Intimate Communities

Wartime Healthcare and the Birth of Modern China, 1937–1945

Nicole Elizabeth Barnes

UNIVERSITY OF CALIFORNIA PRESS
To Theodore Robert Fetter, love of my life and world's best husband and father.

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Another aspect in which personal biography shapes this work is how the westward move of a generation of China scholars denied access to the No. 2 National Archives in Nanjing (which closed soon after I entered graduate school in 2006) has uncovered the importance of the Nationalist government’s westward move during the War of Resistance against Japan. Shifting our research to municipal and provincial archives in other parts of the country by necessity, we have mirrored a similar shift that took place in the 1930s and gave shape to modern China. Quite unintentionally, archivists have introduced a generation of scholars to new ways of seeing China.

World War II was a terribly dark time in human history. Tears have rolled down my face countless times as I read the stories and records of people who lived and died in wartime China, and I am filled with admiration for the people who survived the hardships that invasion, epidemics, starvation and political corruption forced them to suffer. The conviction that their stories must not be forgotten fuels this study.

Theodore Robert Fetter has served as my guiding light and source of joy throughout it all. He makes me smarter and happier in every way possible. I treasure every moment we have together and dedicate this book to him.

PROLOGUE IN TRIPTYCH

ONE

"Can you conceive of the disasters of a war when even in peace time the Chinese people live on the verge of starvation? The rich may not suffer so much, but 95 percent of the people will suffer dreadfully and countless of them will die."

—AGNES SMEDLEY, WRITING FROM YAN’AN, SHANXI PROVINCE, SEPTEMBER 5, 1937

TWO

Be Gone!
Of pesky pest infections
there’s a plethora of kinds,
but the worst of the lot
is malaria, you’ll find

You pop pills,
take your shots,
waste all your strength;
still you’re in knots

Our marvelous cure:
an external plaster
takes one day to stop and
root out all disaster

xv
Send it packing -  
save your countrymen and friends;  
come in to the store yourself  
and it doesn’t cost a cent

Protect your tummy,  
turn things to your benefit;  
come and get it for others  
and it’s only 10 cents

Comes in a nifty pack,  
could even call it convenient;  
add another 10  
and have it mail-sent

If you’ve yet to be cured  
and Western drugs have set you back,  
let us show you the facts:  
our prestige can illuminate

Come to People’s Avenue  
number 178:  
our National Medicine Pharmacy  
is the brightest bloom of the state.  

—NATIONAL MEDICINE PHYSICIAN XIONG LIAOSHENG,  
ADVERTISING IN DAGONGBAO NEWSPAPER,  
CHONGQING, 1942

THREE

The Japanese bomber pilot (red-robed skeleton) and his Rising Sun airplane (an outsized mosquito) bring the scourge of death, the proboscis and legs of his mount tracing the trajectories of bombs (malaria Plasmodia) aimed at the very heart of Chinese civilization (a Buddhist pagoda and farmland). We must eliminate this enemy of life!
Introduction

The female comrades in our war area service group came from all over the country, but we all got along very well together.

—YAO AIHUA, RECALLING HER LIFE AS A VOLUNTEER MILITARY NURSE

In July 1937, when China's War of Resistance against Japan (1937–1945) began, sixteen-year-old Yao Aihua had been a student for one year in the missionary school where her father taught in Baoding, Hebei, ninety miles southwest of Beijing. The Baoding YMCA and Red Cross immediately organized a military service corps for which many middle school students volunteered, most of them girls. They trained in a local hospital for a single week before reporting to the provincial hospital, where they faced the horrors of the war head-on. Chinese soldiers had run out of ammunition and were fighting one of the world's most formidable armies with broadswords. The number of wounded soldiers overwhelmed the hospital to such an extent that Yao and fellow volunteer nurses—indicated as healers by a single strip of white cloth around their upper arms—used sticks to coax maggots out of the wounds before applying bandages. As the battle lines shifted, the nurses traveled with the army, and Yao followed with nothing but a single blanket and one mao of money (one-tenth of one yuan). During the War of Resistance she moved with her unit no less than seventeen times, then seven more times during the ensuing years of the Civil War. Having lived in a single town until that point, Yao traveled throughout the entire country during the two wars. She and her fellow nurses worked day and night until dead on their feet, usually ate a single, meatless meal per day, and received no pay. They supported one another through these hardships and worked closely together—the men treating the lightly wounded, the women treating the gravely wounded—to provide medical care, entertainment, and personal support for the soldiers. Yao recalled that “during our rest time we would write letters home for the soldiers, and we used a gramophone
to play War of Resistance songs for them. We also bought watermelons for them to eat." In several instances she befriended the soldiers for whom she provided care.¹

The intimacy that Yao Aihua and other nurses developed in their own ranks and with their patients can help us answer an enduring question in modern Chinese history: When did China become a nation? That is, when did the Chinese people begin to coalesce into a national community of individuals who felt bonded to each other?

Modern China presents a conundrum. After the Qing empire collapsed in 1911, the next quarter century witnessed constant warfare perpetrated by competing warlords that left millions dead and millions more on the brink of starvation.² The so-called Nanjing Decade (1927–1937), often celebrated as a time of peaceful state building, brought no end to warfare in the interior provinces, and in fact marked a high tide in the civil conflict between communist guerrillas fighters and the Nationalist Party’s National Revolutionary Army (NRA). It ended when the Imperial Japanese Army (IJA) invaded China in 1937, launching an eight-year war in which an estimated eighteen million people died, China lost control of nearly one-third of its territory, and the national capital moved from Nanjing to Wuhan, then to Chongqing.³ When that war ended in 1945, the conflict between the Nationalists and Communists that had simmered throughout the Second United Front (1937–41) exploded into full-fledged civil war. Yet when the Communists achieved victory in 1949 and founded the People’s Republic of China, they immediately established a strong state with a complex bureaucracy, robust institutions, and formal laws, and began to lift millions out of poverty.⁴ How did they manage to create a functional state so quickly after decades of warfare and social upheaval? The mere cessation of fighting certainly improved people’s livelihoods a great deal. Assistance from the Soviet Union also helped (at least until 1962). Committed revolutionaries might point to the strength of communist ideology or the economic benefits of land reform. The truth is likely a combination of these factors and many more, all of which merit detailed analysis.

This book pays close attention to one such factor. Volunteer female medical workers like Yao Aihua, and others who received some pay, did far more than save the lives of soldiers and civilians during the war. They simultaneously performed both the medical labor that kept military and civilian medical institutions functioning through a period of crisis, and the “emotional labor” that cemented the bonds between civilians.⁵ Having undergone training courses founded on the belief that women possessed a unique ability to soothe their patients with sympathetic care, female medical professionals provided the intimacy of healing touch to a variety of people in pain. Taught to work with a smile and more willing than men to work in the lower rungs of a hierarchical profession, women repeatedly treated discarded members of the population—soldiers and refugees—as dignified people worthy of affection and reincorporation into the productive social body. Working on the edges of the self-designated members of the “civilized,” women enveloped the vulgar into the warmth of the nation’s intimate communities.

