as a means of drawing attention to the urgency of transforming the nation into a modern, scientific state. According to the literary scholar Birgit Linder, "The mad self [in Chinese literary works] has been closely related to national, historical, and social trauma" beginning with the advent of modern Chinese literature in 1918.[149] As this section will show, the mad individual in representative works of Republican Chinese fiction never strayed very far from the social imperative of national self-strengthening: an imperative that was to be achieved through an emphasis on individual responsibility, moral accountability, and psychological lucidity.

[149] Birgit Linder, "Trauma and Truth: Representations of Madness in Chinese Literature," *Journal of Medical Humanities* 32, 4 (2011), 292 (291-303).

Since the authors discussed in this section all formed part of the left-wing intelligentsia, the conclusions they drew about the relationship between the individual and the modern nation-state were somewhat different from those of the conservative KMT officials mentioned above. While right-wing intellectuals tended to view the "people" as little more than cogs in a political machine (and therefore aimed their large-scale movements at correcting the *collective* psychology of the population at large), left-wing writers were more concerned with the individual subjectivities and emotional trajectories of unique actors.[150] Focusing on the intimate details of psychological delusion and the reasons why morally flawed humans behaved in the ways that they did, their stories functioned less as detached political imperatives aimed at bolstering the state, than as moral injunctions meant to foster social consciousness, psychological clarity, and self-honesty. Rather than simply demanding an uncritical engagement with the political order, these writers instead aimed to communicate the need for personal cultivation and candid self-reflection at the level of the individual actor.

Three short stories from 1918, 1923, and 1933, respectively, attest to the persistent concern with madness and modernity across the Republican period. The first, Lu Xun's "Diary of a Madman," is generally accepted as the first "modern" Chinese short story due its use of colloquial language, first-person narration, and stark focus on

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[150] The strained relationship between the Guomindang and its supposed constituents has been well documented in the historical literature. Parks Coble argues that Chiang Kai-shek wanted to "isolate and control, not to embrace" social groups (12), and Lloyd Eastman further argues that Chiang "never understood the psychology of mass politics" which prevented him from transcending "elitist" forms of governance. See Parks Coble, *The Shanghai Capitalists and the Nationalist Government* (Cambridge, MA: Harvard University Press, 1980); Lloyd Eastman, *The Seeds of Destruction* (Stanford: Stanford University Press, 1984).

the individual protagonist. Lu, a traditionally educated scholar who had studied abroad in Japan in the first decade of the twentieth century, decided to pursue a career in literature as a means of rousing the Chinese people from their "passive, unreflective attitude of resignation" to contemporary social ills.[151] In his short story "Diary of a Madman," which was originally published in the leftist literary magazine *New Youth* in 1918, Lu grapples with the questions of madness, self-defeating values, and the importance of awakening to the problems inherent to traditional Chinese society.

At the beginning of the story, the narrator comes into possession of two diaries that were written by the mad brother of one of his hometown friends. Aside from the opening paragraph of the story, in which the reader is told that the unnamed madman is afflicted with some form of paranoid mental derangement, the remainder of the tale is revealed through the madman's own words, as written in a series of short and often cryptic diary entries. As the story progresses, the reader becomes aware of the reason for the madman's suffering: he has convinced himself that everyone around him is harboring a secret cannibalistic inclination. Shunning his family and neighbors out of fear for his life, the madman ultimately discovers that he, too, has been complicit in the perpetuation of the very cannibalistic tradition that he wishes to terminate, when he comes to the realization that he has likely (albeit unknowingly) consumed the flesh of his very sister.

Lu's invocation of the cannibalistic metaphor was particularly suited to his critique of traditional Chinese society. The consumption of human flesh, used either for

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[151] Leo Ou-fan Lee and Merle Goldman, *An Intellectual History of Modern China* (Cambridge: Cambridge University Press, 2002), 177. See also Lu Xun, "*Nahan* 吶喊 [A call to arms]" (1922).

medicinal purposes or as a last resort in times of extreme famine, appeared as an inconstant, albeit undeniable, actuality throughout much of classical Chinese history. "I have only just realized that I have been living all these years in a place where for four thousand years they have been eating human flesh," the protagonist writes in his diary one day.[152] The inadvertent truth of his assertion turns the story into a sort of "realist discourse," wherein the metaphor of cannibalism arises as a "locus where claims of different truths compete."[153] While the madman is deemed paranoid purely on account of his belief that cannibalism exists in the society around him, the reader is simultaneously aware of the undeniable truth of his historical reasoning and the potential, yet unconfirmed, truth of his individual experience. The ambiguity of Lu's tale thus centers on the question of whether or not the protagonist can truly be deemed mad. As a literal charge against those around him, the madman's accusation of cannibalism appears alternately dubious yet historically confirmed; as a metaphorical charge, however, his accusation seems almost infallible.

Tang Xiaobing argues that Lu's "Diary of a Madman" is "one of the earliest literary works to articulate anti-traditionalism as a revolutionary ethos." In Tang's analysis, the tale should be read as a "modernist text" that expresses "unmistakable

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[152] Lu Xun 鲁迅, "Kuangren riji 狂人日记 [Diary of a Madman]," in *Selected Stories of Lu Hsun* (Beijing: Foreign Languages Press, 1960; originally published 1918), chapter 12.

[153] David Der-wei Wang, "After Lu Xun," in *Fictional Realism in Twentieth Century China* (New York: Columbia University Press, 1992), 7-8.

aspirations for modernity" due to its manifest loathing of traditional culture.[154] The cannibalism presented in Lu's story, in other words, is not simply a literal accusation against the devouring of human flesh, but rather a figurative nod to the repressive cultural values of traditional China. Even the madman, himself, who is the only character willing to confront his cultural tradition with a critical lucidity, eventually comes to the realization that he, too, has partaken in the cannibalistic practice he so fears and despises. As a result, the madman has no choice but to place his hope for cultural salvation in the next generation of children, who "have not yet eaten men." Through the madman's revelation of his own cannibalistic culpability, Lu shows how deeply entrenched the self-deluding nature of Chinese society truly is. It is only in retrospect that the madman comes to realize his own complicity in a tradition he detests, and even in his moment of realization, he is impotent to change the actions of those around him. Lu's hope for national salvation therefore remains cautious: only if the Chinese consciously awaken to the reality of their man-eat-man tradition will they be able to sever themselves from the destruction of their collective past.

The twin themes of self-delusion and madness, which weave their way through Lu's tale, also form the basis of the short story "The Vain Lunatic," written by the author and filmmaker Xu Zhuodai and published in the literary journal *Red Magazine* in 1923. Xu, who was born in 1881 and educated in Japan, returned to China just prior to the fall of the Qing dynasty with a desire to aid the cause of national self-strengthening. After first establishing a school for sports and calisthenics in Shanghai, Xu eventually turned

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[154] Tang Xiaobing, "Lu Xun's 'Diary of a Madman' and a Chinese Modernism," *PMLA* 107, no. 5 (October 1992), 1222.

his attentions to more literary pursuits. Influenced greatly by Western literature and the May Fourth literary style, Xu's short stories experimented with psychological descriptions of his characters' thoughts and conscious processes, particularly as they came to terms with their fates as pariahs, outsiders, or disenfranchised actors.[155] Although Xu would eventually make his name as a filmmaker, film theorist, and master of *huaji* (farcical) stories, his earlier works were shaped by his close friendship to such authors as Mao Dun and Zheng Zhenduo, who advocated for a modern Chinese literature of "blood and tears" (that is, one that would represent the suffering of the Chinese people).[156]

"The Vain Lunatic" was one of Xu's earliest short stories, and it exemplifies his effort to develop a thorough psychological portrait of his protagonist. The story traces the progressive mental deterioration of a young girl named Flower, who goes mad in the wake of a classmate's suicide. At the start of the tale, Flower is described as an arrogant, spoiled schoolgirl whose father's attempts to discipline her are met with venomous resistance. Less than a year after Flower enters school, her father suddenly dies, leaving her a sizable inheritance. "Although Flower was originally upset," Xu describes, "she thought about all of the many things she could purchase with her new money and suddenly felt much better. After a few days had passed, she forgot about her sadness

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[155] Xie Xiaoxia 谢晓霞, "Xiandai duanpian de chuxing: Xu Zhuodai de duanpian xiaoshuo chuangzuo 现代短篇的雏形：徐卓呆的短篇小说创作 [The model of modern short stories: The creation of Xu Zhuodai's fiction]," in *Xiaoshuo yuebao: Shangye, wenhua yu wei wancheng de xiandai xing* 小说月报 1910-1920: 商业、文化与未完成的现代性 (Shanghai: Sanlian shudian, 2006), 151-160.

[156] Christopher G. Rea, "Comedy and Cultural Entrepreneurship in Xu Zhuodai's 'Huaji Shanghai,'" *Modern Chinese Literature and Culture* 20, no. 2 (Fall 2008): 40-91.

altogether, and began to assume the air of an aristocrat."[157] The greedy girl, who thrives on her classmates' infatuation with her reckless displays of wealth, eventually goes too far in her quest to appear superior to her peers. When a fellow student detracts from the attention that Flower has become accustomed to receiving, Flower plots to ruin the girl's reputation by making it appear as though the girl has stolen a classmate's wallet. Mortified by the baseless charges of theft that have been lodged against her, the girl responds by flinging herself into a lake. Although nobody ever discovers that Flower was the actual perpetrator of the scheme, she nevertheless feels extreme remorse for the fact that her selfish behavior has led to the death of a classmate, and eventually goes mad with guilt. Even in her mad state, however, she still retains the characteristic traits of her former self: she continues to purchase extravagant and useless items, and after draining her inheritance and becoming homeless, persists in hoarding and guarding her worthless possessions from imagined thieves. "Flower, who had once been so smart," Xu concludes, "had now become a pitiable lunatic," doomed to revel in delusions of her former glory while forced to beg for food and shelter.[158]

Similar to Lu Xun's "Diary of a Madman," which points a critical finger at the collective Chinese unwillingness to confront the inhumanity of traditional society, the object of aspersion in Xu Zhuodai's tale is a character who refuses to face the true nature of her changing reality, even in the midst of absolute poverty. Like Lu's madman, whose lunacy contains the potentially transformative seeds of self-recognition, Flower's

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[157] Xu Zhuodai 徐卓呆, "Xurong fengzi" 虚荣疯子 [The Vain Lunatic], *Hong Zazhi* 红杂志 2, no. 60 (1923), 6.

[158] Ibid., 9.

madness occurs at the very moment that she first concedes to her own complicity in a destructive existence. Nevertheless, while Lu's madman places the burden of accountability on the next generation of children, Flower similarly fails to enact any meaningful reform of her attitude or behavior even within her transitory moment of self-knowledge. Instead, she continues to squander her money, looks down on those around her, and refers to herself as a "princess" while passersby confront the objective truth of her condition with either pity or disdain.

The tragedy of Flower's lunacy is that its retributive nature presupposes a prior acknowledgement of wrongdoing.[159] If Flower had failed to recognize her pivotal role in her classmate's suicide – and if Lu's madman had chosen to remain blind to his participation in a cannibalistic culture – then neither actor would have fallen victim to the madness engendered by his or her brief encounter with self-knowledge. In both accounts, then, madness appears as a moment of confrontation: the point at which the actor first comes to realize the objective nature of his true condition. While Flower's lunacy contains within itself the germ of transformative possibility, it is a testament to Xu Zhuodai's cynicism that she does not avail herself of this possibility and attempt to stage a revolt against the delusionary existence that she has created for herself. Instead, Flower

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[159] The theme of madness as a form of divine retribution for wrongdoing has a long tradition in classical Chinese thought. According to Richard von Glahn, as early as the Shang dynasty, "Chinese attributed illness, like misfortune in general, either to adventitious affliction by some malefic entity or to just punishment inflicted on the victim for his or her own moral transgressions" (98). See von Glahn, *The Sinister Way: The Divine and the Demonic in Chinese Religious Culture* (Berkeley: University of California Press, 2004). The retributive nature of madness in "The Vain Lunatic" becomes clear at the finale of the story, when the author comments that Flower's desperate prayers to "Save me" are likely either directed at her dead father or her dead classmate.

contents herself with the pacifying consolation that she remains superior to those around her, even while the traces of her former glories have wasted away into little more than mud-stained tatters.

The retributive madness of self-knowledge again becomes evident in Lao She's 1933 short story "Sacrifice." Lao She, the penname of the famous novelist Shu Qingchun, became renowned in the 1930s for his realist portraits of urban Beijing. According to Leo Ou-fan Lee, these works "evinced a strong sense of urban pessimism" in which Lao She pined for the "rural values of 'old China' – simplicity, decency, honesty."[160] Unlike the overtly iconoclastic writing of Lu Xun, Lao She's stories recognize both the respectable aspects of traditional Chinese society and the depravity of modern, urban values. For Lao She, then, the problem of Chinese self-delusion resided less in its blind assumption of traditional cultural superiority than in the arrogance, superficiality, and materialism that had come to emblematize the urbanized, Westernized elite of the post-May Fourth era.

"Sacrifice" traces the tale of Dr. Mao, a Chinese intellectual who travels abroad to the United States to earn a doctoral degree from Harvard University. When Mao returns to China, he continually harps on the subject of American cultural and material superiority. He attempts to reconstruct an American-style apartment, urges his friends to invest in the installation of a bathtub, and wears a Western-style suit complete with tie, handkerchief, and "shiny shoes." Mao's disgruntled friends eventually become fed up with his ongoing obsession with Western material culture and continual disparagement of Chinese society. "All I would ever hear about was talk of American customs, and how

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[160] Leo Ou-fan Lee, "Literary Trends: The Road to Revolution, 1927-1949," in Lee and Merle Goldman, eds., *An Intellectual History of Modern China* (Cambridge: Cambridge University Press, 2002), 225.

China was so uncivilized (*yeman* 野蛮)," the narrator opines. "Shanghai appeared slightly better [in Mao's opinion], but unfortunately had so many Chinese people that its status was necessarily lowered."[161]

One day, Dr. Mao's wife of three months leaves him. Mao is simultaneously distraught and self-righteous, contending that "an American PhD should hold quite a bit of value to a woman." Rather than reevaluating his arrogant attitude, however, Mao's sudden divorce causes him to become even more sanctimonious in his intellectual and cultural superiority. "Once you marry a person," Mao sputters, "you belong to him or her. And marrying a PhD?! If you decide to leave his embrace, it's utterly shameless and shows no humanity at all!" Convincing himself that his actions have consistently been unblemished and morally upright, Mao does not bother trying to win back his wife. Instead, as the narrator wryly comments, "he probably regretted not marrying an American woman in the first place. After all, Chinese women don't understand things; they don't understand the American spirit." Not long after being abandoned by his wife, Dr. Mao is fired from his professorial position due to his consistent tendency to lecture about his personal exploits in the West. Upon being dismissed from the university, nobody hears from him again. The only hint of his fate consists of the persistent rumors, continually circulating around campus, that he has gone mad and has since been locked away in a mental hospital.

"Sacrifice," unlike the stories by Lu Xun and Xu Zhuodai, does not center specifically on the protagonist's state of madness, but rather catalogs his slow

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[161] Lao She 老舍, "Xisheng 牺牲 [Sacrifice]," in *Yinghai ji* 樱海集 (Shanghai: Renjian shuwu, 1935).

psychological demise. Similar to the authors above, however, Lao She's tale of mental decline depicts lunacy as the ultimate confrontation between artifice and introspection, delusion and objectivity. Dr. Mao's moment of madness occurs when he is forced to accept the realization that his entire existence – indeed, his entire conception of self – has amounted to little more than a lost wife and a lost job. Although the audience is not privy to the immediate aftereffects of this realization, Lao She's inconclusive end to the story is meant to reaffirm the irrevocability of the protagonist's state of madness and the lack of hope for his future recovery.

Lao She's ultimate judgment of Dr. Mao reflects his anxiety at what can be construed as a failed Chinese cosmopolitanism.[162] Just as Xu Zhuodai's protagonist bases her self-ascribed superiority to little more than material artifice, Dr. Mao's self-indulgent narcissism finds its roots in material imitation: one that provides little room for spiritual introspection or personal growth. Thus, despite the fact that "Sacrifice" and Lu Xun's "Diary of a Madman" appear to offer contradicting barriers to Chinese maturation – one finds tradition problematic, while the other is disturbed by outright Westernization – the two authors agree upon the underlying problem of Chinese spiritual deficiency. In an era pulled between the political imperatives of modernization and the everyday comforts of tradition, both works attest to the unwillingness of the Chinese people to consciously confront the problematic relationship between the self and the society, particularly as it related to the ongoing attempt to achieve a sustainable modernity.

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[162] Alexander Huang, "Cosmopolitanism and its Discontents: The Dialectics between the Global and the Local in Lao She's Fiction," *Modern Language Quarterly* 69, no. 1 (March 2008), 105.

In the stories of Lu Xun, Xu Zhuodai, and Lao She, madness appears less as a pathological condition than as a metaphor for the protagonist's potentially enlightening – yet ultimately failed – confrontation with the objective truth of his own existence. Similar to the sociopolitical discourse of Gao Juefu and Li Yuan, which posited that the cure for madness was contained within the very thought processes of the psychologically unstable individual, the above short stories assert a causal relationship between a self-deluding mode of existence and an inevitable descent into madness. In each story, the protagonist is given the opportunity to purposefully face the true nature of his inner character through a stark moment of confrontation between delusion and reality. That each character fails to enact any significant reform confirms the pessimism with which their authors evaluated the possibility for a sustainable, and spiritually meaningful, individual and national transformation.

The Metaphorical Madman

From the late 1910s through the 1930s, discourses of madness in scientific, sociopolitical, and literary tracts invoked the pathological individual in a largely symbolic fashion. While Western psychiatrists and neurologists asserted that mental illness was either a psychosomatic affliction or an unfortunate symptom of civilizational advance – something that could be definitively named, studied, and cured through rational means – certain Republican-era intellectuals upheld the mad individual less as a pathological entity than as a generic metaphor for national backwardness. Eradicating the scourge of mental illness (or simply building an asylum in Nanjing to act as symbolic proof of the

national triumph over the affliction) thus became a precondition for cultural resuscitation and modernization.

From the time that Western psychological texts began to penetrate China in the early twentieth century, Chinese intellectuals showed a greater concern with the practical applications of psychological study than with philosophical questions of behavioral functioning and cognitive reasoning. They thus retained the taxonomic configurations of psychological practice, but reframed the content of these categories in order to resonate with traditional understandings of disease and contemporary political agendas. To these largely self-taught men and women, Western psychology appeared as a valuable tool that could be applied toward the mutually related ends of social engineering and national self-strengthening; it did not, however, generally present itself as a therapeutic device that could be used to soothe the existential yearnings of the modern individual.

By the time that trained Chinese psychologists had returned from abroad, the topic of abnormal psychology had begun to assume an even more politicized thrust. Discourses of psychological backwardness allowed the KMT bureaucracy to ignore ongoing problems within the political apparatus itself – corruption, bureaucratic malfeasance, and economic exploitation – in favor of pinning the problem of national degeneration on the Chinese people instead. In the opinion of psychologists and KMT agents like Gao Juefu and Li Yuan, madness was not the byproduct of civilizational advancement, but rather the result of a conscious proclivity toward escapism or an unwillingness to conform to the values and laws of the society. The backward thought processes and incorrect political ideologies of the mad individual thus became a synecdoche for the larger failings of the nation; only by first correcting the delusionary

mindset of the individual, it was thought, could the Chinese nation finally propel itself forward on the path to modernity.

Yet, the potential to reach such a mythological modernity was not automatically secured, so long as the individual remained unwilling to confront the harsh realities of his own existence in an honest and meaningful fashion. In the minds of authors like Lu Xun, Xu Zhuodai, and Lao She, the mad Chinese individual had become so mired in his own delusions that even the destruction of his family, career, and traditional values was not always sufficient to propel him into a position of conscious reflection and deeper self-knowledge (or, in the case of Lu Xun's madman, even if the protagonist was able to come to certain realizations about the cannibalistic nature of Chinese society and his own complicity in it, he was not able to extricate himself from that role and enact meaningful change). Remaining in a deluded state, these mad characters were immune to the demands of political campaigns, literary tracts, and scientific studies that all sought to render them more politically aware and more socially conscious.

To this end, the intellectual tracts of the Republican period were permeated with an undertone of cautious cynicism. Somewhat similar to the plight of the municipal police, who were fighting a losing battle against the growing numbers of deviant insane within the city asylum, intellectuals also failed to find definitive answers for how to "fix" the mad individual – and, by extension, their backward polity as well. As the next section will show, the symbolic currency of a modern, scientific, and Western-managed asylum therefore became an appealing prospect for both municipal agents, who struggled with problems of overcrowding and recidivism, and for the intellectual elite, who aimed to both eliminate mad diseases and achieve a modern level of social and political

development. Nevertheless, in spite of the ostensible “progress” that was about to be achieved at the level of the institution, the ways in which psychiatric discourses were appropriated on the ground often proved contradictory to this very impulse toward modernization, rationalism, and scientific standardization.

Part II:
The Pathologization of Mental Illness

Chapter 3.

The Peking Union Medical College: 1914-1933

The longstanding necessity of establishing a Western hospital in the capital city of Beijing was obvious to the Rockefeller Foundation's China Medical Commission, an independent advisory board tasked with the responsibility of determining the scope and scale of Western aid needed to jumpstart the grueling process of modernizing Chinese medicine. In a 1914 report compiled soon after the Commission's premier visit to the city, it was noted with a sincere mixture of pity and disgust that "health conditions in China are bad beyond anything which the members of the Commission had anticipated." There was no concern for public health or the unchecked spread of contagious disease; the notions of 'sanitation' and 'hygiene' were foreign words and unfamiliar concepts; and Chinese medical practitioners, "using such absurd methods as acupuncture," were wholly unfamiliar with scientific medicine.[163] Although missionaries had been extant in China for a number of years, their work could only be said to constitute the mere beginnings of what would surely be a long and arduous trek to medical modernity.

Nevertheless, while the Commission found squalor and contagion to reign in unbridled dominion over the unfortunate masses, they simultaneously remained optimistic about the potential to offer their assistance. Despite the fact that negative attitudes toward Western medical men could still be found in many parts of China, the

[163] Unless otherwise noted, the materials from this section were found at the Rockefeller Archive Center (RAC). RG1 Projects, Box 26, Series 601, Folder 240, "Preliminary Report of the China Medical Commission to the Rockefeller Foundation," September 24, 1914.

Commission noted with cautious confidence that these prejudices were on the brink of "breaking down everywhere." Missionary hospitals, they wrote, were "taxed beyond their capacity," and the "willing support" given to these hospitals – even by the inhabitants of a non-Christian nation – was cited as evidence of the overwhelming need for Western medical services. "It is the opinion of the Commission," an early report concluded, "that there will be no serious obstacle found in the attitude of the people toward the new medicine if properly presented and if matters are wisely handled."[164]

As a result of the Commission's sanguine account, in late November 1914, the Rockefeller Foundation Executive Committee established the China Medical Board (CMB) "for the purpose of developing a system of modern medicine in China."[165] The CMB, though founded on the primary principles of medical service and philanthropy, did not veil its more latent attempts to simultaneously promote Christian evangelism and American civilization.[166] The ideal of "human progress," which appeared, in Rockefeller accounts, to be a uniform and measurable phenomenon, was cited as one of the benchmark elements of the CMB's program. Through the establishment of medical schools, graduate training centers, and medical internships, the CMB sought to provide Western models "for imitation by the Chinese." Such models, it was thought, would

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[164] RG1 Projects, Box 26, Series 601, Folder 239, Report of the China Medical Commission, vol. II, 1914.

[165] RG1 Projects, Box 24, Series 601, Folder 233, "China Medical Board Historical Records."

[166] See RG1 Projects, Box 25, Series 601, Folder 234, "China Medical Board Historical Record, Vol. 1A"; Frederick T. Gates, "Thoughts on Medical Missions and the Spirit and Teaching of Jesus," December 11, 1914.

necessarily lead to the assuagement of Chinese suffering, the advancement of American interests abroad, and the wholesale expansion of Western civilization.[167]

Aside from providing funding to the Peking Union Medical College, one of the earliest means by which the CMB aimed to propagate American medicine abroad was through the attempted establishment of a psychiatric clinic in Beijing. In a series of correspondence between Wallace Buttrick, the chairman of the CMB, and Thomas Salmon, the medical director of the National Committee for Mental Hygiene, the two men ruminated on the possibility of developing a modern psychiatric unit at the PUMC. Salmon was particularly optimistic about the prospect of introducing "Western conceptions of mental diseases… side by side with Western conceptions of bacteriology, pathology, and standards of medical care and nursing in diseases generally." Through the appointment of a well-trained psychiatrist – one who, it was noted, should be "actuated by the spirit of the missionary" – Salmon confidently asserted that the PUMC would not only lead the charge in transforming public care of the insane in China, but would also be pivotal in influencing Chinese legislation on all matters of mental health.[168]

Salmon's preoccupation with the symbiotic relationship between psychiatric development and modern civilization was in keeping with the spirit of the time. As chapter two discussed, the nascent Mental Hygiene Movement in the United States aimed not only to treat sufferers of mental illness, but also to achieve the actualization of "a race

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[167] RG1 Projects, Box 25, Series 601, Folder 234, "History of the China Medical Board," 30.

[168] CMB, Inc., Record Group IV 2B9, Box 96, Folder 689, Thomas Salmon to Wallace Buttrick, September 5, 1919.

whose actions [would] be directed more by reason, and less by either weakly sentiment or boisterous passion."[169] When applied to a Chinese context, the need for such a program did not even require Salmon's direct articulation. The Chinese – governed by warlords, animated by superstition, and ignorant of scientific logic – all but begged for the aid of Western psychiatrists who would be, in Salmon's words, "deeply imbued with the modern spirit."[170] In the eyes of the Rockefeller Foundation and China Medical Board, the intertwined imperatives of state-building, social strengthening, and public health could be at least partially achieved through the introduction of trained psychiatrists to China – men who could certainly influence the future shape of Chinese educational, medical, and legal practice.

At the time of Salmon's proposition, psychiatric facilities in China were few and far between. In a survey that the PUMC would later conduct on the number and nature of psychiatric clinics in China, it was discovered that out of one hundred and sixteen foreign-run hospitals, only five maintained beds that were specifically assigned to psychiatric patients; of these five hospitals, moreover, the number of beds allotted for psychiatric purposes ranged from one to three.[171] Only six of the surveyed hospitals provided full care of neuro-psychiatric patients, while the rest either did not admit such

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[169] National Committee for Mental Hygiene, "Handbook of the Mental Hygiene Movement" (New York: National Committee for Mental Hygiene, 1913), 14.

[170] Salmon to Buttrick.

[171] The one exception was the Japanese-run Manchuria Medical College in Mukden, which allotted by far the largest space of thirty-five beds to psychiatric cases.

cases or admitted them strictly on an observational basis.[172] The dearth of psychiatric care in China appeared, to Salmon, to be both an opportunity for increased Western aid to the Chinese and, more importantly, an occasion for increased Western influence in matters of both local and national government legislation.

The man who was eventually chosen for the task of psychiatric development at the PUMC was an American doctor and missionary named Andrew H. Woods. The son of a Presbyterian minister, Woods had early on prepared for a life of religious service abroad. Having received his medical training in neurology at the University of Pennsylvania, Woods turned down a prestigious appointment at the university in order to accept a position at the Canton Christian School in 1899.[173] Despite his original enthusiasm for the post, Woods was not altogether impressed by his brief stint in Canton. His Chinese students, he recorded in his diary, manifested such an "essential, covert impoliteness" that he and his staff were rendered consistently disappointed at their own inability to transform the "heathenism" of their charges into something more compatible with the gentlemanly demeanors of the Western personnel.[174]

Regardless of Woods' best efforts, his students remained so anti-foreign in nature, and displayed such "ingratitude" toward the missionaries' service, that Woods soon became frustrated with the entire endeavor. By the close of 1903, he had definitively

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[172] CMB, Inc., Record Group 2B09, Box 22, Folder 155, "Survey of Psychiatric Hospitals," 1933.

[173] "Andrew H. Woods, M.D. Obituary," *A.M.A. Archives of Psychology and Neurology* (1956), 175-176.

[174] Bryn Mawr College Archives, Andrew Woods Papers, Box 1. Diary entry, April 20, 1903.

resolved that medical missionary work in Canton was a lost cause, and if he were to have any sort of lasting effect on the political trajectory of the Chinese nation, he would have to focus his attentions on other pursuits. "I believe my powers… as an educator," Woods reflected in his diary, "will produce far better results than my energies given to practice on bodies, most of which are pretty nearly mindless and totally lacking in significance in the regeneration of China."[175] The only way to alter the course of Chinese modernity, Woods concluded, was to act upon the minds of the Chinese elite rather that on the bodies of the Chinese masses. "A man helps other men insofar as he *is* something, not merely by *doing* something," the neurologist resolved after a long period of reflection, and determined to set his sights on the transformative powers of medical education rather than on the unproductive task of medical practice.[176]

It was a full fifteen years after making these statements that Woods was finally given the opportunity to pursue his goals. In 1919, after Woods had already been back in the United States for over a decade, Salmon and Buttrick contacted the neurologist to invite him to return to China to pursue neuropsychiatric work at the PUMC. Although Woods was enthusiastic about the prospect of resuming his medical service in China, he was hesitant about the unimpressive offer that the CMB had made. Edwin Embree, secretary for the Rockefeller Foundation in New York, had only extended the offer of an associate professorship in general medicine, rather than a full professorial position in neuropsychiatry. Although the salary was competitive – he would be given $3500 a year

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[175] Ibid., November 13, 1903.

[176] Ibid., February 4, 1904.

with an additional housing allowance of $1200 annually[177] – Woods acknowledged that he was "puzzled" at the "relatively low evaluation of me [and] my subject."[178] Asking for a full professorship in neuropsychiatry instead, Woods' demands were politely declined.

According to Dr. Franklin McLean of the CMB, the reason for the declination of a full appointment was twofold. On the one hand, despite the fact that the PUMC saw a large number of neurological cases – the most common of which was syphilis of the central nervous system – McLean felt that the treatment of such cases was "not so far removed from general medicine" as to warrant a separate professorship of neuropsychiatry.[179] When combined with the fact that far more Chinese patients were inclined to seek hospitalization for "nervous" diseases like epilepsy than for "mind" diseases like depression or psychosis, it did not appear necessary for the PUMC to create a separate ward just for Woods' appointment.[180] On the other hand, and more practically

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[177] CMB, Inc., Record Group IV 2B9, Box 97, File 697, Embree to Woods, June 16, 1919 and June 24, 1919.

[178] Bryn Mawr College Archives, Andrew Woods Papers, Box 2, Diary entry, July 4, 1919.

[179] CMB, Inc., Record Group IV 2B9, Box 97, Folder 697, McLean to Vincent, August 12, 1919.

[180] Prior to Woods' appointment, the PUMC admitted patients suffering from neuropsychiatric illnesses, but classified these men and women as being afflicted with either a "disease of the mind" (including dementia, manic depressive insanity, and senile psychosis) or a "disease of the nervous system" (including epilepsy, neurasthenia, and convulsive tics). In the years 1918-1919, the PUMC saw sixteen Chinese cases of epilepsy, and only one case of manic depression and senile psychosis each. By the mid-1920s, and concurrent with the establishment of the PUMC's first neurological ward, the hospital no longer retained the category of "mind disease," but instead classed all forms of mental illness as belonging to the department of internal medicine (*neike* 内科). See *Peking Union Medical College Eleventh Annual Report: 1918-1919* (Peking: Bureau of Engraving and Printing, 1919); Peking Union Medical College, ed., *Beiping Xiehe Yiyuan*

speaking, the PUMC had not yet developed a separate psychiatric department at the time of Woods' hire. "A [full] professor of psychiatry without a psychiatric clinic," McLean concluded, "would seem out of place, at the least."[181]

In other words, the PUMC desired to hire Woods for his neurological and psychiatric background, but had not actually planned to establish a separate teaching department for psychiatric cases at the time of his recruitment. The situation, though perhaps contradictory to the original wishes of Buttrick and Salmon, was nevertheless fully in keeping with the PUMC's guiding outlook. For the Rockefeller Foundation and China Medical Board, the fundamental goal of the PUMC was to "train competent [Chinese] practitioners" in a broad manner. Professors at the college were thus expected to not be so specialized, or so preoccupied with concentrated research, that they would lose sight of their primary aim to instruct Chinese physicians in the general ways of Western medicine.[182] Although Woods eventually accepted the offer, it was clear that he was not satisfied with an associate professorship. Over the course of his nine years at the PUMC, Woods consistently determined to establish a separate teaching and treatment facility for neurologic and psychiatric patients. The challenge, for various reasons, did not always lean in his favor.

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baogao shu 北平协和医院报告书 [Peking Union Medical College Report] (Beiping: Beiping Xiehe Yiyuan bian, 1930), 4.

[181] McLean to Vincent, August 12, 1919.

[182] CMB, Inc., Record Group IV 2B9, Box 97, Folder 697, Vincent to McLean, August 20, 1919.

The Struggle for a Psychiatric Clinic

If Woods were forced to guess, he would have estimated that there were at least ten thousand visibly insane men and women in and around Beijing. Of course, he had no way to know the exact number for certain. To his chagrin, the Beijing Municipal Council did not offer any reliable statistics pertaining to mental disease within the capital city, and so Woods was forced to theorize upon evidence that was circumspect at best. What he did know for certain, however, was that the mentally ill in China did not live an enviable existence: they suffered from the cruelties inflicted upon them by their own relatives; they suffered from the harshness of municipal law; and they suffered from the complete lack of modern medical facilities available to them. The city asylum, he wrote, was nothing more than a prison, and if the PUMC endeavored to open a similar institution, it would inevitably be overrun by such large numbers of abandoned defectives that the facility would quickly devolve into little more than a boarding house for the insane.[183]

The only solution to the problem, Woods theorized, could not be a stopgap measure. Rather than erecting another asylum, the wisest use of Rockefeller funds would instead be to create a psychiatric facility within the PUMC that could train Chinese physicians in the types, symptoms, and cures of mental diseases. "In this way," Woods concluded, "public opinion in China will be educated; proper laws for preventing insanity and protecting the insane will be made and supported; and leaders among the Chinese medical men will be given to the country, who being supported by intelligent public opinion, will be able to deal adequately with the problem." In Woods' estimation – and in

[183] CMB, Inc., Record Group IV 2B9, Box 96, Folder 689, Andrew Woods, "The Peking Union Medical College and the Problem of Insanity in China," December 27, 1920.

keeping with his earlier desire to work *with* the Chinese intelligentsia rather than work *upon* the Chinese everyman – Woods recommended to the board of the PUMC that treating insane patients should be a task subordinate to that of training Chinese psychiatrists.[184]

Throughout the first few years of his appointment, Woods declined to treat mental patients within the PUMC wards. Arguing that he had not been given sufficient space or assistance to handle the insane, Woods asserted that he should be relieved of the responsibility entirely and given the freedom to devote his complete attention to neurological patients.[185] The board of the college supported him in this decision, and encouraged him to focus on the more pressing issue of neurological work;[186] his dual role as associate professor of neurology and psychiatry was resultantly shortened to a professorship in neurology alone.[187] By spring of 1923, the trustees of the PUMC finally elevated the division of neurology into an independent department, and promoted Woods to the full professorship he desired.[188] But the problem of how to handle psychiatric patients remained unresolved, with certain trustees of the college arguing that the PUMC

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[184] Ibid.

[185] CMB, Inc., Record Group IV 2B9, Box 96, Folder 689, Richard Pearce to George Vincent, January 6, 1921.

[186] Ibid., Pearce to Woods, March 14, 1921; Bryn Mawr, Box 2, Diary entry, April 17, 1921.

[187] CMB, Inc., Folder 689, Greene to Eggleston, June 14, 1928.

[188] Bryn Mawr, Box 2, Diary entry, October 1, 1922.

should assume no responsibility whatsoever for the insane unless a separate clinic were erected for that specific purpose.[189]

The main issues at hand, it became clear, were not related to problems of funding or a general lack of support among the PUMC staff for a psychiatric clinic. To the contrary, both the trustees of the college and the faculty recognized that psychiatric ailments caused as much suffering in their victims as purely physical afflictions, and Woods went so far as to surmise that as many as half of the patients in the surgical and medical wards were actually primarily afflicted with problems of a mental nature. The problem, instead, was twofold. On the one hand, the PUMC staff was wary that an in-patient ward for mental cases would soon become overrun with the chronically ill, and would therefore devolve into a general holding facility rather than a place of treatment. In a similar vein, although it was well known that the municipal asylum frequently employed methods of restraint for violent cases, the board of the PUMC was nervous that anti-foreign sentiment would be fueled if the local community determined that the college was resorting to similar measures. On this point, the acting director of the PUMC, Roger Greene, specifically stated his wish that either the municipality or private philanthropists undertake the effort of developing a private ward for mental cases on their own.[190]

On the other hand, and somewhat more problematically, the problem of *how* to treat psychiatric patients was still very much up for debate at the time of Woods' early appointment. Although Woods certainly championed the development of a psychiatric

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[189] CMB, Inc., Record Group IV 2B9, Box 96, Folder 690, Pearce to Vincent, January 6, 1921.

[190] CMB, Inc., Folder 689, Roger Greene to Edwin Wayte, September 12, 1922.

ward, he simultaneously acknowledged the difficulties of "visualizing a sound plan for procedure." Whereas general medicine treated physical, concrete symptoms that could be located within the functioning of organs, glands, and corporal systems, psychiatry was not quite so simple, and Woods noted that it would require at minimum a generation of study to ascertain whether current treatment methods were bogus or sound. Even more problematic for the young neurologist was the issue of psychiatric standardization. "In psychiatry, men of Dr. Salmon's scientific integrity and sound sense are few," Woods wrote to Roger Greene while debating the potential development of a psychiatric clinic at the PUMC. "Those who give rein to imagination are many, and their flights into highly theoretical realms leave most of us wondering."[191] If the PUMC *were* to establish a psychiatric ward, the problem of hiring well-trained and scientifically oriented practitioners would certainly provide a further challenge.

For the time being, then, Woods and the Board of the PUMC were content to put the question off for a later date. The department of neurology was problematic enough as it was – the PUMC, never having established a firm demarcation between neurological ailments, cognitive impairments, and so-called "nervous diseases," left Woods to treat everything from syphilis and epilepsy to neurasthenia, hysteria, vertigo, dementia, leprosy, tetanus, headaches, idiocy, and dumbness.[192] Indeed, the wide scope of cases that Woods was forced to undertake proved to be a long source of contention within the PUMC. As patients were always sent to the medical and surgical wards for a primary

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[191] Ibid., Woods to Greene, August 16, 1922.

[192] Ibid., "Neurological Report," May 1922.

examination, Woods was often left to treat patients whom the general medical practitioners did not "desire" to handle.[193] Although, in theory, the neurological department was viewed as a crucial component of the hospital, in practice, the division of neurology often functioned as little more than a collection receptacle for difficult patients, unclear diagnoses, and generally problematic cases.

Given the scope and scale of the work he was forced to undertake, it was therefore much to Woods' relief when the PUMC, in 1925, agreed to hire the neurologist Ernst DeVries, who had previously performed as "head of the work for idiots" at the University of Leiden.[194] DeVries was appointed as an associate professor of neurology, and quickly proved to be a competent, thoughtful, and industrious worker. In addition, a young Chinese practitioner named Wei Yulin – who, as we will see, would soon go on to bigger undertakings – was appointed as an assistant professor of neurology in 1926. As Woods noted, Wei was sweet natured and easy-going, yet overall "badly prepared" for the work that he had been commissioned to perform.[195]

Together, the three men continued to direct the course of the lumbering department until Woods' retirement in 1928. In spite of the neurologist's best efforts, the experiment with neurology at the PUMC had not been an overwhelming success. The small number of available beds, the division's problematic relationship with the surgical and medical wards, and the overall difficulty of differentiating between general medical,

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[193] Bryn Mawr, Box 2, January 12, 1926; January 25, 1926; January 29, 1926.

[194] CMB, Inc., Record Group IV 2B9, Box 97, Folder 697, Woods to Houghton, February 25, 1925.

[195] Bryn Mawr, Box 2, Diary entry, March 31, 1925.

neurological, and psychiatric cases had led Woods to propose that the department be re-subsumed under the heading of general medicine until the point at which it could be expanded and combined with a psychiatric clinic.[196] As for Woods himself, he left the PUMC feeling as though he had contributed nothing to its future functioning. "The interest that I feel in this medical college," he admitted in his diary upon submitting his resignation, "and the fair judgment that I thought lag behind my counsels, have both depreciated in value in my eyes as they seem to be unsought by my associates." His own work, which he deemed "unproductive of any single valuable scientific contribution," ultimately achieved no lasting impact upon the functioning or organization of the PUMC.[197] Upon Woods' exit, the neurological department was reintegrated into the division of general medicine, and the hope for a psychiatric clinic was once again put off for future debate.[198]

Old Problems and New Possibilities

What Woods did not realize upon tendering his resignation in early 1928 was that the field would soon be ripe for the expansion of psychiatric practice in Beijing. It was in that year that Chiang Kai-shek's Northern Expedition – an ambitious crusade to reunite the Chinese nation from the warlordism and political factionalism that divided it – defeated the local Beiyang government and reincorporated Beijing under the single

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[196] CMB, Inc., Folder 689, Interview with Woods, October 4, 1926.

