

between these two realms that for us designate quite separate phenomena” (p. 29).

The authors of *The sense of suffering* argue that during the early modern period, physical pain was viewed in strikingly ambivalent terms. Unlike today, suffering could be “profitable in itself” (p. 191) as well as an unpleasant, undesirable experience. In the context of law and torture, Jetze Touber shows that pain was thought to be a useful means through which the truth could be accessed. Similarly, in medicine, painful treatments were considered helpful for distracting the patient from “the primary pain” of the illness itself (p. 32). Pain could also be positive in the context of religion: Jan Frans van Dijkhuizen and Jenny Mayhew both assert that godly Protestants hoped that pain and illness would improve the health of their souls by inspiring them to repent of their sins, and empathize with the sufferings of Christ on the cross. Likewise, in the field of education, Anita Traninger suggests that pain was regarded as a “helpmeet to learning and memorising”: the blow of the cane embossed the abstract subject matter on the pupil’s memory (p. 53).

One feels that the editors of *The sense of suffering* could have been more forthright about the originality of the volume and its contribution to the historiography of pain, medicine and other historical fields. It would have been helpful to the reader if the introduction had included a review of the existing literature on pain. The book would also have benefited from having a conclusion, to draw out the key arguments and themes of the contributions. These shortcomings, however, are minor when one considers the ambition, breadth, and erudition embodied in *The sense of suffering*.

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Angela Ki Che Leung, *Leprosy in China: a history*, New York, Columbia University Press, 2009, pp. xi, 373, £35.00, \$50.00 (hardback 978-0-231-12300-6).

Leprosy has been a subject of great scholarly interest among historians of medicine in Europe and in colonized geobodies, but it has attracted little attention from East Asian scholars. *Leprosy in China* is an important contribution in this regard, as the first study of its kind detailing the social, cultural, and intellectual dimensions of a single disease in Chinese history. The book revises the influential theses of Michel Foucault and, more recently, Rod Edmund from a China-centred perspective. If the disappearance or continuing presence of leprosy marked the transformation of European modernity for these scholars, Angela Leung reveals both the relevance and irrelevance of similar debates for understanding the significance of the disease in China’s past.

Similar to its historical status in Judeo-Christian civilization, leprosy has important social and epistemological roots in China’s long religious and medical traditions. In the early imperial period (fourth century BC to eleventh century AD), there were two terms associated with what we might call leprosy in the modern era: *dafeng* or *efeng*, which refers to the aetiological pattern of the intrusion of Wind, and *li* or *lai*, which describes the symptom of sores on the skin. The ambiguous distinction between the two medical categories of *dafeng/efeng* and *li/lai* began to disappear around the tenth century, and, from that point on, experts in northern China continued to use the broad configurationist aetiological pattern of the intrusion of Wind to combine them into a single disease group, whereas southern experts voiced growing suspicion of this approach.

By the late imperial period (from the fourteenth century AD onward), with the gradual maturation of *waike* (or external medicine), the disease was perceived less and less to be Wind-induced, and was understood more and more as a skin disease belonging to the *waike* category, which was more commonly associated with the hot and damp regions of the south, including Fujian, Jiangxi, Guangdong, and Guangxi provinces. This

reflects the cultural-geographic boundaries in late imperial China between the “semi-civilized” south—open to global currents—and the more self-contained north, the regional core of Confucian civilization. Moreover, whereas most victims of *li/lai* in traditional Buddhist, Daoist, and Confucian texts were men situated in mainstream society, the sufferer of *li/lai* became typically female after the Southern Song, especially during the Ming-Qing period, when leprosy was sometimes confused with the emergent “Guangdong sores” (syphilis), and sexual intercourse became a viable explanation of transmission.

During China’s transition from empire to nation, the symbolic meaning of the Chinese leper broadened. The new era of nation states ushered in a transformation in China’s body politic from one associating the disease with women in miasmatic regions of the south to one that viewed the entire Chinese race as inferior and the leper’s crippled body as an expression of the physical and moral weakness of the Chinese people writ large. Since the mid-nineteenth century, “both Chinese and Western conceptions of the disease reinforced the idea of leprosy being hereditary and specific to peoples of particular regions and constitutions. For the Chinese, southerners were the main victims; for the Westerners, all Chinese were southerners” (p. 141).

Such an interpretation of the re-expression of cultural boundaries in the history of Chinese civilization is a major strength of the book: making the question of Chinese agency relevant to the historiography of medicine. With respect to the predominant racist discourse of leprosy in the modern world, the author shows that it did not purely result from Western imperialist ideas; the Chinese epidemiological view of the disease in the late imperial period unquestionably contributed to the shaping of such a discourse. In fact, Leung goes so far as to remind the reader that any attempt to show the occurrences of true leprosy in ancient China actually represents an effort to *forget* rather than remember “the rich history of old Chinese disease categories on

their own terms” (p. 18). By equating certain early terms with Hansen’s disease, modern scholars become passive agents of naturalizing the geopolitical forces surrounding the discourse of Chinese leprosy without questioning the historicity of its modern biomedical lexicon.

The narrative of the book ends with a chapter on the period of the People’s Republic of China (PRC), 1949 to the present. Here, the argument seems to parallel the conventional view of twentieth-century Chinese political history: that the PRC regime represents a state “stronger” than the previous Nanjing government. Most of the discussion, for instance, revolves around the increasing local implementation of national governmental policy. This analytical trajectory tends to avoid the possibility of evaluating the role of the Republican regime in Chinese history as both a “modernizing” and a “traditionalizing” geopolitical entity. Given the author’s observation that contemporary claims about the success of the fight against leprosy in the PRC feature a national emphasis on the return to traditional drugs/therapies, the most significant aspect of the history of leprosy in Republican China may not have been how successfully the nationalists segregated lepers through the development of modern asylums. Instead, the Republican regime’s most profound contribution to the history of leprosy in China may be seen as the sustainer or carrier of traditional attitudes toward the social and epistemological dimensions of the disease.

Still, Leung’s complex work stands among the most important books on Chinese medical history. It recovers the chronological depth of the broader context of Chinese leprosy and uncovers the neglected roots of its modern presence. Full of refreshing and surprising insights, *Leprosy in China* is a solid piece of scholarship that re-orientes the historiography of East Asian medicine in sophisticated ways.

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