The confluence of several social factors placed women in a position to heal bodies and build the nation. First, Japanese soldiers’ advance down the coastline inspired a massive westward exodus of millions of refugees and an eastward countermovement of soldiers.⁶ For most of these people, any medical experiences they had took place in the context of their first exposure to the vastness and diversity of their country, priming them to communicate across cultural and linguistic differences. Second, the estimated sixty to ninety-five million internal migrants who fled inland included many of the best-educated health professionals, primarily graduates and faculty of Peking Union Medical College (Beijing xiehe yixueyuan) (PUMC), the country’s preeminent medical school. They created an unprecedented concentration of skilled health workers and administrators in the southwestern provinces. Third, the lack of concerted government programs at the beginning of the war left room for these highly educated individuals to play roles of outsize importance in creating functional medical programs at the moment of national crisis. Fourth, an influx of foreign charitable donations supported almost every single health organization in China. Members of the PUMC group capitalized on their fluency in English and familiarity with American culture to cultivate personal relationships with overseas investors to support public health at a time when the nationalist government had lost nearly 80 percent of its tax base.⁷ Fifth, the hefty influence of (predominantly American) foreign funding and the PUMC furthered the indigenization of scientific medicine, which in turn increased women’s access to professional positions (if usually in lower-status positions than men), since the scientific medicine community had been actively recruiting women into nursing since the mid-nineteenth century. All of these forces combined during the war to produce a complete feminization of Chinese nursing.⁸

Although women’s appearance in public, physical proximity to male strangers, and assumption of authority all constituted significant transgressions of social norms, the country needed their labor so badly, and so many women eagerly served, that a sea change in women’s public roles occurred during the war.⁹ Thousands of women attained formal education, assumed medical authority over patients’ bodies, gained a measure of independence from their families, developed common bonds, transformed nursing and midwifery into modern professions, and developed home-based care practices.” Their work contributed to the formation of the modern Chinese nation in a most crucial way: they formed relationships of trust with their patients—moving across boundaries of region, gender, social class, and language—and brought into the national community people who had not previously learned how to relate to one another.

Investigating the process by which people from all over this vast and diverse country came to know, learn about, and identify with each other brings some clarity
to the question of when China became a modern nation with a strong community of compatriots. Attention to personal relationships that blossomed between medical workers and patients places the focus on the lived experiences of a largely illiterate population, rather than the writings of the literate minority. This analysis employs Benedict Anderson's model of nationalism as an expression of "imagined communities" that formed in people's minds and hearts, such that "nations inspire love, and often profoundly self-sacrificing love." At the same time, the analysis departs from Anderson's (and subsequent scholars') primary focus on intellectual elites and print culture—newspapers and novels—to question how illiterate people imagined themselves as members of national communities.\textsuperscript{3} We should not expect the national community of an agricultural society to have taken an urbane form, yet, given the predominance of urban studies in the field of modern Chinese history, we remain at a loss to understand the lives of the majority of Chinese people, whose rural reality far surpassed the imagination of city dwellers.\textsuperscript{7}

The story told here counters the findings of Keith Schoppa and Park's Coble, who have both doubted the strength, or even the existence, of nationalist sentiment in wartime China. In his study of war refugees in Zhejiang Province, Schoppa remarks that they frequently reminisced about their own homes and villages while writing virtually nothing of the dangers that the war posed to the nation as a whole, and acted to preserve themselves and their families, or at most their townships or counties, without expressing any desire to act on behalf of the nation.\textsuperscript{8} Yet one form of attachment does not preclude another, and lack of writing about feelings for the nation does not confirm their absence. Coble, in his study of wartime journalism, notes that when Chinese journalists traveled to rural areas, they frequently remarked that villagers had little to no news of the war and did not seem to care much about fighting the Japanese. He cites Xie Bingying, a famous writer and organizer of volunteer female military nurses, who bemoaned the fact that when she had mobilized people during the Northern Expedition (1926–28) "tens of thousands dropped their ploughs and came to welcome us," but those same areas became "cold and desolate" when she began recruiting volunteers for the War of Resistance ten years later.\textsuperscript{9}

In the case of wartime China, written records, and their authors, can prove a deceptive guide to historical events. Xie's comment ignored a key difference between the Northern Expedition on the one hand and the War of Resistance against Japan on the other. The former was a battle against local warlords, most of whom had devastated rural China with their constant warfare and onerous taxation schemes to fund militias.\textsuperscript{9} The latter was a battle against what to most people in 1937 was a distant, foreign enemy they had yet to meet. At a time when losing a single healthy worker could plunge a family into abject poverty, mobilizing war-weary farmers to resume fighting yet again naturally would have been quite difficult.\textsuperscript{10}

Xie's was a failure of class consciousness that kept her unduly devoted to her own perspective and unable to understand that of others. Many intellectuals of her era believed that all Chinese ought to feel stirred by lofty ideals such as nationalism and Republicanism. Even if they realized that the rural poor suffered more than anyone else from state failure, they often assumed that this would catalyze desire for a stronger state rather than resentment of a state that continued to demand sacrifices before offering services. Precisely because Chinese modernity took shape in a period of humiliating defeats and torturous failures of a weak state, the literate people of that era endlessly documented their intense longing for a strong state and their disappointment with their less privileged compatriots for "failing" to want the same thing. Even the work of rural reconstructionists, designed to uplift rural communities through empowerment of individuals, had "underlying elitist tendencies" that frequently undermined the movement's impact.\textsuperscript{7}

Scholars of modern China need not adopt the same stance. Prasenjit Duara argues that from 1900 until at least 1942, the weakened central state created "involution" in rural areas—a process whereby state agents simultaneously lost their ability to control, and increased their ability to extract revenue from, local society. For villagers, this created the experience of being charged higher taxes and fees for fewer services, delivered (if at all) by a stranger rather than a known community member.\textsuperscript{11} The stronger the state, the greater its extraction, even as services declined because the nonlocal leaders cared much less about their communities than had local elites. Since local state representatives consistently abused their power throughout this period, villagers grew skeptical of central state power and resisted urban elites' suggestions that they devote themselves to a theoretical nation-state. Ignoring the rationality of this behavior, elites instead called it irrational (often using words like "superstitious" and "backward"), and continuously asked their rural compatriots to trust that a stronger central state would act responsibly toward them, even though none of them had the power to guarantee such a thing.