[197] Bryn Mawr, Box 2, Diary entry, January 3, 1928.

[198] CMB, Inc., Folder 689, Greene to Ariens Kappers, January 24, 1928.

governance of the Guomindang (Nationalist, or KMT) Party.[199] As part of its modernization efforts, the Guomindang was highly concerned with achieving better public hygiene, more effective sanitation practices, and a psychologically "stronger" populace.[200] The PUMC would come to play a critical role in that effort throughout much of the 1930s.

As a result of the political changeover, the municipal asylum also changed hands. Although prior to 1928, the asylum had consistently been administered as a branch of the municipal police department, in July of that year the facility was transferred to the control of a new institution known as the Social Affairs Bureau (*shehui ju* 社会局). The Social Affairs Bureau was responsible for such diverse tasks as population surveys, labor and farming management, cultural education, and overseeing the Public Security Bureau (*gong'an ju* 公安局). Since the municipal asylum remained under the purview of the police and public security administration, it was now under the jurisdiction of the Social Affairs taskforce, as well.[201]

In spite of the facility's new bureaucratic arrangement, no striking changes were made to the asylum in the years immediately following the KMT takeover. Largely, this was a result of the fact that attitudes toward insanity and the asylum remained more or

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[199] Between 1928 and 1949, Beijing was referred to as Beiping. For matters of consistency and clarity, however, I will simply refer to the city as Beijing throughout this chapter.

[200] Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).

[201] "Jieban jingshen bing liaoyang yuan 接办精神病疗养院 [Taking over the psychopathic hospital]," in *Shizheng pinglun* 市政评论, no. 1-2 (Beiping: n.p., 1935), 19.

less consistent across the 1928 divide. Firstly, funding for the asylum continued to be insufficient and no immediate solutions were devised to alleviate the problems of overcrowding, recidivism, and shoddy recordkeeping. Police records from this time attest to the slow but steady increase in asylum inmates, both leading up to and following the Guomindang takeover of the city. In 1927, the Municipal Police Bulletin (*Jingshi jingcha gongbao* 京师警察公报) began publishing daily records pertaining to the number of inmates being housed within the facility. In the first issue of the bulletin, published on March 7, 1927, the asylum housed a total of 101 lunatics; five months later, on August 22, the number of insane had jumped to 117 men and women. While this might not seem like an especially huge increase, it was nonetheless striking when considering that the asylum was only built to contain a maximum of eighty inmates at a time.[202]

Although the publication of asylum statistics was discontinued in 1928, archival records continue to show a growing level of desperation at the increasing number of inmates within the asylum. In May 1929, the temporary manager of the facility petitioned the Social Affairs Bureau to allow the release of fourteen inmates. "Recently, funds have been insufficient and the grain ration is inadequate," the asylum manager wrote to Social Affairs. "Because of this, we are petitioning your bureau to grant us permission to release these inmates back to their families."[203] The problem of overcrowding was so severe, in fact, that an insane murderer named Xing Kun – whom the police determined had

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[202] *Jingshi jingcha gongbao* 京师警察公报 [Municipal Police Bulletin] (March 7, 1927 and August 27, 1927).

[203] BMA J181-020-02578, 北平市公安局疯人收养所关于释治愈疯人柏福第十四名的函, January 1929.

"certainly lost his mind" (确有心身丧失状况) – was denied entrance to the facility due to lack of space; the Public Security Bureau advised the local police precinct to either keep him locked up there or to return him to his family.[204]

Secondly, from a managerial perspective, few steps were taken to grapple with the ongoing problems of bureaucratic maladministration within the facility. Similar to trends in asylum affairs prior to 1928, the Social Affairs Bureau attempted to rectify the enduring issue of mismanagement by simply appointing a steady stream of new asylum directors without considering the underlying systemic problems plaguing their work. In July 1929, a government functionary named Lin Chuanshu was re-appointed as manager of the asylum. Lin had earlier shown promise in his managerial duties, having briefly stymied the flow of new admittances to the facility in 1927 and temporarily achieved a noteworthy low of ninety-six residents throughout early October.[205] Nevertheless, the Social Affairs Bureau did not remain satisfied with Lin's inconsistent progress for very long, and replaced him with a new manager named Zhao Jiyuan in December.[206]

Much to the chagrin of Social Affairs, Zhao's performance also proved underwhelming. Yet, in spite of the fact that managerial turnover and poor managerial performance had been plaguing the municipal asylum for the past ten years, the Social Affairs Bureau continued to neglect the root issue of the problem: the fact that the

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[204] BMA J181-031-03253, 北平地方法院检察处关于安置心神丧失邢昆的函, May 1929.

[205] *Jingshi jingcha gongbao* (October 5 and 6, 1927).

[206] BMA J002-001-00010, 社会局对乞丐收容所、疯人收容所所长、事务主任的任免令, July 1929-December 1929.

managers of the facility were not being paid for their efforts. During his tenure, Zhao was not only acting as manager of the asylum, but was concurrently holding a government clerk position as well. In a memorandum announcing his new appointment as manager, the Social Affairs Bureau stated that Zhao would continue to "hold both positions" but would "only be paid his secretarial salary." In other words, Zhao was expected to hold two full-time positions but would only be remunerated for one of them.

In spite of his meager pay, the bureau naively believed that Zhao would completely revamp the facility during his tenure. He was ordered to take over all asylum records, organize inmates' files, and "rectify" (*zhengdun* 整顿) all affairs. Any surplus money would not be used to bolster his salary, but rather would be put toward "completely reforming the facility" (*chedi gaige* 彻底改革).[207] The inadequacy of such an arrangement was quickly revealed when asylum affairs continued to stagnate under Zhao's watch. Finally, at the end of December, the Social Affairs Bureau belatedly came to the realization that Zhao simply could not complete both of his positions to satisfaction. Acknowledging that "affairs at the facility are extremely busy" and that the asylum was "in urgent need of renovation and improvement" (*shuaxin gaishan* 刷新改善), the bureau concluded that Zhao's secretarial work was "impeding his progress" at the asylum. Hiring a worker to take over Zhao's previous job as a government clerk, the bureau further decided that Zhao should be paid a managerial salary so that he could concentrate

[207] Ibid.

his efforts solely on the asylum. Advising him to "take great pains to rectify absolutely everything" (努力整顿一切), Zhao was warned not to disappoint.[208]

Regardless of Zhao's efforts to rejuvenate the institution during his four-year tenure, little change occurred in the general ideological and administrative principles undergirding the functioning of the facility. Between 1929 and 1933, affairs at the asylum continued to be carried out much as they had before: lunatics were plucked up off the streets for causing public disturbances, hauled into the district police station, and crammed into the asylum until their families claimed them or they expired. Case reports from this transitional stage show little divergence from those of the earlier Beiyang period. Unhygienic practices continued unchecked, death and disease were rampant, and unsympathetic attitudes toward the insane remained basically unchanged following the KMT takeover of the city.[209] In spite of the nominal bureaucratic reorganization of the facility, asylum affairs stayed more or less constant.

Arguably, the reason for this consistency can be partially attributed to the fact that ideological and legal interpretations of madness did not undergo any major changes during this time, even in spite of the government changeover. The 1928 penal code for the Republic of China, promulgated on March 10 and enacted on September 1, was

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[208] Ibid.

[209] For example, an unnamed girl was sent to the asylum with no apparent physical problems, but died of diarrhea and dehydration eight months after admission. J181-021-11625, 北平市公安局外四区区署关于疯颠无名幼女请安置的呈, May-January 1931. Further, a man named Wang Xiangshan, who the police readily confirmed "did not appear crazy," was still bound and restrained within the asylum in spite of his clear speech and confident recollection of the misunderstanding that had led to his arrest. J181-021-05088, 北平市公安局内一区区署关于王相山患神经病欲自杀一案的呈, January 1929.

exceedingly reminiscent of the earlier 1912 code. "Those who have lost their minds" (*xinshen sangshi* 心神丧失), article thirty-one of the new law code specified, "cannot be penalized for their misbehaviors." However, depending upon the facts of the crime, the article continued, madmen and madwomen should still be "taken into custody and disciplined" (*jianjin chufen* 监禁处分) for their wrongdoings.[210]

Although the new penal code did not go so far as to declare the insane on par with rabid dogs, it was still quite clear that a lunatic was not seen to possess the same rights or legal standing as a person understood to be mentally sane. A 1929 government declaration stipulated that those deemed insane or feeble-minded could be stripped of their right to own and manage property. In order for this to occur, a "companion or family member" simply needed to accompany the lunatic to court and make a case against him. The property would then be transferred to the accuser's name, until the "point at which the reason for the deprivation of these rights expires" and the prohibition could be rescinded.[211] From a legal and ideological perspective, madmen continued to be viewed more as social liabilities than as ailing patients in need of hospitalization. Across the 1928 divide, therefore, the asylum remained a stopgap bureaucratic solution to the frustrating problems of lunacy, delinquency, and general misbehavior.

As the municipal asylum continued to be overrun with chronic cases, and as no conceivable solutions were devised for how to mitigate the problem, the municipality

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[210] *Zhonghua minguo xingfa* 中华民国刑法 [Penal code of the Republic of China] (Beiping: n.p., 1928).

[211] "Minfa zongce 民法总则 [General provisions of civil law], article 14," in *Zhonghua minguo guomin zhengfu gongbao* 中华民国国民政府公报, no. 27 (Beiping: n.p., 1929).

eventually turned its attentions to the PUMC – a well-run, well-funded, and exceedingly "modern" institution. Director Roger Greene noted in a series of correspondence that "the police department of Peking [has] been after us to take over their psychiatric work" and concluded that "a young American neurologist with psychiatric leanings and ability could develop a field for a life work in Peking if he suited the job." In spite of the fact that there existed "a number of institutions in China… that are called insane asylums," Greene nevertheless observed that "the field of psychiatry in China has not yet been even touched" and that "a promising future is opening up for the right sort of man in Peking just now."[212] Although the PUMC had consistently balked at the idea of developing a psychiatric ward while Woods was in tenure, it appeared as though the time was ripe to finally begin moving in that direction – though too late, unfortunately, for the doctor to take part.

A Compromise

As Mary Brown Bullock notes, the consolidation of Guomindang power in 1928 led many in the PUMC chain-of-command to "[hold] out a hope that… [their] social visions might become a reality."[213] Although no concrete arrangements were immediately worked out between the municipality and the PUMC in the wake of the government changeover, the new potential for collaboration between the teaching hospital and the Ministry of Hygiene (*weisheng bu* 卫生部) convinced a number of doctors at the PUMC

[212] Ibid., Greene to Eggleston, December 17, 1927; Greene to William White, December 17, 1927.

[213] Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980), 152.

to advocate more vociferously for the expansion of psychiatric practice. Ernst DeVries, who continued to helm the branch of neurology through the late 1920s, was one such practitioner who openly expressed his dissatisfaction at the lack of attention given to psychiatric teaching at the PUMC. Although he acknowledged that violent cases should not be admitted to the hospital, he underscored the point that a knowledge of mental and nervous diseases formed an essential part of the medical curriculum. A prominent physician at the college named Francis Deiuaide also backed DeVries' position. After both men petitioned the Executive Committee of the PUMC in the summer of 1928, it was decided to once again resuscitate the division of psychiatry and to expand the teaching curriculum so as to include instruction in psychiatric practice, which was to be taught within the hours allotted to neurology.[214]

While the decision marked an important new development in medical instruction at the PUMC, the college still failed to address two critical problems that forestalled the further expansion of psychiatric instruction. First, into the early 1930s, the PUMC did not actually employ any psychiatric specialists, and all instruction in the area of psychiatry was given solely by neurologists or general practitioners. Although DeVries recognized the importance of psychiatric development within the college, he himself "was not much interested in it," and the PUMC continually failed to find a psychiatrist with both a solid education and a willingness to move to Beijing, where he would be remunerated with a comparatively low and admittedly uncompetitive salary.[215] Second, there was simply no

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[214] Ibid., Greene to Eggleston, June 14, 1928.

[215] Ibid., Greene to Eggleston, January 20, 1932; RG1, Series 601, Box 12, Folder 122, Eggleston to Thompson, June 13, 1930.

space at the college allotted for psychiatric demonstrations, and little by way of hospital facilities for psychiatric treatment. Teaching demonstrations, when they could be done, were performed in the outpatient department or at the municipal asylum. The lack of space and resources continually proved problematic in the furthering of psychiatric education at the PUMC.[216]

By April 1932, at least one of the two problems had found an adequate solution. Following the expiration of DeVries' contract, the PUMC had managed to hire the well-known psychiatrist Richard Lyman, who had previously worked in Shanghai and had developed a keen interest in teaching psychiatry in China. With Lyman firmly committed to the project of psychiatric development, Roger Greene agreed to put forth a budget proposal for the creation of a mental unit of twenty-five beds. The amount he requested for the erection of a mental unit, which was proposed to be about the same size as the isolation pavilion, was just under $120,000.[217] Assuming that the hospital could collect five thousand dollars annually from patient fees, Greene estimated that the additional sums needed for the maintenance of such a unit would cost between thirty-five and forty thousand dollars a year, not counting the extra personnel who would be required to maintain the upkeep of such a project. Residents, interns, nurses, attendants, cooks,

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[216] CMB, Inc., Folder 689, Interview with Dr. L. Rajchman, December 21, 1930; Greene to China Medical Education, January 1, 1931; Dr. Amoss memorandum on PUMC, January 1932.

[217] RG1, Series 601, Box 11, Folder 118, Greene to Alan Gregg, February 23, 1933.

janitors, and other staff were additionally estimated to cost the facility approximately ten thousand dollars per annum.[218]

The request appeared to be received favorably, but came with a caveat. Due to decreasing revenues at the China Medical Board,[219] Greene was asked to re-submit his proposal with the provision that he would take into account annually decreasing funds over a five-year period.[220] The request came as a shock to the director to the PUMC, who naturally assumed that costs would *increase* over the course of the decade, particularly since the PUMC was attempting to expand its services and its influence in the community. "There is a larger question involved," Greene wrote to the Rockefeller Foundation in early 1933, expressing his discontent at the directive. "Namely, the future support of the college as an institution of high standing capable of exerting the influence which it has been expected to exercise over the development of scientific medicine in China. The college as a whole is still constituted on a relatively modest basis considering the role which it is expected to play."[221] An annual reduction of funds would necessarily cause a restriction of scientific activities and a check on outward expansion. But more

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[218] RG1, Series 601, Box 11, Folder 117, Greene to Gregg, October 26, 1932.

[219] According to a Special Committee report to the PUMC in May 1928, the Rockefeller Foundation pledged to contribute funds to the CMB, Inc. on an annually decreasing scale beginning July 1, 1928. Annual sums were not to exceed: 1928-29: $320,000, 1929-30: $310,000; 1930-31: $300,000; 1931-32: $290,000; 1932-33: $280,000. After this five-year period, the RF would vote to consider a renewal of annual appropriations. See CMB, Inc., Box 26, Folder 180, CMB, Inc. General (1928-1952).

[220] RG1, Series 601, Box 11, Folder 118, telegraph from Gregg to Rockefeller Foundation, January 23, 1933.

[221] Ibid., Greene to Max Mason, January 28, 1933.

than this, the establishment of a new psychiatric pavilion could not possibly be pursued when an assurance of continual funding was not forthcoming from the China Medical Board.

Greene was left to stew over the unsatisfactory proposal for the next three months. Finally, in April, he received word of the Foundation's final decision on the matter. The verdict was even worse than he could have expected. Despite the fact that the Rockefeller Board had appeared to be supportive of the initial endeavor, the unstable financial situation in the United States and the fluctuating value of the Mexican dollar had forced the Board to postpone the endowment of new funds to China. "What are the reasons for which the PUMC should grow," Rockefeller officer Alan Gregg responded caustically to Greene's frustrated demands for more capital, "when every institution in the United States [is] experiencing cuts?"[222]

The PUMC, once again, had no choice but to scrap its plans for the expansion of psychiatric teaching and research. Although the decision to pursue a separate division of psychiatry had been brewing since the time of Woods' appointment, the untimely intersection between an unstable world economy and an overall reduction in Rockefeller philanthropic funds had forced the PUMC to temporarily reevaluate its priorities. The setback caused Greene to once again mull over his options. Either he could agree to postpone the development of psychiatry at the college – a postponement that could, at this point, never actually come to fruition – or he could attempt to look for outside aid. Greene had not forgotten the municipality's earlier request for the college to assume a

[222] Ibid., Gregg to Greene, April 10, 1933. See also Max Mason, diary excerpt, April 5, 1933.

larger role in the treatment of insane patients. In the wake of Rockefeller's rejection of his proposal, it was to the municipal asylum that he began to turn his attentions.

From Asylum to Hospital

By all accounts, the decision to cooperate with the Social Affairs Bureau on the matter of the municipal asylum was an option of last resort. Had the PUMC been given adequate funding to create their own psychiatric ward, they would have been more than content to let the municipality "deal with the quantitative problem" of mentally ill elements on its own.[223] Nevertheless, the problematic economic state of the Rockefeller Foundation and China Medical Board meant that additional funds would not become available for a minimum of two years, and the "urgent" nature of the psychiatric situation in Beijing forced Greene to consider less-than-ideal alternatives.[224] The decision to assume part of the burden for running the municipal asylum, then, was not a deliberate plan; it was instead the unlucky product of a series of failed proposals and stalled agreements.

Due to the Rockefeller Foundation's adamant deferral of the PUMC's plans, it would have been understandable had the board of the college decided to scrap all proposals for psychiatric development in the immediate future. Yet the PUMC, beginning with the tenure of Andrew Woods, had long been under pressure to expand its teaching curriculum to include neurology and psychiatry, and the decision to hire Richard Lyman

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[223] Ibid., Greene to Gregg, February 23, 1933.

[224] CMB, Inc., Record Group IV 2B9, Box 96, Folder 690, PUMC Board of Trustees, executive committee report, June 8, 1933.

was done with the conviction that instruction in psychiatry was indispensable for a proper medical education.[225] In order to move ahead with the plan, albeit in a modified form, Greene and Lyman decided to approach the Social Affairs Bureau with a recommendation to cooperate on the administration of the municipal asylum.

Over the course of September 1933, the Social Affairs Bureau and the PUMC engaged in a series of lengthy discussions about the future of the asylum, and finally settled on a mutually satisfactory arrangement at the end of the month. Beginning on October 1, the two entities would assume joint administrative and financial responsibility for operating the municipal asylum, and would together decide upon a new manager for the facility. Although the municipality would provide a significant amount of funding toward the maintenance of the institution, the ideological and operational vision for the future of the facility would be largely directed by the PUMC and China Medical Board.[226]

Following the October announcement of the facility's managerial changeover, both the Social Affairs Bureau and the Peking Union Medical College set to work on revamping the outmoded asylum. The first task they needed to settle was the question of who would manage the hospital. While Zhao Jiyuan had done an admirable job with the asylum given his restrictive financial situation, the staff of the PUMC desired that a trained medical professional – rather than a government bureaucrat – be enlisted to run

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[225] Ibid., Greene to Eggleston, May 15, 1933.

[226] BMA J181-020-10181, 北平市公安局关于疯人收养所改组为北平市精神病疗养院的训令, September 1933; J181-020-12564, 北平市公安局关于关于社会局疯人收养所致为精神病疗养院的训令, October 1933.

the operation. Both parties eventually decided on Wei Yulin, who had earlier worked alongside Andrew Woods at the PUMC beginning in 1926. Wei was a thirty-five year-old Shanghai native who had graduated from the Tianjin Naval Academy School of Medicine and the University of Pennsylvania School of Medicine. In 1931, he had been promoted to the position of assistant professor of neurology at the PUMC.[227]

Under Wei's leadership, the asylum began its slow transformation away from a holding tank for insane lunatics and toward a therapeutic facility for the rehabilitation of the mentally ill. The most obvious signifier of this ideological shift was the facility's new name. No longer the "Lunatic Asylum" of days past, the institution was henceforth referred to as the "Beijing Psychopathic Hospital" (*Jingshen bing liaoyang yuan* 精神病疗养院 – literally, the Convalescent Hospital for the Mentally Ill). In official correspondence between the PUMC and the Social Affairs Bureau, the charges of the newly christened hospital were no longer referred to as "lunatics" (*fengren* 疯人), but rather as "patients" (*bingren* 病人). The simple semantic shift concisely conveyed the message that the hospital's charges would not be stigmatized for their illness or handled with contempt from this point forward; they would instead be treated with the same amount of care given to those who were physically incapacitated.

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[227] Zhang Kan and Zhao Chengjie 张侃 and 赵成杰,*Zhongguo dangdai yixue jia huicui* 中国当代医学家荟萃, 第五卷 [An assembly of modern China's doctors, volume five] (Jilin: Jilin kexue jishu chuban she, 1991); BMA J002-001-00117, 铨叙部汇送全国统计总报告初级调查表（度量衡检定所第二习艺工厂乞丐收容所、精神病疗养院职员调查), September-November 1933.

The fact that the municipality and the PUMC had jointly undertaken the administration of the new facility meant that funds were more plentiful than if either of the entities had embarked on the venture alone. While the PUMC agreed to pay the salaries of the staff and any expenses related to teaching and improving the facility, the municipality was tasked with funding all expenses related to the actual support of the institution and its patients. Over the first four months of the operation of the Psychopathic Hospital, the expenditures between both units were more or less equally divided. The municipality (either through the Social Affairs Bureau or through the Ministry of Hygiene) contributed $4342.05 to the upkeep of the hospital, and the PUMC, having slightly underestimated its contribution, doled out $4777.68.[228] In a letter to the Rockefeller Foundation in March 1934, Greene noted that the PUMC's aid to the facility had served to "increase the interest of the city in the institution rather than otherwise." The mayor of Beijing observed that the Psychopathic Hospital was better run than any other municipal institution in the city, and endorsed the facility as a model of what could be achieved with the proper amount of attention and know-how.[229]

As a modern institution backed by biomedical principles and Western-trained physicians, the prestige of the facility was dramatically raised in the eyes of the municipality. The increase in respect for the institution was witnessed through a concomitant increase in staff wages. Wei Yulin, as manager of the facility, was given a yearly salary of five thousand Mexican dollars, which included four thousand dollars for

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[228] CMB, Inc., Box 96, Folder 690, "Statement of Insane Asylum Accounts (October 1, 1933-January 31, 1934)," attached to letter from Greene to Eggleston, March 16, 1934.

[229] Ibid., Greene to Eggleston, March 16, 1934.

familial support and one thousand dollars for yearly living expenses.[230] The extraordinary amount was set into stark relief when compared with the salaries of the men who had been previously employed at the earlier asylum. As Zhao Jiyuan reported to the Social Affairs Bureau, the highest-paid worker at the previous facility had been a man named Yuan Ruishou. Yuan acted as head of general affairs and was only paid the equivalent of thirty Mexican dollars per month, or 360 dollars per year. The other workers at the facility fared far worse: the doctor Chen Houjia was paid fourteen dollars per month, the pharmacist Liu Chaoran made thirteen, and the guards and patrollers were remunerated between eleven and six dollars monthly, depending upon their rank.[231]

The wholesale modernization of the old facility depended, to a large extent, upon the rationalization of its bureaucratic order, and this was one of the first tasks to which Wei set his sights. Only two functionaries had been employed at the earlier institution, and their responsibilities had not been clearly delineated. Although the two men, Hu Tongjing and Zhao Mutian, had been hired to act as guards, Wei soon discovered that they had simultaneously functioned as secretaries, clerks, and bookkeepers. With the approval of the Social Affairs Bureau and the PUMC, Wei decided to add one office clerk and two secretaries to the payroll in order to "divide up the work" and assign

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[230] BMA J002-001-00117. See also RFA, CMB, Inc., Record Group IV 2 B9, Box 97, File 697, "Committee of Professors, Minutes of PUMC" (February 14, 1933). Salaries at the PUMC were given in Mexican dollars, so as to more accurately pin the currency to contemporary American wages.

[231] BMA J002-001-00063, 妇女救济院派任救娼部职员的呈和职员履历册及疯人收养所职员长警名册、人数薪饷清册 , April 1931-October 1933.

"specific responsibilities."[232] From that point forward, patrollers would only be tasked with guarding the facility, while secretaries would strictly be in charge of recording events and drafting memorandums.

In addition to reinvigorating the staff at the hospital, Wei also took early efforts to update the facility's substandard system of recordkeeping. In December, he memorialized the Social Affairs Bureau in regards to the forms that the asylum had been using over the course of the past decade. The "old style" of the forms, he wrote, "does not accord with present circumstances." Throughout Zhao Jiyuan's tenure, the asylum had only kept the most basic records on incoming charges: the patient's name, age, hometown, and reason for entering the facility. These forms, Wei went on, lacked the more specific facts of the case, such as pertinent details related to the patient's physical and psychological condition. The new facility under Wei's management, on the other hand, strove to "understand the situation of our patients so that we can better treat them." Wei announced that any patients brought to the facility through the Public Security Bureau should be thoroughly questioned in advance of their admittance to the Hospital; that way, the patient's family could inform the police of the most recent facts of the case, and these details could then be passed along to the Hospital for use in a comprehensive treatment plan. Wei additionally drafted a submission form and a release request form to be used by the Public Security Bureau in their correspondences with the Hospital. Although the

[232] Ibid.

forms were relatively simple, Wei hoped that the documents would help streamline recordkeeping between the two institutions.[233]

The final bureaucratic matter that Wei assumed was his effort to improve the general morale and organization of his employees. In a draft report concerning daily working regulations at the facility, he specified that in "this [government] organ, we take turns, allocate work [fairly], and cooperate" in order to avoid overwork, oversight, and burnout. All workers were expected to arrive by eight in the morning, with a lunch break at noon. In the afternoon, they were free to use their discretion in judging which patients to look after and provide care for. At night and on holidays, one person would stay in the facility at all times in order to watch over the patients. The head nurse would be responsible for assigning shift hours, supervising the rotation of day and night shifts for caregivers and guards, inspecting the sick wards, and reporting serious situations to Wei Yulin and the other doctors on call. The general affairs manager (*shiwu yuan* 事务员) was put in charge of routinely inspecting patients' rooms, maintaining cleanliness, ensuring the working order of fire alarms, keeping the gates locked after the end of regular working hours, and overseeing the facility on holidays. No workers were allowed to leave the facility without prior authorization from the general affairs manager, and if a worker needed to leave for a long period, he would first have to petition Wei so as to find a suitable replacement.[234]

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[233] BMA J181-020-33994, 北平市社会局关于精神病疗养院改用提领精神病人表式的公函 , 1933.

[234] BMA J001-003-00070, 卫生局所属精神病疗养院和传染病医院值日规则 , 1935.

The significant changes that Wei made to the facility ensured not only a higher degree of organization and accountability than what had been the norm at the prior asylum, but also a shift toward a more rational system of bureaucratic control. In conjunction with the Ministry of Hygiene and the Social Affairs Bureau, the rundown and ramshackle municipal asylum was progressively being converted into an institution that was built upon the modern ideals of rationalism and scientific objectivity. The ideological and organizational movement away from incarceration and toward rehabilitation was further reflected in the new tactics the Psychopathic Hospital employed for treating the mentally ill charges under its roof.

From Troublemakers to Patients

In Wei Yulin's memorials to the Public Security Bureau, he consistently referred to the lunatics under his care as *bingren*, or "patients." This seemingly simple semantic shift signaled a concomitant change in the facility's approach to managing the insane. Just as Foucault argues that the perceived pathological and social bases of mental illness in modern Europe freed the madman of being found "guilty of being mad,"[235] within the walls of the Psychopathic Hospital, madness was no longer equated with intentionally nonconformist behaviors, moral fallibility, or a consciously deviant mindset – though, of course, this was not necessarily the case outside the protective confines of the institution.

From 1933 onward, the municipal asylum no longer assumed the mere responsibility of keeping the insane off the streets. Under Wei Yulin's command, the new Psychopathic Hospital aimed to treat, heal, and rehabilitate the insane in the hopes that

[235] Foucault (2006), 484.

they could once again become productive members of Chinese society. As a testament to the psychiatrically informed basis of the Hospital's convalescent program, new admittances to the Hospital had to first be examined and confirmed insane by a *doctor* on duty. In stark contrast to the previous asylum, the police were no longer the final arbiters of psychological infirmity or behavioral abnormality.[236]

Because of the Hospital's emphasis on psychobiological rehabilitation, Wei recruited a number of new doctors and nurses to the facility, and greatly expanded the scale and scope of their responsibilities. While the early municipal asylum had only employed one traditional Chinese medicine doctor and no other medically trained staff, the Psychopathic Hospital employed anywhere from three to five doctors (trained in the Western fashion), one to two pharmacists, one chief nurse and two to five regular nurses, four to ten caretakers, two to four technicians, and two to four social workers.[237]

Under Wei's command, the Social Affairs Bureau additionally approved the expansion of the facility into a large residence in the east suburbs of the city, allowing the Hospital to add an extra hundred and ten rooms. The management tore down the old brick *kangs* and replaced them with individual beds with grass mattresses, and further divided up the male and female wards into five separate units: a special ward (*tebie bingyuan* 特别病院, likely for wealthier and upper class residents), a first ward for manics (*zaokuang*

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[236] "Beiping shi weisheng ju jingshen bing liaoyang yuan zhuyuan guize 北平市卫生局精神病疗养院住院规则 [Regulations for being admitted to the Beiping Ministry of Hygiene Psychopathic Hospital]," in *Beiping shi shizheng gongbao* 北平市市政公报, no. 264 (August 24, 1934), 9-11.

[237] BMA J001-003-00071, 卫生局所属市立医院、精神病疗养院、传染病医院组织原则, 1935.

燥狂), a second ward for depressives, a third ward for idiots (*chidai* 癡呆), and a final ward for the seriously ill. In both the male and female wards, facilities consisted of a sick room, a room for nurses, a consulting room (*zhenliao shi* 诊疗室), a wash room, a hydrotherapy room, a cafeteria, and a bathroom. A separate medical clinic was further divided into a sick room, an examination room, a bathing room, and a bathroom.[238]

One of the many bureaucratic measures that Wei enacted was an effort to regulate and streamline the training of nurses for the facility. In 1935, he drafted a series of specific rules that his future employees would have to follow in order to be allowed to work at the hospital. First, he mandated that only men and women between the ages of twenty and thirty-five who had completed a middle school education would be eligible for training. These candidates, Wei further stipulated, would be expected to possess a strong and fit physique, would engage in proper conduct, and would have a solid spirit of service. Nursing candidates would be trained at a specialized nursing school for one year, during which time they would perform a literature review, take classes under Western-trained practitioners, and carry out an apprenticeship. After completing their first year of training, they would be required to work at the Psychopathic Hospital for a further period of one year. Only after fulfilling these requirements would they be recognized by the Ministry of Hygiene as competent to act as a nurse at the facility. To encourage nurses-in-training to finish their training period, all apprentices were given a monthly subsidy of

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[238] "Weisheng chu jingshen bing liaoyuang yuan renshu tongji biao 卫生处精神病疗养院人数统计表 [Statistical records for the Ministry of Hygiene Psychopathic Hospital]," in *Beiping shi zhengfu weisheng chu yewu baogao* 北平市政府卫生处业务报告 (Beiping: Beiping shi zhengfu weisheng ju, 1935), 126-129.

six yuan; if they decided to drop out of the program before their term had been finished, they would be expected to return the full amount of the subsidy unless a convincing excuse was made.[239]

Not only had Wei taken strides to raise the level of professionalism and medical knowledge among workers at the Hospital, but he also aimed to completely revamp the treatment options available to sick patients. While the previous asylum was guided strictly by traditional medical assumptions about the causes and cures for madness (as the next chapter will expand upon), the Psychopathic Hospital employed the most up-to-date medical treatments that were currently being practiced in the United States and Europe. Acting under the assumption that various types of mental illnesses were confined within the brain or psyche, medical practitioners at the Psychopathic Hospital employed a variety of treatments that aimed to correct delusionary thoughts and repair the patient's neurological functioning (see table 3.1).

Patients who were afflicted with a relatively minor form of mental illness were instructed to participate in work therapy or were sent to a reading and recreation room. The rationale behind work therapy was that it functioned as a means of channeling the patient's thoughts onto productive and soothing behaviors. "If we leave the patient in his room to convalesce alone," a spokesperson for the Hospital stated, "his thoughts will certainly become detrimental to his condition. Our specially designed work therapy acts to 'harmonize' (*tiaojie* 调节) the patient's spirit… and concentrate his attention onto one task, so that his mind will not be thrown into disarray (*raoluan fenqi* 扰乱分歧)."

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[239] BMA J001-003-00069, 卫生局所属精神病疗养院助理护士训练班简章, 1935.

Women were put to the task of washing clothing and bedding, while men were in charge of grinding soybeans into paste and flour, as well as spinning and weaving cloth. Not only was work therapy meant to focus the patient's thoughts onto a productive and beneficial task, but it also served to give the patient a useful skill that he could use to support himself once he was released from the hospital. The Hospital estimated that each day, around thirty people engaged in such therapeutic activities.[240]

Patients with more serious illnesses and patients who were prone to having violent episodes were treated alternately with hydrotherapy (warm baths meant to soothe the patients' nerves) or with medicinal and surgical cures. Hydrotherapy was employed on all male and female patients who displayed violent or excited mania (*kuangnao* 狂闹). Although this practice did not completely cure patients of their illness, it helped to pacify their excited mindset and temporarily lessen the seriousness of their condition. Each day the Hospital employed hydrotherapy on two to three patients. The therapeutic strategy that was used most frequently by doctors at the facility included medicinal and surgical cures, such as electroshock therapy and insulin shock therapy.[241] The Hospital estimated that between twenty and thirty patients were treated with these types of therapies on any given day, and by the summer of 1935, surgical treatments had been employed a total of over six thousand times.[242]

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[240] "Weisheng chu," 85.

[241] Zhang and Zhao, 296-297.

[242] "Weisheng chu," 130.

Despite the fact that the doctors at the PUMC overwhelmingly championed therapeutic options that were biological in nature, they sporadically engaged in in a type of treatment referred to as "social therapy" (*shehui zhiliao* 社会治疗). Social therapy posited that there existed a causal link between the individual's social environment and his psychic infirmities, and stemmed from a line of thinking that had developed in the late eighteenth century in England. Although PUMC practitioners were arguably more influenced by the contemporary mental hygiene movement than by outmoded approaches to "moral management,"[243] they occasionally sought the roots of minor psychological instability in the patient's social and familial background.

For patients whose illnesses appeared to "derive from society," the Hospital attempted to "investigate the roots [of the problem] so as to influence and reform (*ganhua* 感化) the invalid." In order to carry out the task of investigating a patient's background, the Hospital employed several social workers who were responsible for learning about the patient's familial, social, and work environment. These workers then prepared a record of their findings, which were referenced by doctors and therapists during routine

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[243] Following John Locke's notion of the *tabula rasa*, medical men in both England and the United States postulated that psychological instability stemmed from one's social experiences; thus, in institutions such as the York Retreat and the Pennsylvania Hospital, the insane were taught to "break false or unnatural associations" with irrational ideas (Scull 1993: 71) and focus instead on "individual morality and self control" (Tomes 1984: 87). The subsequent movement to "moral management" emphasized therapeutic care of the insane through talk therapy and work therapy in an effort to re-assimilate the patient into a normal social environment. For a discussion of moral management in nineteenth century England, see Anne Digby, *Madness, Morality, and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge University Press, 1985); a similar discussion centering on nineteenth century America can be found in Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge University Press, 1984).

episodes of talk therapy. Due to the time-consuming nature of social therapy – and due to the fact that positive results were rarely immediate, unlike the instantaneously observable effects of electroshock therapy – an average of only one patient a day was treated in this manner.[244]

Table 3.1: Number of Treatment Methods Employed Per Month, January – June 1935

	Medicine	Work Therapy	Hydrotherapy	Social Therapy	Surgical Treatment
January	676	910	58	33	862
February	648	925	52	38	889
March	737	988	67	41	997
April	754	1014	64	45	1123
May	729	1134	69	55	1231
June	764	1144	80	59	1306
Total	4308	6615	390	271	6408

Source: "Weisheng chu jingshen bing liaoyuang yuan renshu tongji biao" (1935).

The idea that healthy environmental conditions could contribute to one's psychological well-being was further reflected in the mandate to improve the clothing, diet, and social environment of Hospital patients. In 1933, the facility raised money for the purchase of new cotton outfits for the patients, which was a "great improvement," they noted, over the "filthy and disgusting rags" that the prior inmates had worn. The

[244] "Weisheng chu," 130.

patients' diet was bolstered to include rice flour noodles, steamed buns, and boiled vegetables, and the facility also installed a hot water boiler specifically for the patients' use. The type of food a patient was served was determined by his status in the facility. Since patients were divided by class – a division which depended upon how much the patient paid per day to reside in the facility – higher paying residents were given more variety in their diet; nevertheless, following the handover of the facility to the management of the PUMC, all patients saw a general improvement in their meals from the daily course of millet and pickled vegetables that had been offered at the previous asylum.[245]

Although the Hospital divided patients into classes based upon how much they could afford to pay – first class patients paid the comparatively huge sum of three yuan per day, while fourth class patients paid only one jiao (cent) per day or had their fees waived completely depending upon their economic need[246] – the facility attempted to avoid more institutionalized forms of preferential treatment by banning gift giving and bribes to workers and doctors. In keeping with contemporary Western trends, the Hospital aimed to create a "uniform" system of care that was free from overt preferential treatment and external disruptions from family. During strictly regulated visiting hours, families were forbidden from bringing food and medicinal products to patients, and if a

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[245] "Weisheng chu," 129.

[246] "Beiping shi zhengfu weisheng ju jingshen bing liaoyang yuan shoufei guize 北平市政府卫生局精神病疗养院收费规则 [Regulations for expenses at the Ministry of Hygiene Psychopathic Hospital] (July 28, 1934)," in Wang Kangjiu 王康久, *Beijing weisheng dashi ji* 北京卫生大事记 远古-1948, vol. 1 (Beijing: Beijing kexue jishu chubanshe, 1994).

patient wished to make a purchase, it had to first be approved by a nurse. Visitors were only permitted for two hours a day, and were closely monitored so as to ensure that they were not adversely affecting the patient's condition with such harmful stimuli as loud noises and smoking.[247] These efforts were implemented in the hopes of creating a relatively airtight community, safe from the psychologically disturbing elements of the outside world.

Madness as a Pathological Condition

With such a thorough overhaul of the municipal asylum, the new Psychopathic Hospital clearly demonstrated its objective to heal, soothe, and rehabilitate its charges rather than simply keep them off the streets. Since the Hospital was no longer operating as a simple "custodial unit" of the police department – a place where vagrants and delinquents were sent to be chained up on the taxpayer's dime – the facility could instead project an image of itself as a prestigious institution that treated a legitimate disease. Ultimately, the practitioners at the Psychopathic Hospital hoped that Chinese families would no longer feel stigmatized by their relative's condition and only resort to institutionalizing the patient when all other options had been exhausted. Instead, those same families could seek solace in the idea that mental illness, like a physical infirmity, was a legitimate disease that could be treated through modern medicine and scientific rationalism.

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[247] "Beiping shi zhengfu weisheng ju jingshen bing liaoyang yuan tanshi guize 北平市政府卫生局精神病疗养院探视规则 [Visiting regulations for the Ministry of Hygiene Psychopathic Hospital] (July 5, 1934)," in Wang Kangjiu.

The shift away from a primarily social understanding of madness to a primarily pathological understanding of mental illness was one that did not always resonate outside the walls of the institution, as the third part of this dissertation will argue. Yet, the attendant values that this paradigmatic shift encompassed – modernity, scientific knowledge, and the ability of rationality to triumph over human suffering – held considerable appeal for another demographic looking to bolster its credibility and expand its market networks: Chinese medical practitioners. As the next chapter will show, the pathologization of mental illness, the widespread anxiety over mad people, and the increasingly commercialistic nature of medical practice in early twentieth century Beijing all combined to create a new breed of Chinese doctor who claimed to "specialize" in the treatment of insanity.

The treatments that these men advertised did not always appropriate the imported ideologies of American psychiatry and neurology wholesale. Instead, their therapeutic practices were characterized by a peculiar breed of syncretism that combined aspects of psychiatric thought with longstanding Chinese conceptions of corporal health and illness. While the American practitioners at the PUMC would have certainly characterized such men as quacks, it was, ironically, the increasing popularity of the psychiatric discipline and the proliferation of psychopathic hospitals – such as the one in Beijing – that enabled the advent of these very doctors.

Chapter 4.