One way to think through the puzzle of how the national community took shape in a time of turmoil is to consider people's relationships with one another as primary and their relationship to the state as secondary. The war created the conditions under which new human relationships formed. To see the energy and optimism that built modern China, we must turn our gaze away from the central state and toward volunteers and low-paid medical workers who approached the suffering poor with empathy and lifesaving care. This adjusted gaze reveals the human relationships that medical encounters spawned between people who spoke mutually unintelligible dialects and lived in distinctly different versions of the same country, yet during the war could openly lament their suffering from the same problem and help each other through it. For example, many young women, themselves often refugees living in a strange environment, learned the
heartbreaking stories of wounded soldiers while recording their words in letters destined for distant family members, gaining simultaneously, for the first time, an awareness of the soldiers’ sufferings and of their own privilege. While urban intellectuals often assumed that only the poor needed to learn, true community formed in moments when both parties learned how to be part of a national community by learning about one another and, therefore, themselves.

**INTIMATE COMMUNITIES: HOW FEMALE MEDICAL PROFESSIONALS SHAPED THE NATION**

This book looks to human relationships to understand the creation of modern China’s national community. In order for people to feel a sense of belonging to and with each other, they must learn to sympathize and identify with one another. They must develop a feeling of closeness, even if fleeting or fabricated for a particular situation. The Chinese term for compatriot, tongbào, meaning literally "[from the] same womb," expresses this intimacy, and does so in a manner that reifies the role of women in creating the national community. Yet given China’s vastness, the population’s diversity, and the divisive politics that had begun to tear the new republic asunder long before the TIA arrived, that closeness remained elusive until the very event that brought the country to its knees, precisely because it also brought people together.

Chapter 1 employs gender analysis to locate the failures of health administration in male state officials’ employment of disciplinary power to control and shape citizens’ behavior. The methods of what I term “the masculinist state”—which granted all positions of authority to men and prioritized political sovereignty and municipal aesthetics—produced an adversarial relationship between enforcers and enforced, to the extent that many health regulations backfired and produced the opposite of the desired effect. Chapter 2 shows how women, working within the structures of the masculinist state, altered the means and modes of delivering health services to anchor the national community in relationships born of trust and intimacy.

A variety of concepts from feminist studies and the history of emotions inform this analysis. The terms “intimacy” and “intimate” signal not straightforward affection or love, but rather the construction of emotional attachments within the confines of behavioral prescriptions that, during the war, were defined first and foremost by gender. Intimacy functioned to create closeness through the reification of gender roles, even as individuals engineered liberatory possibilities therein. In other words, intimacy "signifies relations of power," though not always in expected ways. Chapter 3 employs Achille Mbembe’s theory of necropolitics to argue that women’s intimate healing powers and men’s killing powers constituted two sides of the same military force that defended the state’s right to determine who can live and who must die. By adhering to gendered expectations that they must care for wounded soldiers and coe them into returning to battle, female military nurses played an essential role in affirming men’s duty to sacrifice themselves for the nation.

Barbara Rosenwein’s concept of “emotional communities” informs an understanding of the national community as one founded on affective bonds between people. Rosenwein defines emotional communities as “precisely the same as social communities,” determined by what the individuals therein “define and assess as valuable or harmful to them; the evaluations that they make about others’ emotions; the nature of the affective bonds between people that they recognize; and the modes of emotional expression that they expect, encourage, tolerate and deplore.” Emotional communities overlap and break off into subcommunities, and people frequently move between different emotional communities; but too much distinction between them precludes such movement. Chapter 3 employs this concept to show that two distinct versions of the nation as emotional community took shape—one based on inclusion and one on exclusion. The political party that espoused the inclusive vision won the country in 1949.

Chapters 2 through 5 argue that female medical professionals and volunteers used emotional labor to produce feelings of closeness between themselves and those they served. Combining this with “intimacy” as an analytic concept makes room for physical contact between people—affective labor involving the body as well as the mind—in the story of building the nation as an emotional community. New forms of emotional and physical intimacy between people—particularly between non-kin women and men—brought together erstwhile strangers in the spaces of medical encounter. Women working in medicine and public health made the most essential contribution to building the national community: developing the personal relationships that comprised it.

This analysis builds on key concepts from two important studies of emotions in modern China, though in both instances it departs from the original authors’ focus on the urban literate to consider how the same processes occurred among the rural illiterate. In order to think through scholarship that posited rational discourse as the basis of civil society, Eugenia Lean has introduced the concept of “public sympathy” (tongqing): “a new communal form of ethical sentiment” that arose in the mid to late 1930s in ardent public discussions of a famous female assassin.” She finds that the Confucian ideal of filial piety anchored the passions of an urban reading and consuming public that evoked a civil society on emotional rather than strictly rational terms, and asserts that by the 1930s, “the social had become not merely one factor in creating national vitality, but its most fundamental condition.” Though this new concept of “public sympathy” sparked intense debate throughout the 1930s, by the time the War of Resistance began in 1937, the Nationalist government capitalized on it in order to mobilize women’s
contributions to the nation, as chapter 4 makes clear.29 Haiyan Lee’s analysis of literature to elucidate the role that sentiment played in the construction of modern Chinese subjectivities informs a basic premise of this book: that a national community cannot arise without sentiment at the center of public discourse and understandings of the self. At the same time, this book departs from Lee’s focus on literature to consider the processes by which illiterate Chinese learned to love their brethren as modern subjects. Lee traces the evolution of different versions of the modern sentimental subject, from the “Confucian structure of feeling . . . preoccupied with ‘virtuous sentiments’” in the late Qing, to the Enlightenment-informed independent new man and woman practicing “free love” in the May Fourth era, to the “hegemony of the collective project” in the Nationalist period, in which the “romance of revolution” hijacked previously individualist sentiment for the sake of the national collective.24

Chinese people’s experience of the war evoked powerful emotions. In Norman Kutscher’s analysis, formulaic expressions of emotion are one of three central themes in the Chinese history of emotion. While “fully scripted” emotional expressions show up most clearly in funeral rites, Chinese language reinforces the role of the formulaic in daily life through stock phrases, especially the ubiquitous four-character phrases known as chengyu.26 Generally embedded in a historical story that underscores a moral lesson, many chengyu became defining expressions of the War of Resistance, repeated with such frequency at the time that they gave shape to the profound grief that the invasion triggered. In recognition of this, Diana Lary used chengyu to structure her recent study of the war’s social effects. Phrases such as qiangzu jianguo (“strengthening the race and building the nation”), kanzhan daodi (“resist to the end”), jinzhong baoguo (“loyally serve the country”), and yuecuo yueyong (“defeat breeds courage”) saturated official documents and, to return to Haiyan Lee’s words, expressed Nationalist officials’ desire to instill a “hegemony of the collective project” during the national crisis. The oft-repeated rallying cry huanwo heshan (“return my mountains and streams”) gave voice to the profound pain of losing one’s land in an agricultural society. A variety of expressions gave people means to express the loss of family: jiapo renwang (“family destroyed, people dead”), wujia kegui (“no home to return to”), and liuli shisuo (“roaming with nowhere to go”) described the actual situation of millions of people who lost their homes and loved ones. The intensity of the violence found expression in phrases like qianxun wanku (“untold suffering”), sharen uma (“killing people like flies”), and xueliu chenghe (“blood flowing in rivers”). In the end, bei bu zisheng (“uncontrollable grief”) and chiku nailao (“eat bitterness and endure hardship”) vied for supremacy on the tongues and in the hearts of the survivors.27 In recognition of the centrality of emotion in China’s war experience, I exclusively employ the evocative name used for the war at the time—the War of Resistance against Japan (KangRi zhanzheng)—rather than an anodyne textbook phrase such as the Second Sino-Japanese War, the China War, or World War II (of which the latter in Chinese refers to the war in Europe).28

Taken together, these concepts inform a gendered history of emotion and of medicine that can help us understand the surprising formation of a national community in a time of territorial and political division.29 This development has escaped attention for several reasons, not the least of which is the apparent contradiction of the birth of new things during a profoundly deadly war. Even according to the most conservative estimates, twice as many Chinese civilians died in the War of Resistance as European civilians died in the Holocaust.30 China’s combined combatant and noncombatant death toll exceeded comparable figures for Japan, the entire British Empire, and the United States combined,31 and were second only to that for the Soviet Union.32 Intimate Communities upturns this narrative by examining the war as productive chaos.

**GENDERING HYGIENIC MODERNITY**

The War of Resistance had a profoundly cultural dimension. Fought on battlefields and in bathrooms, it became a concluding chapter in the story of Japan’s imperial expansion. Ruth Rogaski demonstrated in her groundbreaking work that the Japanese anchored their empire on their presumed “hygienic modernity,” predicated on the successful adaptation from Western imperialist nations of a government bureaucracy of centralized healthcare, medical education, and population management. They employed “hygienic modernity” (Rogaski’s translation of eisellweisheg) as part of an “apparatus to dominate Asia’s future,” and with it gained important recognition as the world’s only Asian overseas empire. Yet during the occupation of China’s treaty-port city of Tianjin beginning in 1900, Japanese colonialists also modeled exactly how to achieve this “technology of empire,” and many elite Chinese took the lesson to heart.33 Among the nearly twenty thousand Chinese students who obtained their educations in Meiji Japan (1868–1912), a high percentage studied Western medicine. The first large group returned to China in the early twentieth century armed with the knowledge and tools necessary to fashion China’s own version of “hygienic modernity” so as to resist both Western and Japanese imperialisms.34

By the time the war began in 1937, China was ready to beat Japan at its own game, and women’s labor was essential to this process. The Japanese had performed their own preemptive self-colonization at home, wherein they integrated Western medical principles and practices into the state bureaucracy in the 1870s and 1880s in order to prevent colonization by a Western empire.35 They believed that physical fitness and the possession of science, particularly knowledge about tropical diseases, rendered them politically fit to “control the native people in the colonies.”36 In China, therefore, the Japanese envisioned a speedy victory over what
they deemed to be a culturally backward country with little political direction. Instead, their invasion sparked the very process by which China developed a national community strong enough to withstand this pressure. Whereas in the early twentieth century "the absence of state control and direction ... fostered division," the War of Resistance against Japan provided a common enemy and a need for unified resistance. The threat of total conquest made the fractured nation much stronger.

This occurred because the colonial politics of hygienic modernity had placed much of the contest over political sovereignty in the realm of public health and medicine—precisely the arena in which Chinese could make the most successful appeal both to foreign donors and to their own citizens during a war that challenged all belligerent nations' health services. The knowledge that warfare spreads disease by triggering the movement of troops and refugees—together with traumatic memories of the global influenza pandemic of 1918–1919—inspired great fear and generous charitable donations from around the world, beginning with overseas Chinese. At the same time, the conditions of total war enabled the Nationalist state to make greater progress than ever before in expanding its control over the people, particularly in the southwest. The greatest advances in state power occurred in the realm of public health, wherein female health workers opened the intimate space of the body to new medical practices and new state institutions. Gender politics of the era gave women special access to hearts and homes, and women played an instrumental role in escorting the state patriarch into spaces previously under control of the family patriarch.

Intimate Communities argues that when Chinese resolutely took up the mantra of hygienic modernity on their own terms and for their own purposes, all of the discourses and decisions revolved around gender. When Chinese elites learned from the Japanese to craft their own hygienic modernity, the process had important class dimensions that illustrate why gender so definitively determined the ultimate outcome. In the late Qing, male Chinese elites self-identified with Japanese elites because they believed themselves responsible for reforming the behavior of lower-class Chinese, and they admired how Japanese elites had done the same in their country. Chinese political culture had long charged male elites with the responsibility of caring for their social inferiors, and granted elites the right to treat them as just that: inferior beings (xiaoren; lit., "little people") in need of the cultural and moral guidance of the Confucian-educated literati.

Just as Japanese politicians used health as another means of policing the poor, male Chinese elites dreamed of being able to discipline the impoverished masses into a "modern" mentality and "hygienic" behavior. They witnessed the constant application of force in the foreign concessions of treaty-port cities, and concluded that only weaponry could transform the foreign occupiers' public health measures from alternative to obligatory modes of being—condicio sine qua non of modernity.

Chinese elites decided that they, too, would resort to force in order to police their poor, and in 1902—only two years after the eight allied foreign armies quelled the Boxer Uprising, stormed the imperial palace in Beijing, and occupied Tianjin—the Qing court established its own police force and embarked on its own "civilizing mission." This process of internal colonization, distinguished by elite males' self-identification with foreign elites in the service of reforming their own nonelites, characterized the masculine approach to hygienic modernity. Because male elites' approach to achieving hygienic modernity hinged on state power born of class privilege, they subscribed to a belief that the poor should be passive recipients of health reforms and policies because only in submitting themselves to this civilizing mission could they win the right to call themselves citizens. This left many health officials without effective recourse in instances in which the targets of health reforms turned out not to be so passive. As chapter 1 explains, such methods in fact encouraged more resistance than compliance.

The supreme leader of the Nationalist Party, Chiang Kai-shek, best embodied the approach of the masculinist state. Chiang, who had received part of his military training in Japan, had a deep respect for rigid discipline and sought to instill it not only in the soldiers and officers of his army, but also in all citizens of the Republic of China. In February 1934 he inaugurated the New Life Movement (Xin shenghuo yundong) (NLM) in the hope of achieving this goal. Proponents of the NLM—who included the first lady, Song Melling, as a woman representing the masculinist state—believed that "the key to China's national salvation lay in hygienic activities to purge the unhealthy habits of body and mind of the Chinese people." Clearly a response to Japan's use of hygienic modernity as a tool of empire, the movement remained an essential part of social organization throughout the war and achieved a high degree of success in "fostering the connections between government agencies and Chinese society." Nonetheless, the successes of the NLM—and of the Nationalist state in general—remained at the level of bureaucracy. Male officials created an infrastructure of state health but failed in the implementation of health measures and therefore failed to render Chongqing, the wartime capital, hygienically modern. This book therefore makes no claim that Chinese completed the task of building their health infrastructure during the war.