Selling a Cure: Pills, Hospitals, and Mental Health Practitioners

In the winter of 1933, a promising young lawyer named Fang Guoyun fell victim to a series of seemingly unrelated ailments. "Overexertion at work led to my mind becoming weak and impaired," he complained, "and although I didn't eat much, my digestion was still quite poor. I developed headaches and became dizzy. My condition was very painful, but no medicines worked to cure me of my problem." The puzzling ailment, which Fang labeled "neurasthenia," persisted throughout the year until a chance meeting with a friend helped Fang find the cure to his woes. "He introduced me to a medicine called Dr. Williams' Pink Pills," Fang declared, "and within half a month my health was miraculously restored." The curious resolution to his problem, Fang later discovered, was due to the fact that "the relationship between digestion and the nerves is very close." For mentally overtaxed and neurasthenic men, Fang explained, digestive disorders were an inevitable component of psychological distress.[248]

A bureaucrat named Zhang Qiaodong concurred with Fang's assessment. Due to stresses at work, Zhang had recently begun experiencing neurasthenia as well. "My spirit felt muddled and my mind became weak," Zhang confessed. "I lost my appetite, and when I lay in my bed at night, my blood would not return to my heart. My *qi* was

[248] "Yin shenjing shuairuo xiaohua buliang ci Jiangxi faxue jia jiankang bengkui 因神经衰弱消化不良此江西法学家健康崩溃 [Due to neurasthenia and poor digestion, this Jiangxi lawyer experienced a downturn in his health]," in *Ningbo minguo ribao* 宁波民国日报 (December 18, 1933).

depleted and my blood was poor." Only the consumption of Pink Pills returned Zhang to his normal state of health.[249]

Despite the fact that the above testimonies were part of an advertising campaign launched by the American-run Dr. Williams' Medicine Company, they succinctly captured the contemporary tensions between biomedical practice and traditional Chinese medicine, particularly in terms of how the two differed in their respective approaches to treating nervous disorders such as neurasthenia. Although the cure for the modern ailment appeared to be found in the form of an imported Western pill, the rationale for the affliction contained the persisting elements of traditional Chinese medical theory. Weak *qi*, poor blood, and a diverse array of psychosomatic afflictions emblematized what was otherwise a straightforward issue of mental overwork.

The ideologically syncretic – and overwhelmingly commercialized – nature of the above testimonies pithily captured the direction of mental health practice in mid- to late Republican Beijing. While pharmaceutical companies and traditional Chinese medicine doctors readily appropriated the categories of Western abnormal psychology, they continued to imbue these categories with a syncretic content in the hopes of both bolstering their professional legitimacy and appealing to a wider clientele. Their potential clients, meanwhile, were becoming increasingly well armed with new do-it-yourself approaches to curing mental illness – including the purchase of Western patent medicines like Dr. Williams' Pink Pills – and were therefore open to seeking other treatment options than those that a specialized practitioner could offer.

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[249] "Yijia sanren dehuo quanyun 一家三人得获全愈 [Three members of one family were completely cured]," *Chen bao* 晨报 (May 17, 1920), 6.

During the 1920s and 1930s, traditional Chinese medical practitioners experienced both continuity and change in their medical practices and curative philosophies. On the one hand, these practitioners continued to cling to long-held assumptions about madness, and therefore tended to integrate Western vocabularies and approaches into their practice in a largely syncretic fashion.[250] On the other hand, these same doctors simultaneously began to adapt their practices to fit current ideological and economic conditions that had become ripe for the commercialization of medical practice and the professionalization of mental healthcare.[251] By the early 1930s, many Chinese medical practitioners – who had not been formally trained in the Western biomedical fashion – had become more vocal in their claims of specialized curative knowledge for patients plagued with various forms of lunacy. Advertisements for "insanity specialists" and anti-insanity drugs began to make increasingly prominent appearances in the pages of

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[250] Ralph Croizier argues that traditional Chinese medical practice was viewed as a crucial part of national identity in twentieth century China, and traditional medical practitioners were therefore reluctant to completely "modernize" their practice and "betray" a national tradition. Although I do not debate this point, I believe that the preservation of traditional medical practice also had much to do with practical concerns of translation, as well as persisting ideological convictions concerning the functioning of the human body. See Ralph Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge, MA: Harvard University Press, 1968).

[251] Andrew Scull details a similar phenomenon in eighteenth century Britain. He argues that the development of capitalism brought with it the notion of secular rationalization: that a particular occupational group possessed a certain expertise. The further existence of asylums also served to form the breeding ground for an emerging "professionalism" in the care of madness. This system was self-reinforcing. The separation of the insane into asylums created the conditions for the emergence of an expert occupational group (the psychiatrist). Meanwhile, the nature of the restorative ideal, of which psychiatrists claimed to possess specialized knowledge, reinforced the commitment to an institutional approach to mental health. Scull, *The Most Solitary of Afflictions*, 40-42.

popular Beijing newspapers, and certain practitioners – both Chinese and Western-trained – even went so far as to establish their own institutions for the dedicated treatment of insanity and nervous disease. The methods they were selling, at root, remained firmly based in a long-established canon, but the new commercialized overtones were unquestionably a product of the new Republic.

While Chinese doctors attempted to breathe new life into their practice through claims of a specialized understanding of lunacy, an oppositional move toward the popularization of psychiatric knowledge was simultaneously taking place.[252] Beginning in the early 1920s, many periodicals began publishing detailed articles and question-and-answer columns pertaining to various features of mental illness. These do-it-yourself guides to curing mental illness proved far more accessible to the literate public than the esoteric and mysterious practices of traditional medical practitioners, and helped to promote a more commonplace understanding of insanity as an illness rooted in the banal, everyday conditions of contemporary life. According to such tracts, mental illness was a universal phenomenon that could afflict anyone, and the causes and cures for nervous disease could generally be found in one's immediate environment. By changing one's diet, routine, or social surroundings, these articles advocated for a more personalized, proactive approach to achieving mental health. Such advice provided an alternative

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[252] The conflict between the trained medical professional and the democratization of medical treatment was a staple of nineteenth century (and much of twentieth century) Western medical practice. As professional doctors began to carve out a specialized niche, an alternative current of quackery, patent medicines, and do-it-yourself home cures simultaneously gained in popularity. See James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in American before Federal Regulation* (New Jersey: Princeton University Press, 1961); James Harvey Young, *American Health Quackery* (New Jersey: Princeton University Press, 1992).

therapeutic option to consulting with a medical doctor (or to checking into a psychopathic hospital), and provided a counter-narrative to the idea that mental illness was a disease that required specialized help from trained medical professionals.

In contrast to the preceding chapter, which established a firm distinction between "professional" (i.e. Western-trained) psychiatrists and non-specialists, this chapter will explore the contesting voices of those who claimed to understand the origins of insanity and the secret to obtaining mental health. By charting the evolution in mental health practice from the 1910s, when traditional Chinese medical practitioners seemed to hold a monopoly over the treatment of lunacy, through the 1930s, when a multiplicity of treatment options began to be marketed to the public, this chapter will argue that early Republican Beijing witnessed a progressive commercialization of insanity that arose more or less in tandem with the increasing popularization of psychiatric knowledge. The plurality of treatment options available to the public challenged the therapeutic monopoly that the PUMC and Psychopathic Hospital claimed to hold over the treatment of nervous diseases, and instead turned mental illness into a site upon which competing claims to therapeutic knowledge could compete.

Traditional Chinese Medicine in a Modern Nation

Throughout the multiple millennia and many vicissitudes of so-called "traditional" Chinese medical practice,[253] certain theories as to the origins of insanity

[253] Although, as Paul Unschuld has suggested, certain concepts inherent to Chinese medical practice have remained stable across time and place, there is no single school of traditional Chinese medicine. Chinese medical practices have changed and evolved over time, falling in and out of favor in tandem with new medical discoveries and changing

tended to remain constant from practitioner to practitioner. According to the historian Vivian Ng, the general view among all schools of Chinese medical practice was that mad behaviors arose as the result of a general corporal or cosmological imbalance. Unlike twentieth century medical doctors in the West, who argued that the brain or "mind" was the seat of psychosis, traditional Chinese understandings of lunacy did not tend to locate the root of the imbalance in any particular corporal site. In Ng's words, "The notion that madness could be a *mental* disorder was never advanced, not even by those who saw a distinct relationship between emotions and madness. The holistic approach of classical Chinese medicine has made the distinction between 'physical' and 'mental' alien to the Chinese experience."[254]

The sociologist Keh-ming Lin expanded on this explanation when he further pointed out that traditional Chinese medical practitioners have long viewed the individual as an "integrated organism" positioned "within the context of his cosmological, natural, and social environments."[255] Mental illness, Lin elaborated, could thus arise not only from a physical affliction, but also from an imbalance within the person's larger

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social contexts. Nevertheless, I retain the term "traditional" Chinese medicine here simply as a means of contrasting these practices with biomedicine.

[254] Vivien Ng, *Madness in Late Imperial China: From Illness to Deviance* (Oklahoma: University of Oklahoma Press, 1990), 50.

[255] Keh-Ming Lin, "Traditional Chinese Medical Beliefs and their Relevance for Mental Illness and Psychiatry," in Arthur Kleinman and Tsung-Yi Lin, eds., *Normal and Abnormal Behavior in Chinese Culture* (Boston: D. Reidel Publishing, 1981), 95. (95-111)

ecological or social milieu.[256] This imbalance, reflected corporally in an abnormal flow of vital energy, or *qi* (气), could then lead to physically-, mentally-, or emotionally-disordered behavior.

From as early as the first century BC, with the publication of the medical tract *The Yellow Emperor's Inner Canon* (*Huangdi neijing* 黄帝内经), Chinese medical practitioners began differentiating madness into three general types. *Dian* (癫) madness, understood as an excess of yin energy, manifested itself in a depressed or catatonic state. *Kuang* (狂) madness, an excess of yang energy, was conversely pinpointed as the cause of hyperactive behavior. A third type of madness, *xian* (痫), or epilepsy, would not come to be understood as a neurological disorder among Chinese doctors until the twentieth century.[257]

Although the categories for differentiating madness remained semantically constant for close to two millennia, their referents underwent multiple evolutions throughout this time. The historian Fabien Simonis, who has charted the etiological vicissitudes of lunacy from the Song (960-1279 AD) to the Qing (1644-1911 AD)

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[256] Early conceptions of madness in eighteenth century England also drew a correlation between abnormal behaviors and environmental or astrological conditions. See Jonathan Andrews and Andrew Scull, *Customers and Patrons of the Mad-Trade: The Management of Lunacy in Eighteenth-Century London* (Berkeley: University of California Press, 2003), 52-53.

[257] Ng, 34. It is worth noting that a similar etiology of madness also reigned supreme in pre-nineteenth century Europe. Chinese understandings of madness, which reflected a binary distinction between melancholic and hyperactive, were reminiscent of Western humoral theories that divided madness along a binary line of sanguinity and melancholia. As recent as the late nineteenth century, Western distinctions of madness continued to fall along dichotomous lines, as reflected in the Kraepelinian distinction between manic-depressive insanity and dementia praecox.

dynasties, argues against a monolithic understanding of mental illness as viewed through a traditional Chinese medical lens. Instead, Simonis points out that views of madness were contested and reshaped numerous times between the first publication of the *Huangdi neijing* and the fall of the Qing. Broadly speaking, from the third to tenth centuries, *kuang* and *dian* were both viewed as "wind illnesses," a reference to one of the six pathogenic factors that could lead to physical infirmity.[258] Doctors in the eleventh through fourteenth centuries contradicted this school of thought, instead positing that *kuang* was an illness caused by mucous or fire. By the time of the Qing dynasty, the mucous etiology of madness had gained the most widespread currency and had successfully defeated other competing schools of thought.[259] It was this etiology that continued to be deployed by traditional medical practitioners throughout the early Republic.

According to the mucous etiology of madness, excess buildup of phlegm in the lungs signaled the presence of an unhealthy *qi* that could lead to the development of mad behaviors. In the words of the psychiatrist C. C. Selden, who worked at the John Kerr hospital in Guangzhou during the early twentieth century, "The Chinese theory as to the

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[258] From as early as the Shang dynasty, it was widely believed that illness could be caused by the presence of "wind spirits" or "evil winds." Along with other natural sources of illness, including snow, fire, and rain, wind was thought to be responsible for "situations of repletion or depletion." The wind etiology of disease, due to its correspondence with evil spirits, frequently adopted a demonological underpinning. See Paul Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 69-71.

[259] Fabien Simonis, "Mad Acts, Mad Speech, and Mad People in Late Imperial Chinese Law and Medicine" (Princeton University: PhD dissertation, 2011), chapters 3, 4, 6, 7, and 8.

direct cause of insanity is that mucous is present in great amount and choking up the internal organs within the chest." So common was this view, in fact, that even mental patients who were aware of their disorder would "themselves speak of having overmuch 'phlegm.'"[260] In order to expel the poor *qi* from the body, Chinese doctors often prescribed a variety of emetics and purgatives, believing that the afflicted person's behavior would return to normal after a series of purges. Such a stance was in marked contrast to the "caloric replenishing" movement of earlier centuries, which attributed *dian* madness to a depletion of the *qi*, and thus mandated a fuller and more varied diet.[261]

According to case files from the Beijing police department, the doctors who worked at the early municipal asylum continued to practice the Qing tradition of Chinese medical theory that emphasized a mucous etiology of madness. Treatment records therefore frequently stressed an overabundance of phlegm in the inmates that had fallen ill. The prisoner Cui Xiong, who was transferred to the asylum from the Number One Beijing Prison in 1923, was one such case. Upon Cui's examination, the doctors noted that his "mucous fire" (*tanhuo* 痰火) had become overly "abundant" (*tai wang* 太旺), and concluded that he had "contracted the overly abundant mucous fire disease" (患痰火太旺之症).[262] The homeless beggar Zhang Yicheng, who was transferred to the asylum from

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[260] C. C. Selden, "Treatment of the Insane," *The China Medical Journal* vol. 23, no. 4 (July 1909), 226.

[261] Simonis, chapter 6.

[262] BMA J181-019-38439, "京师第一监狱函送崔熊现患精神病请医治一案卷," July 1923.

the poorhouse in 1922, was diagnosed with a similar prognosis.[263] Mucous was likewise at play in the death of the lunatic Zhang Faqi, who died en route to the asylum after first being transported to the police precinct by his business partner, Zhou Changchen. According to the coroners who inspected him, his throat was "stopped up with sputum" (*houzhong tandu* 喉中痰堵) and his death was caused by excessive amounts of mucous that had blocked off his air passage.[264]

The fact that Cui Xiong, Zhang Yicheng, and Zhang Faqi were all found to have been afflicted with large amounts of sputum was not purely coincidental. As an integral part of late Qing medical theory, traditional Chinese medicine practitioners confidently stressed the relationship between excessive mucous and mad behaviors. Indeed, the correlation between mucous and insanity was so intertwined that doctors in the Republican period often referred to lunacy as a disease of "mad phlegm" (*diantan zhi zheng* 癫痰之症).[265] In certain cases, the presence of mucous was thought to be so fundamental to the lunatic's diagnosis that other symptoms were often overlooked or ignored in the final determination of cause of death. For example, during Zhang Faqi's autopsy, the coroner noted that Zhang's wrists and ankles were cut from being bound, his left abdomen was bruised, and his queue was abnormally raised by about two inches on

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[263] BMA J181-019-35310, "京师警察厅临时乞丐收容所函送张义成一名似有精神病衣讯办 卷," April 1922.

[264] BMA J181-033-01851, "北平市警察局内右一、外左五区区署关于张发起染患疯癫路毙疯人张发起的案表、呈," January 1922.

[265] See BMA J181-019-41590, "京师警察厅疯人收养所函报病人胡中田患病情形卷," February 1924; and J191-002-13247, "高检厅、警察厅关于请将精神病犯孙庆祥等交疯人收养所医治的指令及河北第一监狱等的函," February 1922.

the back of his head. While such indicators could have easily been interpreted as evidence of foul play, the coroner nonetheless emphasized the excessive amount of sputum in Zhang's throat as the singular cause of the lunatic's demise.[266]

Mucous was not believed to arise spontaneously, but instead was thought to occur as the result of general bodily dampness. The lunatic Chen Sanwei, who was examined by asylum practitioners in November 1922, was found to be afflicted with a case of "damp *qi*" (*shiqi* 溼气) which had caused his entire body to "puff up" (*fuzhong* 浮肿) from excess moisture retention – a condition that biomedical practitioners might label edema or dropsy.[267] In traditional practice, dryness and dampness did not generally refer to observable symptoms in and of themselves, but rather indicated underlying environmental causes for various pathological conditions. In the case of Chen, as one example, damp *qi* had led to swollen limbs, but in other instances, bodily dampness could also lead to mucous production and mad behavior. Indeed, the fact that Chen had already been confirmed to be mad likely bolstered the asylum practitioners' assessment of "damp *qi*" as the underlying cause of his psychobiological infirmities.

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[266] According to Selden, traditional Chinese medicine doctors often used an injurious mixture of emetics and purgatives in order to "save" the mental victim; these cocktails frequently ended in the patient's incapacitation or death. As he wrote, "Recently we received as a gift a great quantity of a Chinese proprietary medicine which, as claimed by the accompanying circular, is efficient in curing insanity. The formula is given, and shows the medicine to be made up of ground croton beans, chalk, and sulphide of mercury… We [also] had an experience with the aleurites oil some years ago when some cakes containing the oil were brought into the hospital by a private attendant… Several of the insane got hold of these cakes and ate them with the immediate effect of very severe vomiting." Selden, 226.

[267] BMA J181-019-35380, "京师警察厅疯人收养所函报疯人陈三畏患病甚重请查照卷," January 1922.

The root cause of bodily dampness was generally isolated in the spleen. In Chinese medical thought from the Qing dynasty onward, the spleen played a dominant role in the mucous etiology of madness, and was believed to be chiefly responsible for distributing fluid and *qi* throughout the body. If the spleen experienced a state of vacuity (*pixu* 脾虚), which occurred as the result of weak energy flow in the area of the abdomen, it could produce damp or unhealthy *qi*, leading to the production of excess phlegm. Spleen vacuity could be caused by such factors as overeating, overwork, or troubled thoughts arising from either the patient's direct environment or from an evil spirit inhabiting the body. Since the spleen aided in digestion, patients with spleen vacuity were usually afflicted concomitantly with diarrhea or a poor appetite.[268]

Numerous cases of spleen vacuity were documented throughout the twenty-year operation of the municipal asylum. Hu Zhongtian, brought to the facility in November 1922, was diagnosed with spleen vacuity accompanied by dry tongue and a lack of appetite.[269] The criminal Su Tianxi, upon being transferred to the asylum in 1923, refused food and drink, was extremely faint, and was diagnosed with spleen vacuity along with a weak *qi*. Sun Qingxiang, transported to the asylum from the Number One Beijing Prison alongside Su, contracted a similar ailment around the same time. He lacked an appetite, his face became swollen and puffy, his tongue developed a slippery coating, his blood vessels were thin and weak, and his spleen and stomach were said to be functioning

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[268] Interview with TCM practitioner and Qing historian Stephen Boyanton, May 23, 2012.

[269] BMA J181-019-41590, "京师警察厅疯人收养所函报病人胡中田患病情形卷," February 1924.

abnormally.[270] Su was eventually diagnosed with deteriorating insanity (*bianzhi xing jingshen bing* 变质性精神病) while Sun was found to have developed early onset dementia (*zaofa xing chidai* 早发性痴呆).[271] Similar to the diagnoses given to Su and Sun, an unnamed girl who had been brought to the asylum by the outer fourth district police precinct was also found to have contracted an illness of the spleen. Doctors at the facility diagnosed her insanity as extremely serious, while noting simultaneously that she was suffering from spleen vacuity, a weak stomach, and diarrhea. She died at the facility eight months later, and was buried outside Desheng Gate in early 1932.[272]

Throughout the 1910s and '20s, Chinese medical practitioners at the municipal asylum continued to espouse a line of thinking on insanity that did not diverge radically from that of their Qing-era forebears. Emphasizing mucous, dampness, and spleen vacuity as the main causes of lunacy, these doctors did not draw a solid line between physical infirmities and mental, emotional, or behavioral ailments. Although they acknowledged that emotional stressors could reap physical consequences,[273] the majority

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[270] BMA J181-019-35272, "京师第一监狱函送精神病犯孙庆祥等请发交疯人收养所医治一案卷," February 1922-March 1923.

[271] BMA J191-002-13247, "高检厅、警察厅关于请将精神病犯孙庆祥等交疯人收养所医治的指令及河北第一监狱等的函," February 1922.

[272] BMA J181-021-11625, "北平市公安局外四区区署关于疯癫无名幼女请安置的呈," January 1931.

[273] One example of the perceived connection between emotion and physical illness can be found in the category of "warm illnesses" (*wenbing* 温病), which manifested itself in the form of fevers and other "hot" diseases such as measles and encephalitis. Warm illnesses experienced a brief heyday during the Republican period, when Chinese medicine practitioners increasingly began to attribute emotional or behavioral disorders to this category of affliction. Such illnesses were believed to take root when deviant *qi* entered

of their treatments remained strictly in the physical realm. In spite of the fact that neurological approaches to mental illness also championed biological explanations for psychological afflictions, the two orientations toward madness were nevertheless informed by vastly different conceptual systems.

Advertising Cures

Although traditional Chinese medicine practitioners continued to enjoy a relative monopoly over the treatment of madness throughout the late Qing and early Republican periods, by the mid-1920s, alternative discourses of "mental illness" had begun to gain traction among certain pockets of literate Chinese. Beginning around this time, two concurrent – yet somewhat oppositional – trends in mental health practice began to be revealed in the pages of Beijing-based newspapers and periodicals. On the one hand, medical practitioners claiming to specialize in the treatment of lunacy began to advertise their services and their products in an overtly public fashion. Through their advertisements, these men claimed that the cure to nervous diseases could only be achieved through professional, specialized treatment. On the other hand, increasingly prevalent advertisements for cure-alls and patent medicines, as well as the widespread appearance of self-help articles in newspapers and periodicals, appeared to offer a contrasting conclusion. Rather than seeking specialized treatment, these ads and articles suggested, the individual sufferer could proactively treat his own nervous disorders if he simply applied a bit of universal know-how.

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through the nose or mouth and lodged itself in the lung of its victim. Whether or not the person took ill depended upon the strength of his vital energy, which was itself a product of the person's physical vigor and emotional state.

Advertisements for medical products and services were not an altogether new occurrence during this decade. As early as the 1910s, advertisements for medicines and other therapeutic products had already begun sprouting up with increasing frequency in the pages of such popular publications as the *Shenbao* newspaper.[274] As the historian Hugh Shapiro notes, "The scale of the Republican medical industry, and the interdependence of pharmaceutical houses, hospitals, practitioners, and newspapers was unprecedented," as dailies "pandered to advertisers… [and] inveigled readers into swallowing medicine."[275] In the complex nexus between the publishing industry, the pharmaceutical companies, and medical practitioners, everyone was out to make a profit.

While the earliest of such advertisements were mainly for products that claimed to treat physical ailments, by the later decades of the Republic, the discourse of insanity had also begun to make an appearance in ads and articles centering on the achievement of health. This discursive shift, I believe, can be attributed to a dual development in global mental health practice. First, as the earliest generation of Chinese psychologists and psychiatrists began to return from abroad in the 1920s, they brought with them a new set of theories and assumptions about the causes of mental illness. While traditional Chinese conceptions of insanity remained rooted in abstruse notions of blood flow, vital energy, and retributive spirit possession, certain Western interpretations of abnormal psychology (particularly those of the psychoanalytic and behaviorist variety) pinpointed much more

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[274] See Sherman Cochran, *Chinese Medicine Men: Consumer Culture in China and Southeast Asia* (Cambridge, MA: Harvard University Press, 2006).

[275] Hugh Shapiro, "The Puzzle of Spermatorrhea in Republican China," *Positions* 6, no. 3 (1998), 571.

banal causes for insane episodes: one's thoughts, experiences, and environment. Such interpretations emphasized the fact that insanity was a universally experienced – and therefore morally neutral – phenomenon. Since anyone was susceptible to falling prey to the degradations of mental disease, the sufferer need not be marked with the usual degree of stigma that had often characterized the pre-modern lunatic in both Eastern and Western cultures.

Second, the fact that medical interpretations of mental illness had begun to assume a less stigmatized character meant that discussions of the disease could be approached in a more open and honest fashion. When combined with the increasingly capitalistic impulse of 1920s urban China, the treatment of mental disease was transformed from a rarely discussed – and often taboo – topic of inquiry into a genuinely lucrative commercial endeavor. As a result of these synchronistic shifts in both economics and medical ideology, a number of enterprising medicine men attempted to make a quick profit off of the perceived proliferation of nervous disorders. By establishing specialized treatment centers and marketing themselves as mental health professionals, these physicians attempted to reclaim an authoritative knowledge and professional jurisdiction over the treatment of mental disease.[276]

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[276] Andrew Scull succinctly captures the essence of such a jurisdictional dispute in the following way: "The fight for turf is nonetheless always and necessarily a political process, in which the mobilization of organizational resources and of various forms of social and cultural capital comes decisively into play." Scull (1993), 4. For a discussion of the professionalization of the mental health industry, see also Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988).

The increasingly popularized nature of mental health discourse in Republican Beijing is supported by the discussion of nervous diseases in the periodical *North China Medical Journal*, whose professional sounding title belies the rather elementary nature of its content. In 1929, the periodical began featuring a series of question-and-answer columns wherein (potentially fictionalized) readers could write to a physician with inquiries pertaining to mental disease. One column in February 1930 posed the question, "What are the origins of neurasthenia and how can [the ailment] be cured?" The response, which underscored the banal roots of the disease, cautioned that neurasthenia could be contracted through overwork of the mind and body, excessive smoking and drinking, excessive masturbation and sexual intercourse, chronic illnesses of the stomach and intestines, not enough exercise, and illnesses of the ears and nose. In order to cure neurasthenia, the column advised, it was imperative for the patient to rest his mind, get more sleep and exercise, and engage in cold water rubs and baths.[277]

A similar advice column a year later also pertained to the question of mental health. "I love to take naps," the letter writer wrote to the medical journal. "How can I quit this habit? Is there a medicine I can take?" The columnist responded in a way that focused predominantly on the subject's psychological state: "The reason you take so many naps is because your mind is depressed (*jingshen buzhen* 精神不振). To cure the problem, you first have to address the reason for your depression. Nevertheless, taking

[277] "Wenda 问答 [Question and answer]," *Huabei yibao* 华北医报, no. 16 (February 1, 1930), 3.

caffeine (*xingfen ji* 兴奋剂 – literally, 'excitement medicine') might be able to achieve a temporary cure."[278]

In both of these articles, the columnist asserted that nervous diseases such as neurasthenia and depression could be cured through a series of simple, at-home remedies. The sufferer did not need to visit a traditional medicine doctor or a specialized mental health practitioner, but could instead simply engage in cold water baths or the consumption of caffeinated beverages. Similar to the advertisements for Dr. Williams' Pink Pills that were discussed earlier in this chapter, the presumption that mental health did not require professional treatment was an argument that continued to gain in popularity throughout the Republican period.

By the mid-1930s, discussions of mental illness in Chinese periodicals had become so trendy that they were no longer solely constrained to topics of medical inquiry. Instead, they had begun to be transformed into a fashionable, and perhaps even glamorous, subject of conversation. In a 1937 issue of the national pictorial *Liangyou huabao*, the magazine featured a full-page glossy spread featuring the headline, "Are You Crazy?" (*Ni you shenjing bing ma?* 你有神经病吗?). The sub-headline sassily proclaimed, "You might think you're not, but after reading this article, you'll think again." The article, framed with pictures of "mad" geniuses such as Mozart and Goethe, claimed that insanity actually occurred in 99% of the population. Problems like hypochondria, addiction, depression, and suicidal thoughts were surprisingly prevalent among the Chinese populace, the author insisted, and the only reason for the misconception that

[278] Jian Mang 剑芒, "Wenda 问答 [Question and answer]," *Huabei yibao* 华北医报, no. 53 (February 21, 1931), 4.

insanity was merely an affliction of "geniuses" was due to the fact that a disproportionate amount of attention had been paid to the psychological states of famous men and women. In reality, however, madness was also a problem of the masses – even of the very readers of the *Liangyou* pictorial itself.[279]

Copious articles on insanity in national periodicals like the *North China Medical Journal* and the *Liangyou* pictorial signaled a shift in the medical discourse of madness during the 1920s and 1930s. While previously, insanity had been largely considered a mysterious occurrence that could only be explained through the abstruse doctrines of Chinese medical theory or through an understanding of otherworldly spirits, the Republican period brought about a simplification and democratization of lunacy – at least, for those who were educated enough to participate in the discussion. As the article in *Liangyou* emphasized, insanity was a problem that 99% of the population could potentially face in their lifetime; as a widespread social and medical affliction, it deserved to be talked about in a public, easily understandable, and unstigmatized fashion.

Although advice columns and patent medicine advertisements made the argument that nervous diseases did not require specialized treatment, a contrasting impulse toward the professionalization of mental health practice began to concurrently take place in the mid-1920s. During this time, newspapers and other periodicals began featuring advertisements for specialized mental hospitals and mental health practitioners who claimed to hold the exclusive key to the treatment of nervous disease. One of the first of these ads, which appeared in a 1924 copy of the Beijing newspaper *Liming bao* (黎明报),

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[279] "Ni you shenjing bing ma? 你有神经病吗? [Are you crazy?]," *Liangyou huabao* 良友画报, no. 124 (1937).

took the voice of a contented client of the Yuantian Hospital (原田医院):

> I was an unimportant member of the journalism world for many years. Because of constant overwork, I was frequently sick with neurasthenia. I brought my illness to the attention of many doctors, but to no avail. Recently, I again fell ill and could not get out of bed. I reported the facts of my sickness to the doctors at the Yuantian Hospital. Mr. Yuantian himself examined my serious illness and was able to cure it. I decided to publish this special announcement to thank him, and to publicize his name so that other patients will know whom to ask for. Signed, Li Yunfei.[280]

The Yuantian advertisement, couched in the form of a simple thank-you note, confirmed the notion that the achievement of mental health required the specialized treatment of a trained practitioner. Although the patient Li had previously brought his ailment to the attention of other doctors, only Mr. Yuantian – a specialist in nervous diseases – was able to assuage his client's mental suffering.

The Yuantian Hospital was not the only specialized mental hospital to advertise its services in Beijing periodicals. As a precursor to the PUMC-run Psychopathic Hospital, an ad for a similarly named mental hospital (*Jingshen bing liaoyang yuan* 精神病疗养院) appeared in the popular Beijing newspaper *Chen bao* (晨报) in the late 1920s. Under the lead of the hospital president Shi Sunzhi, the facility claimed to be able to "treat all types of illnesses that can't be cured through medicine or acupuncture. In only five minutes you'll start to see results." Insanity, nervous disorders, brain disease, and "all kinds of unnamed evil sicknesses" were no match for the physicians at the facility,

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[280] "Wuxie Yuantian yishi 呜谢原田医士 [I greatly thank the doctor Yuantian]," *Liming bao* 黎明报 (January 20, 1924), 4.

and the hospital had even been endorsed by the Republican Society for Psychological Maintenance (*Guomin jingshen yangcheng hui* 国民精神养成会).[281]

By the 1930s, such advertisements had become a staple in Beijing periodicals and informational publications. In a 1935 copy of a local travel guide, pages were littered with advertisements for hospitals and doctors who specialized in the treatment of lunacy and other nervous diseases. One facility, called the Baikui Hospital (百揆医院) after its founder, Li Baikui, claimed to specialize in the treatment of infectious diseases, quitting smoking, and generalized insanity. Li himself, along with the traditional Chinese medicine practitioner Cao Yangzhen, focused their craft specifically on lunacy and "mental exhaustion" (*shenpi* 神疲). The advertisement for the hospital claimed that the facility employed particularly effective treatments for neurasthenia, madness, loss of brainpower and energy, abnormal fears and doubts, social anxiety, and insomnia following quitting smoking. The treatment came in the form of a pill that cost two yuan per bottle, and was uniquely sold through the Baikui Company. The hospital further manufactured a medicine for the general treatment of "all forms" of insanity. Simply called "N.O.P.," the medicine was only available for purchase through the hospital.[282]

Another doctor featured in the travel guide, named Wang Shifu, similarly claimed to specialize in the treatment of neurasthenia and paralysis of the insane. "While other hospitals would take half a year to treat [these illnesses], and to no avail," the ad boasted,

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[281] "Jingshen bing liaoyang yuan 精神病疗养院 [Convalescent Hospital for the Mentally Ill]," *Chen bao* 晨报 (November 16, 1927).

[282] Ma Zhixiang 马芷庠, *Beiping lüxing zhinan* 北平旅行指南 [*Beiping Travel Guide*] (Beiping: Shibao yingye bu faxing, 1935).

"you'll only need to take a month's worth of Dr. Wang's pills and you'll be on your feet in no time."[283] A doctor named Xu Fu'an, advertising in the Beijing newspaper *Shishi gongbao*, likewise bragged of his specially developed treatment methods for a wide range of mental and nervous diseases. Claiming to be a specialist in the treatment of lunacy, Xu declared that he had studied insanity for many years: "My special new discoveries have allowed me to treat all types of insanity," the ad read, "and I can guarantee that my patients will be completely cured through my therapeutic methods." If patients were not satisfied with their treatment, Xu promised, the consultation fee of four jiao would be waived.[284]

By the 1930s, the widespread commercialization of mental illness had turned the treatment of insanity into a commodity, and consumers were left with a variety of choices as to which types of treatments they cared to explore. While self-help columns claimed that nervous diseases could be easily treated through a number of at-home remedies, a new generation of professional mental health practitioners conversely argued that mental illness required the specialized treatment of a trained doctor. As the next section will show, the content of such doctors' mental health therapies was by no means standardized. Relying upon a diverse and philosophically syncretic background, these practitioners tended to agree on one point only: that the apparent increase in nervous diseases boded very well for the lucrative operation of a specialized treatment center.

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[283] Ibid.

[284] "Xu Fu'an fengke zhuanjia tonggao bingjia 徐福安疯科专家通告病家 [Xu Fu'an, lunacy specialist, makes an announcement to invalids]," *Shishi gongbao* 时事公报 (1936).

The Wei Hongsheng Hospital

Among the professed medical doctors who advertised their services in Republican Beijing newspapers, none was more persistent than Wei Hongsheng. Although it is not clear whether Wei had ever received any formal medical training, he claimed to be proficient in a type of healing that he called "treatment of the spirit" (*jingshen zhiliao* 精神治疗), and opened a mental hospital in Beijing in 1936 that bore his name.[285] Wei was not content to simply advertise his special medical offerings in one-paragraph promotional quips that were relegated to the last page of the weekly newspaper. Instead, he compiled a series of lengthy pamphlets, sometimes seventy pages in total, which described in minute detail the very underpinnings of his curative philosophy. Unlike the doctors Wang Shifu and Xu Fu'an above, who spoke in brief and vague terms about their ability to cure all types of insanity through unspecified methods, Wei was often overly verbose; writing in a style that referenced the Chinese classics, he tended to ramble extensively for pages about the virtues of meditation, breath control, *qigong*, and the workings of the human body. His type of treatment, he boasted, did not involve taking medicine, but simply required the patient to pay attention to the demands of his body and spirit.

In a short preface to his pamphlet entitled "Records of Healthful Spirit Practice" (*jingshen jiankang shiyanlu* 精神健康实验录), Wei maintained that his goal in

[285] There is no single way to translate *jingshen* into English. In Chinese, *jingshen* can mean "energy," "spirit," "soul," or even "mind/psyche" (as in the neologism *jingshen bing*). I have retained the ambiguous translation "spirit" in order to avoid reinforcing a mind/body dualism that Wei would not have supported.

publishing such literature was to "disseminate the knowledge and practice of [his] training. A pure and unified spirit can save oneself, save others, and save all of society. My goal is to create an eternally glorious and harmonious world (*datong* 大同)."[286] In his much lengthier self-introduction, Wei continued to employ a terse, classical language that referenced Confucian and Daoist values. "My whole family lineage has been honest and sincere and has followed the ways of morality. Looking back to my ancestors, they have strongly admired the *dao*… I, Hongsheng, have inherited their character, and firmly follow the will of those who came before me. From the time I was little, my head has been filled with the desire to understand the *dao*… The *dao* of man is the root of all human life."[287]

What was the point of such flowery language in a publication ostensibly pertaining to the maintenance of a healthy spirit? In a sense, Wei's invocation of classical doctrines and his affirmation of moral uprightness appeared to imbue his practice with a wisdom, mastery, and sense of service that other doctors could not possibly have achieved, regardless of their medical training. Although Wei claimed to have also been influenced by Western psychology, it was his intimate knowledge of ancient Chinese texts and revered philosophical doctrines that lent the most credence to his medical practice. In his self-introduction, Wei explained how he had been heavily influenced by the study of Confucianism and the Book of Poetry as a child, but had later become disillusioned with such studies. Reaching the exact opposite conclusion that Lu Xun had

[286] "Zongzhi 宗旨 [Objective]," in Wei Hongsheng 魏鸿声, *Jingshen jiankang shiyan lu* 精神健康实验录 [Records of healthful spirit practice] (Beiping: Jingshenxue yanjiuhui faxing, 1936).

[287] "Xuyan 序言[Foreward]," in *Jingshen jiankang shiyanlu*.

drawn, Wei decided that the only way to aid others was to reach an understanding of himself and of the world around him through the study of medicine. “Medicine and the *dao* are closely linked, as they are both close to man’s original nature (*benxing* 本性),” Wei insisted in his treatise. In order to fully grasp an understanding of the nature of the world, he decided to begin studying the human spirit.

In the 1910s, Wei entered the Chinese Society for the Research of the Psyche (*Zhongguo jingshen yanjiu hui* 中国精神研究会) under the guidance of Mr. Bao Fangzhou. Not content to simply accept the teachings of one school of thought, however, he decided to pursue a syncretic path to understanding the workings of the mind. From the Chinese Research Society, Wei met a Confucian master and his son, a half-Mongolian, half-Han Buddhist, and the three decided to form their own study group. Together, they contrasted the study of psychology with that of physiology and philosophy, and continued to pursue an examination into various methods of spirit cultivation. A few months into their study, the three met the leader of the Universal Morality Society (*Wanguo daode hui* 万国道德会), Wang Fuqian. Wang was a Daoist master, and proved himself adept at explaining profound and mysterious doctrines of the Daoist school of thought. Together, the four men combined their knowledge of Confucianism, Buddhism, Daoism, and psychology to jointly investigate the inner workings of the human spirit. Wei fused these doctrines with psychological thought, and continued to cultivate his practice of spirit therapy over the next ten years.

In the early 1930s, Wei finally decided to spread his knowledge to the masses, and opened a specialized hospital for the treatment of the spirit. Using the insights he had

gained over the past few decades, Wei instructed his patients in a highly complicated series of practices that aimed to correct blockages in their *qi*. The basic understanding behind Wei's spirit philosophy took its influence from traditional Chinese medical practice. As he explained in another publication entitled "Questions and Answers on Experiments for the Exercise and Treatment of the Spirit" (*Jingshen duanlian zhiliao shiyan wenda* 精神锻炼治疗实验问答), the rationale behind his curative method derived from a systematic, holistic understanding of the human body and its functioning, in which each person's organs and vital energy worked in tandem to maintain both physical and psychological health:

> People's bodies have five internal organs (*zang* 脏) and six major internal organs (*fu* 腑), four limbs and a hundred bones… The heart/mind (*xin* 心) is the master (*zhu* 主) of the body, and the *qi* is the root of life. If *qi* is flowing and full, the body is strengthened, and the five internal organs and six major internal organs are each at peace in their order. Each is doing its utmost to perform its vital function. If the *qi* is neither flowing nor full, it will go against (*ni* 逆) the heart/mind, which will then lead to a heart/mind illness. If the *qi* goes against the liver, it will result in a liver illness. If the *qi* in the kidney is weak, one will develop an illness of the kidney. If the *qi* in the spleen is week, one will develop an illness of the spleen. If one organ becomes ill, then it exhausts other organs. We use spirit cures in order to relieve the blockage of *qi* in that organ, [thereby] helping the weak energy in that organ to become robust again.[288]

Wei believed that medicines were less effective than "spirit therapy" in treating both physical and psychological illnesses due to the fact that the root cause of illness in humans was formless – and should therefore be counteracted by a formless power as well. As Wei went on to explain, all animals, plants, and minerals contain within themselves a

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[288] "Jingshen wenda 精神问答 [Questions and answers on the spirit]," in Wei Hongsheng, *Jingshen duanlian zhiliao shiyan wenda* 精神锻炼治疗实验问答 [Questions and Answers on Experiments for the Exercise and Treatment of the Spirit] (Beiping: n.p., 1936), 36.

heavenly and earthly quintessence (*jinghua* 精华). However, while plants and minerals contained a life essence (*benxing* 本性), animalia further contained a consciousness (*juexing* 觉性) that plants and minerals lacked, thus making animal-derived medicines more effective against fighting human illnesses than medicines derived from plant and mineral products. Nevertheless, animal-based medicines were not completely successful at curing human diseases, either, since humans had an additional essence that animals, plants, and minerals all lacked: the essence of the spirit or soul (*lingxing* 灵性). By channeling one's spirit, Wei reasoned, humans should therefore be able to most effectively attack a region of blocked *qi*, render the blockage fluid and passable, release the *qi*, and heal the sickness in the organs. "Did not Mencius say that 'man's will is the master of his *qi*'?" Wei wrote. "The power of the will is incredible… [Thus] I don't employ medicines with a form; I use formless spirits to cure illness, and [spirit] treatment surpasses medicines with a form by ten thousand times... Those who understand psychology (*jingshen xue* 精神学) also understand the usefulness of the spirit."[289]

The three types of treatments that Wei's hospital offered included psychoanalysis, hypnotism, and therapy of the spirit. Although their methods were different, all aimed to focus the mind's energy so as to relieve blockages of *qi* throughout the body. Of all the methods offered at the facility, Wei's "treatment of the spirit" was the most complex. Despite the fact that his pamphlets do not reveal exactly what spirit therapy entailed, certain aspects of the practice can be surmised through diaries that Wei's patients kept while undergoing treatment. One patient named Ma Muzhao published his experiences in

[289] Ibid., 37.

one of Wei's pamphlets so as to reveal the "fantastic" results that the treatment had reaped. In his self-introduction, Ma wrote that he had formerly held a post in the military. During this time, his mind had become "vexed" (*laoxin* 劳心) and he had fallen ill with schizophrenia (*xinli fenlie* 心理分裂) and acute nervousness (*jingshen jinzhang* 精神紧张), among other problems. Having visited both Eastern and Western medical practitioners, he found that their treatments were of no use. Ma finally stumbled upon Wei's hospital after reading an advertisement in the newspaper, and decided to undergo therapy of the spirit.