By all measures, wartime China's health services lagged far behind actual need. Gender analysis of public health work in the wartime capital and the greater southwest shows that a profound and decisive shift nonetheless occurred during the war. This success owed not to the top-down administrative structure or disciplinary agenda of the masculinist state, but to the modes and means by which women enacted its goals among the people. Women working as doctors, nurses, and midwives established the requisite connections with their patients that made them feel cared for rather than despised, and grateful for the services they received rather than resentful of an imposition on their lifestyle. Women entered medical
work in unprecedented numbers and performed the jobs that made them the first contact for wounded soldiers, sick refugees, air-raid victims, and expectant mothers. Instructed to utilize their "innate" skills of caring tenderness, and operating within a society that viewed them as naturally affectionate, female medical workers provided the type of care that sealed bonds between citizens.

These emotional ties between individuals proved to be the essential ingredient in producing a new vision for China's future, an optimistic hope that Chinese women might be able to embody their own hygienic modernity. The results of women's work therefore contrasted greatly with the results of Chiang Kai-shek's disciplinary police state: rather than treat the people as objects of reform, sparkling animosity and resistance, female medical workers treated wounded soldiers and refugees as subjects in need and actualized a change in people's minds—that ever-elusive space of dreams and hopes and desires. Women's medical work, funded in part by an outpouring of global philanthropy and in part through voluntarism, fostered a new vision of a China that could become clean enough, hygienic enough, and strong enough to claim its own modernity and author its own destiny.

The expansion of roles for women in medicine changed the shape of the Chinese state, both physically and metaphorically. In her reflections on the state of the field of Asian gender studies, Elizabeth Remick asks that scholars, rather than restricting themselves to top-down analysis of how state policy shaped the people, consider how "new visions of gender and sexuality" enforced across Asia with the rise of the modern nation-state "shaped the states themselves." Responding to this, I analyze wartime public health as a gendered activity that changed the shape of the Chinese state and the nature of the national community. Women whose labor fueled the southwestern expansion of health services created "new possibilities for control and increased state capacity" to access people's bodies. Women who occupied caretaking roles—including nurses, doctors, midwives, and volunteers of all sorts—were enthusiastic accomplices in state projects of population management. Through this work, they became recognized nation builders who simultaneously extended the territorial reach of state institutions as well as the emotional reach of the nation-state as an affective community.

The prewar concentration of health infrastructure in the southeast—particularly around the Nationalist Party's capital, Nanjing, and in the communist-controlled Jiangxi Soviet region—developed into a much more even coverage across the southeast and southwest during the War of Resistance. The expansion of state-sponsored health services incorporated what is now China's southwestern heartland into the nation's territory. In order to understand how the chaos of the war caused rather than prevented this expansion, I interpret the War of Resistance through the lens of opportunity and employ gender as an analytic framework to render women's labor visible. The dynamism of wartime society resulted directly from the destruction of coastal cities. Japanese occupation of all the major cities in eastern China forced health professionals to abandon their country's best facilities and take refuge in the internal provinces that many of them deemed cultural backwaters. They took part in transforming a handful of urban areas that had previously achieved only dot-on-the-map status into centers of intellectual ferment, hosts to influential public and private agencies, testing grounds for new health practices, and reservoirs of human capital. This included Lanzhou, capital of Gansu Province, in the sparsely populated and arid northwest; Kunming, the capital of Yunnan Province, in the deep southwest bordering Burma, Laos, and Vietnam; Guiyang, capital of Guizhou Province, with a majority non-Han population; and Chengdu and Chongqing in Sichuan Province, which, as provincial capital and wartime national capital, respectively, hosted the Nationalist state throughout the war. Men—and a few notable women (Zhou Mei, Nieh Yuchan, and Yang Chongrui)—built a military and civilian health infrastructure in these provinces that expanded the presence of the central state. In so doing they drew on a new pool of resources; the IJA's rapid advance forced the reluctant Nationalist state to commit its scant resources to civilian and military medicines. Foreign charitable donations—millions of dollars and pounds sterling—joined state funding to keep health organizations afloat despite an economic blockade and skyrocketing inflation.

Women expanded the reach of these health institutions into people's homes and hearts. Since women had long tended to family members at home, their entrance into positions of medical authority allowed them not only to cure strangers in public, but also to enter people's homes with medical bags and advice for expectant mothers and young children. As representatives of state institutions, women who gathered the wounded after air raids, delivered vaccines on the street, and tended to soldiers in military field hospitals accessed people's bodies. Their work drew people into the nation as newly constituted citizens of the Nationalist state. Thousands of daily interactions with healthcare workers modeled a new relationship between the state and the citizenry, one in which each party shouldered new responsibilities vis-à-vis the other. Since "the ideological forms of the state are an empirical phenomenon, as solid and discernible as a legal structure or a party system," the disciplinary work of the masculinist state also played a role in delivering this lesson. Through accumulated participation in seemingly innocuous, quotidian processes such as gathering for vaccinations and cleaning the public lavatory on rotation, people learned a new way to relate to the state as provider of personal goods and enforcer of intimate laws. Even if they resisted that enforcement, they could not deny the renewed force of the central state in their lives. Whereas before the war independent warlords had controlled Yunnan, Guizhou, and Sichuan, after the war there could be no question that these provinces belonged to the nation. Wartime public health helped to determine the physical shape of modern China.
Submitting a central discourse of modern China—the “Sick Man of East Asia”—to gender analysis further illuminates how female medical workers fundamentally changed the shape of the nation during the War of Resistance. This discourse located national weakness in Chinese women, but simultaneously positioned women as the saviors of the race through their ability to perform “motherly” duties such as childbirth, homemaking, taking care of orphans, and healing the sick. Thus women shouldered many responsibilities that granted them the opportunity to create a vision of power and hope for the nation: the “Sick Woman of East Asia” became its healer.

THE “SICK WOMAN OF EAST ASIA” AND THE GENDERED POLITICS OF CHINESE MODERNITY

East Asian cultural and political power began to shift from China to Japan for the first time in over a millennium after the Qing empire faced the greatest challenges to its power: devastating defeats in the Sino-French War (1884–85) and the First Sino-Japanese War (1894–95). This eastward shift of the Asian empire’s center—further reinforced when Japan won the Russo-Japanese War in 1905 and claimed the first Asian victory over a “white” people—delivered a mortifying blow to the Chinese ego and inaugurated the phrase “Sick Man of East Asia” to describe the Qing empire as the Asian version of the doddering Ottoman Empire (known at the time as the “Sick Man of Europe”). Initially applied to the Manchu court, journalistic repetition in both Chinese and foreign presses during an era of overt racism quickly transformed the expression into a universal epithet for all Chinese.