At the facility, Ma was treated by Wei himself, along with another doctor named Wu Zhixue. Over the course of his treatment, which lasted upwards of a month, Ma recorded observations on how his body and mind had been transformed through spiritual practice. The first step in spirit therapy was learning how to sit quietly in a meditative stance, with one's hands hanging limply on the knees, one's mind rejecting earthly desires, one's body closed tight against the "six doors,"[290] and one's concentrated attention focused on the *qi* flowing through different points in the body. Ma estimated that he was able to achieve the desired results after four or five days of practice, around the same time that he began to notice a strange feeling in his lower abdomen (*dantian* 丹田). The feeling, he wrote, was similar to that of throwing a stone into water, or that of a

[290] The "six doors" (*liu men* 六门) refers to an approach to Chinese medicine coined by the practitioner Zhang Congzheng in the twelfth century. The six doors, also spoken of as the six influences, included wind, summer heat, dampness, fire, dryness, and cold, and Zhang believed that these influences were the cause of illness. Achieving a cure thus demanded expelling the evil influences from the body.

sunrise shining on ice. He felt his *qi* rising from deep inside him, and knew that the practice was beginning to reap results.

After seven or eight more days, Ma observed that a hot energy was ascending from his lower abdomen, and that a strong *qi* was rising upwards from his two feet, such that his entire body would frequently drip with sweat, and his four limbs would go limp. Ten more days passed, and his body felt drunk with the *qi* ascending throughout him. At times, Ma noted, he would feel almost hollow, like a car ceaselessly spinning its wheels. His body would shake and his mind would feel agitated, as if filled with doubt and worry. It was at times like these that Ma requested the advice of the medical practitioner Wang Fuqian, who pointed out that the feelings he was experiencing derived from his own illness. Relieved, Ma continued to practice for about a month more. During this time, he frequently lost sleep, his abdomen made a noise like a wild beast howling, and he felt as though a hollow wind were circulating throughout his chest. Slowly, Ma began to regain his health. By the time his treatment was over, Ma estimated that his schizophrenia had improved by seventy to eighty percent.[291]

Ma's testimonial, though lacking in specifics as to exactly what constituted spirit therapy, attests to the syncretic fashion of Wei's curative practice. Blending Buddhist-type meditation, philosophies drawn from the traditional Chinese medical canon of the Song dynasty, and recently coined neologisms for psychiatric distress, the practice of spirit therapy seamlessly incorporated a number of different medical and philosophical traditions. Wei's approach to treatment was not simply an updated remnant of past

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[291] "Ma Muzhao xiansheng: Beiping jingshen bingyuan zhiliao zhi jingguo 马穆昭先生: 北平精神病院治疗之经过 [Mr. Ma Muzhao: My experience being treated at the Beiping Mental Hospital," *Jingshen duanlian zhiliao shiyan wenda*, 25-27.

practices, however. In observing his patients, Wei also drew upon currently circulating vocabularies and ideas in addition to ancient doctrines. For example, in the case of a female patient named Wang Shujin, Wei's clinical observations could have easily been ripped from a page in the Republican Beijing police files.

Wang Shujin was twenty-nine at the time of her admission to the hospital. She had graduated a few years earlier from the Wenquan Girls' Middle School, and had shown great enthusiasm in her studies during her time there. As time passed, however, she began to show signs of depression until she finally developed a full-blown case of mental illness. Her family members searched throughout Beijing to find a competent doctor, but were continually frustrated in their efforts. It was not until her friends suggested that she visit the Wei Hongsheng hospital that her family began to develop hope for her recovery. Upon Wang's visit to the facility, the doctors on call observed her condition in the following manner: "She would cry and laugh interchangeably (*tixiao wuchang* 啼笑无常). She sang and cursed to no end (*changma buduan* 唱骂不断). She muttered and spoke to herself (*ziyan ziyu* 自言自语), as if she was looking at a ghost. She had no appetite and would not take any food that was offered to her." After treating her for many days, the doctors noted that she had developed copious amounts of phlegm, regained her appetite, and her words became "normal and clear."[292]

Similar to the ways in which the municipal police described their insane charges, the doctors at the Wei Hongsheng hospital also relied upon a series of formalized expressions in order to convey a sense of the patient's insanity. Such stock expressions as

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[292] "Wang Shujin nüshi 王书锦女士 [Ms. Wang Shujin]," in *Jingshen duanlin zhiliao shiyan wenda*, 9.

"singing and cursing," having "unclear words," and "crying and laughing" were familiar terms for describing lunacy – particularly among females – during the early Republic. The doctors' close attention to Wang's "copious amounts of phlegm," moreover, signaled that their curative philosophies continued to be influenced by similar methods of Chinese medical practice as those that had been previously employed at the municipal asylum. Thus, despite the fact that Wei's hospital claimed to possess specialized knowledge of mental illness, his treatments in fact seemed to resonate deeply with common, everyday understandings of what madness entailed and how it was manifested.

Although Wei's curative practices had been greatly influenced by Eastern medical and philosophical traditions, much of the rationale for his treatment also derived from scientific and psychological theories that had only been recently introduced to China. Such syncretism revealed itself clearly in Wei's vocabulary when, for example, he attempted to explain what a person's "spirit" entailed and how the nervous disorder of neurasthenia could arise. A person's spirit, Wei wrote, is a chemical product (*huaxue pin* 化学品), and only comes into being when electric particles comprising the yin and yang energies (*dian* 电) begin to rub against one another. The yang energy within the body acts as a battery (*dianchi* 电池) to attract further yang energy from the heavens. The battery of the yin energy, located in the kidney, likewise functions to attract further yin energy from the earth. These two energies – one from heaven and one from earth – together attract electric particles. When these particles rub against one another, they become the spirit.

Neurasthenia occurs, Wei continued, when either the yin or yang energy becomes harmed due to some stimulus or mental overexertion. When such a state occurs, the

"electric attraction capacity" of one side no longer equals that of the other. The yin and yang electrons frantically bump into one another in unequal proportions, and neurasthenia results.[293] Combining an idiosyncratic understanding of chemistry with a unique interpretation of traditional Chinese medical doctrine, Wei's clever analysis of neurasthenia seemed to gain credence – at least on a superficial level – from two very different schools of thought.

The influence of Western psychological thought on Wei's theories was perhaps most apparent in his invocation of psychoanalysis (*jingshen fenxi fa* 精神分析法) as one of the key treatment methods that his facility employed for the rehabilitation of insane patients. Although Wei had borrowed the term directly from the Freudian school, his overall understanding of psychoanalysis, which mainly centered on the question of moral good and evil, diverged greatly from the original doctrines from which the term had first been invoked. "Everyone has sexual impulses and greed for wealth," Wei began. "When people think about sex, they experience sexual urges, and when they see wealth, they experience envy." Desire, greed, and envy, Wei continued, were the root causes of insanity. The only way to cure such a state, Wei believed, was to make the patient see the "error" of his thinking. "If, at the start of the illness, the person has intimate friends who can make him understand good from bad, they can slowly guide him to wake up and understand that *his behavior is wrong*. Once the patient's heart has been opened, his confusion will change to clarity, and he will be cured without having to undergo [further] treatment." If the patient could not be immediately cured by simply becoming conscious of his morally incorrect thoughts, then he would have to undergo further therapy with the

[293] Ibid., 4-5.

help of a trained psychoanalytic practitioner. Under a practitioner's care, Wei explained, the patient would "listen to teachings on the judgments of good versus evil (*shan'e de baoying* 善恶的报应)… Hearing these speeches, he will feel moved and will have an awakening. His illness will be cured. This is what we call psychoanalysis."[294]

Unlike Freudian psychoanalysis, which centered on the process of bringing the patient's subconscious or repressed desires to the forefront of his conscious mind, Wei interpreted psychoanalysis along the lines of moral or religious exhortation. Having strayed from a correct moral path, the insane patient simply needed the moral guide of a psychoanalysis practitioner to show him the error of his thinking. Similar to the sociopolitical discourse of madness discussed in chapter two, in which madness was interpreted as a conscious proclivity toward selfishness and self-delusion, Wei believed that mad patients simply needed to "listen to [their practitioner's] orders (*tingming* 听命), and their illness will immediately become better."[295] For Wei, then, psychoanalysis was more closely related to moral instruction than talk therapy; patients were not supposed to realize their hidden desires, fears, or urges, but were only supposed to recognize the moral frailty of their own behaviors and longings.

It is unclear the exact extent to which Wei was directly influenced by Western psychological theories and practices, but it is quite likely that he had at least been in contact with popular psychological treatises that had found their way from Europe to

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[294] "Wenda," *Jingshen duanlian zhiliao shiyan wenda*, 38-39.

[295] Ibid.

China by the middle of the 1930s.[296] Indeed, it appears almost certain that Wei had viewed replicas of photographs that had originally been taken by the French neurologist Jean-Martin Charcot in the late nineteenth century. Charcot, a physician at the Salpêtrière mental hospital in Paris and a former teacher of Sigmund Freud, had made his name in the fields of psychology and neurology by photographing various women in the throes of hysterical outbursts. As was common among psychologists and neurologists at Salpêtrière, Charcot was of the belief that women plagued with "hysteria" had the special ability to be hypnotized. Many of the photographs he took of such women were during episodes of hypnotic trances, when these patients were prone to displaying strange and abnormal physical abilities. One of the most famous of these pictures featured a hysterical woman lying supine upon the backs of two chairs, supported by nothing but her own physical stiffness. Such "muscular hyperexcitability" was believed to be a special feature of hysterical women in the midst of a hypnotic trance (see image 4.1).

Wei Hongsheng, perhaps paying homage to Charcot's work, also included an uncannily similar photograph within the pages of his own advertising pamphlets (see image 4.2). According to the caption, a doctor at the facility named Wang Longquan had recently hypnotized an insane patient, causing him to experience a state of extreme stiffness. Wei did not editorialize further on the image, so it is difficult to ascertain

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[296] The 1930s in China were a high point for the translation and dissemination of Western psychological texts, particularly those written by Freud. The psychologist Gao Juefu, who was discussed in chapter two, was pivotal in his efforts to translate Freud's speeches and lectures, and he published two large volumes of Freud's work during the course of the decade. In Japan, moreover, more than twenty translations of Freud's writings were produced between 1929 and 1936. See Zhang Jingyuan, *Psychoanalysis in China: Literary Transformations* (Ithaca: Cornell University Press, 1992).

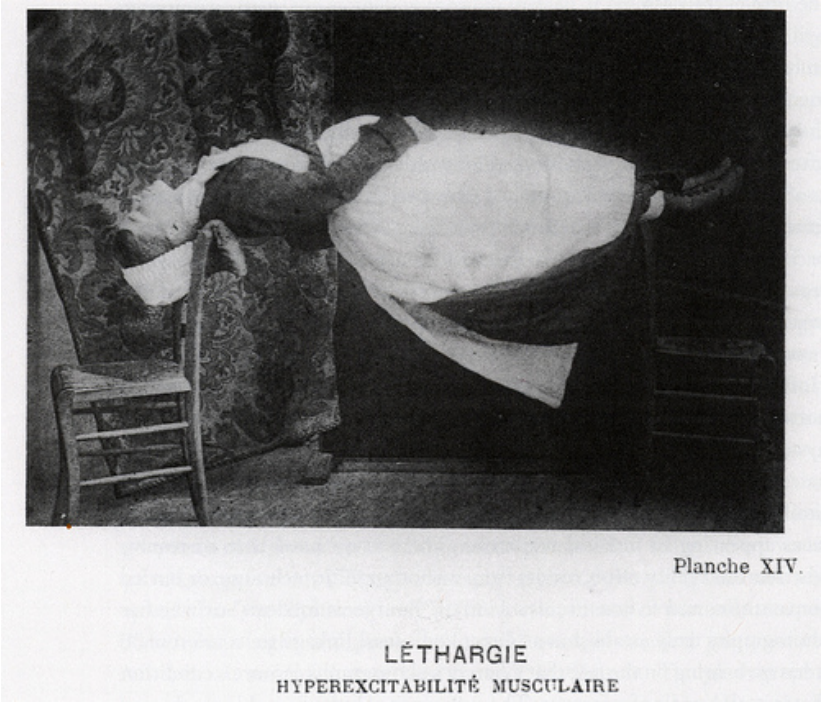

Image 4.1: A photograph of a hysterical woman undergoing hypnosis, taken by the French neurologist Jean-Martin Charcot.

Image 4.2: A photograph from a publicity manual for the Wei Hongsheng Hospital. The caption reads: “This facility’s comrade Wang Longquan displays the hypnotic skill [of making the subject become] stiff and straight.”

whether or not he believed that such an abnormal physical display was a particularity of insane patients or merely a great show of skill on the part of the hypnotist. What is clear, however, is the fact that Wei's particular understanding of madness was influenced to a certain extent by the prior works of Western psychologists.

Nevertheless, even if some of Wei's theories displayed a symbolic debt to Western scholars, Wei rarely adopted foreign psychological theories and tropes in a wholesale fashion. Much to the contrary, Wei's idiosyncratic understanding of nervous disease was consistently influenced by his earlier studies of Daoism, Buddhism, and traditional Chinese medical practice, and his final therapeutic system therefore boasted an overwhelmingly syncretic outlook. Wei's invocation of Western terminologies and (superficially) scientific explanations was, perhaps, less influenced by his introspective search for "truth" than by his potentially lucrative goal to establish a treatment center for ailments of the spirit. By incorporating a range of philosophies into his curative arsenal, Wei was bolstering his claims to expertise by invoking the specialized knowledge of two very different approaches to "mental" disease.

The Wang Jiaxiang Hospital

In the very same year that Wei Hongsheng opened his hospital for the treatment of mentally ill patients, another doctor named Wang Jiaxiang experienced a similar epiphany. In 1936, the thirty-two year-old Wang was employed at the Peking Union Medical College as an assistant professor of neurology. He had earlier graduated from the Naval Medical School of Tianjin with an advanced degree in neurology, and had moved to Beijing in 1934 to practice medicine. In August of 1936, Wang submitted a proposal to

the Ministry of Hygiene for the establishment of a specialized treatment center for the insane. “I have been investigating the hospitals in this city, and have found that they mostly treat common illnesses. There are not many facilities for illnesses that are related to the psyche (*jingshen* 精神),” he wrote. “Although the Beijing Psychopathic Hospital exists, the demand [for treatment] is greater than the supply, and I fear that it is inevitable that we will not be able to help all cases.”[297] Wang proposed to create a separate, private facility that would be run under his name. The hospital, which would specialize in psychiatric convalescence (*jingshen xiuyang* 精神休养), would treat disorders of both the brain and mind.

The Ministry of Hygiene approved Wang’s request, and the facility opened its doors to patients in October. Located in the east of the city, off of Cuihua Alley, Wang’s Psychiatric Convalescence Hospital (*Jingshen xiuyang yuan* 精神休养院) offered both outpatient services in the mornings and house calls in the afternoons. Wang did not spare any expenses in the construction of the facility. He employed two doctors, one pharmacist, five nurses, and four staff members, and built the hospital to include an internal medicine room, an external medicine room, a pharmacological room, a registration room, a steam disinfectant room, a waiting room, a pathology room, three dorm rooms for doctors, six dorm rooms for nurses, four shower rooms, a laundry room, two kitchens, and four bathrooms, in addition to eight first-class and four second-class convalescent rooms for patients.

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[297] BMA J005-003-00063, “王嘉祥等请发精神病休养院开业执照的呈及卫生局的批,” August-September, 1936.

The funding for the hospital was to come completely from patient fees. Unlike the municipal Psychopathic Hospital, which was partially subsidized by the city and by the China Medical Board, Wang's Psychiatric Hospital was completely privately run. Fees were therefore somewhat steeper than those at the municipal hospital. For outpatient services, patients paid one yuan in registration fees, and then an unspecified amount depending upon the treatment given. Urgent or special cases cost five yuan per patient. House calls were a minimum of ten yuan per patient, with the fee being doubled at night. For inpatient services, first-class patients were charged six yuan per day for room and board, plus two yuan per day in treatment fees; second-class patients were charged four yuan per day plus one yuan for treatment; and third-class patients were charged two yuan for housing plus five jiao per day for treatment. None of these fees included the cost of medicine. Prior to entering the facility, each class of patient was additionally made to pay a steep deposit: one hundred yuan for first-class patients, fifty yuan for second-class, and twenty-five yuan for third-class. Bills were prepared on a weekly basis, and if patients could not come up with the appropriate funds, they would be deducted from the deposit. Once the deposit was exhausted, the patient would be removed from the facility. In contrast, the Psychopathic Hospital only charged three yuan per day for first-class patients, and often waived fees completely for those who could not afford to pay.

In the general regulations for the facility, Wang specified that the hospital had been established for the particular treatment of brain-related diseases or nervous illnesses, as well as all types of insanity. Prior to being admitted to the inpatient unit, all patients had to have previously been examined by a medical doctor and declared in need of specialized treatment. Wang's strict demeanor concerning the operational guidelines of

the facility reflected his training at the PUMC. All patients, upon entering the facility, were instructed to follow doctors' orders about eating, drinking, and taking medicine or would face threat of expulsion. Visiting hours were limited to four hours per day, between 10 AM and 12 PM, and again from 3 to 5 PM, and each patient could only receive two visitors at a time. Doctors maintained the right to reject friends and family members from visiting certain patients, particularly those who were dangerously insane. The mentally ill were to be watched day and night by a nurse or guard, and patients would not be allowed to leave the facility until having received approval from a doctor. The hospital did not claim to be able to treat diseases other than those that were mental or cerebral in origin, and clearly specified that any patients who happened to contract an infectious disease or were involved in any sort of accident would be sent to a separate facility.[298]

Throughout the construction and early operation of the hospital, Wang maintained high hopes that he would be able to focus the brunt of his attention on the new facility. According to later sources, Wang "poured all of his energy" into the hospital, and severely cut back his hours working at the Peking Union Medical College to only three times a week in the afternoons. The fact that Wang so believed in the potential success of the psychiatric hospital demonstrates not only that there was an increasing demand for such services in 1930s Beijing, but that multiple doctors – with different backgrounds in training – independently saw an opening for the commercialization of these services as well. Treatment for mental illness was fast becoming a marketable commodity, and both

[298] Ibid.

traditionally-oriented practitioners like Wei Hongsheng and biomedically-trained doctors like Wang Jiaxiang sought to claim a piece of the pie.

Unfortunately for Wang, however, his Psychiatric Convalescence Hospital would not prove to be much of a success. After the opening of the facility, Wang did not receive as many clients as he had originally expected. In order to keep the hospital open, he borrowed a loan of two thousand yuan from his older cousin, and an additional two thousand yuan from the head neurologist at the PUMC, Richard Lyman. According to Wang's younger cousin, business eventually picked up somewhat, but was not sufficient for Wang to repay the money that he had borrowed. The doctor soon became disconsolate. In January, the problem of Wang's already delicate mental state was compounded when he received news that his mother was on her deathbed. The doctor faced a personal predicament: if he returned home to wait on his mother, business would almost certainly falter at the hospital; yet, if he stayed on to run the psychiatric facility, he would be ignoring his filial responsibilities.

In the end, Wang chose to work. When his mother died at the end of the month, Wang's demeanor changed for the worse. According to his friends, he spoke endlessly about his regret for his previous actions, blamed himself for his unfilial behavior, and became so preoccupied with his debts that he began to undergo a long period of insomnia. Although his relationship with his family – including his wife and two children – appeared normal, Wang began to show signs of depression. His already poor emotional state was further exacerbated by the arrival of a new patient in the spring of 1937, the writer Gui Zhixiang. Gui had been admitted to the facility for a psychological evaluation due to depressed and suicidal thoughts, and during his stay at the hospital, had penned a

letter that eventually ended up on Wang's desk. Although he thanked Wang for his careful treatment, Gui nevertheless explained that no amount of care would reverse the psychological effects of his previous actions: "I have not been filial to my parents," he wrote, "and for this I should die." Wang posted the note in his office. According to his colleagues at the PUMC, the doctor stared at the letter contemplatively each day as he began his work.

On June 3, 1937, Wang left his office at the PUMC Department of Neurology and never returned. His rickshaw driver waited for him outside the gate of the hospital for multiple hours, but eventually left to go home when Wang failed to appear. It was not until the next morning that Wang's body was found on the railroad tracks leading into the city. When his coworkers were later questioned about his death, they expressed confusion as to how such an honest, composed, and meticulous worker could have come to meet such a troubling end. The head of the PUMC noted that Wang had been out of sorts in recent weeks; rather than methodically examining and arranging his tools and medicines each day, he had spent increasing amounts of time strolling around the wards, pacing back and forth as if his mind had come unbalanced (*jingshen yijue shichang* 精神已觉失常). Wang's family identified his body at the district court, where the case was declared a suicide.[299] The Psychiatric Convalescence Hospital that he had founded closed its doors soon thereafter.

Given that Wang had so recently opened his own hospital for the treatment of mental illness, the story of his death appears hauntingly ironic. Yet, the failure of the

[299] BMA J181-020-31062, "北平市政府关于调查精神病院院长王嘉祥自杀案的指令(一)," 1937.

facility also reveals certain insights into the demand for mental health services in 1930s Beijing. Although Wang's experience working at the PUMC gave him a taste for the number of potential clients he could receive at his own private facility, the everyday operation of his hospital proved less than satisfactory. What could account for this disconnect? For one, the fact that Wang's hospital charged double the rate for inpatient services than the municipal Psychopathic Hospital attests to the likelihood that Wang's target demographic included members of the upper or intellectual classes. Everyday men and women in Republican Beijing would not have been able to afford the eight yuan per day charge to reside in the facility, and given the fact that Gui Zhixiang – described in the case file as a "famous writer" of the day – was one of Wang's clients, it seems more than likely that Wang's psychiatric facility was never meant to cater to everyday instances of mental instability. Instead, he probably aimed to render most of his services to those suffering from "highbrow" cases of mental illness, such as mental exhaustion, neurasthenia, and depression.

While there is no doubt that such forms of mental illness were perceived to be on the rise in Republican Beijing – given the sudden appearance of advertisements for mental hospitals and specialized drugs, the increasing number of personal essays about individual experiences with mental illness, and the introduction of new categories of mental illness flowing in from the West – the existence of such a rise did not necessarily correlate to an increase in demand for mental heath services for this demographic. As chapters six and seven will show, the majority of patients at the municipal Psychopathic Hospital continued to be from the lower or working classes: patients who likely could not afford to pay room and board, but whose families were nevertheless desperate to find a

place to house them. Intellectuals, on the other hand, were less inclined to seek professional treatment in an asylum than to seek solace through other means, such as a lengthy retreat or reflective writing. Despite the fact that such illnesses as neurasthenia had begun to gain a certain trendiness in the Republican era, it goes without saying that institutionalization in a mental hospital would never carry much social capital. To the misfortune of Wang Jiaxiang, the lack of demand for the services he hoped to render not only destroyed his career, but also his own sense of emotional stability.

Commercialization and its Discontents

By the 1920s and early 1930s, care for the mentally ill was on the rise in numerous ways. Private hospitals, which took their cue from the earlier establishment of the municipal asylum, began springing up throughout the city; advertisements flaunting cures and specialized practitioners for mental disease littered the pages of magazines and newspapers; and the advent of new vocabularies, treatments, and philosophies regarding care for the insane began to spread throughout different levels of society. All of these changes signaled a new era in mental health practice in Beijing: one that was characterized by the medicalization, commercialization, and popularization of mental healthcare. While traditional Chinese medicine practitioners had ruled the healthcare "market" (to speak anachronistically) in the Qing and prior dynasties, the mid-Republican period saw an opening of curative possibilities to those afflicted with psychological afflictions. No longer were patients limited to simply calling upon traditionally trained doctors or faith healers when faced with a disease of the "spirit"; instead, they could choose to medicate themselves with imported patent medicines, write a letter to an advice

column, implement any number of published recommendations for better mental health, check into a private hospital or mental health facility, or hire a psychological counselor.

Knowledge about lunacy had also shifted from something specialized and abstruse to something generalized and banal. Advice columnists, espousing such everyday recommendations as getting more sleep, exercising, and defecating regularly, shot holes in the notion that mental illness resided in an esoteric realm that could only be accessed by trained practitioners. By the 1920s, the common man – provided a basic level of literacy – could take control of his own psychological future. And while certain practitioners like Wei Hongsheng continued to speak of his spirit practice in rather arcane terms, he simultaneously stressed the certainty that his specialized knowledge could easily be understood, adopted, and implemented by the everyday patient. Personal testimonials as to the effectiveness of Wei's program corroborated the idea that any patient, regardless of age, gender, or occupation, could independently learn to heal his spirit and regain his psychological and physical health.

Such commercialization was not without its limits, however. As Wang Jiaxiang's experience proves, the mere establishment of a mental hospital did not necessarily correlate to its success. Indeed, the ultimate irony of Wang's life was that the doctor succumbed to the very cause he championed but was unable to promote. Having devoted his life and his career to the treatment of neurological and psychological diseases, his own business failings and emotional insecurities eventually led to his death. Nevertheless, the quick closure of Wang's Psychiatric Convalescence Hospital should not be strictly attributed to a poorly planned business model. Rather, the failure of the facility can more accurately be attributed to a socioeconomic disjuncture in the ways that the Chinese

mentally ill approached the treatment of their condition. As chapter seven will show, most patients who could afford the steep costs of residing at a specialized facility often preferred more introspective, and less institutional, means of treatment. On the other hand, the only truly "successful" asylum was the municipal Psychopathic Hospital, which waived entrance fees and did not charge treatment costs for those who could not afford to pay them. That its rooms always remained overflowing was therefore a testament to its *charity* – not necessarily to an ideologically driven demand for its services.

Part III:
Diverging Narratives

Chapter 5.

The Psychopathic Hospital: 1933-1938

On a superficial level, the Beijing Psychopathic Hospital was doing exactly what it had set out to do. Having picked up the pieces of the dysfunctional municipal asylum, the new institution had managed to achieve a more streamlined bureaucratic apparatus, a more hygienic approach to treatment, and a more scientifically oriented outlook. Throughout the early years of its existence, both the Psychopathic Hospital's annual reports and the Public Security Bureau's laudatory memorandums to the facility continued to champion the superior care and exceptional methods of treatment that the institution employed.[300] The very fact of the hospital's existence appeared to signal, at least to those who were invested in the city's modernization project, that Beijing was moving ever closer to the mythical standard of scientific modernity that it had so long aimed to achieve.[301]

And yet, under the façade of effortless accomplishment, the facility was not immune from the same problems that had long plagued its predecessor. While some of these issues – particularly those relating to bureaucratic matters – found convenient solutions, others were not so easily resolved. In spite of the PUMC's claims to scientific expertise in the field of neuropsychiatry, the Psychopathic Hospital continued to be

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[300] BMA J181-021-27653, 北平市警察局内五区区署关于何存氏请将其夫何世荣送精神病院医治的呈, August 1934-January 1935. In this report, the inner fifth district police precinct heaped praise upon the Psychopathic Hospital for having cured one of the men that the precinct had earlier transferred to its care. "The head of the facility and the nurses used excellent methods to treat him," the report concluded.

[301] For example, CMB, Inc., Box 96, File 690, Greene to Eggleston, March 16, 1934.

haunted by low rates of cure and high rates of recidivism; PUMC practitioners, particularly Richard Lyman, were frustrated at having to compromise on their research in order to deal with the more pressing demands of treating Chinese lunatics; and, most exasperating of all, the existence of the Psychopathic Hospital did not appear to greatly influence attitudes toward the treatment of insanity among the greater Chinese population.

Only from an institutional perspective, then, did the evolution from "asylum" to "hospital" appear to constitute a triumphant success in the arduous process of modernizing and rationalizing Chinese medical practice. From a broader vantage point, however, the apparent "success" of the Psychopathic Hospital was neither long-lived nor widely received. Within only a few short years, the Psychopathic Hospital had again deteriorated into little more than a holding tank for the insane, and the PUMC gladly relinquished its control over the facility in 1938.[302] Moreover, in spite of their best efforts to promulgate the gospel of Western psychiatry to an uninitiated Chinese public, the doctors at the Psychopathic Hospital were consistently frustrated by the limited scope of their impact and their inability to transform popular opinions on the proper treatment of the mentally ill. Although the facility charged only minimal fees to the patients under its care – or waived fees completely for those who could not afford to pay – the vast majority of patients at the Psychopathic Hospital continued to be brought to the facility as

[302] As the epilogue will explain in more depth, the PUMC retained Wei Yulin as general manager of the Psychopathic Hospital until 1941, although the PUMC itself did little from this point forward to supply funding and staff. In 1942, the PUMC was closed down by the Japanese, and all practitioners at the teaching college either left Beijing or went into private practice.

a matter of *last* resort, rather than as a matter of preventive care or general therapeutic treatment.

Resolvable Problems

Regardless of the fact that the new Psychopathic Hospital boasted greater monetary resources, larger facilities, and better-trained workers than the previous asylum, the Hospital continued to face familiar problems of overcrowding, bureaucratic redundancy, and worker malfeasance. By clarifying jurisdictional roles, delineating the scope of authority of different government organs, and upholding worker accountability, the PUMC and the Beijing municipality together were able to find ready solutions to many of these issues. In contrast to the municipal asylum, which simply shuffled the same unresolved problems onto an endless stream of poorly compensated managers while ignoring the underlying causes of these recurring difficulties, the Psychopathic Hospital – signaling its efforts to achieve a rational bureaucratic system both within the institution and within the Beijing municipality more broadly – attempted to enact concrete solutions to a number of chronic complications.

One of the first issues that the hospital, Social Affairs Bureau, and Public Security Bureau (PSB) attempted to rectify was the role that the district police would play in the chain-of-command between the Hospital and the community. Similar to the situation prior to 1933, the district police bureaus continued to act as an intermediary between individual families and municipal institutions. However, their role in the later period was significantly altered and clarified, so as to avoid bureaucratic inefficiency. After 1933, the district police precincts were no longer charged with assessing the relative sanity or

lunacy of their charges, and thus ceased recording confessions and taking detailed notes about the comportment of the lunatic. Instead, the chief task of the district police precincts was to report the case to the Public Security Bureau, which then acted as the main hub between the precincts and the Hospital.[303] In other words, the function of the police shifted to become more centralized in the later period, with all final determinations about whether to transport a charge to the Psychopathic Hospital or to return him to his family being made by the Public Security Bureau rather than the individual district precincts. By centralizing the chain-of-command, correspondences between the various entities became more streamlined and direct.

The further streamlining of police-Hospital relations was aided by the widespread use of the submission and release request forms that Wei had begun to institutionalize in 1933. While police reports previous to this time had been written in a haphazard and irregular fashion (depending upon the sensibilities of the individual bureaucrat who had penned them), the new submission request forms clearly allocated space for the patient's name, gender, age, hometown, names and addresses of family members, the name and contact information of the person who brought the lunatic to the precinct, the reason for sending the lunatic to the hospital, and the date of his entrance to the facility. This information was supplied by the Public Security Bureau, and remained on file at both the PSB and the Psychopathic Hospital for reference purposes. Upon the patient's release from the facility, the PSB was required to fill out a release request form, which specified the name and relation of the person coming to the precinct to collect the patient and bring

[303] We can see this chain of command clearly in J181-021-27777 and J181-021-27648, as two brief examples.

him home, the patient's reason for being released, his address upon release, and the date of his release from the facility.[304] Having such information on file drastically cut down on the time, money, and effort that had previously been wasted on locating the patient's family, and allowed for more efficient processing of patients into and out of the facility.

The modern emphasis on a rationalized bureaucratic system meant that all municipal institutions involved in handling matters of lunacy played a clearly demarcated role. In order for the system to maintain its efficiency, all organs needed to remain in constant dialogue and uphold their specifically delineated responsibilities. The municipal agents involved in running the Psychopathic Hospital were acutely aware of this demand. In 1936, the Hospital wrote a memo to the Public Security Bureau concerning the number of admittances to the facility. "Because there is such a huge number of people coming in and out," the Hospital memorialized, "we have to be 'nimble' (*minjie* 敏捷) in processing them. Both the Public Security Bureau and the Hospital must be clear and expedient [in their communication with the other]."[305] Regardless of the fact that the police no longer possessed sole jurisdiction over the asylum, their role in the functioning of the Hospital continued to be crucial to its overall success. Both entities were expected to stay in close contact over matters of admittance and release, and the Hospital relied on the Public Security Bureau to help locate family members or caretakers when a patient was deemed sufficiently stable for discharge from the facility.

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[304] BMA J181-020-33994, 北平市社会局关于精神病疗养院改用提领精神病人表式的公函 , 1933.

[305] BMA J181-020-28439, 北平市公安局三科关于精神病院入、出院手续的函, 1936.

Since the local police precincts were no longer required to submit lengthy reports about lunatics to the police chief, few detailed case records from the police perspective remain from the mid-1930s. Instead, lengthy files of clipped memos began to take the place of the earlier reporting system, and largely consisted of the patient's name and his date of transfer to the Public Security Bureau headquarters. Generally, a local precinct would send the lunatic in question to the PSB, noting that he or she "seemed to be insane" (*siyou xinji* 似有心疾). The Public Security Bureau would then either confirm or deny the assessment, before sending the inmate either to the Psychopathic Hospital for a more extensive evaluation or back to his family. In numerous instances, the Public Security Bureau overturned the determination of the lower police precincts in their assessment of an inmate's lunacy. In one case from November 1935, the inner third district police station sent a memorandum to the PSB, stating that one of their charges was "certainly" insane and should be sent to the hospital. The PSB, on the other hand, noted that the man's "words were clear" (*yuyan shangqing* 语言尚清) and that they had decided to return the inmate to his family instead.[306]

Due to the fact that patients could be admitted to the Hospital through other channels than simply the police – the 1934 Hospital regulations specified that patients could be brought to the facility by family members, the Ministry of Hygiene or the police, or other private municipal institutions such as schools or hospitals – the task of keeping track of patients became doubly difficult. In order to deal with the confusion, the Ministry

[306] BMA J183-002-07927, 北平市警察局内三区署关于刘永志已送精神病院等的指令, June-December 1935; J183-002-07928, 北平市警察局内三区署关于彭忠生已送精神病院等的指令, January-August 1935.

of Hygiene published a series of regulations that stipulated that the original organ through which the patient was admitted to the Psychopathic Hospital must be notified prior to his release. That organ would then be responsible for the patient upon his dismissal from the Hospital. If, however, the original person or organ failed to pick up the patient within seven days of his convalescence, the Hospital would work jointly with the Ministry of Hygiene and the Bureau of Public Safety to decide on an appropriate course of action.[307]

Usually, the course of action under such circumstances followed one of two routes. If a patient's relatives either could not be located or refused to pick the patient up from the Hospital, the facility and the police would sometimes decide to release the patient regardless. Such a situation happened very rarely, however, as the city did not wish to be held responsible for dealing with the aftermath of a premature release. The more likely option in such a scenario was for the Hospital to send the cured patient to a separate relief organization, most generally the municipal poorhouse, where he would then be housed indefinitely.[308] Although sending cured patients to the poorhouse did not create a completely satisfactory solution to the problem of homeless lunatics – they were merely shuffled from one facility to another – it allowed the Psychopathic Hospital to accept more patients and take preventative measures against overpopulation. This shuffling of patients from one institution to the next further allowed the Hospital to avoid

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[307] "Beiping shi weisheng ju jingshen bing liaoyang yuan zhuyan guize 北平市卫生局精神病疗养院住院规则 [Regulations on the admittance of patients to the Psychopathic Hospital] (August 24, 1934)," in *Beiping shi shizheng gongbao* 北平市市政公报, no. 264 (Beiping: n.p., 1934), 9-11.

[308] For example, BMA J181-020-19533, 北平精神病院关于吉赵氏等病人已收院疗养的通知, 1934; *Beiping shi shizheng gongbao* (1934), 9-11.

the asylum's earlier fate of regressing into a holding tank for the city's poor, and instead allowed it to focus on treatment for those who might ultimately benefit from being there.

Following a similar line of logic, the Hospital's practitioners made absolutely certain that the men and women under its purview were legitimately mentally ill, and not simply suffering from physical ailments that could potentially be treated elsewhere. Unlike the previous asylum, where all types of deviants, lunatics, and physically infirm men and women were thrown together with few efforts to distinguish one from the next, the bylines of the Psychopathic Hospital specifically stated that the facility would only be concerned with treating psychological and neurological infirmities. Patients with communicable diseases were not allowed to set foot within the facility, and if a patient began to demonstrate symptoms of an unrelated illness, he would be moved to the Peking Union Medical College to be treated separately.[309]

The question of how to handle insane criminals was a matter of concern that was also reevaluated during this period. Although no formal declarations were ever issued about the protocol for treating mentally unstable prisoners, a 1936 memorial between the Number One Hebei Prison and the Public Security Bureau highlighted a change in attitude concerning the relationship between the prisons and the Psychopathic Hospital. The memorandum sent to the PSB concerned the problem of insane prisoners. "The number of prison guards in the facility is quite limited," the document read, "and they cannot handle the task of guarding lunatics." As such, the memorandum concluded with

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[309] For example, BMA J181-020-19546, 北平精神病院关于赵彩光等疯疾复发的通知, 1934; *Beiping shi shizheng gongbao* (1934), 9-11.

the request that the Psychopathic Hospital agree to house and treat these madmen on the prison's behalf.

While the earlier asylum would have likely agreed to the transfer, provided the right fees were paid, the Public Security Bureau responded to the prison with a terse memo. "The ultimate decision of whether or not a criminal is insane and requires treatment should be left to the Hospital itself," the PSB argued. Furthermore, if the criminal had been charged with a serious crime, it did not seem right for the Hospital to be tasked with the responsibility of watching such a delinquent and potentially dangerous element. If the Hospital did agree to take on a criminal, it would be the responsibility of the jail to send along a worker to guard him at all times.[310]

This change in attitude from the 1920s, when insane criminals were easily shuffled back and forth between the asylum and the prison as if the two were interchangeable, highlighted the fact that the Psychopathic Hospital had gained in prestige among its fellow municipal institutions on account of its modern, scientific impulse toward medical rehabilitation and bureaucratic rationalism. The more prestigious goal of treatment, rather than mere incarceration, had propelled the Psychopathic Hospital into a position where it was given the power to accept or reject cases as it pleased. By demanding that the prison would have to supply its own guards if a criminal were to enter the facility, the Public Security Bureau was further confirming the fact that the Hospital was no longer to be treated as a mere custodial unit, but rather as a specifically therapeutic institution that privileged scientific principles and modern curative procedures.

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[310] BMA J181-020-28413, 河北一监关于精神病犯移送精神病院的函, 1936.

Although the Psychopathic Hospital certainly functioned in a more streamlined manner than its predecessor, the facility was not immune to the same issues of worker malfeasance that had plagued the earlier municipal asylum. Despite the fact that Wei Yulin had mandated that nurses and guards be properly trained prior to undertaking a position at the facility, Hospital staff was not always prepared for the everyday stresses of working closely with unstable and sometimes violent patients. Nevertheless, while such problems were more or less inevitable at the early stages of the Hospital's existence, the institution took pains to confirm that it would not allow issues of worker misconduct to go unnoticed and unpunished. An early example of such a problem occurred in 1935, when a guard named Chen Fengming was accused of hitting and injuring a patient, surnamed Xia. According to the twenty-six year-old Chen's later testimony, on the night of February 13, the patient Xia threw a large metal pail at the worker, landing a direct hit. Chen responded by pushing Xia to the ground, injuring his leg in the process. The head nurse on duty, surnamed Gao, saw that Chen had struck a patient and immediately wrote a report to his superiors. Chen denied the accusation, stating that he was innocent of all charges.[311]

The Psychopathic Hospital attempted to do damage control by reporting the incident immediately to the Public Security Bureau. At first, the Hospital tried to minimize its own responsibility for the incident by blaming the root of the problem on the "daily increasing" number of patients in the facility: "As the number of patients increases," the letter stated, "the number of nurses and workers also gets larger. It is

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[311] BMA J181-021-36979, 北平精神病院关于看守陈凤鸣打伤病人请惩戒的函, February 1935.

impossible to avoid the fact that some will be good and some will be bad." The majority of the time, the letter continued, the workers employed at the facility were "sincere and earnest and avoided implicating themselves in disputes with the patients." Unfortunately, on the night of the thirteenth, Chen "unexpectedly" assaulted his charge, and the Hospital was forced to admit that such behavior was "truly regretful." In order to take definitive action against similar incidents occurring in the future, the Hospital decided to send Chen to the PSB to be properly disciplined and detained.