Reformist intellectuals, predominantly men, immediately interpreted this phrase in gendered terms and reacted to it in gendered ways. Therefore, “Sick (Wo) Man of East Asia” (Dongya bingfu/fu), rather than the exclusively masculine “Sick Man” phrase used at the time and repeated in both Chinese and English language scholarship, more accurately reflects the gendered assumptions about men’s and women’s respective failings and potential contributions to the project of national strengthening. Through an unspoken plural, this phrase spoke more properly of bodies, male and female, each with a distinct and distinctly gendered means of contributing to the nation at war: men as brawny soldiers, women as mothers of plump children to replace all the men lying prone on yesterday’s battlefields.

During the Republican era (1912–1949), two leaders of the Nationalist state, Song Meiling (1897–2003) and Chiang Kai-shek (1887–1975), represented this gendered division of labor in popular and political discourse. Calling himself “the Generalissimo,” Chiang always appeared in public in full military uniform to deliver jingoistic speeches or survey his troops, modeling a form of military discipline that, ironically, he had learned from the armed forces of his Japanese and German adversaries and continued to admire throughout the war. Meanwhile, Chiang’s wife, Song Meiling, worked tirelessly for refugees, orphans, and wounded soldiers, and inspired thousands of other women to follow her lead. Less than one month after the war started she declared in a national telegram that “women constitute half of our citizenry, and it is incumbent upon us to accept our natural duties of fund-raising, nursing the wounded, and comforting the afflicted, none of which responsibilities can be shirked.” Song Meiling did not limit herself to words but played a key role in all the activities she deemed the “natural duties” of her sex. In fund-raising, she frequently traveled to the United States to gather donations from Christian churches and other social organizations, and on February 18, 1943, she became the first Asian and second woman to address both houses of the US Congress, where she delivered impassioned pleas for increased aid to China.

At the same time, within this duality the “Sick Woman” shouldered the greatest burden because male elites sidestepped their shame by locating China’s weakness in its women. They articulated the concept of the frail, bound-footed woman producing and rearing degenerate children as the principal source of national weakness. “Sick Woman of East Asia” therefore most accurately describes this discourse, which “reversed the positive valence that late imperial thinkers had assigned to the family as the foundation of the state” and described the home as “a source of national pathology rather than of national health.”

Scholars have theorized this as an Asian response to Western imperialism, arguing that Asian nationalisms were distinctly gendered because male anticolonial nationalists attempted to delineate a domain over which they could exercise control while they engaged in a power struggle with imperialist states. In countries across Asia, male nationalists designated the home and women’s place therein as their “domain of sovereignty,” and conceptualized women as the bodily representations of and keepers of cultural and spiritual “traditions” that they articulated as superior to Western material power. They refuted Western claims to superiority by claiming indigenous cultural purity, but in constructing this idea they assumed intellectual and discursive—if not actual or absolute—control over women’s bodies and roles in society.

Male Chinese nationalists used these ideas to create a model of the “self-sacrificing woman as a symbol of national essence” and to grant precedence to state building: they argued that only women living in a powerful country would experience true emancipation. Women who wished to design the parameters of their own lives were certainly constrained by this social ideal. At the same time, the idea that women produced the race and therefore the nation also gave them power to control the national body. The scholar and translator Yan Fu (1854–1921) articulated this means of redemption in his 1902 Chinese translation of Herbert Spencer’s 1874 text A Study of Sociology. Spencer’s Social Darwinism drew on Jean-Baptiste Lamarck’s theory of inheritable traits to posit that an individual’s struggle for survival triggered a process of self-improvement, the positive results
of which could be passed on to one’s offspring. The argument that frail women produced a degenerate racial stock but strong women constituted the foundation of a robust race convinced a generation of male intellectuals to support women’s education and the emancipation of bound feet. These ideas soon became law: the Qing court outlawed foot binding in 1902, and mandated education for girls and women in 1907.

The ideal of “mothers of citizens” (guomin zhi mu) encapsulated women’s simultaneous subjugation and uplifting through these concepts. Since “a mother of citizens was, by definition, a woman who inculcated her sons with patriotism,” women could produce “not only patriotic offspring but the nation itself.” This formulation granted women a powerful place in the new nation, but it also subjugated women to heteronormative sexuality and constituted a double-evacuation of both mother and child from their own life value. It treated women’s education and liberation not as ends of their own, but rather as the means to the presumed greater end of strengthening the nation through bearing and rearing healthy male children. At the same time, a son gained his right to existence as a national subject only through his dutiful performance of patriotism, expressed most clearly during the war as the willingness to join the military to kill (and perhaps die) for the country, rather than because of the inherent value of his life.

Thinking of them in terms of “mothers of citizens” granted women the power to create the nation itself and rendered women’s work in homemaking and child-rearing equally as important to the nation as men’s work in state making. The masculinist focus on the home as a site of degeneration slowly shifted back toward a positive valuation of the home as a site of regeneration. “Sick Woman” discourse triggered both shifts, first by identifying Woman as an idealized embodiment of cultural purity and national weakness. When flipped on its head, this same discourse posited Woman as the savior of the weak nation. Once actual women shouldered responsibility during the crisis of war—particularly in fields like healthcare, which adhered to gendered expectations of “feminine” caretaking behavior—they entered a social space in which their actions had both tangible and ideological repercussions. This assertion does not reify the female gender as productive of an innate kindness, nor does it deny the fact that many men performed the work of nurses, stretcher bearers, and medical orderlies. Rather, it is to argue that the gendered discourse of hygienic modernity scripted women’s involvement in the nation in a particular way, and most women played into that script.

As they entered this script, women discovered that not only could they save lives—a powerful action in its own right—but they could also transform lives in ways that created the national community. Female medical professionals and volunteers forged trusting relationships as they traveled the country healing wounded soldiers. Soldiers developed bonds with one another through their experiences in the army, but in medical encounters they learned to trust the nurses who changed their dressings and the young women who delivered their vaccinations. These relationships, however brief, transgressed gender, class, and regional divides to knit together a new national community of people learning to relate to each other. One young college student who volunteered to help wounded soldiers in a village in the southwestern province of Guangxi during her summer break noted that her classmates “returned very happy and excited, since within a month they had grown very close to the local women.” She also declared that their work transformed “the local Guanxi villagers with whom we could not speak” from cold strangers warily regarding the college students from a distance to warm friends, happily chatting with them about their lives and dreams for postwar life. This young woman concluded, “[T]he work is small, but the results are far from it.”

A similar process also occurred in the civilian community through women’s public health work. In the decade preceding the war, the National Health Administration (NHA) prioritized the training of public health nurses and midwives. The roving public health nurse, in particular, came to serve as “the point person in the extension of preventive healthcare and public medicine into rural China.” Public health nurses and midwives traveled by foot, bicycle, pedicab, and wheelbarrow to reach their patients’ village homes, inspiring confidence through their steadfast dedication and willingness to accommodate people’s needs and desires. Tracing the travels and relationships of this veritable army of diligent women, who had absorbed and accepted their country’s demand for self-sacrificial hard work, reveals an intricate web of interpersonal bonds that tied the national community together. These delicate strands of human connection did much more to sustain a nation of poor farmers than could the lofty ideals of the intellectual elite.