The Public Security Bureau responded to the Hospital with a terse memo, stating that they had decided to slap Chen with a relatively strict punishment "so as to set an example" to other workers. Chen was warned and taken into custody for a minimum of fifteen days in order to clearly "demonstrate to others that he has been punished."[312] The PSB's overtly heavy-handed response to the situation showed an obvious change in attitude toward the facility and its workers. Rather than turning a blind eye to the poor treatment of lunatics – or perpetuating the commonly accepted stance that madmen somehow deserved to be beaten into submission – the police had now begun advocating for humane treatment of patients and punishment for those who flouted such expectations.

By the time that Chen's case had come to light in early 1935, this change in attitude was also reflected in new legal assumptions about the proper treatment of the insane. In the 1935 version of the New Republican Penal Code (新中华民国刑法), promulgated on January 1, article 87 clearly stated that criminals who had "lost their minds" (*xinshen sangshi* 心神丧失) should not be punished, but should rather be "sent to

[312] Ibid.

an appropriate facility to be observed and tended to [as a patient]" (得令入相当处所施以监护).[313] When contrasted with the earlier 1915 and 1928 versions of the penal code, which specified that insane criminals should be "disciplined" and "taken into custody [as a prisoner]," it becomes apparent that a paradigm shift had indeed taken place in regards to the treatment of, and attitude towards, the insane – at least from an institutional and legal level. By the mid-1930s, the police would no longer permit inhumane or cruel treatment of lunatics, as their predecessors had so blatantly allowed. Instead, the Public Security Bureau claimed the responsibility of legally enforcing a level of care that reaffirmed the Hospital's primary objective of rehabilitation and convalescence.

From a bureaucratic and institutional standpoint, the Psychopathic Hospital – and its attendant goal to propagandize a pathological understanding of mental illness to the municipality – appeared to be a resounding success. Roger Greene, in letters back to the Rockefeller Foundation, observed that the institution had been "revolutionized" by Wei's and Lyman's efforts, and further noted that the atmosphere of the facility had now become "quite cheerful," even despite being run "in a very simple manner" and at an "extremely modest" cost.[314] Nevertheless, in spite of Greene's apparent optimism, the situation at the Psychopathic Hospital was not completely rosy. As longstanding

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[313] "Xin Zhonghua minguo xingfa 新中华民国刑法 [New Republican penal code]," in *Zhonghua minguo xingfa xinjiu quanwen duizhao biao* 中华民国刑法新旧全文对照表 (Beiping: n.p., 1935).

[314] CMB, Inc., Box 96, File 690, Greene to Eggleston, February 12, 1934; Greene to Eggleston, June 9, 1933.

problems began to rear their heads yet again, even committed practitioners like Richard Lyman began to lose patience.

Ongoing Complications

In early 1934, the PUMC embarked upon two separate propaganda efforts to demonstrate to the Board of the Rockefeller Foundation the great improvements that they had made at the municipal asylum in a period of eight short months. Lyman, an amateur photographer, took a series of before-and-after stills that he compiled into a book and sent back to New York, and the PUMC further hired a film crew to document the obvious renovations that had been made to the facility in the wake of their engagement. The film, titled "An Eight Month Experiment," opened with a shot of an apparently insane prisoner being hauled into the asylum on the back of a police cart. The scene then cut to show the prisoner being bound up with rope and tied to a pole in the center of the room, where he was taunted, slapped, and handcuffed by the police before being left to waste away in the dark and disease-ridden facility (image 5.1).

The documentary then proceeded, in a rather heavy-handed fashion, to show the immediate and obvious changes that had been brought about by the entry of the PUMC onto the scene. The camera's footage filled with images of smiling patients, hot showers, freshly steamed buns, and men in white lab coats patrolling the grounds with clipboards and satisfied faces (image 5.2). Wards for "quiet" and "excited" patients were introduced in sequence, while captions made it clear that the facility had been expanded and improved under the watchful eyes of Wei Yulin and the PUMC staff. [315]

[315] Rockefeller Foundation, "An Eight Month Experiment" (n.d., presumably early 1934).

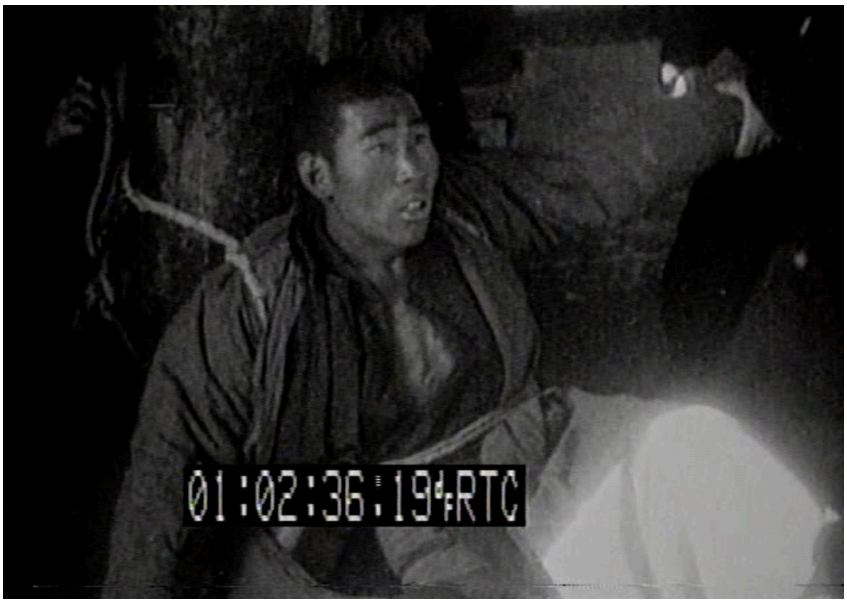

Image 5.1: An insane prisoner being bound up with rope. Source: "An Eight Month Experiment," courtesy Rockefeller Archive Center.

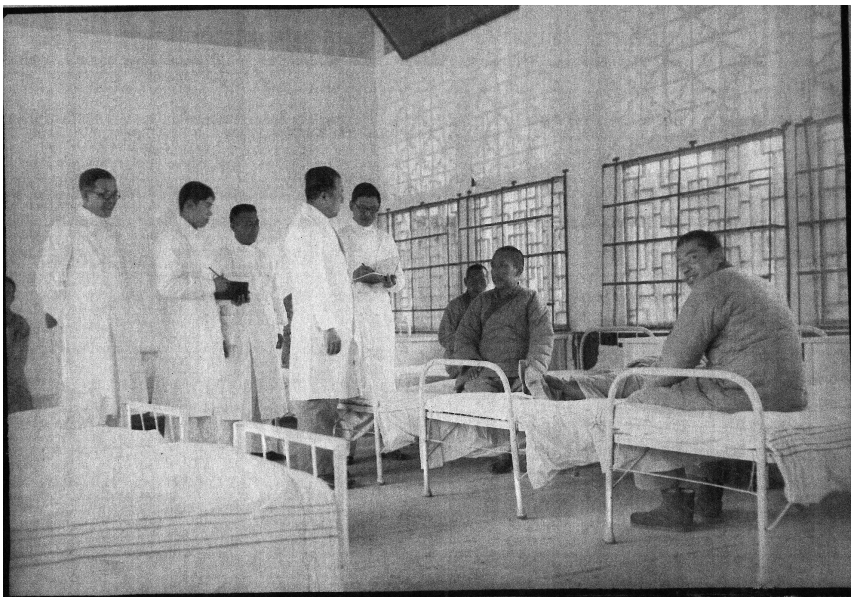

Image 5.2: Doctors making the rounds at the Psychopathic Hospital. Source: "Old and New with the Insane in Peiping," courtesy Rockefeller Archive Center.

The optimistic nature of the propaganda effort belied, somewhat, the actual situation on the ground. In spite of the fact that the Hospital had indeed been renovated, enlarged, and rendered more hygienic in the wake of the PUMC's involvement – and regardless of the advances that the PUMC and the Beijing municipality had jointly made toward the rationalization of the city's bureaucratic structures – there were nevertheless a number of underlying issues that these photographs failed to address. Both inside and outside the walls of the Psychopathic Hospital, the medical approaches and discourses of scientific neuropsychiatry did not consistently reap the results that had been expected of them.

The first, and most pressing, problem that the PUMC continued to face throughout its engagement with the Psychopathic Hospital had to do with the issue of incurable cases. While the Hospital expended huge efforts on the most modern treatment options for its patients, its rate of cure was not markedly better than that of the previous asylum. Similar to trends in nineteenth century American and European asylums – where the latest scientific methods and most up-to-date technologies time and again failed to reap any concrete results on the rehabilitation of insane patients – the Psychopathic Hospital also found itself facing disappointing results.[316] Two years into the facility's operation, the number of cured patients did not keep pace with the number of new admittances, and the Hospital continued to confront problems of overcrowding and

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[316] For a discussion of madness and asylum culture in England and the United States prior to the twentieth century, see Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914* (Ithaca, NY: Cornell University Press, 1995); Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone, 1987).

recidivism (table 5.1). Throughout the first few years of its existence, the rate of patient growth at the Psychopathic Hospital actually escalated much faster than that of the previous asylum, and within the span of certain months, it was not uncommon for a larger proportion of patients to pass away at the hands of their Western-trained doctors than to be cured of their afflictions.

Table 5.1: Patients in the Psychopathic Hospital, January – June 1935

	Pre-admitted Patients (Male/ Female)	New Admittances	Cured	Released (for reasons other than cure)	Deceased	Number of Patients at End of Month	Total Number of Patients (Beginning of month → End of month)
January	100 M 62 F	8 M 5 F	15 M 2 F	4 M 3 F	5 M 2 F	84 M 60 F	162 → 144
February	84 M 60 F	10 M 6 F	3 M 2 F	1 M 1 F	2 M 0 F	88 M 63 F	144 → 151
March	88 M 63 F	16 M 2 F	3 M 0 F	9 M 1 F	1 M 2 F	91 M 62 F	151 → 153
April	91 M 62 F	24 M 4 F	0 M 0 F	8 M 3 F	1 M 4 F	106 M 59 F	153 → 165
May	106 M 59 F	19 M 8 F	5 M 1 F	5 M 1 F	1 M 0 F	114 M 65 F	165 → 179
June	114 M 65 F	17 M 11 F	8 M 1 F	5 M 1 F	1 M 1 F	117 M 73 F	179 → 190
Totals		130	40	42	20	Total New and Continuing Patients: 292	

Source: "Weisheng chu jingshen bing liaoyuang yuan renshu tongji biao" (1935).

In addition to these longstanding problems, it soon became clear that the doctors at the facility were not altogether pleased with the arrangement, either. Although the video and photographs that the PUMC had sent to the Rockefeller Foundation appeared

to signal that a healthy relationship had been fostered between the PUMC and the municipality, the situation on the ground was not nearly so optimistic. To the contrary, Lyman had likely staged the propaganda effort as a means of demonstrating to the Rockefeller Foundation what the PUMC had been able to achieve under non-ideal circumstances; if, on the other hand, the PUMC were to be given sufficient funding for the creation of an independent psychiatric pavilion, the results were certain to be even more immediate and widespread.

The simple reality of the situation was that the PUMC had never desired to cooperate with the municipality on a long-term basis. Even with such an ostensibly laudable list of achievements to recommend the ongoing collaboration between the two entities, the faculty of the PUMC did not consider the arrangement to be a viable substitute for an independent clinic. According to multiple correspondences between Roger Greene and the Rockefeller Foundation in New York, the PUMC's visible successes at the Psychopathic Hospital did not negate the college's ongoing need for its own psychiatric unit. "[The arrangement] is as satisfactory a substitute as we could expect in these times of financial difficulty," Greene wrote to the Rockefeller secretary in March, "[but it is] not a permanently satisfactory solution of our need for a mental pavilion."[317]

Throughout the first year of the Psychopathic Hospital's operation, Greene continued to plan for the inevitable opening of the PUMC's own psychiatric ward, which he assumed would occur within a short span of time. "When we do get our psychiatric

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[317] CMB, Inc., Box 96, Folder 690, "Insane Asylum," Greene to Eggleston, March 16, 1934.

pavilion," he stated confidently, "we hope that the entire support of the municipal asylum may be assumed by the city." Although the PUMC would "probably" continue to offer occasional supervision – thereby providing the college justification in turning its chronic cases over to the municipal asylum for continued surveillance there – the PUMC would neither provide funding, professional support, nor staff after the initial period of cooperation had drawn to a close.[318] Instead, the PUMC could return to its more desired goals of psychiatric research and medical training.

Greene's overly optimistic outlook might have been tempered had he stopped to consider the actual state of events on the ground. Although Lyman had succeeded in employing four graduate students at the Psychopathic Hospital, Wei Yulin believed that a much larger class of students should be admitted – he recommended twenty to thirty per year – in order to have any impact whatsoever on the embryonic Chinese psychiatric community. Yet the Board of Trustees for the PUMC was not prepared to recommend any further appropriations beyond those that had already been secured, and no action was taken to expand the teaching facilities at the Hospital, even if the Board generally recognized the "urgency" of such a proposal.[319] Time and again, the Rockefeller Foundation denied the PUMC's proposals to expand funding for psychiatric and public health programs, and recommended abandoning these projects at least until a new budget had been assured; when that might be, however, was another question entirely.[320]

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[318] Ibid., Greene to Eggleston, June 9, 1933.

[319] Ibid., Minutes of the PUMC Board of Trustees, June 29, 1935.

[320] Ibid., PUMC cable, October 14, 1933; Greene to Dieuaide, October 23, 1933.

Lyman, for his part, was becoming increasingly exasperated with the whole situation. Despite the fact that he had originally appeared enthusiastic at the prospect of returning to his psychiatric research, and had even begun to draw some tentative conclusions about the nature of Chinese mental illness – he had determined that the Chinese were subject to the same types of mental diseases as those found in the United States, which were usually brought on by such familiar causes as "work, sex, [and] resentment against the social order"[321] – his more pressing daily responsibilities at the Hospital, combined with the lack of financial support from the Rockefeller Foundation, had prevented him from making more considerable progress in his research. In 1936, just a few short years after joining the faculty of the PUMC, Lyman tendered his resignation and returned to the United States.[322] His resignation came just prior to a scheduled vote on the possibility of reestablishing a separate division of psychiatry and neurology at the PUMC. The vote, without Lyman's support, failed.[323]

Upon Lyman's return to the United States, he announced in a lecture at Duke University that funding and staff shortages at the Psychopathic Hospital had brought the facility "dangerously near [to] becoming just a custodial institution."[324] Indeed, in spite of

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[321] Ibid., Lyman to Greene, May 14, 1934.

[322] CMB, Inc., Box 96, Folder 690, "Insane Asylum," Minutes of the PUMC, February 11, 1941.

[323] CMB, Inc., Box 96, Folder 690, "Neurology," Minutes of the PUMC Committee of Professors, January 9, 1936.

[324] As quoted in Anne Rose, "Racial Experiments in Psychiatry's Provinces: Richard S. Lyman and his Colleagues in China and the American South, 1932-51," *History of Psychiatry* 23, 419 (2012), 420.

Lyman's nascent breakthroughs in teaching and research at the facility, he remained perpetually frustrated at the lack of visible progress in psychiatric development in China, both as a result of funding shortages and due to lack of general interest. His own research, while having made tentative advances, was frequently stifled by problems of capital, space, and insufficient staff, and he openly acknowledged his own failure to uncover more precise data on the incidence and etiology of mental diseases among the Chinese:

> The excitement dies down or the confusion clears up, and the patient may be discharged from the hospital and return to his work without ever receiving a more exact diagnosis than 'symptomatic psychosis' or 'toxic delirium, cause undetermined.' Other patients come to the Psychopathic Hospital, are seen by different members of our staff, and appear in different lights to different doctors. If the stay of such patients in the hospital is short, they may be discharged without agreement as to diagnosis or cause of their psychotic behavior.[325]

Due to the ongoing pressure to prevent patients from turning into chronic cases, Lyman was blocked from keeping ostensibly "cured" patients at the Hospital for longer periods of observation. As a result, the doctors at the Psychopathic Hospital were often at a loss when it came to offering more precise diagnoses of the types of mental illnesses that plagued the Chinese.

It was not simply the working conditions at the Psychopathic Hospital that frustrated Lyman, but also the general state of psychiatry in China as a whole. Lyman was continually bothered by the fact that the Chinese persisted in keeping their mentally ill relatives under cover of the home, particularly if the illness was mild and if the patient hailed from a family of "comfortable circumstances." On the contrary, the vast majority

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[325] CMB, Inc., Box 96, Folder 690, "Insane Asylum," Lyman to Greene, May 14, 1934.

of patients who ended up at the Psychopathic Hospital were from the poorest walks of life: either former soldiers, or patients whose families were so destitute that they had "no way to keep them" on their own. Such patients, Lyman lamented, generally displayed a high incidence of "purely physical or symptomatic psychoses" due to obvious factors like "nutritional defects and infections."[326]

Lyman's final complaint with the psychiatric situation in Beijing related to the fact that psychiatry, as a biomedical field of study, held a comparatively low value both within the municipality and within the larger Guomindang apparatus. In spite of Lyman's best efforts to propagandize the importance of psychiatric study and mental hygiene to the Chinese medical and bureaucratic community, he found that his accomplishments on a wider scale were few and far between. The ideas undergirding "mental hygiene" simply found no sponsor in China, except insofar as they could achieve the purely instrumental goal of national self-strengthening. Lack of concrete support from the Nationalist government ("except in sponsoring more general influence like the New Life Movement"), lack of support among universities (except in pursuing research on "non-analytic psychology"), and lack of support from the Rockefeller Foundation and China Medical Board all combined to convince Lyman that his efforts could potentially be better served elsewhere.[327]

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[326] Lyman to Greene (May 14, 1934).

[327] CMB, Inc., Box 97, Folder 697, Lyman to Dai, January 15, 1935. In his correspondence with Dai Bingham, Lyman does not mention the support given to the PUMC by the Beijing municipality, either through the Bureau of Social Affairs or through the Ministry of Hygiene. Outside of helping to fund the psychopathic hospital, the Ministry of Hygiene also gave weekly public speeches on various topics pertaining to health. Beginning in 1935, the municipality gave fifty separate speeches on matters

And so Lyman went, and with him went the potential to establish a psychiatric ward at the PUMC. Although efforts were taken to secure the Chinese psychiatrist Dai Bingham as an assistant professor of psychology at the college,[328] he too decided to join Lyman at Duke at the close of the decade. Logistical issues caused by a quickly dwindling staff were only half the problem. At this point in the late 1930s, the unstable political situation in China further thrust the municipality into a weakened economic state, and the Ministry of Hygiene made the unilateral decision to reduce its contribution to the Psychopathic Hospital from $1390 per month to only $500.[329] The PUMC was neither willing nor financially able to maintain the upkeep of the Psychopathic Hospital without the support of the municipality, and threatened to pull out of the effort completely. Although the Ministry of Hygiene ultimately reversed its decision following the appointment of a new bureau chief, the tenuous political and economic situation in Beijing – combined with the constant threat of an encroaching Japanese army – did not bode well for the continued maintenance of the facility.[330]

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ranging from public hygiene to sanitation. The twenty-eighth speech in the series was devoted to mental illness and mental hygiene. See Beiping shi weisheng ju di er weisheng qu shiwu suo bian 北平市卫生局第二卫生区事务所编, *Beiping shi weisheng ju di er weisheng qu shiwu suo nianbao* 北平市卫生局第二卫生区事务所年报 [Beiping Ministry of Hygiene Second Hygiene District Office Annual Report] (Beiping: n.p., 1935), 114-117.

[328] Ibid., "Minutes of the PUMC Governing Council," April 12, 1938.

[329] CMB, Inc., Box 96, Folder 690, "Insane Asylum," H.S. Houghton to E.C. Lobenstine, January 25, 1938.

[330] Ibid., Houghton to Lobenstine, February 10, 1938.

The Psychopathic Hospital and its Limits

Throughout the mid-1930s, the practitioners at the Psychopathic Hospital took great pains to streamline the bureaucratic handling of Beijing's insane, improve the hygienic conditions of the municipal asylum, and champion a new biomedical approach to treating mental patients. Nevertheless, in spite of the PUMC's many accomplishments, discussions of madness outside of medical, official, and institutional circles did not always adopt such a strong Western flavor. While new vocabularies, new treatments, and even new legal codes were beginning to be institutionalized at the elite level, similar changes did not necessarily take root outside the immediate circle of the Beijing bureaucracy. Instead, as the next two chapters will argue, engrained ideologies, longstanding conceptions of corporal health and illness, and persistent stigmas attached to insanity all served to resist the new discourse of mental illness that had so recently been deployed in Beijing.

When it came to the matter of the Psychopathic Hospital, in particular, popular attitudes about the role and function of the facility remained stubbornly outdated. As Lyman lamented just prior to his resignation from the facility, throughout the 1930s the vast majority of patients residing at the Hospital continued to hail from the most impoverished classes of Beijing society. These men and women, whose ailments were frequently the result of infections or simple malnourishment, were generally only brought to the facility after their families had exhausted all other options. Even with the new ideologies underpinning the general operation of the Psychopathic Hospital, the facility remained embedded in the popular imaginary as a place where incorrigible and disruptive

elements could be dropped off and forgotten about – not a place where their rehabilitation was sought, or even sometimes desired.

A study conducted between 1934 and 1935 confirmed that two-thirds of all Psychopathic Hospital patients were brought to the facility by the police department; of the remaining third, it was not always clear if the patient's family had brought their charge to the Hospital of their own volition, or if they had simply cooperated with the Public Security Bureau out of the hope for a slight remuneration.[331] Published demographics of the patients at the Psychopathic Hospital further confirm Lyman's assertion that the vast majority of residents were either from the lower classes, or were easily "dispensable" members of the household (that is, not the breadwinners) who had proven far too troublesome to keep within the home. In 1935, the largest demographic of insane hospital patients was housewives, who numbered eighty-four out of a total of three hundred residents. The other patients included a hodge-podge of unemployed workers, beggars, single women (*nüzi* 女子), night soil collectors, farmers, servants, and peddlers. Only a very small proportion of the above appeared to be educated: one accountant, one nurse, one traditional Chinese medicine doctor, and six government employees. Nineteen were unaware of their employment.[332]

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[331] In order for practitioners at the Psychopathic Hospital to procure patients upon whom they could perform new experimental treatments, they sometimes worked in conjunction with the Public Security Bureau to bribe poor families into turning their relatives over to the Hospital. See Neil Diamant, "China's Great Confinement?," 28-29.

[332] "1935 weisheng chu jingshen bing liaoyang yuan renshu tongji biao 卫生处精神病疗养院人数统计表 [1935 Hygiene Bureau Psychopathic Hospital Demographic Table]," in 北平市政府卫生处业务报告 [*Beiping Municipal Government Hygiene Bureau Operational Report*] (Beiping: Beiping Municipal Government Hygiene Bureau, 1935), 85.

The insane men and women who were left to wander the streets – where they were frequently apprehended by the municipal police – were the very people whose families simply could not spare the time and money to keep a strict watch over them.[333] In a 1937 police census of Beijing, it was determined that the vast majority of insane men and women who were kept inside the home were those who belonged to families in the wealthiest areas of the inner city and the expansive suburbs outside of the city walls.[334] In the five poorer "outer districts" of the city, numbers of insane who resided within the home proved to be minimal; of the 187 total lunatics discovered through the city census, only nine were found to be living in the poorest areas of Beijing's five outer districts.[335]

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[333] Reports from the *Beijing Police Bulletin* shed more light on the types of people who were most often escorted to the doorstep of the municipal asylum. Vegetable growers, rickshaw pullers, laborers, and peddlers were among the professions that routinely made appearances in police reports of insane Beijingers who had either been arrested and returned to their families or dropped off at the asylum. For example, see the following *Bulletin* reports: "方秀因疯疾复发坠井身死 [Because Fang Xiu had another insane episode, he fell into a well and died]," (September 27, 1927), 4; "南横街富姓疯妇失踪复获 [Crazy woman Ms. Fu, of Nanheng Street, went missing but was found]," (September 27, 1927), 4; "姚某忽发疯狂已报案 [Mr. Yao suddenly went crazy and the case has been reported]," (October 19, 1927), 4.

[334] In *Republican Beijing: The City and its Histories* (2003), Madeleine Yue Dong argues that the Republican period witnessed an evolution in terms of concentrations of wealth in the city. By the 1920s, the vast majority of wealthy residents had shifted from the outer to the inner city, where they tended to congregate around the areas of Wangfujing, Xidan, and Qianmen (148). Dong also argues that the suburban areas surrounding the city, which were annexed in the 1920s, were "the most prosperous ones in their respective counties" (49). Dong therefore creates a picture of Republican Beijing in which wealth was concentrated inside the commercial areas of the inner city and on the large tracts of land surrounding Beijing.

[335] "Canfei renkou tongji biao 残废人口统计表 [Census report of disabled people]," in 北平市警察局户口统计图表 [*Beiping Municipal Police Census*] (Beiping: Beiping Municipal Police, 1937), 18. The table shows that 177 out of 186 insane men and women

The skewed wealth demographics within the city's Psychopathic Hospital were not confined to Beijing alone. The journalist Weng Zhilong, writing in 1931 for the *People's Medical Journal* (民众医报), described his survey of Chinese asylums in Beijing, Guangzhou, and Shanghai, and noted that "most [asylum residents] were not from the upper class." Out of every 1,500 patients, Weng approximated, only about sixty were from the wealthier levels of society. Second-class residents were also slim, numbering around two hundred. That left the poorest classes to overwhelm asylum vacancies by constituting close to 85% of all asylum cases.[336] Although Weng was only offering an estimated account of asylum demographics, his numbers proved to be surprisingly accurate. The Peking Union Medical College, when providing a budget proposal to the China Medical Board in 1932 for the construction of a psychiatric ward, put forth a plan that would include twenty-five beds for chronic cases. Of those beds, two would be dedicated for first-class use, two for second-class cases, and twenty-one beds – or 84% of all chronic cases – for third-class residents. The budget went on to note that the hospital did not expect a 100% occupancy rate for the four beds dedicated to first- and second-class patients.[337]

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living within the home were located within the city's six inner districts and four suburbs. The remaining nine lived in the city's five outer districts.

[336] Weng Zhilong 翁之龙, "Jingshen bingyuan yingyou de shebei 精神病院应有的设备 [Equipment that insane asylums should have]," in *Minzhong yibao* 民众医报, no. 6 (1931).

[337] RFA RG1, Series 601, Box 11, Folder 117, Peiping Union Medical College - Administration 1932: "Estimate for a Mental Unit of 25 Beds Similar to 'P' Building, for One Year."

Despite the fact that the city census and Psychopathic Hospital statistics revealed an overwhelming amount of poverty among asylum residents, this did not automatically mean that the city's wealthier inhabitants were completely averse to turning their insane family members over to the municipality for short periods of care. Like the poorer classes, however, wealthier Beijing families also tended to look upon the services of the PUMC and Psychopathic Hospital as a chance to gain a momentary reprieve from their mad relatives, rather than as an opportunity for their relatives to receive specialized treatment. Andrew Woods and J. H. Ingram, both employed at the PUMC, early on noted that influential Chinese were only interested in the establishment of a Psychopathic Hospital "in a narrow way": either because their own family harbored insane members of whom they "wished to be relieved," or because, if they were acting in an official capacity, they welcomed the prospect of having the PUMC take over the municipality's responsibility for handling the insane.[338]

Similar to the Beijing poor, who dropped off their insane family members at the asylum mainly because it seemed expedient to do so, the wealthy, too, only considered the benefits of the Hospital's services when those services related to their own needs. Across social and economic classes, then, the Psychopathic Hospital was viewed mainly as a painless reprieve for families who had become overburdened by the troublesome nature of their insane relatives. It was not, however, commonly acknowledged as a place of first-resort, where preventive or emergency treatment could be applied for patients who had begun to show symptoms of "mental" deterioration.

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[338] RFA CMB, Inc., Record Group IV 2B9, Box 96, Folder 689: Letter from Woods to Greene (June 3, 1922).

Theory and Practice

As the eminent historian Jonathan Spence has previously observed, the grand schemes of Westerners have long been forced to undergo a process of revision and assimilation upon their attempted implementation in a Chinese context.[339] For the China Medical Board and Peking Union Medical College, the pattern proved no different. Although the CMB was formed for the dual purposes of "developing a system of modern medicine in China"[340] and exerting a "genuine religious influence" on the Chinese,[341] a tried-and-true method of accomplishing such goals was never actually determined. Despite the fact that early Western observers in China claimed to have discovered a latent Chinese enthusiasm for foreign hospitals and institutions, the PUMC was forced to endure consistent threats to its survival throughout the early course of its existence. Suffering from accusations of imperialism, the challenges of Chinese nationalism, and an unstable political climate which long threatened to advance into civil war, invasion, and famine, the PUMC seemed to survive only through the sheer force of its own convictions – and, of course, the continued financial support from the Rockefeller Foundation.[342]

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[339] Jonathan Spence, *To Change China: Western Advisers in China, 1620-1960* (New York: Little, Brown and Co., 1969).

[340] RG1 Projects, Series 601, Box 24, Folder 233, "China Medical Board Historical Record."

[341] RG1 Projects, Box 24, Folder 233A, "Religious Affiliations of the Staff," March 12, 1924.

[342] RG1, Series 601, Box 12, Folder 129, Selskar M. Gunn, "Report on Visit to China, June 9-July 30, 1931," pg. 7; RG1, Series 601, Box 12, Folder 119, Memorandum on PUMC, "Special Considerations in Connection with the PUMC," July 14, 1933.

According to Selskar M. Gunn, a professor responsible for the Rockefeller Foundation's interest in rural reconstruction in China, the PUMC had "a very limited effect nationally."[343] Although the PUMC and CMB had spent a combined total of nearly thirty seven million dollars over the period from 1914-1933 – over a third of all Rockefeller-funded projects throughout the world – Gunn questioned whether the "results obtained are commensurate with the effort." To him, the answer was obvious. In a report back to the Rockefeller Foundation in early 1934, Gunn openly expressed his disappointment with the limited nature of the PUMC's accomplishments in China, particularly compared with the feats that had been achieved elsewhere in the world. "It is obvious," he concluded, "that the Foundation's contribution to public health in China has not been great."[344]

But how could this have been? To Gunn, the fact that China was currently in the midst of transitioning from an agricultural civilization to a modern society meant that the nation should have been perfectly suited to benefit from the "experience and experiments of others."[345] Yet Gunn also acknowledged that rampant Chinese nationalism, which aimed to "Chinafy Western knowledge," prevented the Chinese from fully accepting Western thought in any capacity aside from the purely objective study of the physical sciences. When combined with government instability, an industrially and technologically "backward" nation, and a "dearth" of Chinese practitioners of

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[343] RG1, Series 601, Box 12, Folder 129, Gunn to Mason, January 23, 1934.

[344] Ibid.

[345] Ibid., "Program of National Reconstruction of Which a Unified Medical Policy Should be a Part."

"competence and maturity," Gunn admitted that the PUMC was fighting a losing battle.[346]

In spite of Gunn's rather damning statements, the uneasy development of psychiatry in China was not simply the result of a blanket Chinese "backwardness," however. While the unstable political situation in China certainly contributed to the eventual closure of the Psychopathic Hospital, the root of the problem did not lie strictly with the Chinese themselves. Throughout the operation of the PUMC and Psychopathic Hospital, bureaucratic squabbles, insufficient funding, and an unclear vision for the future of psychiatric practice in Beijing continued to stymy the efforts of psychiatric practitioners to treat patients, conduct research, and train a new generation of Chinese doctors in matters of mental health. Quite unlike Mary Brown Bullock's characterization of the PUMC as an institution that championed "adaptability" as one of its foremost precepts,[347] in practice the college tended to falter when its original vision could not be immediately achieved.

More than this, however, the ongoing misunderstandings about the nature of psychiatric practice and the purpose of the Psychopathic Hospital can largely be attributed to a fundamental ideological disconnect between the PUMC and the greater Beijing populace. As the next two chapters explain, everyday Chinese notions as to the origins and manifestations of behavioral abnormality did not always align with the neuropsychiatric understandings of mental disease that were being put forth by PUMC

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[346] Gunn, "Report on Visit to China"; Memorandum on PUMC, "Special Considerations in Connection with PUMC."

[347] Bullock, 16.

practitioners. This ideological disconnect was the inevitable result of cross-cultural contact; nevertheless, the PUMC did not always take steps to mitigate these misunderstandings or approach the treatment of mental disease from a perspective that might have seemed more accessible to their potential Chinese patients.

Beginning with the professorship of Andrew Woods – who openly admitted his preference for communing with the educated Chinese rather than operating on their lesser-educated counterparts – the faculty at the PUMC explicitly prioritized graduate teaching and research over medical practice within Beijing society at large. Although the PUMC's Western faculty hoped that their Chinese students would eventually take the charge to spread the gospel of biomedicine and neuropsychiatry within the larger community on their own, such an outcome rarely occurred. Instead, these local practitioners typically took jobs at other missionary hospitals or at clinics abroad, where their pay and social standing were both vastly higher than what they could have achieved as rural medical practitioners.[348] As a consequence of this general trend, the knowledge that these men acquired from their time at the PUMC never actually penetrated into the lower levels of Chinese society, but instead continued to circulate among the minority numbers of the upper classes and foreign elite.

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[348] As an example, after the closure of the PUMC in 1942, Wei Yulin stayed on in Beijing but established his own private practice where he cared for the city's elite. See CMB, Inc., Box 97, File 697, Excerpt of a letter from Dr. C.H. Hu to R.S. Greene, August 1945. Dai Bingham accompanied Richard Lyman to Duke University, and the neurologist Wang Jiaxiang, who was trained in Tianjin but worked at the PUMC between 1931 and 1933, decided to open his own private psychiatric clinic in Beijing in 1935 rather than offer his services to the general public. As chapter five discusses, the clinic that Wang directed was aimed at the wealthy and educated elite, rather than the masses at large.

Second, throughout the early twentieth century, the direction of American psychiatric practice (particularly as it was championed by the Rockefeller Foundation) tended toward the belief in biological, rather than social, origins of mental illness.[349] Lyman's observation that the mental diseases of the Chinese did not substantially diverge from those of his American patients was therefore a logical counterpart to the generalized belief that a biological mind was universal in its functioning.[350] Because the faculty at the PUMC was so preoccupied with the obvious correctness of psychobiological doctrine – even if it was, by their own admission, far from standard or even precise in its deployment – they failed to see how such approaches could have ever appeared as opaque, bizarre, or downright frightening to the vast majority of their patients. When combined with the challenges of translingual communication, PUMC practitioners took little action to discuss the nature of mental disease on terms that were familiar to the Chinese patients and their families. The ongoing miscommunication did not pose an immediate hindrance to research or pedagogical work, but might have prevented, in the long term, a more thorough seepage of psychological thought into more widespread conversations about the problem.

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[349] Katherine Angel, "Defining Psychiatry: Aubrey Lewis's 1938 Report and the Rockefeller Foundation," *Medical History Supplement*, vol. 22 (2003): 39-56.

[350] Lyman also speaks about the notion that there is no difference between Eastern and Western forms of mental illness in his book *Social and Psychological Studies in Neuropsychiatry in China* (Peking: Peking Union Medical College, 1939), 359. In a way, the assumed universality of mental illness continues to be expressed even in the most recent publication of the DSM-IV (1994). Any form of mental illness that is not considered "universal" is grouped under the category of "culture-bound syndromes" in the appendix of the manual; the assumption is that all other types of mental pathologies are experienced universally, and arise independent of culture or background.

By focusing solely on the institutional transformation of the municipal asylum, one could easily overstate the actual contributions of the PUMC toward the overall condition of mental healthcare in Republican-era Beijing. In reality, the changes that accrued over the three-decade period under examination – rather than amounting to a consistent narrative of "progress" as one might expect – were actually quite minimal. Simply put, the mere existence of a Western-managed Psychopathic Hospital in the center of Beijing did not directly inspire a new epistemological orientation toward madness on a wider scale.

Instead, as the next chapters will show, the familiar Foucauldian narrative that traces the evolution of madness from unreason to illness was one that, in Beijing at least, remained constrained largely to the confines of the institution itself. Outside of its walls, popular conceptions of madness continued to rely on familiar medical, cosmological, and social tropes that were overall resistant to the new biomedical discourses of "mental illness" that had been imported from the West. These ideologies were deeply rooted in a conceptual system that embedded the Chinese individual within an expansive social and cosmological network. For such everyday men and women to have appropriated an understanding of mental illness as a strictly medical condition – and one that could be isolated within the space of a single bodily organ, no less – would have appeared very strange, indeed.

Chapter 6.

Everyday Madness: Between Illness and Deviance

The Peking Union Medical College neurologist Andrew H. Woods spent much of the 1920s in a state of perpetual frustration. Having been tasked with the responsibility of chairing the hospital's first department of neurology, he found that his tireless efforts were not being met with resounding success. The everyday Chinese residents of the city, though exhibiting "constant… demands in connection with the insane,"[351] rarely considered the PUMC as a viable option for the methodical treatment and prevention of mad diseases. "The masses of the Chinese are ignorant of the aim of scientific medicine and of the advantages of entering a hospital for treatment," Woods opined in an article published in 1929. Outside of missionary hospitals, he continued, there were extremely few Chinese medical practitioners who could even "recognize a disease of the nervous system as such," much less refer the patient to a hospital for care:

> I may cite a well-to-do family of Peking, the members of which knew of the Peking Union Medical College Hospital and were favorably inclined toward it; but, this family, though living within a few rods of the hospital, cared for their father, a paretic dement, at home during three years. When asked why they had delayed so long before bringing the patient to the hospital, their reply was, "We didn't think of that."[352]

[351] Woods cites an episode in 1921, in which he was forced to temporarily board a paranoid man in his own house in order to relieve a "difficult situation" at a local hotel. See RFA CMB, Inc., Record Group IV 2B9, Box 96, Folder 689, "Neurology, 1919-1932": Letter from Richard Pearce to George Vincent (Jan. 6, 1921).

[352] Andrew H. Woods, "The Nervous Diseases of the Chinese," *Archives of Neurology and Psychiatry*, vol. 21 (March 1929), 542.

Even relatively educated Chinese, Woods asserted, were so little accustomed to the idea of institutional medical care for nervous diseases that the thought of sending a mad relative to the hospital seemed an almost preposterous suggestion.

While Woods remained generally pessimistic at the state of neurological care in China, what he failed to consider – and what could have provided him with a modicum of consolation – was the idea that the Chinese view of madness came with a vastly different cultural baggage than the one that Woods had brought with him to China. Although Woods, himself, referred to episodes of madness as nervous *diseases*, it seemed to not have crossed his mind that the everyday Chinese possessed neither an analogous vocabulary for discussing madness, nor a similar cultural understanding about the somatic, neurologic, or psychic origins of mad behaviors. In Woods' mind, the development of a neurological department at the PUMC and the soon-to-be implemented plans for a Psychopathic Hospital in Beijing were testament to a progressive, medicalized ideology of madness taking root in the city. To Woods' potential Chinese clientele, however, the simple erection of a Psychopathic Hospital was no match for a deeply engrained cultural repertoire that viewed madness less as a neurological disorder than as a psychosomatic manifestation of corporal illness, spirit possession, or environmental imbalance. In spite of Woods' best efforts to popularize Western understandings of mental illness, the vast majority of the Beijing populace continued to espouse a vision of madness that was more on par with Qing dynasty ideologies than with Western pathological discourse.

The historian Vivien Ng has previously argued that common understandings of madness during the Qing dynasty took an abrupt turn around the eighteenth century,

when the governor-general of Sichuan submitted a memorial to the Yongzheng emperor calling for the mandatory confinement of the insane.[353] Following upon the heels of the memorial, Ng continues, popular conceptions of madness shifted from viewing insanity as an illness to understanding it as deviance. Following a schema that mirrors Foucault's "classical" age of madness, in which "poverty, laziness, vice, and madness" became linked together in the popular imaginary,[354] Ng carefully selected her data so as to make Chinese ideologies of madness appear to conform to Western historical periodizations.

The historian Charlotte Furth has rightfully critiqued Ng's assumption that Chinese cultural constructions of madness can be fixed onto "Eurocentric paradigms concerning patterns of change."[355] While Furth's critique is certainly justified, it does not take into consideration another pressing fallacy in Ng's theoretical framework. Not only does Ng adopt Western notions of discursive change in order to construct her illness-deviance binary, but she also borrows Western disciplinary and etiological *categories* for discussing various modes of mad behaviors. In other words, just as Foucault differentiates between madness as a "police matter" and madness as a "disease" or "object of science,"[356] Ng unquestioningly transplants these same classifications onto the Chinese historical experience of madness.

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[353] Vivien Ng, *From Madness in Late Imperial China: From Illness to Deviance* (Oklahoma: University of Oklahoma Press, 1990).

[354] Michel Foucault, *History of Madness* (Routledge: London, 2006), 495.

[355] Charlotte Furth, "From Illness to Deviance," *Journal of Interdisciplinary History* 22, 4 (Spring 1992), 769. Fabien Simonis makes a similar critique in his unpublished dissertation, "Mad Acts, Mad Speech, and Mad People" (2011), 3.

[356] Foucault (2006), 62, 471.