This book shifts the focal point to highlight the experiences between the people themselves, and thereby enhances our understanding of the Chinese nation. It argues that the national community was built on not one but two planes, with medicine a key component in both instances. The relationship between citizens and the state, solidified in part through public health regulations and services, constituted but one of these planes. Here the masculine version of hygienic modernity enforced through disciplinary action dominated, and mostly failed to achieve its immediate objectives. On another plane, horizontal rather than vertical, the war forged new relationships between and among the people. Here the version of hygienic modernity that female nurses, midwives, physicians, and volunteers enacted through medical care dominated, and created a national community of people learning to understand one another. Thousands of seemingly inconsequential encounters accumulated to form a network of personal ties that allowed illiterate soldiers and refugees to imagine themselves as members of a community larger than their own villages. This occurred while they traveled over the greatest distances of their lives, often on foot (refugees in flight, soldiers on the march), gaining an intimate awareness of their country’s vastness and diversity as
they moved. Millions of people met compatriots from distant regions with whom they could not even communicate at first. Yet often a short time later, in recognition of the need to work together to fight a common enemy, they learned how to share personal stories and intimate moments.

After centuries of living at the political and cultural center of East Asia, Chinese balled at being pushed aside at the point of a bayonet. They fought back with astonishing zeal and tenacity. Japanese politicians and militarists underestimated the capacity of the Chinese people to resist domination. During the War of Resistance against Japan—a war whose Chinese name and iconic slogan “resist to the end” (kangehan daaodi) should have tipped the Japanese off to this inner strength—the “Sick Woman” trope produced a surprising result. The IJA sought to bring China under Japanese control, but the invasion accomplished the precise opposite: modern China took shape in the crucible of the war. The desperate need to fight off a more powerful enemy provided a politically sound justification for the expansion of public health organizations across the southwest. The work of women in these organizations cemented bonds between people from across the country and knit together a national community. Working from dawn to dusk as civilian and military nurses, doctors and midwives, women repaired the war-torn nation as they mended broken bodies.

Intimate Communities fashions a national story of wartime China from a global archive. As with any country, the birth of modern China was an international story, and its contours emerged from records collected from archives and libraries in Asia, Europe, and North America. These sources include records of specific organizations such as the Sichuan Provincial Health Administration, the Chongqing Bureaus of Public Health and Police, public and private hospitals in Chongqing, the PUMC School of Nursing, and foreign charitable organizations. Personal stories come from written records of oral histories, memoirs, missionary letters, foreign funding agencies’ correspondence, and wartime newspapers. Novels and short stories written during the war further enrich the picture of wartime society.

The historian faces a daunting task. We aim to re-create the whole experience of the past, including those elements that people long dead took entirely for granted and therefore never recorded. Every trace of that past contains an inherent bias; like blind people touching an elephant, we must infer from the task what the tail is like, and vice versa. We must navigate around missing pieces and do our best to fill in the gaps. Incendiary bombings destroyed entire months of Chongqing Bureau of Public Health records. Other records never existed in the first place because health officials and hospital staff were so overworked during the air-raid season, and military medics followed troops as they moved across the country. I have employed multiple techniques to address these challenges. I have read and interpreted hundreds of documents, comparing them against one another, treating each new piece of information as partial and incomplete. I have interpreted the actions and beliefs of the citizenry through a backward reading adopted from the field of Subaltern Studies. Through such a “mirror reading,” the same records that clearly state the values that health officials and police officers assigned to sanitation and hygiene can also reveal that citizens adhered to rather different definitions of the same.

Several things emerge clearly from the sources: millions of dollars in foreign aid poured into China and fueled a surprising amount of medical work, even though many challenges remained insurmountable until the fighting stopped. Although many Chinese collaborated with the Japanese or with puppet regimes, many others, especially women, risked their lives and accepted personal hardship to serve their fellow compatriots. Undoubtedly, far more people would have suffered and died without this assistance. In addition to saving lives, this work also affirmed and extended the indigenization of an erstwhile foreign medical system in China. For this reason, this book employs the term “scientific (bio)medicine,” rather than “Western medicine,” to describe the care rooted in germ theory, laboratory research, and anatomical knowledge of the human body. By the end of the war if not before, scientific medicine was an indelible part of modern China’s medical system, which also included a robust, if forever altered, community of Chinese medicine.

No one can know what people of the past actually felt, but a historian can interpret clues that indicate the parameters of their lived experiences. Epidemiological data about the risks to health, emotional expressions in contemporary literature, the language with which people communicated their responses to enemy soldiers in their land, stories of how midwives and nurses earned peoples’ trust, tales of military nurses urging young men back to battle, and exaggerated narratives of war heroes all serve as barometers of the emotionally possible. The universal human experience of desiring life also informs my analysis. People who saw death’s hungry eyes in the middle of the night as they lay in the sick wards likely rejoiced when the morning light reflected a smiling nurse at their bedside. If the funerary rituals that Chinese people have performed across space and time to honor their dead and repair the social can be said to be the glue that keeps them together in all their diversity, then the work of keeping people out of the grip of death was a force that bound them to one another in their hour of greatest need.

Although the war lasted only eight years, it fundamentally changed China’s public health system and national community, as surely as a quickly laid foundation determines the shape and parameters of a sturdy house. Like a refugee, Intimate Communities follows the Nationalist Party to Sichuan to observe Chinese history from the southwest. It employs gendered medical history to narrate the birth of modern China: the fight against the Japanese invoked women to contribute to the war effort as health professionals, and their labor of healing
built a network of intimate relationships across the previously independent and fractious southwest that gave human meaning both to institutionalized medical care and the idea of the nation. Looking back on the history of this terrible war, it seems that these women helped modern China to rise like a phoenix from the flames of cities destroyed by incendiary bombs and bodies cremated for entrance into early graves.

Policing the Public in the New Capital

"The shifting of the capital has brought a wave of new life to the hitherto neglected and backward interior... Chungking may well be regarded as the symbol and focal point of this process by which a nation is seeking, spiritually as well as physically, to re-discover itself.

—KHWAJA AHMAD ABBAS, AND ONE DID NOT COME BACK! (1944)

In 1938 Chiang Kai-shek likened the Nationalist Party to the nation's arteries and described members of the Three People's Principles Youth Corps as the "new corpuscles within the arteries." If the nation was a body, during the War of Resistance, Chongqing was its heart. How that heart looked and functioned had direct implications for the Nationalist Party's reputation with both its own citizens and its foreign allies. Home to the Nationalist government in retreat as well as to foreign ambassadors, reporters, and eventually US Army commanders, the wartime capital had special significance as the proving ground of Chinese modernity. If the nation could succeed in "re-discover[ing] itself" both spiritually and physically in Chongqing, then the Nationalist state could prove its geopolitical worth and survive the Japanese invasion.