In this chapter, I will argue that multiple fluid understandings of madness were not only able to comfortably coexist in Republican Beijing, but that the categories of "illness" and "deviance" are insufficient to fully contextualize the ways in which madness was interpreted and experienced on an everyday level. Although madness was certainly understood as an aberration from typical modes of conduct, it was not strictly interpreted as a sickness in the Western sense of the word. That is to say, while madness in classical and modern Europe was believed to be isolatable within the corpus, psyche, or will of the individual, everyday Chinese interpretations of madness placed the offending "mad spirit" within a much more fluid seascape of corporal, environmental, and otherworldly imbalances. Madness, in other words, was rarely considered an illness unto itself, but rather a behavioral manifestation of imbalance within the "integrated organism['s]… cosmological, natural, and social environments."[357]

In a similar regard, although mad people in early Republican Beijing were generally considered to fall under the purview of the municipal police (as chapter one has shown), the reason for their desired confinement had little to do with the classical European emphasis on individual moral transgression. While madness in pre-modern Europe was typically viewed as the "psychological effect of a moral fault," and thereby targeted in correctional institutions with confinement, labor, and a work imperative,[358] the Chinese madman provoked anxiety less because of his *individual* moral standing as

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[357] Keh-ming Lin, "Traditional Chinese Medical Beliefs and their Relevance for Mental Illness and Psychiatry," in Arthur Kleinman and Tsung-yi Lin, *Normal and Abnormal Behavior in Chinese Culture* (Holland: Reidel Publishing, 1981), 95.

[358] Foucault, *Madness and Civilization* (1988), 158.

because of his uncertain role within his social network. By failing to uphold a culturally sanctioned social contract that placed the individual within a complex network of kinship and societal ties, the mad person became estranged from his community and alienated from his cultural upbringing. The stigma for his condition, as a result, was not confined to his own person, but rather penetrated outward into his larger social group. Popular depictions of madness in the media were thus frequently couched in a language of a social transaction gone awry, rather than as a personal attack on the morally transgressive individual.

Through an analysis of the differing ways in which everyday Beijing residents understood and interpreted the causes and manifestations of madness, this chapter will offer an explanation for the reasons why the vast majority of afflicted Beijing families did not avail themselves of the psychiatric services of the PUMC and the later Psychopathic Hospital. Believing that madness had less to do with neurological and psychiatric processes than with diverse forces stemming from the madman's social and cosmological environment, the everyday Beijing resident who was plagued with the problem of madness logically sought alternative cures than the ones that Andrew Woods could offer. Throughout the late 1930s, then, the Psychopathic Hospital was primarily used as an option of *last* resort by those who had expended whatever economic or emotional support they could offer to their mad relatives. Rarely, however, was the hospital considered a primary or necessary resource in one's curative arsenal.

The Mad Body

In July 1916, Ms. Wang Gao brought a case against her neighbor, Ms. Gu Li, to the municipal police. "Gu has always been off her rocker," Wang alleged angrily, as the policeman recording her testimony struggled to keep up with the woman's frenzied speech. "Day and night she curses at people, and on the twenty-fifth of the month, she began to… attack me relentlessly with a slur of obscenities." According to Wang's accusation, the mad Ms. Gu had worked herself up into another rage that morning. Accusing Wang of stealing two dollars from her room, Gu grabbed a knife and chased after her neighbor, waving the blade around but never making contact. "She ripped my clothes, so I grabbed her pants and I ripped them too," Wang reported to the police. "But I never hit her, nor did I take her money. She is certainly insane."

The police were not automatically convinced by Ms. Wang's case, but became even more perplexed upon hearing the confession of Ms. Gu. According to the fifty-two year-old widow, who had long made an honest living by sewing and washing clothes, mostly everyone who resided in her courtyard compound was either a deviant or a thief. Ms. Wang, the woman who had brought the case against her, would often invite "unemployed wanderers, prostitutes, and strangers into her home to gamble together." The other women in the complex, Gu continued, "cuckold their men, and the men bring around loose women to spend the night with." Ms. Gu disapproved of the despicable behaviors of her courtyard residents, and made her position known. "I'm a pain in the ass for my neighbors," she willingly relented, "but because I give them a hard time, they'll often get into fights with me and say that I'm crazy. Ever since moving into this complex, I keep getting my money stolen. In the past two days alone, I've lost six silver coins."

Apologetically, Gu told the police that she never meant to get into a fight with Wang, but events quickly escalated until she found herself wielding a cleaver in self-defense. "I might be sick with *other illnesses*, but I'm certainly not insane," she concluded.

To the chief of police, the case between Gu and Wang boiled down to a simple question of whose accusation was correct: was Ms. Wang actually of the habit of acting contrary to proper values, or was Ms. Gu actually insane? One of the deciding factors in the adjudication of the case revolved around the question of Ms. Gu's physical health. According to Gu's own confession, she had long been plagued with an illness of the liver, which she purportedly contracted over twenty-three years prior due to a problem of *qi*. The illness, she stated, continued to trouble her into the present, such that "whenever I get angry, my illness recurs and my whole body goes numb. My mind/heart, however, does not get confused (心内并不迷糊)." The police were intrigued by this fact, and emphasized it in their documentation of the incident. "Ms. Gu argues that she is not insane," the policeman overseeing the case noted in his files, "but is still suffering from a liver illness, *ganqi bing* (肝气病)."

It was not merely coincidental that the police happened to harp on this seemingly irrelevant item. To the Chinese mind, the liver was commonly understood to be the seat of anger; thus, *ganqi bing* generally manifested itself in symptoms of rage, irritability, and unrestrained temper tantrums, along with the concomitant physical problems of poor digestion and numbness in the limbs. Even if Ms. Gu did not believe herself to be crazy, her liver illness belied her seemingly unaffected state of mind.[359] After a thorough

[359] Since cause and effect were not always clearly demarcated in traditional Chinese medical practice, circular reasoning such as this – whereby anger caused an illness in Ms.

investigation, which included further questioning about the woman's "other illnesses," the police concluded that Ms. Gu was indeed mad and sent her to the municipal asylum on the twenty-ninth of the month. There she remained until March of the next year, when she contracted tuberculosis and was released to live with her relatives in her ancestral home.[360]

The story of the dispute between Ms. Gu and Ms. Wang sheds light on the ways in which madness was interpreted among everyday men and women in Republican Beijing. To the municipal police officers tasked with determining the outcome of the case, Ms. Gu's confession of a long-standing liver illness was partial proof that the woman was not of sound mind. Despite the fact that Ms. Gu was able to speak clearly and fluently about the facts of the case, her physically compromised state was taken as *a priori* proof of her irregular comportment and socially injurious behaviors, even if the police had never actually witnessed a display of her apparently unrestrained temper.

At the time the complaint was made, such an analysis would not have appeared out of the ordinary. Indeed, among the everyday men and women of early twentieth century Beijing, madness was generally considered to be deeply embedded within a complex web of somatic or cosmological disorders, frequently appearing in pharmaceutical registers as a mere *symptom* of a more comprehensive illness – but never

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Gu's liver, yet her liver illness was also taken as evidence of her emotional imbalance – was not generally seen as problematic. *Ganqi bing* could both cause and was caused *by* excessive anger (see Unschuld 2003: 233). Correspondence, not causality, was the important part of the analysis.

[360] BMA J181-019-13484, 京师警察厅外左五区区署关于王高氏控告谷李氏素有心疾持刀寻殴一案的详 (July 25, 1916).

as a specific disease unto itself. The pharmacy Hongren Tang, for example, boasted that its special medicine White Dragon Powder (白龙粉) could cure the likes of "excess heat in the heart and stomach, agitation and fidgeting, indigestion and dull pain in the five internal organs, constipation, fever, madness (*fakuang* 发狂), and abdominal disease, including flatulence."[361] Here, as in all listings for the Hongren Tang pharmaceutical register, the precise illness that White Dragon Powder claimed to cure was never named; only its symptoms were offered. In the traditional Chinese medical view of corporal imbalance, which "focused predominantly on function rather than structure,"[362] the integrated position of madness within a diverse array of corresponding disorders attested to its status as *symptomatic* of a more comprehensive illness, but not necessarily *constitutive* of a specific illness in itself.

Although madness, as a general term, was never associated with a specific physical region in traditional medical practice (in contrast to the modern Western conception of insanity being isolated in the brain or psyche),[363] madness itself was often envisioned as taking a physical form. A lyrical drama that first appeared in print in 1921 attested to the popular perception of madness as something tangible and concrete. In a

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[361] Beiping Hongren tang, ed. 北平宏仁堂遍, "Beiping hongren tang lejia laoyao puwan sangao dan jiamu 北平宏仁堂乐家老药铺丸散膏丹价目 [Beiping Hongren tang Happy Family Apothecary traditional Chinese medicine price guide]," (Beiping: Hongren tang, 1935).

[362] Keh-ming Lin, 101.

[363] Arthur Kleinman would point out that certain "dysphoric states" are, however, associated with a specific organ (e.g. sadness/heart, worry and irritability/liver, neurasthenia/nerves). See Kleinman and Tsung-yi Lin (1981), xiv.

monologue entitled “A Madman Frightens Women,” the lunatic protagonist bemoans his sorry state, having “contracted” the madness of an insane woman after engaging with her in a sexual act. In order to rid himself of the “mad poisons” (*fengdu* 疯毒) that had infected his body, he forces himself upon a number of unsuspecting women in an effort to “sell off” his madness, as if in a business transaction (*bafeng maiqing* 把疯卖清).[364]

While it would be clear to modern audiences that the man had contracted syphilis, it should not be assumed that contemporary audiences, or even the writer of the drama, had any understanding of sexually transmitted diseases and their relationship to madness. Indeed, the protagonist never speaks of his madness as a specific category of “illness” unto itself, but instead refers to it as a general “poison” that had infected his body. The idea of madness as a physically identifiable toxin was again affirmed in the pharmaceutical register of Yiling Tang, an apothecary that specialized in wind illnesses. Yiling Tang claimed that its Lianghui Dajin powder could target “the strange and loathsome illness that occurs in the midst of an apoplectic fit, when demonic madness (*xie fengdian* 邪疯癫) and mad poisons (*luankuang yongdu* 乱狂痈毒) condense and coagulate.”[365] In both cases, madness was upheld as a physical contaminant that could be obtained in a variety of ways, such as through sex or through an environmental disorder resulting in the contraction of a wind illness. It was never, however, spoken of as a

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[364] “Fafeng lao xia nüren 发疯佬吓女人 [A Madman Frightens Women],” in *Suwen xue congkan* 俗文学丛刊 *A Collection of Folk Literature* (Taibei: Academia Sinica History and Philological Research Institute, n.d.), originally published in 岭南剧海杂志 *Lingnan Drama Magazine* (1921).

[365] 颐龄堂乐家老药铺编 Lingyi tang apothecary, ed., “Lingyi tang jiamu yi lanbiao 颐龄堂价目一览表 [Lingyi tang price guide chart],” (Beijing: Lingyi tang, 1923), 3.

separate category of disease unto itself, or one that could be isolated within a specific region of the body or mind.[366]

Because madness was widely considered to be integrated within a complex network of corporal maladies, mad behaviors were often conflated with or mistaken for more serious disorders. Thus, it was not a rare occurrence for a person to suddenly "die" of madness, even if he or she appeared previously unafflicted by any other life-threatening condition. Such was the case for a fifty-two year-old unnamed woman living outside the West gate of Beijing in 1936. Her fellow villagers, noting that the woman had suddenly had a "flare-up" of madness the day before, found that the woman had quickly and unexpectedly passed away as a result of her condition. Since the circumstances surrounding the woman's death were known, the court exempted the woman's family from an autopsy (that is, nobody was accused of foul play).[367]

In this instance, the fact of the woman's madness was taken as convincing proof that she had died of causes related to her foregoing condition. Unlike purely psychological conceptions of madness, which are not generally thought to pose a directly fatal threat to the victim, madness in the Chinese sense encompassed a range of possible physiological afflictions that could easily result in death. Thus, just as traditional Chinese

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[366] The anthropologist Martha Li Chiu similarly argues that the *Huangdi neijing* never mentions "an explicit higher-order category of mental illness." Instead, she writes, mental symptoms were always interlaced with physical syndromes. See Chiu, "Mind, Body, and Illness in a Chinese Medical Tradition" (Harvard University, unpublished dissertation, 1986), 284.

[367] "Lao fengfu bing jufa, siqu yihou qing yong mianyan 老疯妇病剧发，死去以后请永免验 [Mad old woman has crazy episode, after death (her family) petitions to avoid autopsy]," *Shangqing ribao* 商情日报 (November 5, 1936), 3.

medicine practitioners at the municipal asylum frequently identified multiple physical manifestations for what was otherwise deemed "madness" – excessive mucous, diarrhea, and malfunctioning digestive organs, among others[368] – the general public continued to conceive of madness as being enmeshed in a diverse array of corporal afflictions as well.

Ghost Stories

As part of this etiological conceptualization of madness, in which mad acts and mad behaviors were understood to exist within a larger context of corporal and cosmological imbalances, spirit possession was one logical and oft-invoked explanation for the onset of lunacy. In keeping with a long tradition of attributing sickness and disease to unhappy spirits or deceased ancestors, many Chinese of the Republican period continued to posit an association between madness and otherworldly forces. As the sociologist Keh-ming Lin explains, classical Chinese medical culture, which was deeply influenced by a syncretic combination of shamanistic Buddhism and naturalistic Daoism, perpetuated a "supernatural tradition of Chinese folk beliefs and practices, including divination, sorcery, spirit loss, and spirit possession (by ghosts and by fox-fairies)."[369] Tales of ghosts, possessions, and spirit transformations made consistent appearances in books and newspapers well into the 1930s, serving to perpetuate a cultural-medical

[368] See BMA J191-002-13247, 高检厅、警察厅关于请将精神病犯孙庆祥等交疯人收养所医治的指令及河北第一监狱等的函, February 1922; J181-019-38439, 京师第一监狱函送崔熊现患精神病请医治一案卷, July 1923.

[369] Keh-ming Lin, 104.

tradition wherein the roots of abnormal behaviors were often sought in the realm of the supernatural.[370]

The Qing dynasty publication *Strange Stories from a Chinese Studio*, first compiled in 1679 by the scholar Pu Songling and published repeatedly from the late eighteenth through early twentieth centuries, was one such example of popular culture mixing otherworldly spectacles with medical phenomena.[371] Brimming with tales of sickness and evil spirits, Pu's catalogue of supernatural occurrences confirmed the correlation between malignant ghosts and serious illnesses. In the story of the boy Chu, who could "see things of the other world," Pu noted that "When anyone in the village was ill, [Chu] pointed out where the devils were, and burnt them out with fire, so that everybody got well. However, before long he himself became very ill, and his flesh turned green and purple, whereupon he said, 'The devils afflict me thus because I let out their secrets. Henceforth I shall never divulge them again.'"[372] Although the story may not have been taken literally, it resonated with preexisting views on the interrelationship

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[370] For a general discussion of ghosts and spirits in the etiology of madness, see Arthur Kleinman, *Culture and Healing in Asian Societies: Anthropological, Psychiatric, and Public Health Studies* (1978); Keh-ming Lin, "Traditional Chinese Medical Beliefs and their Relevance for Mental Illness and Psychiatry," in Kleinman and Lin (1981), 95-115; Tsung-yi Lin and Mei-chen Lin, "Love, Denial, and Rejection: Responses of Chinese Families to Mental Illness," in Kleinman and Lin (1981), 387-401.

[371] Although the exact date that the work was compiled continues to be debated, I use the one given by the editor of the 1916 translated volume, Herbert A. Giles. Judith Zeitlin argues that the first published volume of the book was not available until 1766. See Zeitlin, *Historian of the Strange: Pu Songling and the Chinese Classical Tale* (Stanford: Stanford University Press, 1997).

[372] "Little Chu," in Herbert Giles, trans., *Strange Stories from a Chinese Studio, third edition* (Shanghai: Kelly and Walsh, Ltd., 1916), 94.

between corporal sickness and spirit possession or spirit loss; indeed, as the volume's English translator Herbert Giles pointed out, it was not uncommon even in the twentieth century for mothers of sick children to call out their child's name in the vain hope of bringing back his "wandering spirit."[373]

Given the numerous advances in medical and neurological practice throughout the early twentieth century, as well as the growing disdain with which superstition was regarded among much of the intellectual Chinese elite, the persistence of ghosts and spirits in narratives of madness attested to the stubborn endurance of traditional explanatory models of sickness and disease, even in the face of institutional and pedagogical change. Throughout the Republican period, tales of spirit possession continued to influence etiological explanations for the onset of madness across both high and low economic and social classes. Two such stories, which appeared in the "gossip" or "local news" sections of two Beijing newspapers, attest to the persistence of such modes of thought among both families of means and families of meager resources.

In a 1924 edition of the newspaper *Morning Post*, a journalist related the story of a man named Li Guishan, who was the younger brother of the provincial military governor of Jiangsu. According to reports, Li had recently been struck down with a serious case of insanity. Wailing and moaning day and night, he sobbed to his family that seven hundred snakes were encircling his body. Li's family was distraught and baffled by his condition. Ultimately coming to the conclusion that Li must have been "adulating evil spirits," they decided to hire an exorcist named Zhang Tianshi to pay a visit to Li at his

[373] Ibid., 117, footnote 5.

home in Tianjin. There, Li's family paid Zhang a huge sum of money to write spells and incantations in order to exorcise the evil spirits plaguing the family (*huafu zhuoyao* 画符捉妖).[374] The second story, printed in 1937 in *The Times*, related the tale of Ms. He, a twenty-eight year-old married woman from the village of Gaofeng, just north of the Beijing city walls. One evening in late May, Ms. He accompanied a few neighbors to the local temple, where they prayed for good fortune. On their return home, Ms. He was unexpectedly struck by a case of madness. "The spirits of the underworld have come to take me away (*yingui laizhuo* 阴鬼来捉)!" she cried out repeatedly. Ms. He's madness lasted until the next morning, when she suddenly died.[375]

Though both stories concern the relationship between spirit possession and madness, they reveal different information about the people who were afflicted. In the first tale, it is clear that Li comes from a relatively well-to-do and politically prominent family. His family's decision to hire an exorcist in order to treat Li's condition underscores not only their belief in the power of otherworldly spirits, but also their urgency to salvage the "moral status of the family" in the face of accusations about "bad fate, heredity, negative geomantic forces, and the malign influence of gods, ghosts, or ancestors."[376] On the other hand, the second tale of the lower-class Ms. He does not cast

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[374] "Li Guishan de shenjing bing 李桂山得神经病 [Li Guishan goes crazy]," *Liming bao* 黎明报 (June 11, 1924), 3.

[375] "Nongfu qiushen tufa shenjing bing 农妇求神突发神经病 [Peasant woman prays to spirits, suddenly goes mad]," *Shishi gongbao* 时事公报 (June 1, 1937).

[376] Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Los Angeles, University of California Press, 1995), 169.

the woman's madness as a potential manifestation of moral turpitude or ancestral retribution, but simply as the logical consequence of having earlier communed with otherworldly spirits. In neither case, however, do the onlookers attribute the victim's bizarre symptoms to serious psychosomatic disorders; instead, both the participants and the respective journalists relate the events with a matter-of-factness that presumes an ordinary, everyday relationship between humans and ghosts.

So embedded in the cultural imaginary were such tales of ghosts and spirit possession that even in pharmaceutical registers for seizure medicines, lip service was routinely paid to the common understanding that ghosts could impact upon human behaviors; thus, for Tongji Tang Pharmacy's Styrene Pills, the copy-writer for the advertisement casually noted that the medicine could cure "demoniacal hysteria, confusion, and outbursts of crying or laughter that occur in the middle of an epileptic fit, *as if the person had seen a ghost*."[377] Much to the chagrin of Andrew Woods, such views continued to be expressed by his Chinese clientele well throughout his tenure at the PUMC. Although his personal experience with the phenomenon was not as extensive as that of previous researchers,[378] he noted that all of his patients who claimed to be possessed by spirits "previously believed in the existence of demons and in the ability of demons to enter and control human beings," and therefore "performed during their

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[377] Beijing Tongji tang, ed. 北京同济堂遍, "Tongji tang canrong laoli wansan gaodan jiamu biao 同济堂参茸醪醴丸散膏丹价目表 [Tongji tang traditional Chinese medicine price guide]," (Beijing: Beijing Tongji tang, 1924-1928), 9. Italics mine.

[378] Woods cites the work of Hugh White (1922) and J.L. Nevius (1897) in their research on spirit possession in Chinese culture. The former attested to "thousands" of cases in a single province during his research trip.

[insane episodes] according to the ideas that had been previously held of demoniacal behavior."[379]

In Woods' analysis, a previously held belief in demon possession informed his patients' mad behaviors, delusional ideations, and interpretations for the cause of his or her suffering. Just as the pious Ms. He was able to offer an explanatory model of her illness based upon the presumption of spirit possession – claiming that "the spirits of the underworld" had come for her, and soon thereafter succumbing to her fatal condition – Woods' patients also relied upon "culture-bound" explanations of madness in order to convey the symptoms of their suffering.[380] It would be anachronistic, of course, to presume that Woods had any understanding of what culture-bound syndromes entailed; instead, when presented with such cases, Woods tended to view them with a caustic skepticism. Noting that the possessed often chanted "malignant threats against former enemies," he observed that their motives for such acts were obvious: "The victims were girls who had been seduced and disgraced, wives who had been treated badly, or persons who had substantial reasons for desiring revenge… In brief, the *performances* gave respite and satisfaction to the patients."[381] To Woods' mind, mad displays of demonic possession were merely "performances" meant to assuage some sense of injustice on the part of the possessed. Believing that such acts were categorically no different than

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[379] Woods (1929), 27.

[380] See Kleinman (1978), 256. For further discussions of culture-bound syndromes, refer to Albert Gaw, ed., *Culture, Ethnicity, and Mental Illness* (Washington, DC., American Psychiatric Press, 1993).

[381] Woods (1929), 27. Italics mine.

instances of hysteria and neurasthenia, wherein patients enacted a "hysterical drama" of pathosis so as to escape an unpleasant reality, Woods was not always persuaded of the legitimate medical basis of the condition.[382]

The Lunatic in his Social Context

Let us return briefly to our original story about the mad Ms. Gu and her courtyard neighbor, Ms. Wang. According to Gu's confession, her neighbors insisted that she was mad precisely because she failed to go along with their immoral behaviors and sexually deviant lifestyles. "I give them trouble, so they pick fights with me and call me crazy," Gu told the police. Regardless of whether or not Ms. Gu was actually mad, what is apparent from her confession was that she was fundamentally unwilling to conform to the unspoken social contract that underpinned the functioning of her courtyard complex. While her neighbors gambled and cuckolded their husbands, Ms. Gu championed the orthodox (but locally heterodox) values of wifely loyalty and honest work. As a result, she became socially castigated from the community and pinned with the label of insanity.

While the tale of Ms. Gu appears far-fetched and improbable, it remains instructive as an example of how madness was constructed in the public eye. To the everyday man and woman in Republican Beijing, madmen provoked anxiety not simply because of their unreasonable nature and erratic behavior, but also because of their

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[382] Andrew H. Woods, "Neurasthenia," *Journal of the Iowa State Medical Society* (September 1931), 11. In contrast, Arthur Kleinman argues that "intrapsychic, existential experiences" are often interpreted in the Chinese context as either somatic disorders or in terms of "interpersonal dysfunction." Due to a socialization process in which "dysphoric emotions" are taught to be suppressed, the Chinese state of psychic discomfort is generally experienced in either somatic or interpersonal terms (Kleinman and Lin 1981, 253-257).

inability or unwillingness to accord with a Chinese social contract that firmly enmeshed the individual within his or her social network. Unlike madness in classical Europe, wherein both disciplinary and "moral management" approaches to therapy framed the plight of the madman typically in terms of his individual moral bankruptcy, madness in Chinese culture was viewed more in terms of a corrupt social transaction: a "sociosomatic" crisis that affected the entire family, clan, or social group. As the anthropologist Arthur Kleinman argues, since the person in Chinese culture is constructed as a "relational self," the moral experience of his affliction "cross[es] from the social body to the physical body." The insinuation of the clan into the individual's experience of madness frequently results in a crisis of "delegitimation," wherein the madman is forced out of his familial network in an effort to salvage the moral, social, and economic welfare of the whole. Through this process, the delegitimized person becomes doubly marked: both by the "otherness" of his condition and that of his social alienation. The moral status of madness in China, then, "frames intersubjective delegitimation, not spoiled personal identity, as the central process."[383]

The PUMC doctor J. H. Ingram anticipated this sentiment when he described the rigorous personal responsibility that many families assumed for their insane relatives. In two separate cases, Ingram recalled the often horrific ways in which "a family in China [proves itself] responsible for the acts of any of its members." The first case revolved around a young man who had become mentally deranged during the course of his studies.

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[383] Arthur Kleinman (1995), 169-170. In this instance, Kleinman refers specifically to episodes of epilepsy. Given the view that epilepsy was a form of madness, however, I believe that his statement can be applied to more general forms of insanity as well.

Although he was taken to a hospital, his condition continued to deteriorate, and he was released to be cared for at home. The patient's father, however, "felt it necessary to protect himself by drowning his son in the river, which was not far distant from his home." The second case detailed the plight of a man who was deemed violently insane. The man's mother, Ingram recalled, "hired ruffians to break a leg and an arm of her son, in order that he might not be able to terrorize the neighborhood." The man suffered so badly, in fact, that he somehow managed to commit suicide.[384]

The disjunction between the mad individual and his social network, and the concomitant process of social delegitimation that often followed, is made clear in the following police report from 1934. The report detailed the case of Ms. Zhang Wang, who was declared insane by her son, Zhang Fuzeng. Both Fuzeng and his younger brother, Fuchun, claimed to have been hit and cursed at by their mother, who would frequently "cry and laugh irregularly, or display world-weary thoughts." "I will secretly weep to myself [about my mother's problem]," Fuzeng admitted to the police, "but I still try my best to be filial and loving to her, and I spare no effort to tend to her in a way that fulfills my filial responsibility as a son." Frightened that his mother might cause trouble or hurt herself, however, he pleaded with the police to have her imprisoned. Ms. Zhang, on the other hand, denied her son's accusations. Arguing instead that Fuzeng was only attempting to incarcerate her so that he could gain access to a family-owned parcel of land, Ms. Zhang maintained that she was of sane mind. "My son accuses me of being insane and plots with his wife's family to incarcerate me," she claimed. "When my

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[384] J. H. Ingram, "The Pitiable Condition of the Insane in North China," *The China Medical Journal* vol. 32, no. 2 (March 1918), 153.

husband was alive, we owned two parcels of land in Nanwan… Ever since my husband died, however, my son began living apart from me, and began renting out sixty *mu* of land from the second parcel. I never got any money from it, which made me extremely angry, but I am certainly not insane."[385]

After mulling over the confessions of both parties, the police eventually decided that Ms. Zhang did not need to be incarcerated; instead, they demanded that Fuzeng bring his mother back home with him and attend to her there. The decision appeared to reaffirm the underlying issue of both Fuzeng's accusation and his mother's defense. In Fuzeng's mind, despite the fact that he was trying his best to fulfill his socially obligated role as a filial son, his mother was not upholding her end of the contract. Hitting, cursing, and showing a marked world-weariness, Ms. Zhang jeopardized both the sanity of her son and the safety of her own person. On the other hand, Ms. Zhang alleged that it was Fuzeng who was not fulfilling his proper social role. Having "moved away" from her, and failing to contribute financially to her wellbeing, Fuzeng appeared in his mother's mind as the essentially unfilial offspring. By deciding not to incarcerate Ms. Zhang, and instead requiring that Fuzeng attend to his mother from within his own home, the police were attempting to alleviate the supposed problem of Ms. Zhang's madness through the reinforcement of a socially condoned model of healthy familial relations.

Stories of madmen in both confidential and publicly circulating police reports, as well as in tabloid accounts of mad acts, almost always included information about the status of the mad subject within his specific kinship group. The process of familial

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[385] BMA J184-002-15920, 北平市警察局外五区关于张王氏精神失常伤王文忠等给资回籍、病人送养病所的呈 (July 7, 1934).

delegitimation was captured regularly in police reports from the late 1920s, which were made public through the wide dissemination of the *Beijing Police Bulletin* (*Jingcha gongbao* 警察公报). Between July and December 1927 alone, the *Police Bulletin* documented sixteen separate cases of lunacy and police intervention – almost all of which involved the lunatic's family or caretakers petitioning the police to relieve them of the burden of their mad relative. In July, the Bulletin published a story about a young widowed woman who had gone mad in the wake of her husband's death. The woman's mother, Ms. Ma Bai, reported that her daughter's madness had recently intensified, and she wished for the police to take her daughter off of her hands.[386] In the case of the lunatic Song Cun, it was the man's courtyard neighbors who petitioned the police to come to Song's home and have the man arrested. Having gone mad following the death of his father earlier that year, Song's escalating antics had eventually led his neighbors to become fed up with his uncontrollable behavior.[387] And the wife of Wang Zhaishang, Ms. Wang Rong, was written up in the *Police Bulletin* on two separate occasions for outbursts of insanity. In all, the police were called to Wang's house three times; since Wang claimed to be unable to properly "keep watch" (*jianhu* 监护) over his wife, he petitioned the police to institutionalize her in the asylum for three separate rounds of "treatment."[388]

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[386] "Jianü zilu guicheng xingua jingfeng kuangxiao 嫁女自鲁归称新寡竟疯狂笑 [Married woman returns home recently widowed, suddenly goes mad]," *Jingcha gongbao* 警察公报 (July 6, 1927), 4.

[387] "Song Cun tong fumo siqin leijie xinji zuo 松存痛父殁思亲泪竭心疾作 [Song Cun, sad over his father's death, cries to the point of madness]," *Jingcha gongbao* 警察公报 (July 20, 1927), 4.

[388] "Fengfu Song shi chongru fengren shouyang suo zaizhi 疯妇荣氏重入疯人收养所再

In each of the above stories, the mad person undergoes a process of familial and social deligitimation as his or her caretakers, unable or unwilling to administer care any longer, eventually forfeit their responsibilities and petition the police to relieve them of their therapeutic or disciplinary duties. Unlinked from the family, the deviant lunatic then becomes the property of the municipality – the substitute "paternas" for the authority of the actual kinship group. But what of the madmen who belonged neither to family nor municipality, who were either abandoned by their families or who had wandered away from home? These men and women had no social body whatsoever to vouch for them, and instead drifted as free agents in an otherwise tightly woven network of kinship and social ties. It was for this reason that the police emerged in the public eye as the necessary antidote to the problem of madmen in public spaces: even if the lunatic did not pose a threat to public *safety*, he nevertheless transgressed against public *order*, and therefore demanded the socializing force of the municipal authorities as a rectification to the problem of his familial and societal dislocation.

The images below, taken from the Beijing-based *Daily News Pictorial* (日日新闻画报), attest to the general view that madmen in public spaces required the sort of discipline and control that only the municipal police could provide (in the absence, of course, of the family unit). The first image (6.1) succinctly captures the horror of two well-to-do Beijing dwellers when, in the midst of a pleasant stroll, they are confronted

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志 [Crazy wife Ms. Song admitted again to the asylum]," *Jingcha gongbao* 警察公报 (July 9, 1927), 4; "Wang fengfu jiang sanru fengren suo 王疯妇将三入疯人所 [Wang's crazy wife admitted to the asylum for a third time]," *Jingcha gongbao* 警察公报 (November 4, 1927), 4.

with the objectionable antics of a lunatic. “If he wasn’t getting into disputes with rickshaw pullers, then he was starting altercations with people walking along the road,” the text clarifies. The couple stares disapprovingly at the madman as he shakes his fan and contorts his strangely clothed body. “The local authorities should have intervened,” the editorialist declares.[389] The couple, clearly delineating the boundaries of their own limited social network, throws the uneasy presence of the madman into stark relief.

In the second image (6.2), the depiction of the lunatic appears somewhat more benign: draped in rags, he seems to be offering himself to a hesitant patrolman. The illustration, however, belies the critical content of the text. “Inside Guangqu gate by the side of the temple,” the text begins, “there was an unnamed lunatic. He was singing loudly, walking along the road while laughing and throwing punches. There were children also walking beside him.” Although a patrolman spotted the lunatic, he “strangely not only ignored the problem, but actually walked and laughed alongside the madman. How can this be considered *keeping order*?!”[390] Despite the fact that the madman is not described as a dangerous presence, he is nevertheless portrayed as a disruptive element; as a result, the editorialist condemns the failure of the policeman to assert management and control over the troublesome social outlier.

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[389] “Fengren yicheng 疯汉宜惩 [Madmen Should be Reprimanded],” *Daily News Pictorial* 日日新闻画报, 1913.

[390] “Fengren yiguan 疯人宜管 [Madmen Should be Controlled],” *Daily News Pictorial* 日日新闻画报, 1909. Italics mine.

Image 6.1: “Madmen Should Be Reprimanded”

Image 6.2: “Madmen Should Be Controlled”

The delegitimized madman, abandoned by his relatives and living alone on the streets, embodied the archetypal fear of estrangement from one's society and community. The Chinese self, "accustomed to finding meaning in terms of well-defined sets of relationships rather than in terms of the individual,"[391] flinched at the prospect of becoming *like* the madman, who had become unhinged from the essential human relationships that could serve to anchor him to a classifiable social identity. Lacking the family unit, it was only the care of the police who could salvage the madman from the depths of his social estrangement. Although it was not certain that the municipal poorhouse-cum-asylum would provide any modicum of treatment or discipline for the madman's *individual* affliction, what the facility did provide, however, was a provisional social network: one that could function in place of the actual family unit until the time when his relatives were again able to bring him home.

Unhealthy Social Reactions

The Chinese neurologist Dai Bingham, upon being hired at the PUMC in 1934, spoke of the "advisability" of establishing a mental hygiene clinic in Beijing where patients could be treated from both a psychiatric and a sociological standpoint. The goal of such a clinic, he explained to the secretary of the China Medical Board, would be to "relate the mental difficulties of the [Chinese] individual to the group in which he lives."[392] The American nurse Sister Mary Roma concurred with such a suggestion,

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[391] Ai-li Chin, "Family Relations in Modern Chinese Fiction," in Maurice Freedman, ed., *Family and Kinship in Chinese Society* (Stanford: Stanford University Press, 1970), 120.

[392] RFA CMB, Inc., Record Group IV 2B9, Box 97, File 697, "Neurology Staff": Letter from Dai Bingham to Mary Eggleston (December 3, 1934).

observing that the mentally ill in China are often deemed such because they are "unable to adjust [themselves] to the requirements of the social group in which [they] live." As a result, Sister Mary Roma found that it was often helpful to free the patient "from all sense of social obligation to her family" in order to begin the long process of psychic rehabilitation.[393] As these testimonies show, even into the late 1930s, the condition of madness in the Chinese mind continued to be understood as less of an individual affliction than as an unhealthy social reaction: an inability to accord with the demands of one's society or kinship group.

In the popular media, madness was frequently couched in a language that dispersed the liability for the individual's madness onto the society around him. The explanation for the person's mad condition was thus not thought to reside with the individual, as a kind of moral fault, but rather within the corrupt bonds between the individual and his greater society. A particularly extreme example of this theme can be found in a 1924 story published in the tabloid *Social News*. The story related the descent into madness of a certain Beijing accountant by the name of Yan Zhongyou. The man, who was described as an alcoholic, lived at home with his wife, Ms. Song, and their four-year-old son, Shuanzi. In recent months, business at the store where Yan worked had not been prospering, and Mr. Yan had been fired. He was overwhelmed with debt, and the combined pressure from his economic difficulties and his social responsibilities led to a nervous disorder. As time went on, Yan's nerves got worse, and he would hit random

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[393] Sister Mary Roma, RN, "Mental Nursing," *Nursing Journal of China* 中华护士报 vol. 19, no. 1 (January 1938), 19.

people, yell and curse, and have violent outbursts. On the night of June 13, Yan picked up a cleaver and burst into his wife's room while she was asleep. He stabbed his wife until her "fresh blood gushed." He then ran into the kitchen, where he boiled a vat of water and proceeded to cook his young son alive. It was not until Yan ran into his next-door neighbor's house that the madman was finally restrained. By that point, Yan's wife was still "bleeding to no end," and the "boiled corpse" of Yan's son Shuanzi was "too horrible to look at." The neighbors reported the crime and alerted Ms. Song's mother to the events.[394]

Despite the fact that Yan's actions were exceptionally heinous, the report of the events in *Social News* did not clearly hold the man morally accountable for his crime (indeed, it is unclear from the story if Yan was even punished for his offenses). Instead of finding blame within Yan's individual moral laxity – in Yan's "blind surrender to [his] desires, [his] incapacity to control or to moderate [his] passions"[395] – the headline of the report conversely proclaims that it was Yan's "everyday hardships" (*shenghuo jiannan* 生活艰难) that caused such a "tragedy" to occur. In other words, *Social News* did not present Yan as a morally condemnable protagonist in a straightforward tale of individual transgression, but rather as a victim of external circumstances and insupportable social hardships. As a result, the readers of the story could paradoxically be moved to feel pity for Yan's plight, rather than disgust and blame. In contrast to the theorist David Hansen-

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[394] "Shaqi zhuzi zhi canwen: yin shenghuo jiannan dafa fengkuang 杀妻煮子之惨闻：因生活艰难大发风狂 [The tragic tale of the man who kills his wife and cooks his son: He went crazy due to everyday hardships]," *Shehui ribao* 社会日报 (June 14, 1924), 4.

[395] Foucault (1988), 85.

Miller, who argues that tales of violence within civilized societies serve to reinscribe a public discourse of order, civility, and proper conduct,[396] Yan's story functioned less as a disguised message of bio-political self-regulation than as a heightened example of what can occur when society places undue hardships upon the individual.

The relationship between social rupture and madness was again reflected in the common trope of disappointed love and its potential demise in lunacy. Even more so than tales of violent lunatics, accounts of lost love and madness saturated the pages of gossip rags and tabloid publications throughout the 1920s and 1930s. This type of tabloid reporting, which mixed entertainment and reportage in a way that has been referred to as "infotainment" in current media studies, provided a satisfactory outlet for readers to express both *schadenfreude* and pathos for the plight of their unfortunate protagonists.[397] In the following story from the tabloid *Social News*, the male protagonist is presented as a morally blameless tragic figure whose coldhearted rejection at the hands of his lover and her family leaves him mentally deranged. In the Western part of Beijing, a high school

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[396] David Hansen-Miller, *Civilized Violence: Subjectivity, Gender, and Popular Cinema* (England: Ashgate Publishing, 2011), 12-13.

[397] Mark Deuze, "Popular Journalism and Professional Ideology: Tabloid Reporters and Editors Speak Out," *Media, Culture, and Society* vol. 27, no. 6 (Jan. 1, 2005): 861-882. Richard Keller Simon also speaks of the resemblance between the salacious tales presented in gossip rags and the plots of Greek tragedies and Shakespearean dramas. In his book *Trash Culture: Popular Culture and the Great Tradition* (Berkeley, University of California Press: 1999), Simon argues that "infotainment" represented a transformation of elite literature and theater into something easily comprehensible and widely accessible. Through tabloid stories of "suffering, fall, and self-recognition" (6), the classical literary tradition became packaged in "short, easy-to-read fragments as a kind of fast-food tragedy-to-go, but the fragments themselves contain[ed] nearly all of the essential ingredients of dramatic tragedy" (2). Such tales, though encapsulated in short sound bites, were therefore still able to play into long-held cultural values that resonated with the readers' own sense of self and identity.

student, surnamed Xia, fell in love with his female classmate, surnamed Sun. The two were inseparable, and over the course of the year wrote each other "at least ten love letters," according to an unnamed friend. Xia planned to propose to Sun, and although Sun was originally supportive of the idea, her family ultimately rejected the courtship.

Xia was distraught. He refused to eat or sleep, and began feeling anxious and dispirited. One day, Xia and Sun randomly came across one another at a local temple, and the meeting proved to emotionally unhinge the already anguished boy. He became dazed and confused, and his behavior became abnormal. Finally, his family had no choice but to send the boy to the asylum. "We're afraid he might not ever fully recover," the reporter lamented. "And even after Xia went insane, Sun has been unperturbed. Her face does not wear a sorrowful expression, and her friends accuse her of having no conscience." The reporter promised to keep his readers updated on the story, particularly those who were "interested in questions about [the importance of] being careful in love (*liuxin lian'ai* 留心恋爱)."[398]

In this article, Xia is described as "pitiable" due to the fact that he was the victim of an unjust social transaction. His madness did not evolve in isolation, but rather occurred as a result of the fact that his lover's family refused to consent to their daughter's entry into Xia's kinship network. The universal experience of emotive disappointment – and the easily understandable explanation for how lost love could

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[398] "Kelian yige qingchang shiyi zhi qingnian: yin shilian fafeng ru fengren yuan 可怜一个情场失意之青年：因失恋发疯入疯人院 [A pitiable story of a disappointed youth: Because of lost love, he went mad and was sent to the asylum]," *Shehui ribao* 社会日报 (April 30, 1924), 4.

quickly evolve into psychic instability – allowed Xia's case to be portrayed as one that should elicit public sympathy from its readers; since Xia's madness was not the result of an individual moral flaw, but was rather shown to be borne of a cruel social transaction that stifled the romantic yearnings of a young boy, the burden for his madness was moved from the individual body of the madman onto his larger social environment.

Similar to the story of Xia, a 1936 tale from the Beijing newspaper *Market Daily* also warned of the relationship between madness and disappointment in love. This report told the story of Ms. Zhu, a "simpleton" who happened to fall for an already-married man by the name of Wang Yanjun. Although Wang eventually developed feelings for Ms. Zhu as well, his father rejected the courtship, and forced Wang to return all of the love notes and pictures that his young lover had sent to him. As a result, the dull girl went crazy. She began to tear up her clothes and set things on fire. Her words made no sense. Finally, her brother sent her to Shanghai to be institutionalized.[399] Again, as in the tale of the schoolboy Xia, Ms. Zhu's tale was meant to elicit public sympathy for the plight of a young girl whose social environment stood in the way of her individual desires.

According to the historian Eugenia Lean, newspaper reports that appealed to such displays of sympathy acted as a type of public sphere, whereby popular sentiment (*tongqing* 同情) replaced more "rational" forms of political criticism. By upholding the "moral authenticity of emotions" as a critical element of political participation, Lean reveals how newspapers and tabloid reporting helped give rise to an engaged and

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[399] "Zhuang xiaojie shilian chengfeng 戇小姐失恋成疯 [Simpleton is disappointed in love, goes mad]," *Shangqing ribao* 商情日报 (November 7, 1936), 4.

influential public that appealed to their own emotionality as a viable form of protest.[400] When viewed from this angle, the tales of Xia and Ms. Zhu begin to adopt a somewhat more critical flavor. In the case of Xia, who was denied the "right" to pursue freedom in marriage, the article's readership would not have been blind to the contradiction between modern, individualistic, and romantic love, and traditional, family-oriented, and duty-bound love. The story of Ms. Zhu, as well, would have raised ire at the unfair and misogynistic exploitation of a young, mentally challenged girl who was seduced by an unavailable man – whose family again rejected the match. Both Xia and Ms. Zhu, who eventually went mad in the wake of being scorned by their lovers, would have served as a rallying point for readers concerned about the persistence of unjust and dehumanizing traditional values, particularly as they related to questions of love and marriage.[401]

When presented as the protagonists of infotainment stories, madmen were thrust into the role of the knowable, relatable tragic figure (albeit on a heightened level). Reading their tales not only provided catharsis and relief, but also fomented an engaged readership, temporarily united in their antipathy toward the cultural values that allowed such stories of social hardship, lost love, and madness to persist into the present. Unlike the public madman, whose detachment from cultural imperatives evoked anxiety on the part of those who witnessed his antics, the private madman drew sympathy on account of his deep entanglement in a tradition that stifled his individual needs. Thus, depending

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[400] Eugenia Lean, *Public Passions: The Trial of Shi Jianqiao and the Rise of Popular Sympathy in Republican China* (Berkeley: University of California Press, 2007), 212.

[401] Here, too, Lean's study proves instructive. Through her analysis of the story of Shi Jianqiao, Lean argues that modern forms of emotionality, including romantic love, brought forth an iconoclastic skepticism toward Confucian ideals of sentiment (*qing*).

upon the context in which the madman was presented – as either the culturally antagonistic public presence or the sympathetic private figure – his place in the popular imaginary shifted accordingly.

Regardless of his status, however, the madman in both types of accounts was consistently contextualized against a backdrop of societal estrangement. As the delegitimated madman, he was depicted as a social outlier: someone who had been cast out of his familial and kinship network in order to salvage the moral currency of the whole. As the sympathetic madman, it was his prior rejection at the hands of his social community that led to his emotionally compromised state. In both cases, nevertheless, the suffering of the madman was uniformly experienced as a social encounter that necessarily elicited a public response. In the words of Arthur Kleinman, "The Chinese culture has taken the locus of suffering to be the intersubjective space of interactions… Viewed this way, suffering is a mode of social experience."[402] Madness in Republican China thus implicated not only the madman himself, but also his larger social community; the madness of the individual was not contained within the confines of his own body, but instead rippled outward into his society, both implicating and rejecting that society at the same time.

Layers of Madness

While Vivien Ng has previously argued that popular understandings of madness in the Qing underwent a discursive transformation from illness to deviance, this chapter has shown that everyday conceptions of madness in Republican Beijing were able to

[402] Kleinman (1995), 163.

comfortably accommodate multiple interpretations of mad acts and mad people simultaneously. More than this, however, this chapter has made the argument that the categories of "illness" and "deviance" are insufficient to adequately contextualize the ways in which madness tapped into a social, cosmological, and shamanistic cultural repertory that upheld the individual as an integrated, contingent element within a more complex environmental network. Madness, in the Chinese context, extended beyond the individual psyche, and thus could not be boiled down to a single objective truth of neurological, psychic, or behavioral malfunction.

Traditional Chinese medical theory, unlike the type of neuropsychiatry practiced by doctors at the PUMC and Psychopathic Hospital, did not locate madness within the mind or brain of the individual alone. Instead, the common Chinese view held that madness was less of an illness unto itself as it was indicative of a larger socio-somatic imbalance. Madness was thus thought to arise as a result of a range of complementary or contradictory factors, including spirit possession, corporal illness, and heightened emotionality, and a number of therapeutic traditions (including shamanism, traditional Chinese medicine, and folk healing) continued to be applied throughout the Republican period with equal expectations for success. Just as medical interpretations of madness extended the affliction outward into the individual's larger cosmological environment, social interpretations of mad behaviors similarly situated the troubled individual within his greater familial or societal context. Madness, in this view, was largely interpreted as an expression of societal disjuncture, wherein the individual was unable to accord with the demands or expectations of his social network. The concept of deligitimation, as reflected in police reports and tabloid articles, further made clear the ways in which the

madness of the individual radiated outward into his familial environment, implicating his clan with a social stigma that oftentimes demanded the madman's removal from his in-group.

Because of the fluid discourses of madness that freely circulated among the Republican Beijing population, a Western medical explanation of "mental illness" largely failed to take root among the vast majority of the population. The ongoing disjuncture in respective approaches to understanding self, society, and psychobiological health – as well as the complex and contingent relationships between them – meant that the philosophical underpinnings of Western psychiatric and neurological practice were hard-pressed to adapt themselves to the fundamental premises of Chinese socio-medical culture. As Woods clearly noted at the close of the 1920s, even the relatively well-to-do Beijing dweller was unaccustomed to considering hospital treatment or Western-style therapy for the permutable and highly varying expressions that madness adopted.

But what, exactly, did those expressions consist of? As the next chapter will argue, the multiple ways in which madness was articulated and manifested across the Republican period varied greatly depending upon the socioeconomic background and intellectual orientation of the afflicted individual. While poorer, and largely uneducated, Beijing men and women subscribed to a view of madness that located the pathological experience of psychosis within the realm of public knowledge, Chinese intellectuals – many of whom had studied abroad or were highly attuned to Western psychiatric discourse – upheld the subjective experience of disease as the single most important marker of psychological distress. Regardless of their respective modes of articulating madness, however, both high- and low-class victims of mental disorder tapped into

shared cultural constructs about the nature of mad behaviors – and the acceptable performances that go along with them – in the enactment of the patient role.

Chapter 7.

Being Mad: Class, Subjectivity, and Public Knowledge in the Making of Madmen

Zhang Hongtai was found lying facedown in the middle of the street. It was the spring of 1926, and a patrolling guard was making his rounds when he happened across the thirty-six year-old man splayed in the mud. When Zhang was finally roused, he was able to provide the guard with his name, but any manner of questioning beyond that simple fact was greeted with a series of incomprehensible and illogical utterances. As a matter of routine, the guard brought Zhang to the local police precinct, where he was questioned and marked with a label of insanity. Zhang was not found guilty of any crime, nor was he labeled a public nuisance, but his bizarre fainting episode and his incomprehensible speech rendered him an incontrovertible object of municipal concern. After spending two weeks in the asylum, Zhang's younger brother Yunfeng was called to collect him, whereupon he accompanied Zhang back to their native home in the Julu district outside of Beijing, and the matter was soon forgotten about.

Unlike many of the other cases that the municipal asylum was forced to handle, Zhang Hongtai was neither a delinquent nor a troublemaker. Prior to the episode that eventually landed him sprawled in the dirt and locked up in prison, Zhang had come to the capital in order to seek out his younger brother Yuting, who had years earlier left home and gone to the city to find work. With twenty yuan in his pocket, Zhang boarded a train and headed to Beijing, where he would disembark two days later. Upon his arrival in the city, however, Zhang began to experience a familiar sensation – one that had struck him on a number of prior occasions. "My heart felt confused (*xinnei mihu* 心内迷糊) and

my spit turned into a whitish liquid," he told the police while they recorded his confession. "I didn't realize that my spirit would be thrown into disorder (*xinshen cuoluan* 心神错乱, *xinshen miluan* 心神迷乱). I felt as though I could not go on living, so I gave the remainder of my money, eighteen yuan, to an oil-seller and some children, and soon thereafter fainted in the street." After spending the night in prison, Zhang testified that he felt "clear-headed (*qingxing* 清醒)," and asked to be released. The police remained dubious. Although Zhang's words were no longer illogical, his symptoms were highly indicative of *xinji* (心疾) – an ailment that manifested itself in bizarre behaviors. In the end, the police determined that Zhang was indeed mad, denied his request for release, and sent him to the asylum to be locked up instead.[403]

Considering the fact that the municipal police maintained no particular knowledge of the subject of madness, the authority with which they were able to determine the precise nature of Zhang's condition might have appeared suspect. According to the historian David Strand, the Republican Beijing police force was constituted by a group of "poor and lower-middle-class individuals" who lived "at or just above the poverty line."[404] These low-level functionaries were neither highly educated nor trained in the theories of Chinese medical practice; indeed, in the popular imaginary, the view of the police was so low that they were often considered little more than a "body of vagrants"

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[403] J181-019-50667, 京师警察厅内左三区分区呈送张鸿泰患有心疾请医治一案卷, May 1926.

[404] David Strand, *Rickshaw Beijing: City People and Politics in the 1920s* (Berkeley: University of California Press, 1989), 72-73.

akin to "actors, prostitutes, and beggars."[405] As adjudicators of insanity, the police seemed woefully unprepared.

And yet, in contemporary public opinion, the police were generally considered to be as well equipped as anyone else to distinguish between normalcy and pathological deviance. The reason for this public confidence was closely related to popular assumptions on the nature of madness itself. In early twentieth century Beijing, madness was not assumed to be a particularly inscrutable or specialized epistemological subject, but was rather treated as a form of shared cultural knowledge – a "lay etiology," in the words of the historian Akihito Suzuki[406] – that could be authoritatively deployed by outside observers, even if they maintained no specific expertise in the matter. The fact that the police felt justified in overriding Zhang's declaration of mental clarity when they had little substantive evidence to the contrary attests to a shared cultural orientation toward madness that accorded a low status to the claims of individual subjectivity.

The notion of a public etiology of madness is not unique to Republican China. Suzuki argues that a similar phenomenon also existed in England until the time of the mid-nineteenth century, when a shift in psychiatric practice led to an increased emphasis on the patient's subjective knowledge of his mad state. Prior to 1852, Suzuki claims, the authoritative knowledge that outside observers possessed of the madman's affliction trumped the patient's understanding of his own condition. It was not until the psychiatrist

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[405] Ibid., 71.

[406] Akihito Suzuki, "Framing Psychiatric Subjectivity: Doctor, Patient, and Record-Keeping at Bethlem in the 19th Century," in Joseph Melling and Bill Forsythe, eds., *Insanity, Institutions, and Society, 1800-1914* (New York: Routledge, 1999).

William Hood assumed the responsibility of resident physician at the Bethlem asylum, and subsequently began exploiting the patient as a source of knowledge, that the madman himself came to be viewed as both the object *and* the subject of psychiatric study.[407]

In Beijing, the early twentieth century presented a unique moment in which psychiatric subjectivity and communal authority over madness intersected. Yet unlike Suzuki's claims to a noticeable period of transition, wherein discourses of subjectivity began to overwhelmingly supplant a community-based etiology of madness, in China both forms of psychiatric epistemology continued to coexist. Their implementation, however, was not uniform. Throughout the Republican period, the epistemic practices that were deployed for different cases of madness depended more upon the socioeconomic status of the mad individual than on a linearly evolving ideology of psychiatric knowledge. To lower class men and women, like Zhang Hongtai, madness was largely understood as a communally knowable phenomenon rather than an intimate pathological experience. It was therefore not without precedent that the police, who possessed no specialized claims to knowledge of psychiatric disorder, could pin Zhang with a label of insanity in spite of his testimony to the contrary and without having directly witnessed his disordered behavior.[408] The intelligentsia, on the other hand, having been influenced by foreign vocabularies and taxonomies of mental illness, instead articulated their nervous disorders in a way that emphasized the subjective emotionality

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[407] Ibid.

[408] Another example of this phenomenon was previously discussed in chapter six, wherein the nominally mad Ms. Gu Li made a persuasive case for her own sanity but was sent to the asylum nevertheless.

of the individual and the particularity of his mad experience. To nominal neurasthenics, mental illness was upheld as the domain of the subject himself.

That upper class madmen tended to speak of their illness in a highly subjective fashion, however, does not negate the fact that their experience of "nervous disease" was still highly informed by the etiologies and behavioral expectations that had been created for it. The sociologist Robert Scott, in an investigation into the societal construction of disability, argued that blindness is a "social role" that the afflicted person gradually learns to play. Like Erving Goffman before him, who claimed that in order to be a patient, the mentally ill individual must discredit his own subjectivity and instead be remade into a "serviceable object,"[409] Scott similarly believed that the lived identity of the blind individual is often little more than the internalization of a social expectation that has been created on his behalf.[410] Although I, unlike Goffman, do not negate the reality of mental illness as an actual pathological condition,[411] I argue here that the ability to perform the role of the neurasthenic was in part actuated by the preexistent category of neurasthenia as a disease. The subjective articulations of the mad experience, though certainly reflections of the individual's own emotionality and thought processes, were thus partially demarcated by the boundaries of the condition as affirmed by the psychiatric

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[409] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Chicago: Aldine Publishing Company, 1961), 155, 379.

[410] Robert Scott, *The Making of Blind Men* (New York: Russell Sage Foundation, 1969), 87.

[411] In Goffman's study of asylum culture, he makes the argument that mental patients do not actually suffer from mental illness, but rather from a series of "contingencies" that are misinterpreted as pathological deviance. *Asylums*, 135.

expert. In this way, modes of expressing "high-class" neurasthenia were in actuality little different from the ways in which men like Zhang Hongtai expressed their own experiences with madness: both were informed and delimited by sanctioned interpretations of the pathological state.[412]

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[412] It was not merely coincidental, for example, that Zhang Hongtai's description of his disorder closely resonated with official understandings of *xinji* within the municipality itself – an accumulation of spit, a confused and disordered heart, and a biological interpretation of the mad event that resulted in a feeling that he could "not go on living." While the close overlap between Zhang's testimony and police discourse on madness could cause one to question the authenticity of Zhang's statement, I argue instead that Zhang's internalization of circulating discourses of madness impacted upon his lived experience of the condition and likewise shaped the structure of his testimony.

Nevertheless, as mediated documents, confessions are necessarily problematic sources. While, on the one hand, they offer insights into the nature and interpretation of "lower-class madness," on the other hand, the veracity and exactitude of their documentation is impossible to determine. As Michel Foucault notes in his study of the nineteenth century French parricide case, *I, Pierre Rivière*, it is impossible to read confessions without first situating them according to the "relations of power, domination, and conflict within which [such] discourses emerge and function" (1975, xi). For Zhang Hongtai, his confession was formed in a milieu of presumed culpability. Under suspicion of madness, his only recourse to sanity was, ironically, through an adoption of official discourses on madness; he did not deny his affliction, but sought to position his experience in a language that was both comprehensible to his confession-takers and indicative of his regained mental clarity. Zhang's testimony, one could argue, specifically reflects his cognizance of the social implications of his disordered behavior, and his attempts to regain social currency are thereby enacted through his participation in a shared vocabulary and shared cultural orientation toward madness.

Yet unlike Foucault's study of Pierre Rivière, wherein the loci of power for determining the culpability of the mad subject was dispersed between the state, a nascent psychiatric community, and the condemned himself – each of which possessed its own interpretation of madness and its proper management – the onus of adjudicatory responsibility in Republican Beijing was concentrated solely within the municipal police, a body which maintained no particular claims to knowledge of the subject. As David Mechanic argues, members of the same social networks, writ large, tend to uphold similar understandings of what constitutes social deviance (Mechanic, "The Concept of Illness Behavior: Culture, Situation, and Personal Predisposition," *Psychological Medicine* vol. 16, no. 1 (February 1986), 1-7). In light of the fact that many of the mad prisoners condemned to the asylum actually hailed from the same subaltern social classes as the men responsible for their incarceration, it would not seem far-fetched to argue that the testimonies of the condemned would logically mirror the ideologies of the municipal

This chapter will explore the tension between madness as a shared cultural construct and madness as a subjective experience. Unlike the evolving transition in approaches to psychiatric practice that Suzuki presents, this chapter will show that both forms of knowledge continued to coexist throughout the first few decades of the twentieth century in Beijing, but were deployed by different people for different purposes. Through an investigation into these two modes of articulating madness, this chapter will underscore both the stratified nature of mental illness and the limits of its subjectivity, and will argue that individuals plagued with either "high" or "low" forms of madness still shared certain assumptions about the structures of pathological knowledge and the enactment of the patient role.

Madness of the Masses

At around 9 o'clock at night in the summer of 1923, Zhang Baohe was arrested and brought to jail. According to the police, he had been creating a "barbaric ruckus" in the east of the city, and no amount of force had been able to achieve the cessation of his deviant behaviors. From the safety of his jail cell, the police questioned the man and found that his words contained no logic. His wife, Ms. Zhang Sen, was called to the precinct, and her testimony confirmed what the police had already suspected to be true. "My husband is certainly mad," she told the police, "and I have no means of looking after him." According to Ms. Zhang, her husband hadn't always been like this. "Previously," she explained, "Zhang had worked as a nurse at a government-run hospital in the city, but

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police. The precision with which these testimonies were captured remains inconclusive, yet the content of such statements, I believe, nevertheless offers useful insights into the conditions and experiences of madness among the lower classes.

now he is unemployed. Last summer, he was coming back to the capital from Nankou by train. He lost his footing and fell underneath the train car. He was deathly frightened and also injured. This episode led to him going mad." The police took careful note of the situation and agreed to send the man to the asylum to be restrained.[413]

About one year prior to the time that Zhang Baohe had been detained, a man named Xiao Wenpu brought his wife, Ms. Wang, into the local police precinct and accused her, similarly, of being insane. Ms. Wang was forty years old at the time of the complaint, and worked in a market selling vegetables and fish. Together with Xiao, the two had borne three children, the second of whom had died of convulsions at the age of six or seven. "Because my wife was so upset, she went mad," Xiao testified. "Now, at home, she provokes disorder and destroys things." Xiao asked for his wife to be sent to the municipal asylum to be treated. Despite the gravity of his denunciation, the staff at the facility found her madness to be "not terribly bad," and released her less than ten days later to return to her family.[414]

For both Zhang Baohe and Ms. Wang, the causes of their respective disorders were immediately knowable to the people around them. Zhang's brush with death, according to his wife, had led directly to his disturbing and disruptive behaviors, while Ms. Wang's devastation at the passing of her second child was interpreted by her husband as the reason for her ongoing misbehavior at home. The observable fact of their

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[413] J181-018-15421, 京师警察厅内左二区区署关于报张宝和患疯疾送疯人收养所医治的函, June 1923.

[414] J181-019-35295, 京师警察厅外右二区分区表送萧文普之妻萧王氏患精神病症请送疯人院医治一案卷, March 1922.

social delinquency was automatically implicated in an assumed correlation between an external trauma and an internal distress. To the families of Zhang and Wang, madness was not interpreted as an organic or spontaneous condition, but rather as the product of psychosocial disturbance.[415] The assumed inorganic nature of the affliction allowed outside observers to deduce the underlying causes of the problem, even if these observers had had no prior knowledge or experience of the disorder, themselves.

Public knowledge of madness granted non-specialists, such as the municipal police, the power to differentiate sanity from insanity even in the face of minimal or conflicting evidence. The beggar Zhang Yicheng, who was introduced in chapter one, was transferred to the municipal asylum in the spring of 1922 after having gotten in a fight at the poorhouse where he was staying. When the police took Zhang's testimony, he clearly explained the origins of the incident. "Yesterday evening the other beggars in the room burned me while starting a fire," he stated. "I don't know why they acted like this, but they continued to burn me throughout the night and I couldn't sleep. This morning when I got up, I took another beggar's walking stick and hit two of them with it. I know that a person shouldn't hit others, but those men had previously hit me so I took my anger out on them." Although the acting inspector of the poorhouse was unconvinced that Zhang was crazy, and instead believed that he was simply "harboring a plot," the police report confirmed that Zhang was indeed mad: after performing a perfunctory observation, they determined that his "mind was unclear" (*shenzhi buqing* 神志不清), his eyes stared

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[415] Paul Unschuld argues that most physicians of the late Qing were in agreement that madness or demonic possession could only occur when "a previous weakness on the part of the victim had first made the attack possible." See Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 220.

blankly ahead, and he was unstable on his feet. Zhang was transferred to the asylum where the doctors observed an overabundance of mucous fire within his chest. It was there that he would die one week later.[416]

The assumed inorganic quality of pathological deviance, which was suggested by the families of the unstable Zhang Baohe and the disruptive Ms. Wang, is further evidenced by the way the mad themselves – when they were lucid enough to speak – also tended to attribute their condition to external hardships or preexistent psychobiological ailments. The madman Du Dashun, who was being held under lock and key at the Sanhe district police station after having viciously assaulted his mother, attempted to justify his actions through the invocation of his condition, which he believed was externally derived. "I am forty-three years old," Du began. "Ever since I was eight, I have been laboring every day as a peasant. My life has been exceedingly difficult, and it continues to be like this even today. I barely eat and have nothing to drink." It was his destitution, he explained to the policemen, that had eventually caused him to go mad. "Sometimes I'll feel sullen (*sheng menqi* 生闷气), and my heart will get confused (*xinli hutu* 心理糊涂). When I have a [mad] episode I have no idea what I'm doing. Now my heart-mind feels a bit clearer, but I'm afraid that my episodes are unpredictable. I beg you to find treatment for me."[417] Du was eventually transferred to the municipal asylum along with three other men, all of whom appeared to have developed their madness in similar straits.[418]

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[416] J181-019-35310, 京师警察厅临时乞丐收容所函送张义成一名似有精神病衣讯办卷, April 1922.

[417] The last comment was almost certainly added on by the district policemen who were recording Du's testimony and the testimonies of the three other men, which all concluded with the same formulaic statement. The four testimonies, which were forwarded to the

The twenty-eight year-old Yu Ziling, who was incarcerated in the municipal asylum for over a month in the spring of 1924, attributed his condition to a period of extreme emotive disruption. “My friends and I had earlier entered into a business venture,” he told the police after having ostensibly been fully cured of his madness, “but I was swindled and lost all of my money. I was so angry that this led to me going crazy (*yinqi zhifeng* 因气致疯). Now I feel completely healed.”[419] And similar to the case of the violently insane Du Dashun, a thirty year-old Manchurian by the name of Guan Yanchang likewise associated his madness with prolonged hardship and poverty. “I currently have no work, and I haven’t had a job since I was laid off three years ago from the ministry of transportation,” Guan stated. “My family [consisting of my wife, two children, and my mother-in-law] is very poor and we subsist in hardship. Because I am unemployed, penniless, and stressed, my spirit has become muddled (*jingshen huanghu* 精神恍惚), and my nerves are unclear (*shenjing buqing* 神经不清).” Guan concluded with the pitiable entreaty: “I beg you to take me in (*anzhi* 安置).”[420]

For many poor, disenfranchised, or socially marginalized men and women, the ability to assume the sanctioned and recognizable role of the pathological victim entailed

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municipality, were used as a means of persuading the administrators at the asylum to accept a transfer of the men into their care.

[418] J181-019-35373, 三河县函为杜大顺头因疯推殴伊母并持刀行凶批恳给文送入疯人收养所医治卷, January 1922.

[419] J181-019-41632, 京师警察厅疯人收养所函报疯人于子凌疯疾已愈请查照卷, April 1924.

[420] J181-019-21289, 京师警察厅内左二区区署关于关延昌因精神失常、请求医治安置的呈, February 1918.

the prospect of a systemic reward: food, shelter, attention, or, for the families of the afflicted, a temporary reprieve from responsibility.[421] That the Manchurian Guan Yanchang, in an extended moment of lucidity, appeared at the asylum begging to be fed and housed was therefore not purely coincidental, but nor was it simply an act of desperation with no pathological basis. Guan's mother, upon being brought to the precinct for further questioning, testified both to the extreme poverty of their family and to the reality of her son's mad condition. Recalling that Guan had been sent to the asylum on two separate occasions during the past two years, she testified that her son was "seriously insane." Guan's ability to replicate common tropes of psychological distress was not simply an act, but rather a testament to the power and breadth of popularly circulating discourses of madness that Guan had likely internalized. These discourses both informed the articulation of Guan's psychosomatic state and confirmed to the police that the man was indeed worthy of treatment. After hearing the testimonies of Guan and his mother, the police eventually committed the madman to a third stay in the asylum.[422]

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[421] Robert Scott; see also Thomas Scheff, *Being Mentally Ill: A Sociological Theory* (New York: Aldine, 1966). Scott and Scheff both argue that playing the role of the pathological individual is often a means of extracting rewards from the system. Scheff calls this phenomenon "role playing," wherein mental disorder becomes little more than a strategy chosen by an individual in order to obtain aid (56). Although I agree to a certain extent with this analysis, I do not negate the reality of the mad condition and refuse to consider it simply a "strategy" for attention. As I argue in this chapter, social deviance is a culturally constructed condition, and it therefore makes sense that the pathological individual would reenact the type of "deviance" that has been determined by the culture in which he/she has been raised. This does not detract, however, from the fact that the condition causes actual distress to the individual. As a historian, furthermore, it is impossible and unnecessary to try to retroactively diagnose a person like Guan Yanchang (and I would be ill prepared to do so, in any case).

[422] J181-019-21289.

Experiencing the Mad Condition

The specific archetypes of suffering that were nurtured in the milieu of post-revolutionary Beijing helped inform not only the verbalization of madness, but also the very *experience* of the condition itself. Following the work of the anthropologist David Mechanic, who has investigated the social construction of illness behaviors, Arthur Kleinman argues that different forms of neuroses "are not diseases, but socially induced behavioral manifestations of distress."[423] That is to say, the above testimonies to "madness" and "spirit confusion" potentially testify less to a categorical pathology than to a socially constructed mode of expressing psychobiological suffering. The sociocultural milieu in which these men and women were raised helped shape the articulation of their distress; these modes of articulation, meanwhile, further informed the experience of the perceived condition, as well.

In 1933, the Peking Union Medical College conducted a survey of 316 patients to determine how the Chinese under their care tended to express emotion. Among other questions, the patients were asked if they had ever experienced a period of depression, and if so, what the outstanding features of the ailment were. The patients overwhelmingly focused their responses on somatic experiences of depression: insomnia, restlessness, lack of appetite, constipation, dizziness, pain, perspiration, and headache. Only six of the queried patients responded that depression engendered feelings of sadness or

[423] Arthur Kleinman, *Rethinking Psychiatry: From Cultural Category to Personal Experience* (New York: The Free Press, 1988), 61.

"tearfulness."[424] The physician who compiled the results, P. Liang, concluded that the patients under his care generally expressed their emotional states in physical terms, and that "some expressions of emotion… have a bearing to different parts of the human body." Terminological descriptions of affect such as hopelessness (心死, heart death), anxiety (心焦, burning heart), and disappointment (寒心, cold heart), for example, all invoked the heart as a metaphorical referent.[425]

Although Liang noticed a terminological relationship between the above expressions of affect and the physical entity of the heart, he did not seek to examine the ways in which these terminologies further suggested a specific somatic experience of pathological suffering: one that centered the sensation of illness within the literal location of the heart or chest. As Paul Unschuld notes, the idea that "various emotions… were directly anchored in the biological organism" was an accepted fact that underpinned much of traditional Chinese medical theory.[426] Similar to the case with Ms. Gu in the previous chapter, wherein her longstanding liver illness both caused and was conditioned by her excessive anger and short temper, emotion was believed to both stem from and lead to physical harm in the affiliated organ. Emotion and physicality, in traditional Chinese medical thought, were rooted in a web of correspondences that did not always make a firm distinction between physical and emotional suffering. As a result, "mental"

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[424] P. Liang, "Verbal Expression of Emotion in Chinese," in Robert Lyman, *Social and Psychological Studies in Neuropsychiatry in China* (Peking: Peking Union Medical College, 1939), 252.

[425] Ibid., 254.

[426] Paul Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985), 216.

illnesses were often experienced somatically, while problems of the body were also thought to manifest themselves in behavioral or emotional erraticism.

The complementarity of psychological and biological distress is attested to in the ways in which everyday victims of madness pinpointed the heart or chest as the physical nexus of suffering. Zhang Hongtai, who was introduced above, confessed to the police that his "heart felt confused" (心内迷糊) just prior to fainting in the street; a woman who brought her insane son to the precinct in 1934 testified that he "had trouble sitting still and his heart was busy" (心中作忙);[427] the prisoner Du Dashun stated that his heart was "muddled" (心理糊涂); and a man named Sun Shaoguang attributed his madness to an ongoing "worrying illness" – literally, an "illness of a seized heart" (揪心病).[428] The pathological category doled out to many of these men and women was *xinji* (心疾), which, in literal translation can be rendered as an "illness of the heart," but in practice was used to refer to deranged men and women who suffered from a relatively light form of madness or general emotional agitation (see chapter one).[429]

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[427] J183-002-05704, 北平市警察局内三区署关于受理许华氏送其患疯疾儿子进精神病疗养院及毕李氏等送其患疯疾儿子毕大芳等进精神病疗养院等案件的函, April 1934.

[428] J181-019-35373.

[429] In these instances, the heart was regarded as the depot of the "spirit," and acted in the popular imaginary as a center of emotion, cognition, and behavior – what might be referred to in English as the "mind" or "soul." See Unschuld's translation of *Huangdi neijing suwen* 皇帝内经素问 [The Yellow Emperor's Inner Canon] (2003): "The heart is a yang depot; the spirit is located in it. When cold presses against it, the spirit becomes confused and leaves. Hence, craziness results" (page 586, footnote 5).

Just as an English speaker might say he felt "heart sick" in order to express sadness – and consequently experience pain within the physical vicinity of the heart – the invocation of the heart in everyday Chinese speech was also used *literally* to attest to a physical sensation of distress that could be localized in the area of the chest. As chapter four has discussed, the mucous etiology of madness that remained popular throughout the early twentieth century attributed mad behaviors to excess accumulation of phlegm in the heart and chest, which acted to block off the proper circulation of *qi* throughout the body.[430] As the missionary physician C. C. Selden remarked, it was commonly understood among his patients that "the immediate cause of insanity is the presence of mucous choking up the 'sam,' that is, the internal organs within the chest (which may mean the heart or lungs or even the stomach)…" His patients, when attempting to describe their condition, therefore frequently made reference to feeling stopped up or suffocated in the area of the chest or abdomen.[431]

The patients surveyed for depression at the PUMC similarly admitted that the major physical symptoms of their condition included "difficulty in breathing," "sense of

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[430] This etiology was not confined to Beijing. In medical records from the Shanghai Mercy Hospital, multiple cases of madness were found to have arisen due to accumulated phlegm. For example, the twenty-four year-old woman Huang Ahmei, from Pudong, was found to have contracted syphilis. The doctors at the hospital "cleared out her blood vessels and got rid of her accumulated phlegm [so as to] cure her insanity." The twenty year-old male Wang Qingyuan, from Nanjing, was said to have "thick phlegm, and he soiled himself and the walls with his urine. After the doctors had treated him, he completely spit out his accumulated sputum, and his mind became clearer." *Shanghai fengdian zhuanmen yiyuan* 上海疯癫专门医院 (1933).

[431] C. C. Selden, "Work Among the Chinese Insane and Some of its Results," *China Medical Missionary Journal*, vol. 19, no. 1 (January 1905), 7.

obstruction in the chest," and "palpitation of the heart."[432] For these men and women, the physical sensation of depression as being located within the chest was a conditioned response to the medical and figurative invocation of the heart in both popular and professional discourse. According to physicians at the Beijing Psychopathic Hospital, men and women of the lower classes were more predisposed to somaticizing mental symptoms than their wealthier and better educated counterparts; in a study conducted in 1937, it was determined that "the absence of all schooling had a statistically positive relationship with physical complaints [in mental patients]."[433] Those complaints tended to be lodged in a shared cultural vocabulary that attributed disordered behavior to somatic confusion or unwellness.

As Arthur Kleinman writes, "The idiom is the symptom… Cultural idiom orders the interpretation of distress."[434] To the unfortunate men and women who were nominally afflicted with "madness," the language that they used to attest to their symptoms both reflected and conditioned the experience of the disorder. On the one hand, the physical sensation of pain in the chest mirrored the notion that madness was fomented within the biological region of the heart. On the other hand, the assumption that emotion, body, and environment were inextricably connected conditioned the understanding of madness as a logical concomitant to external hardship, and allowed outside observers to comment with authority on the origins of the affliction. Disordered behavior was replicated in a

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[432] Lyman, 252.

[433] C. C. Kao, T. Ting, and E. H. Hsu, "Content of Thought: A Review of the Mental Status with Special Reference to the Parergastic Reaction-Type," in Lyman (1939), 360.

[434] Kleinman, *Rethinking Psychiatry*, 70.

language that stressed internal disorder, and the construction of madness as something knowable, logical, and systematic served to mitigate its subjectivity. Thus, someone like Zhang Hongtai, while given the opportunity to testify to his own convalescence, was not imbued with the authority to make the final determination on his actual state of being. Rather, that responsibility was left to the police: men who had no specialized knowledge of the subject, but whose imbrication in a shared cultural orientation toward madness bestowed upon them the authority to determine whether a suspected madman should be incarcerated or released.

High-Class Madness

If the madness of the masses can be characterized by its objective knowability, high-class madness was conversely construed as something intimate and personal, known only to the sufferer himself. This disparity can partially be attributed to the texts in which these respective testimonies to madness were recorded. While the historian can only observe the voices of everyday men and women through oral confessions recorded by the police or through interviews taken by hospital practitioners, the educated elite were able to document the experience of their illness firsthand through diary entries, letters, and poems. The private, and often anonymous, format of these testimonies endowed their writers with the freedom to express their thoughts in a highly individualistic language. The well-known essayist Zhou Zuoren, who claimed to be suffering from neurasthenia, and an anonymous poet known only as Ding X, who spoke of his illness as one of "sensitive nerves," were two such men who grappled with the lived experience of their affliction in a series of private writings.

The freeness with which Zhou and Ding were able to speak of their condition was not only enabled by the chosen format of their writings, but also by the new taxonomies of psychiatric pathology that had been transmitted to China from Japan at the beginning of the twentieth century. Categories like neurasthenia and nervous disease forged the boundaries of a new type of disorder: one that was nominally and symptomatically different from the "madness" of the lower classes. Being neurasthenic, unlike being *feng*, had little negative implication. As a modern condition, it was almost assumed that Western-oriented and well-educated elites would have been predisposed to contracting the affliction, and the emerging popularity of psychoanalysis among the Chinese intelligentsia further initiated an inward turn toward sentimentality and self-exploration.[435] The phenomenology of mental illness for upper class men and women, in other words, evolved in tandem with the importation of new vocabularies and new modes of thought surrounding mental illness discourse in the early twentieth century.

Zhou Zuoren, the younger brother of the well-known author Lu Xun and a prominent essayist in his own right, was one such intellectual who endured a long period of struggle with mental illness. Although the fortitude of Zhou's essays often obscure the reality of his emotional state, his personal correspondence and diary entries reveal a mind

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[435] Haiyan Lee, in her book *Revolution of the Heart: A Genealogy of Love in China, 1900-1950* (Stanford: Stanford University Press, 2007), argues that psychoanalytic and Freudian influences posed a challenge to Confucian orthodoxy, and granted authors and intellectuals the freedom to write more openly about their intimate emotional and sexual experiences. (See chapter five, "The Historical Epistemology of Sex.") Marston Anderson also argues that Chinese intellectuals, particularly in the post-May Fourth period, were so prone to writing personal, emotive, and highly sentimental tracts that many authors began to argue for a more "objective" fiction. *The Limits of Realism: Chinese Fiction in the Revolutionary Period* (Berkeley: University of California Press, 1990), 45.

plagued with anxiety, sadness, and crippling self-doubt. By his own admission, Zhou was sick with neurasthenia, and it was this diagnosis that came to define both his outlook and his literary output throughout the early 1920s. For Zhou, his struggle with mental illness began to take hold soon after the urgency of the May Fourth Movement had begun to die down. It was around this time that Zhou fell seriously ill and decided to relocate to the Fragrant Hills of Beijing in order to convalesce in peace. The decision was not merely taken in consideration of his precarious physical health. In a letter to a friend, Zhou confided that his neurasthenia had become "easily excited" and "much worse" in the days and weeks following his illness.

"During the daytime there is always a period when I feel depressed (*yinyu* 阴郁)," he wrote to his friend in the summer of 1921. "That period is in the afternoon, after the postman delivers the newspaper. My neurasthenia has recently become easily excited and much worse. Even for matters of only slight importance, I will ponder them and find myself becoming agitated (*fanzao* 烦躁), and it's like I've developed a fever. Because of this I generally try to avoid [the paper] altogether."[436] If Zhou's physical infirmities had prompted him to move to a remote and mountainous corner of the city, it was his weak psychological disposition that convinced him to stay. As was often argued among the educated elite of China at the time, sensitive nerves were only further inflamed by the

[436] Zhou Zuoren 周作人, "Shanzhong zaxin 山中杂信 [Miscellaneous letters from the mountain]," in *Jingdian zuopin xuan* 经典作品选 [Collected writings] (Beijing: Dangdai shijie chuban she, 2002), 63. The letter quoted is from June 29, 1921.

depraved influence of urban metropolises;[437] to ward off the adverse effects of city life, Zhou instead chose to reside in the woods amongst a clan of Buddhist monks, with whom he would regularly converse in an effort to forget the disheartening news that was daily delivered with the arrival of the postman. In spite of his abstention from urban activities and his careful avoidance of negative psychological stimuli, Zhou made only slow progress in his recovery from neurasthenia, and continued to be haunted by the problem well into the 1920s.

In his descriptions of madness, Zhou did not employ the standard vocabularies of heart-confusion or phlegm accumulation that his lesser-educated contemporaries frequently invoked, nor did he attribute the onset of the condition to any particular facet of his upbringing or the stresses of his working life. To him, the struggle with neurasthenia evaded stock characterization, and could only be explained by using a highly personal analogical language. Continuing his letter, Zhou tried to describe his daily battle with the condition: "It's like there's a wound on my body," he wrote, "and while I realize that touching it will cause pain, I can't help but reach out and feel it with my hands. [Of course this causes] a new and severe pain, and I'll retain the consciousness of the injury. But pain is just pain, after all, and so I'll quickly forget it and go off in search of some other soothing thoughts. At this point I put down the paper, and try to force my mind to go back to the old road I usually walk upon – but my thoughts

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[437] For example, the short story *Xiao fengzi de gushi* 小疯子的故事 [The tale of the young lunatic], written in 1937 by the author Xu Shaochang 徐绍昌, tells the story of a young man who goes mad after moving from the tranquil countryside to the harsh and unforgiving city. It was the depraved influence of city life, Xu explicitly writes in the introduction, that ultimately drives the young man insane.

inevitably return [to unhappy things]…"[438] Zhou's constant struggle with neurasthenia eventually led to stagnation in his authorial output. Blaming his depression, poor nerves, and lack of sleep, Zhou confided in a friend that he "hadn't written a letter in a very long time, nor [had he] done any poetry. My poetic inspiration (*shisi* 诗思) admittedly isn't there."[439]

Although Zhou eventually decided to leave his Buddhist sanctuary in the mountains, his battle with neurasthenia would again rear its head five year later. This time, however, his condition could no longer be considered a private matter. On March 18, 1926, an anti-imperialist protest in Beijing turned bloody when the warlord Duan Qirui and his troops opened fire on protestors, killing close to fifty of them and wounding hundreds more. While Zhou's brother Lu Xun responded to the incident with a public outcry, Zhou's immediate response was silence and retreat. As he explained in his diary, "I am the type of person who rarely goes to the extremes of madness, but at the same time I'm not terribly cool-headed. This is probably because of my neurasthenia: as soon as I see a stimulus, my thoughts go helter-skelter (*fenluan* 纷乱). I can't deeply ponder anything, much less can I speak the things I'd like to write down." It was not until a full five days after the incident, when "everyone had already rebuked Duan Qirui," that Zhou

[438] Zhou, "Shanzhong zaxin," 63.

[439] Zhou, "Shanzhong zaxin," 64. The letter quoted is from July 14, 1921.

was finally able to "gather up [his] thoughts and affirm that those people who were killed had been killed in vain."[440]

Zhou's immediate silence on the incident, and the fact that the massacre persuaded Lu Xun to ultimately leave Beijing while Zhou stayed behind, has been interpreted by later commentators as "symbolic of [Zhou's] refusal to assent to the 'progressive' course for China."[441] While it is true that Zhou was unwilling to take the sort of uncompromising action that would come to confirm his brother as the figurehead of Chinese modernity, Zhou's reticence to condemn Duan does not, in itself, confirm his out-and-out conservatism. By his own admission, Zhou was deeply shocked by the incident. If he had failed to take any immediate action to verbalize his dismay, it was not due to his ambivalence of the matter, but rather due to a nervous temperament that impeded his ability to "deeply ponder, much less speak" the words he wished he could say. On this matter, Zhou was not simply spouting empty rhetoric. The neurasthenia he continued to bemoan over the course of the decade was, to his own mind, an empirically real condition that prevented him from becoming the type of public figure he might have otherwise aspired to become.[442] For Zhou, madness was the failure of self-actualization, but it was a failure not due entirely to his own constitution or conscious processes.

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[440] Zhou Zuoren, "Guanyu san yue shiba ri de sizhe 关于三月十八日的死者 [On those who died during the March 18th Massacre]," in *Jingdian zuopin xuan*, 18, diary entry from 1926.

[441] Susan Daruvala, *Zhou Zuoren and an Alternative Chinese Response to Modernity* (Cambridge, MA: Harvard University Asia Center, 2000), 4-5.

[442] The progenitor of neurasthenia, George Beard, wrote that the disease engenders "wearisome and subjective symptoms of distress which only the neurasthenic himself appreciates, and the physician who listens to his tale of woe." In spite of its subjective

The ostensible individualism of high-class madness – and the perception that nervous diseases were experienced differently by different people – is again evidenced in a poem submitted by a nominal "madman" to a Christian periodical called *Heavenly Wind*. *Heavenly Wind* openly encouraged its readers to submit original works of poetry and prose, and a man who referred to himself only as Ding X responded to the call with a highly personal submission. Ding had been suffering from "overly sensitive nerves" for almost half a year at the time of his writing, and admitted to composing his poem from the safety of his "sick bed" in Beijing. In his introductory letter, he wrote to the editor: "The chronic illness hovers over me (*yingrao zhe wo* 萦绕着我), causing me to become anxious and depressed. Sometimes I even go so far as to think about escaping from this vexing world. I am in such a stupor that I daily cannot make sense of my own thoughts…" The opportunity to submit an original poem to the periodical provided him with hope and "some light in the darkness," for it allowed a "long-ill person to at least recount his sadness" to a larger audience.[443]

The poem Ding submitted detailed a nightmare he had had the previous night. The dream, which he interpreted as "a reflection of [his] suffering," involved a nighttime visit by demons of various colors:

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nature, however, the condition itself was still thought of as a real physical syndrome, and was believed by Beard to emerge from the "brain and spinal cord." It tended to afflict men of the upper classes and those who most strove for success, and Beard argued that William James, Henry James, Charles Darwin, and Sigmund Freud were among the intellectuals who could be characterized as neurasthenics. See Beard, *A Practical Treatise on Nervous Exhaustion* (New York: E. B. Treat, 1894), 5, 10.

[443] Ding X 丁 X, "Yi ge jingshen bing huanzhe de laishu yu shigao 一个精神病患者的来书与诗稿 [A letter and draft of a poem from a mentally ill person]," *Heavenly Wind* (194-), 22. Accessed at the Shanghai Municipal Archives, D2-0-923.

Ah! The blue demon pushes down against my body.

Heavy, cold! It presses stiff onto my tendons and muscles;

My linked breathing threatens to be cut off.

Hng, hng! I almost cannot catch my breath!

You, are you trying to suffocate me to death?

…

Death, is it not in front of my eyes?

By the door is a red demon.

It bends its head, extends its hand, and smugly calls to me.

No, I refuse to be seduced by it!

…

I turn my gaze and see my older sister.

She kneels by the wall, her right hand clutching a white flower.

Oh, sister! I need you to save me!

Come save your brother from these people-eating demons!

…[444]

The schizophrenic nature of the poem unintentionally recalls Lu Xun's madman. Surrounded by the prospect of a cannibalistic death, Ding imagines that there is no escape to his suffering, and his impassioned pleas for help find no audience. Not even his own

[444] Ding X, "Wuse bing huanzhe de mengyi 五色病幻者的梦呓 [Somniloquy of the five colored illness illusions], in *Tianfeng*, 22.

sister is able to come to his aid, and Ding ends the poem with the fear that he will be swallowed up by the demons that surround him.

In spite of the highly personal way in which Zhou Zuoren and Ding X described their experiences with mental illness, both men unconsciously tapped into more general expressions of madness that resonated within Beijing society at large. Ding, readily acknowledging that "demons and evil spirits every day inhabited [his] thoughts," revealed a cultural influence that often favored demonic possession as an explanation for psychological distress, and the physicality of both men's experiences with madness further reflected a cultural and linguistic tradition that blurred the line between pathologies of the body and those of the mind. Zhou spoke of his madness as being like a "wound on his body" and noted how his thoughts felt "helter-skelter," and Ding both anthropomorphized the affliction and acknowledged that he could not "make sense of his thoughts." Thus, on a certain level, the writings of Zhou and Ding recall the testimony of the mad Zhang Hongtai, who emphasized both the physical repercussions of his condition and the confusion of his mind-heart.

The main difference between articulations of low-class "madness" and high-class "mental illness," however, was that the latter was understood and expressed as a highly personal experience – an experience for which nobody could speak on the patient's behalf. The neurasthenia of Zhou and Ding did not arise from any particular event or external trauma, and it did not produce the sort of disordered behavior that was typically associated with everyday madness. Rather than lashing out or causing public disturbances, Zhou retreated to a solitary cabin in the woods, while Ding took to his sick bed and composed poetry. The fact that Ding characterized his dream as a "reflection" of his

waking life further signals his likely encounter with discourses of the unconscious, which would have been familiar to members of the Chinese elite by the time of Ding's hospitalization.[445] Freudian subjectivity placed the individual at the center of his pathology, and confirmed that the patient was the only person capable of testifying to his own experience of disease.

Nevertheless, the irony of this assumption was that Zhou and Ding were actually enacting a specific social performance that had only been authorized through the adoption of the neurasthenic label. In the words of the biographer Howard Feinstein, neurasthenia in nineteenth century England emerged as a "durable social role" that coalesced out of the conflicting demands engendered by a puritanical work ethic and a romantic sensibility. The illness "provided social definition, sanctioned pleasure, prescribed leisure for health, protected from premature responsibility, forced others to care, and expressed inadmissible feelings while protecting vital social ties."[446] In the case of Chinese intellectuals, too, neurasthenia sanctioned a retreat to the mountains or a six-month stay at home; it provided recourse for unproductiveness and an excuse for political reactionism. The assumption that neurasthenia was a real, psychobiological affliction conditioned its victims' enactment of the patient role, and provided "legitimation of a putative physical disease for bodily expressions of personal and social distress that would

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[445] Zhang Jingyuan argues that by the mid-1930s, "Freudian theories were familiar to many Chinese intellectuals, and in reductive forms, to a surprisingly broad sector of the Chinese population." Zhang, *Psychoanalysis in China: Literary Transformations, 1919-1949* (New York: Cornell University Press, 1992), 34.

[446] Howard Feinstein, *Becoming William James* (New York: Cornell University Press, 1984), 213.

otherwise go unauthorized."[447] Neurasthenia enabled, in other words, the transition of madness from the jurisdiction of the public to that of the individual, and its concomitant epistemology likewise shifted from common knowledge to personal experience – even if the role assumed by the neurasthenic was little different from that of anyone else afflicted with the same disease.

Perceiving the Abnormal Self

The anthropologist Byron Good once observed that illness is "a syndrome of experience... a set of words, experiences, and feelings which typically 'run together' for members of a society."[448] As this chapter has argued, interpretations of madness in early twentieth century China were conditioned both by cultural expectations of normative behaviors and by assumptions related to the causes of behavioral abnormality. These assumptions were internalized as much by the victims of madness as by outside observers, and therefore tended to shape both the experience and the articulation of the mad condition. By embodying the expectations of the pathological actor, these men and women were able to reap the rewards of a system that was still unsure of the mad person's rightful place in a modernizing society. Although the municipal asylum was by no means an ideal destination, in the eyes of the truly desperate, it at least offered the hope of food, shelter, and a modicum of medical attention.

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[447] Kleinman, *The Illness Narratives*, 108.

[448] Byron Good, "The Heart of What's the Matter: Semantics and Illness in Iran," *Culture, Medicine, and Psychiatry*, vol. 1, no. 1 (April 1977), 27.

At this particular juncture in Chinese history, the assumptions accorded to madmen and madwomen were shaped not only by a common cultural orientation toward disease, as Good asserts, but perhaps more importantly by one's economic class, social status, or contact with Western discourse. Thus ideologies about madness often differed between the Chinese everyman and the Chinese elite. Among the lower classes, circulating theories of psychobiological distress tended to link emotion, body, and environment through a structure of systematic correspondence, to borrow Unschuld's terminology. The assumption that madness evolved from the hardships of everyday life or from a sudden disturbance to existential order allowed for personal experiences of madness to become the property of public knowledge. A mother could testify on her son's behalf; husbands understood the origins of their wives' disorders; and the police could override a testimony of psychological wellness even when no observable symptoms of madness were present, such as in the case of Zhang Hongtai or the beggar Zhang Yicheng. To the everyday men and women of Republican Beijing, madness constituted a communal form of epistemic proof: it confirmed, through its very existence, the assumptions that had been made about it.

To intellectuals, on the other hand, madness was less a matter of cause and effect than a mode of troubled existence. The alienation and individuation engendered by contemporary civilization was reflected in the highly personal ways in which neurasthenics talked about their condition, and justified their reclusive behavior and overt sentimentality. To men like Zhou Zuoren and Ding X, mental illness was not a shared experience, but was instead something that could only be known to the sufferer alone; their articulation of the condition therefore tended to be analogical rather than direct, and

emphasized the inherent subjectivity of the mad experience. Nevertheless, the very act of categorizing oneself as a neurasthenic ironically served to prescribe the contours of the pathologic role and demarcate the behaviors that one could enact in order to attract legitimate therapeutic attention. As a putative scientific condition, neurasthenia *could* be known, but only to the purveyors of scientific knowledge. In this way, the cultural construction of neurasthenia was not so different from that of *xinji*, except in terms of the limited scope of those who were imbued with the authority to name its truth.

The anthropologist João Biehl, in his exploration of a southern Brazilian camp for the disabled and insane called Vita (a "dump site for human beings," he explains), observed that the "soundness or unsoundness of [one's] mind was the nature either presupposed by [one's] kin and neighbors or mastered by pharmaceuticals and the scientific truth-value they bestow."[449] In neither case did the victim's mind belong to himself; it was, instead, public property within the home and a site of medical expertise outside of it. Yet, even with having made such a damning statement at the outset of his study, Biehl found that the victims of "madness" within Vita – particularly a woman named Catarina – continued to cling to their own versions of truth and their own experiences of disease. That Catarina was never rehabilitated appeared to confirm the outside assertions of madness that had been made on her behalf, but the fact of her confinement did not erase the subjective experience of illness that Catarina continued to claim up until the time of her death.

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[449] João Biehl, *Vita: Life in a Zone of Social Abandonment* (Berkeley: University of California Press, 2005), 9.

For those afflicted with mad diseases in Republican China, the disparity between subjective and objective truth similarly remained grounds for dispute, but the weight accorded to one form of knowledge over the other was shaped more by class than by context. The story presented in this chapter thus adds another dimension to Akihito Suzuki's affirmation that changing claims to knowledge of madness – from communal to individual, social to medical – proceeded in a linear fashion. In early twentieth century Beijing, both forms of knowledge instead coexisted, but the preeminence of one form over the other depended much upon the identity of the afflicted. Expectations of behavioral abnormality were therefore shaped by the social role one enacted in everyday life, and the repercussions of deviance were likewise tailored to one's social identity. Zhou Zuoren, in short, would never have found himself locked in the municipal asylum simply for having one day fainted in the street.

Epilogue.

Beyond Beijing: Psychiatric Care in Comparative Perspective

In 1938, after the start of the Second Sino-Japanese War, the Psychopathic Hospital was relocated to an empty plot outside the Beijing city walls. Soon thereafter, due to the distance and inconvenience of maintaining the upkeep for the facility, the PUMC relinquished all claims to responsibility for the institution. Although Wei Yulin remained in a managerial position throughout 1941, later records from the China Medical Board noted that he had allowed the facility to get into "very bad shape" due to his "negligence" of hospital affairs. In the early 1940s, the Psychopathic Hospital was taken over by an unaffiliated Dr. S. T. Wang, who had, until that point, managed a soy sauce factory outside of the city.[450] No records remain from that time forward.

Had the events of the Second Sino-Japanese War not taken place, it is likely that the fate of the Psychopathic Hospital would have remained much the same. The PUMC had never approached the endeavor enthusiastically, and throughout the early 1940s – indeed, even as late as the summer of 1942 – the staff of the medical college continued to petition for the separate establishment of a division of neurology and psychiatry within the PUMC itself. The resolution, for various reasons, was continually overturned, and finally, in late 1942, the PUMC was forced into closure by the Japanese. The staff scattered – either to the Nationalist base in Chongqing, or to private practices throughout the regions of Beijing, Tianjin, and Shanghai. Their service during wartime, it was

[450] RFA, CMB Inc., Record Group IV 2B9, Box 97, File 697, Excerpt Dr. C. H. Hu to R. S. Greene, August 1945.

observed, did not always do justice to their prestigious education, as many PUMC graduates were reluctant to join other medical schools, serve as military personnel, or go into the countryside. Mary Brown Bullock, quoting a 1944-45 report to the CMB, describes these later PUMC graduates as having become "too Americanized, over-isolated from social conditions, and unable to adapt to problem situations."[451] Outside of the protective confines of the medical college, the PUMC's students had never quite learned how to adapt their knowledge to the difficult circumstances on the ground.

Was the Peking Union Medical College unique in this respect? Certainly, the frustrations faced by the institution – anti-foreign sentiment, war and upheaval, and an ideological disconnect between Western doctors and their Chinese patients – were not unique to Beijing alone. But it is also possible that other models for overcoming these problems were extant in other locations. In order to place the PUMC in a wider context, it is useful to take a comparative look at other mental institutions that existed in China during the same time period. Two such institutions, the John G. Kerr Refuge for the Insane in Guangzhou and the Shanghai Mercy Hospital, will be briefly discussed in turn.

The John G. Kerr Refuge for the Insane

The John G. Kerr Refuge for the Insane, erected in 1898 by a Presbyterian missionary of the same name, can effectively be called the first asylum established in China. Starting as a private clinic, and only in 1927 becoming absorbed into the municipality, the Kerr Refuge followed a very different trajectory from that of the Beijing Psychopathic Hospital. Kerr, who was attached to the Board of Missions of the American

[451] Bullock, 194-195.

Presbyterian Church, had worked at the Canton Christian Hospital prior to establishing his Refuge for the Insane. While a practitioner at the hospital, he had long tried to convince his benefactors to open a mental facility for the care of the insane. Somewhat similar to the position taken by the early board of the PUMC, the Presbyterian mission responded to the proposal with reluctance. Wary that psychiatry was not yet advanced enough to secure positive rewards, and concerned that surrounding themselves with such a highly stigmatized group of people would bode poorly for the missionary project, the Board rejected Kerr's proposals.[452]

Kerr was not easily foiled, and instead set out by himself to establish an asylum with his own funds. Already in his seventies, Kerr purchased four acres of land and depleted the majority of his life savings on the construction of the facility. Although he died only three years after its completion, the asylum was taken over by the American missionary and medical practitioner Charles Selden, who used his firsthand knowledge of Chinese madness to comment extensively on the "pitiable condition" of the insane in the region. The asylum under Selden's lead implemented similar curative methods as those employed at the Psychopathic Hospital, including cold baths and work therapy. And again similar to the PUMC, the Kerr Refuge saw mixed results in its rate of cure: in 1925, the Refuge estimated that over half of those admitted entrance to the facility had either

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[452] Mark Selden, "The Life of John G. Kerr: Forty-three Years Superintendent of the Canton Hospital," *Chinese Medical Journal*, accessed at the Yale Divinity School; Veronica Pearson, *Mental Health Care in China: State Policies, Professional Services, and Family Responsibilities* (New York: RCPsych Publications, 1995), 9-10.

died or showed no improvement whatsoever (the rest were categorized as either "in remission," "improved," "much improved," or "fully recovered").[453]

The greatest distinction between the PUMC and the Kerr Refuge can be located in the fact that the latter institution overtly privileged Christian missionary work over teaching and research. Although one of the guiding principals of the PUMC had been to spread Western values (Christianity among them), missionary work at the Psychopathic Hospital had certainly taken a back seat to other endeavors. In Guangzhou, on the other hand, proselytization was directly incorporated into therapeutic practice. Men and women were not only taught useful tasks like sewing and mending shoes, but were encouraged to engage in bible study and to recite prayers at mealtime. By the mid-1920s, Selden estimated that a full 80% of the Chinese staff had fully converted to Christianity, and he appeared optimistic at the success of his missionary work among the larger body of Refuge patients.

The missionary impulse practiced by the Refuge staff included a necessary component of large-scale proselytization, not just within the hospital itself, but also within the larger community. Selden noted that during the course of one year, "three thousand seven hundred and forty-nine women and children [had] been faithfully witnessed to as they came for medicine and treatment," while those accompanying the patients "also heard" the missionary message.[454] It was, perhaps, this overriding Christian imperative that convinced the Refuge staff of the importance of engaging directly with

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[453] John G. Kerr Refuge for the Insane, "Annual Report" (Wai Hing Printing Company: Canton, 1925), 8.

[454] Ibid., 6.

the surrounding community. In tandem with proselytization efforts, the Refuge also engaged in mental hygiene campaigns, public lectures, and medical courses to teach students and staff how to "instruct the public on the laws of hereditary transmission and other important hygiene matters." Doctors at the facility spent much of their time working in "education and publicity" so as to instruct the wider community in matters of both mental health and Christian salvation, and a worker at the hospital named Mr. Chau Shat-kei testified to the "open hearts and homes" he had visited in the village as he preached both Christian morality and the message of mental hygiene.[455]

Indeed, as Selden specifically explained in his annual reports, one of the major initiatives of the Refuge was the large-scale dissemination of psychiatric knowledge. Beginning in the early 1920s, the Refuge embarked on at least two mental hygiene campaigns, the second of which apparently saw crowds of 50-60,000 people over a five-day period. Selden considered the movement a huge success, and concluded that the Chinese people "as a whole are better informed on the subject of mental hygiene and as to proper treatment of the insane since these campaigns were inaugurated."[456] Even after the 1927 handover of the Refuge to the Ministry of Hygiene, the facility's previous commitment to community involvement continued as before. Beginning in the mid-1930s, the hospital laid out plans for a large-scale "inspection movement" (*jianyan da yundong* 检验大运动), in which the patients' family members would be convened at the hospital so as to investigate the "origins" of the illness and to embark upon a more systematic

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[455] Ibid., 3, 7.

[456] John Kerr Refuge for the Insane, "Annual Report" (1922-23), 5-6.

program of therapy. Communicating with the patients' families would not simply aid in identifying the roots of the mental disease, it was believed, but would furthermore work toward the end of indoctrinating the community with modern psychiatric knowledge.[457]

The Kerr Refuge and Beijing Psychopathic Hospital diverged substantially in their respective orientations toward the Chinese public. While the former practiced widespread proselytization in matters of both Christian doctrine and mental hygiene, the latter did not fundamentally incorporate the public into its general operating program. Nevertheless, both institutions continued to face similar problems: namely, the question of how to eliminate the stigma and moral disapprobation that continued to be associated with mental illness. In spite of the fact that Selden attests to the "success" of his mental health campaigns, he perhaps unconsciously obfuscates the real attraction of these spectacles. Arguably, the main reason such a large crowd was drawn to the Refuge was not necessarily due to any overriding interest in mental hygiene, but rather due to the fact that the patients there were seen as a sort of complimentary freak show. As Selden himself confesses, "Again, as on the first [mental hygiene campaign], the greatest attraction was the patients themselves." Due to the fact that the teeming masses pushed and shoved in order to get a better look at the madmen on display, the Refuge was forced to "shut [the patients] in their rooms," thereby only allowing the crowds to witness their behavior from across a protective barricade.[458] While it is hard to gauge just how many

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[457] Huang Pandong 黄磐栋, "Shili jingshen bing liaoyang yuan zhi shilue ji jinkuang 市立精神病疗养院之史略及近况 [Brief history and recent developments of the Municipal Psychopathic Hospital]," *Guangzhou weisheng* 广州卫生 no. 2 (1936), 105-106.

[458] "Annual Report" (1922-23), 5.

people left the spectacle with a better understanding of mental hygiene, it is quite likely that everyone in attendance had at least been temporarily entertained.

The Shanghai Mercy Hospital

The Shanghai Mercy Hospital for Nervous Diseases followed a trajectory very similar to that of the Beijing Psychopathic Hospital. Founded in the summer of 1935 thanks to donations from the City Government of Greater Shanghai, the Shanghai Municipal Council, the French Municipal Council, and a Catholic Chinese philanthropist named Lu Bohong (who was sometimes referred to as the "Chinese Rockefeller"[459]), the hospital claimed, somewhat erroneously, to be the first of its kind in China.[460] Recognizing the need for a large-scale clinic for the insane, the Mercy Hospital was able to accommodate six hundred patients at the time of its establishment. The chief physician at the hospital, a woman named Fanny Halpern, had long been concerned about the neglect of the mentally ill in the city, and noted that, outside of a "small hospital" in Suzhou and one in Beijing, there was a "scarcity of provision for the treatment of the insane in China" more broadly.[461]

The opening of the facility was marked with a grand fanfare. Approximately one thousand people arrived at the grounds of the hospital to celebrate the landmark achievement. In her opening speech to the community, Dr. Halpern noted solemnly that

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[459] "Outstanding Lay Apostle," *Catholic Herald* (January 14, 1938), 9.

[460] Shanghai Municipal Archives (hereafter SMA), "Hospital Opening on Saturday," *North China Daily News* (June 27, 1935).

[461] SMA, "Legal Status of Insane in China Said Neglected," *China Press* (July 3, 1935).

Shanghai had long been in dire need of such a facility. Until recently, she declared, "the many insane people in the city [had been] forced to remain with their families, and often in the same rooms with little children." Nevertheless, due to advances in psychiatric care, Halpern was confident that "most mental disorders [could] be cured." All that Shanghai needed was a thorough conversion of its asylums into "real hospitals," where trained medical professionals would be guided by the scientifically sound principles of "modern psychiatry."[462] The Mercy Hospital, Halpern continued, was to be "modern in every way," and had received much of its equipment from mental institutes in Vienna, where she had previously been employed. The staff was to be constituted largely of missionaries and nuns, who, in their zeal to aid the Chinese people, "gave up all [their status and respect] when they came to China."[463]

The underlying goals of the Mercy Hospital were similar to those of the Beijing Psychopathic Hospital. In addition to treating patients with the "latest" curative methods (including hydrotherapy and occupational therapy), part of the hospital was taken over by the National Medical College of Shanghai for teaching purposes.[464] Patients were to be accommodated in well-lit rooms and given ample time for outdoor exercise. The treatments, as the hospital regulations suggested, were to be the most scientifically sound

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[462] SMA, "The Modern Health Campaign in China," *North China Daily News* (June 30, 1935).

[463] "Legal Status of Insane."

[464] SMA, "Mental Hospice to be Opened End of June," *China Press* (June 1, 1935).

available, and included electroshock therapy and surgical treatments.[465] To this end, Halpern shared certain assumptions with Richard Lyman on the types and causes of madness among the Chinese. "It seems evident that there is no difference between the European and Oriental minds," she declared in an interview during the opening ceremonies of the hospital. "The causes of nervous breakdown here and in Europe are similar [and] our treatment here is the same as it was in Vienna."[466] Like the Psychopathic Hospital, the Mercy Hospital primarily championed biologically based therapeutic approaches to mental illness.

At least according to her opening day speeches, Halpern began her work at the Mercy Hospital with an optimism that the study and research of "mental hygiene" would go "beyond the walls of the hospital and enter into the private lives of people." Noting the dearth of social workers and native psychiatrists in China, Halpern concluded that the main goals of the facility would be to prevent, rather than cure, mental illness, and to assemble statistics and expert knowledge on the subject of madness in China. Making an appeal to local authorities and the greater Shanghai community, Halpern insisted that the doctors at the Mercy Hospital should not stand alone in their efforts to solve the far-reaching problem of mental illness. Instead, since madness resulted from "fundamental problems of the human mind and of the social order," it was imperative that the community take up the task of mental hygiene independently of the hospital.[467] To that

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[465] SMA, U1-16-590, "Shanghai Puci liaoyang yuan jianzhang 上海普慈疗养院简章 [General regulations for the Shanghai Mercy Hospital].

[466] "Legal Status of Insane."

[467] "The Modern Health Campaign."

end, Halpern and her staff pledged to establish clinics for parents so as to educate them on child psychology; teachers and educators were to be given special courses in developmental psychology; and social workers were to be trained for work in the "field." In addition to her clinical work, Halpern simultaneously championed the writing of a new civil code that would consider the plight of the Chinese insane, and at the third general conference of the Canton Medical Association, Halpern further suggested that a committee be formed to discuss problems related to the legislative status of the mentally ill.[468]

Although Halpern spoke widely about the need for community engagement, it is unclear the extent to which such an approach was actually championed after the opening of the facility. Due to a lack of statistics from this point forward, it is impossible to determine whether or not the hospital practitioners actually pushed ahead with their proposed mental hygiene program, or how well the program was received within the community. Given that the hospital would only be in operation for two short years before the upheaval of the Second Sino-Japanese War, it is probable that the impact of these programs – if they were unfolded at all – was not particularly widespread. Indeed, by the time of the 1937 Battle of Shanghai, affairs at the hospital had already begun to unravel. "At the first sound of a plane," a nun named Sister Mary Geist told reporters, "all the Chinese helpers fled." Only seven nurses and ten attendants were left to care for two

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[468] SMA, "Insane in China to be Aided Soon: Effort to Revolutionize Hospitalization, Civil Code is Planned," *China Press* (October 20, 1935).

hundred female patients.[469] One year later, the major donor to the hospital, Lu Bohong, was shot dead in the street under suspicion of Japanese collaboration. He was gunned down by two men dressed as fruit sellers in early January 1938, and died before reaching the hospital – one that he had erected with his own funds ten years earlier.[470]

A Comparative Perspective

In Beijing, Guangzhou, and Shanghai, the problems encountered by Western-trained psychiatric practitioners did not diverge significantly. In all three cities, American and European doctors recognized the need for preventive mental hygiene education, better legislation regarding the incarceration of the mentally ill, and more up-to-date treatment facilities for those who had already succumbed to the affliction. On a purely institutional level, their contributions were immediate and widely praised, at least in Western circles and within the Chinese bureaucracy. Doctors like Richard Lyman, Charles Selden, and Fanny Halpern transformed asylums into therapeutic hospitals, introduced new treatment methods to those who would have otherwise languished in chains, and championed both psychiatric research and community involvement. From the perspective of the institution, mental health in China had indeed reached a modern phase of development.

And yet, ongoing problems of warlordism in Guangzhou, nationalism in Shanghai, and anti-foreign sentiment in Beijing prevented a critical mass of potential patients from

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[469] "Millvale Nun in Shanghai Works in Midst of Bombs," *Pittsburgh Press* (November 14, 1937).

[470] "Don Bosco of China Murdered," *Catholic Herald* (January 7, 1938), 1.

ever visiting these facilities or receiving education on mental hygiene. While some of these problems were unavoidable (and perhaps even unfixable within the short span of time that many of these facilities were in operation), other problems arose as a result of the general ideological disjuncture that continued to exist between Western institutional care and traditional Chinese medicine. The very notion of a Western "hospital" – sterile, unfamiliar, isolated from familial care, and biologically intrusive – dissuaded a large contingent of Chinese people from ever wanting to visit such foreign facilities,[471] and invasive procedures like electroshock therapy and neurological surgery appeared both frightening and unconventional to most uninitiated Chinese patients, to say the absolute least.

It is instructive, therefore, to briefly compare the above facilities with a third hospital established in Shanghai in 1933. The Shanghai Specialized Hospital for the Insane (*Shanghai fengdian zhuanmen yiyuan* 上海疯癫专门医院) specifically marketed itself as a hospital run by and for the Chinese. Managed by a traditional medical practitioner named Gu Wenjun, the Specialized Hospital only employed "native" medical techniques, including "indigenous" drugs and acupuncture. Indeed, the very name of the facility – a place that would treat *madness*, not mental *illness* – recalls more the vocabulary of the early Beijing asylum than that of its Western-run successor. In his written introduction to the facility, Gu Wenjun noted that contracting a mental illness was far worse than merely getting sick. "Sickness only afflicts one person," he wrote, "but

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[471] For a discussion on the ongoing tensions between family care and institutional care in Republican China, see Yang Nianqun (2006).

mental illness implicates many people… What is it like for one's suffering to be felt by the whole family? What is it like for the whole society to be affected by [the mad] person?"[472] Madness, to Gu, was not simply an individual psychological malady, constrained to the mind of the mad sufferer, but a problem that both affected and implicated the victim's family and community. Much like the perspective put forth in chapter six, Gu upheld the familiar and popularly-sanctioned notion that mad behaviors were not delimited strictly within the mind of the afflicted individual.

The Specialized Hospital offered a quasi-biological, quasi-social interpretation of mad behavior. Mad patients were often shown to have been afflicted with an overabundance of phlegm or a clogged flow of blood, but these biological explanations also coexisted with more routine interpretations for the onset of madness, such as disappointment in love, economic pressure, or poor familial relations.[473] As a result of the belief that individual manifestations of madness were unique to the sufferer, practitioners at the hospital tailored specific treatments to fit the needs of their patients. In the case of the forty year-old Ms. Zheng Chen from Guangdong province, for example, practitioners

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[472] Gu Wenjun 顾文俊, "Yuanwu gaiyao shuhou 院务概要书后 [Postscript on the outline of hospital duties," in *Shanghai fengdian zhuanmen yiyuan* 上海疯癫专门医院 [Shanghai Specialized Hospital for the Insane] (Shanghai: Fengdian zhuanmen yiyuan publishing, 1934).

[473] The case of the twenty-four year-old Huang Amei is instructive in its synthesis of both biological and social aspects of mental illness. Upon investigating the roots of Huang's disorder, practitioners at the hospital determined that she had gone insane as a result of the fact that "her parents did not get along, and also because she had contracted syphilis." The doctors "cleared out her blood vessels" and "got rid of her accumulated phlegm" as part of her treatment. She was released from the facility two weeks after having been admitted. See "Zhuyuan bingren zhuangtai ji yizhi jingguo qingxing 住院病人状态及医治经过情形 [Condition of patients in the hospital and their status after treatment]," in *Shanghai fengdian zhuanmen yiyuan*, case 1.

took careful note of her background, religious beliefs, and general demeanor in order to develop a specialized method of treatment. Ms. Zheng was admitted to the hospital on August 4, 1933 after having suddenly gone insane while burning incense at a temple. Her family reluctantly sent her to the hospital only after having exhausted "hundreds" of attempts to cure her. During the day, she continually recited the name of the Bodhisattva Guanyin, and refused to take food. The hospital attendants, knowing that Ms. Zheng was a devout Buddhist, dressed up as Buddhist acolytes and persuaded her to eat some fruit. By speaking in a language that was persuasive and meaningful to the patient, the doctors eventually convinced Ms. Zheng to accept food and medicine, and she "happily" left the hospital after about three weeks.[474]

Over the course of a fourteen-month period, the Specialized Hospital maintained detailed records of 271 patients. The practitioners at the facility took great pride in their achievements, and billed themselves as a hospital that was both distinct from and complementary to Western institutions. "The concessions are governed by Westerners," Gu wrote in the introduction to a pamphlet on the facility. "This institution [on the other hand] was established by the Chinese people, and uses only Chinese medicine and Chinese drugs." Although "modern people" (*modeng renwu* 摩登人物) did not pay much attention to the Specialized Hospital, Gu continued, the foreign concessions still recognized that "it offered great benefits for the society. It is not the same as those other facilities that 'hang a sheep's head but sell dog meat' (i.e. are fraudulent)." The Specialized Hospital was thus recognized as an authentic medical institution – but one

[474] Ibid, case 19.

that could serve the needs of its Chinese clientele more effectively than a facility built upon the precepts of Western medicine.

The fact that the Specialized Hospital for the Insane proclaimed itself as a specifically "Chinese" mental hospital was not simply a brilliant act of advertising (although it does certainly attest to the burgeoning commodification of medical practice in 1930s Shanghai). That the facility was able to attract so many clients within the first year of its operation also attests to the fact that a space remained open for such an establishment in the therapeutic geography of early twentieth century China. Mental institutions like the Beijing Psychopathic Hospital, though "modern" in their approach to treating psychological disorders, did not necessarily cause other such facilities to become superfluous or obsolete. Throughout the Republican period, Chinese families continued to explore a range of therapeutic options in the hopes that one could address their particular needs. If one of those options happened to involve the Beijing Psychopathic Hospital or Shanghai Mercy Hospital, this was merely a choice among many; it did not necessarily signal that such families had come to recognize the superiority of one epistemological system over any other.

Concluding Thoughts

In his investigation into the nature of illness and healing in the Nepal Himalayas, the anthropologist Robert Desjarlais argues that the "grammars" of pathological knowledge are "not free-floating, but are driven by social dynamics that influence the

very marrow of experience."[475] Such social dynamics are not always readily visible. Often they lurk at the margins of the story, concealing themselves behind a more discernible "plot" – one that speaks loudly of progress and human advance, while casting shadows on those elements that do not fit so neatly into its discursive paradigm. In this dissertation, I have aimed to show that cultural orientations toward health and disease are often more deeply rooted in the "shadowy elements" of epistemological traditions, cosmological beliefs, and shared sociolinguistic articulations of suffering than they are in the "louder" existence of political, legal, and institutional structures. When mapped onto one another, these two perspectives share moments of overlap, but they also display moments of disjuncture. Neither story is complete without the other, and to strictly privilege the well-worn narratives of cultural clash and medical modernization would be to deny a very large part of the picture.

Beginning with Foucault, histories of madness in both China and the West have routinely concerned themselves more with aspects of biopolitical control than with the more subtle processes of intellectual adaptation and phenomenological reorientation. In the semi-colonial context of China more specifically, historians of medicine have similarly focused their attentions on the adoption and adaptation of Western medical institutions, practices, and rhetoric – usually at the level of the intellectual elite or the state bureaucrat – as a means of underscoring the hygienic roots of the national modernization project. Although these stories do not deny the presence of resistant or noncompliant voices, they do not always engage those voices so as to critically

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[475] Robert R. Desjarlais, *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas* (Philadelphia: University of Pennsylvania Press, 1992), 14, 37.

interrogate the epistemological and ontological bases of indigenous, local, or everyday discursive practices. As a result, stories that concern themselves with the everydayness of pathological experience tend to remain silent, particularly when they do not (or only tangentially) coincide with the larger sociopolitical narratives being constructed.

Throughout this dissertation, on the contrary, I have interspersed the development of the Beijing asylum *cum* Psychopathic Hospital with the multiple histories of the everyday men and women who were afflicted with, or challenged by, the problem of madness. The gratifying narrative of progress conveyed by the evolution of the Psychopathic Hospital is challenged by the perspective on the ground, where things changed slowly, in unexpected ways, or sometimes not very much at all. Intellectuals continued to critique the "deviant" nature of Chinese madmen, medical practitioners offered idiosyncratic interpretations of psychiatric methodologies, and lower-class men and women remained more influenced by traditional approaches to healing than by the foreign and unfamiliar discourses being imported from abroad.

In order to move beyond a narrative framework that privileges only those voices that speak the loudest (even if they represent the fewest), we must remember that everyday perceptions of bodies and minds often look very different from the texts that purport to speak on their behalf, and that processes of change very rarely map neatly onto the expectations that we maintain for them. As the medical ethicist Richard Zaner has questioned, "Do we ever know what our own beliefs truly are, what the big picture is, much less something so grand as our comprehensive view of the world?" The answer, he concludes, is rarely in the affirmative. Instead, and particularly in moments of crisis, people seek less to frame their suffering in terms of metanarratives than to "tell their

story. Or, at least, to tell *a* story… We tell stories because that's what we have to do."[476] This dissertation constitutes one of those stories. The narratives that comprise it are not always coherent – in fact they are often contradictory. But to return to the epigraph that framed this dissertation, those narratives have together formed a "net" to catch the more slippery elements of everyday existence: the elements that have typically evaded closer scrutiny because they do not always align with the gratifying discourses of rationality and scientific triumph that have signaled the advent of "modern" man.

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With the establishment of the People's Republic of China in 1949, the entire psychiatric project was deemed "bourgeois." The mentally ill were (again) regarded as politically destabilizing, and their assumed self-interest was taken to be anathema to the national goal of socialization. Indeed, it was not until close to four decades later, when a capitalist impulse was allowed back into China – first in fits and starts, and later as an all-encompassing imperative – that the psychiatric discipline was again taken up in a serious fashion. History repeats itself. As in the early twentieth century, care for the mentally ill has again become a cause to be championed, and a movement worthy of international attention. Yet the Western preoccupation with philanthropic medical indoctrination should not blind us, as it did one hundred years ago, to the cultural vicissitudes of

[476] Richard Zaner, *Conversations on the Edge: Narratives of Ethics and Illness* (Washington, DC: Georgetown University Press, 2004), 8-9, 15.

psychiatric care.[477] Even as many American practitioners continue to push for a purely biological vision of mental health (one that pathologizes everything from hyperactivity to low sexual desire), it is simultaneously important, I believe, for psychiatrists abroad to remember the roles that social and cultural structures play in the formation of illness narratives.

Perhaps I am overstepping my bounds. The mandates of a disciplinary-based humanities education demand that I relegate myself to historical commentary, and let those with more specialized training involve themselves in contemporary debates. But perhaps, on the contrary, it is this very reticence to make large claims – this hesitation to bring our studies into dialogue with the present – that has led to the increasingly low opinion of the humanities in American education. The old adage tells us that history is not just a question of ordering the past, but of informing the present, and maybe more of us should heed its directive. If we care to hear what they have to say, the everyday Beijing men and women of one hundred years ago – the people who would otherwise be lost to history, if not for their chance encounter with the happenstance structures of so-called medical modernity – might just have something to teach us.

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[477] A similar warning has recently been expressed in more mainstream publications, as well. See Ethan Watters, "The Americanization of Mental Illness," *New York Times* (January 8, 2010); Ethan Watters, *Crazy Like Us: The Globalization of the American Psyche* (New York: Free Press, 2010).

GLOSSARY

Andingmen	安定门
bingren	病人
Chiang Kai-shek (Jiang Jieshi)	蒋介石
chidai	痴呆
daisha	呆傻
diankuang	癫狂
diantan zhi zheng	癫痰之症
Duan Qirui	段祺瑞
fanzao	烦躁
fengdian	疯癫, 疯颠
fengji	疯疾
fengkuang	疯狂
Fengren shouyang suo	疯人收养所
fengren	疯人
ganhua	感化
Gao Juefu	高觉敷
Gong'an ju	公安局
Gu Wenjun	顾文俊
Gui Zhiliang	桂质良
Guo Renyuan	郭任远
Guomindang	国民党
hanxin	寒心
Huangdi neijing	黄帝内经
jianyan da yundong	检验大运动
Jingshen bing liaoyang yuan	精神病疗养院
jingshen bing	精神病
jingshen fenxi fa	精神分析法
jingshen xiuyang	精神休养
jingshen zhiliao	精神治疗
kang	炕
Lao She	老舍
Li Yuan	李园
Lin Chuanshu	林传树
Lu Bohong	陆伯鸿
Lu Xun	鲁迅
mihu	迷糊
pixu	脾虚
qi	气

Shanghai fengdian zhuanmen yiyuan	上海疯癫专门医院
Shehui ju	社会局
shehui zhiliao	社会治疗
shenjing bing	神经病
shenpi	神疲
shiwu yuan	事务员
Shou Shan	寿山
Sun Yat-sen (Sun Zhongshan)	孙中山
tanhuo	痰火
tanmi zheng	痰迷症
Wang Baohua	王保华
Wang Chengxun	王承勋
Wang Jiaxiang	王嘉祥
Wei Hongsheng	魏鸿声
Wei Yulin	魏毓麟
Weisheng bu	卫生部
Wu Nanxuan	吴南轩
xian	痫
Xiehe yixue yuan	协和医学院
xiesideli	歇斯的里
xin ji	心疾
xinfeng	心风
xinjiao	心焦
xinli jianshe	心理建设
xinli weisheng yundong	心理卫生运动
xinli xue	心理学
xinsi	心死
Xu Zhuodai	徐卓呆
yinyu	阴郁
zangzao bing	脏躁病
zaofaxing chidai	早发性痴呆
Zhang Mengxiong	张梦熊
Zhao Jiyuan	赵吉元
Zhou Zuoren	周作人
zongwu chu	总务处

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Caixin 财新
Chen bao 晨报
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China Medical Missionary Journal
Chinese Medical Journal
China Press
Daily News Pictorial 日日新闻画报
Funü yuebao 妇女月报
Huabei yibao 华北医报
Jingshi jingcha gongbao 京师警察公报
The Lancet
Liangyou huabao 良友画报
Liming bao 黎明报
Minzhong yibao 民众医报
New York Times
North China Daily News
Nursing Journal of China 中华护士报
Shangqing ribao 商情日报
Shehui ribao 社会日报
Shishi gongbao 时事公报
Shizheng pinglun 市政评论
Zhengfu gongbao 政府公报

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