Precisely because the stakes were so high, throughout its time as wartime capital Chongqing served as a stage upon which male officials of the Nationalist state self-consciously performed their modernity and demonstrated their political sovereignty to both Chinese and foreign audiences. Public health was a crucial component of that modernity. Chiang Kai-shek had spent years achieving his position at the helm of the still-divided Nationalist Party, and had won that power, however tenuous, on the basis of a promise to regain complete sovereignty over China, partly through public health regulation. On July 7, 1937, one decade to the day prior to the start of the War of Resistance, Chiang declared the following at the convocation ceremony installing the new mayor of the Chinese-ruled section of Shanghai:

All eyes, Chinese and foreign, are focused on the [Chinese-ruled] Shanghai Special Municipality. There simply has to be a successful completion of its construction.
If all is managed according to the way described by the [Premier], then it will be even more perfect than in the foreign concessions. If all of the public health, economic, and local educational affairs are handled in a completely perfect way, then at that time the foreigners will have no any way to obstruct the recovery of the concessions.  

In 1927 all eyes had turned to Shanghai—where in the concession territories foreigners ran their own governments and police forces—and then to the prewar capital of Nanjing, where Nationalist officials first developed urban hygiene regulations. In 1938 all eyes turned to Chongqing, the city where Chiang's government would either fall or hold its own against the Imperial Japanese Army (IJA). That army belonged to a nation that had occupied part of Chongqing—China's westernmost treaty-port city—from 1901 to 1931. Policing the public and enforcing hygienic modernity, the Nationalist leadership wagered, would accomplish far more than keeping Chongqing clean; it would also prove it a capital city worthy of a modern, sovereign nation. 

Yet Chongqing lay at a physical distance of fifteen hundred miles from Shanghai, and at an apparent temporal distance from "the Paris of the Orient" that manifested itself in out-of-date sartorial fashions and dirt roads filled with rickety rickshaws and carts drawn by mangy steeds. The Chongqing Bureau of Public Health (Chongqingshi weishengju) (CBPH), formed in November 1938 to work under the direction of the central government's Executive Yuan in close concert with the Bureau of Police, faced a mandate to clean the capital. A majority of its orders had to do with aesthetics: municipal and central government officials alike treated health officials like urban janitors. CBPH staff accepted these orders because, they reasoned, picking up old trash piles would help them "avoid the danger of seasonal diseases" that often hit in the spring and summer: cholera and smallpox. Their intimate knowledge of the city's health challenges rendered health officials willing to cooperate with state mandates, despite the fact that central state officials provided paltry support; Chiang Kai-shek delivered orders to Minister of Health Jin Baoshan through an intermediary, and never once granted Jin a personal audience. Trained in elite medical colleges in China and abroad, health officials began their work in a city where most of the residents drank water pulled straight from the river by shoulder-pole carriers; no municipal trash collection occurred; Japanese planes regularly dropped bombs on residences, schools, and hospitals; no quarantine service monitored the voluminous river traffic; and both endemic and epidemic diseases routinely claimed victims.

While disease microbes have a concrete reality, they also trigger behavioral responses that are highly dependent on culture. Gender—the culturally determined aspect of biological sex—had special consequence in Chinese health politics. All of the leaders who employed the disciplinary power of the state to institute public health reforms in Sichuan were men—from Yang Sen, Zhou Shanpei, and Yang Wei in the late Qing, to Lu Zuoju and Liu Xiang in the early Republic, to Chen Zhiqian, Yan Fuqing, Mei Yilin, and Jin Baoshan in the war years. As representatives of the state, whether consciously or not, these men contributed to a larger program for attaining modernity that included not only public hygiene, but also developing advanced weaponry and creating "a disciplined, martial citizenry." Their work reinforced male priorities within the realm of the state. They accepted the assertion that achieving a cleaner city required enforcing hygiene regulations, which in turn required disciplining the populace. They therefore passed health regulations that empowered other men who worked as police officers, military police, soldiers, and houtiao neighborhood association heads to enforce people's compliance with medical mandates. For example, the 1943 public health calendar created by the National Institute of Health (NIH) included this phrase on its page for June: "Cholera is a contagious disease that runs rampant [changlue]; it is imperative to mobilize the local troops immediately for earnest and strident prevention." Men with political control granted other men control over people's bodies, all in the name of preventing disease. While tactics such as compulsory vaccination did save lives, the direct value of many other health regulations was much less evident.

Male health officials employed the language and logic of class to enforce the new hygienic order. With few exceptions, the elite possessed the right to control other bodies, while the poor possessed only the right to be controlled—or, as stories in this chapter show, to resist. Chiang Kai-shek and Song Meiling expressed the intersection between class politics and health politics most clearly in their signature program, the New Life Movement (Xin shenghuo yundong) (NLM). First launched in 1934 and continued in wartime Chongqing, the NLM charged health officials with enforcing regulations that often facilitated the universalizing of middle-class aesthetics through compulsion, rather than addressing the real health needs of the poor. Nonetheless, as health workers sought to protect people's lives by touching and controlling their bodies, their small actions had great consequences for a state that predicated its sovereignty on its ability to enforce hygienic standards.

The work of protecting the national body therefore unfolded on two fronts during the war—one intimate and one public, both political. State health officials aimed to protect individual bodies from disease, but central government officials wished to use health regulations to solidify the relationship between civilians and the state and thereby assert political sovereignty in Sichuan (i.e., draw it into the national body). Many Chongqing residents felt the presence of the central government in their city most consistently and forcefully through the activities of the Bureau of Public Health. Following orders from the Executive Yuan, health officials directed and regulated people's most quotidian practices, such as where they relieved their bladders and placed their garbage, and what kinds of food and drink they could buy on the street. New rules entered parts of life theretofore subject only to social convention—including when to bury loved ones, when to gather in large crowds at public theaters, and where to give birth. This formulated a relationship between
the people of Chongqing and the Nationalist state characterized by disciplinary power and resistance thereto. Health officials severed the centuries-old relationship between town and country through the night soil trade, robbing thousands of their employment, and ironically leaving the capital mired in filth. They employed police enforcement in the hope of making health regulations become new dictates of public movement and daily habit.

The War of Resistance marked a new stage in the process of imprinting individual bodies with national concerns, and gender determined how this process unfolded. An investigation of public health practices in the Nationalist state’s wartime capital illustrates not only how the war affected civilian life, but also how the principles of hygienic modernity spread throughout the country and contributed to its formation as a modern nation-state. All of this occurred in a unique urban space nestled between the mountains and rivers of Sichuan Province.

**SIGHTS AND SMELLS OF WARTIME CHONGQING**

The story begins in a striking yet somewhat inelegant city in the heart of the southwestern province of Sichuan. Most people arrived in Chongqing by boat to witness a forest of bamboo pilings supporting the city’s famous *diaojiaolou* (“hanging foot buildings”) that crowded the muddy riverbank. (See fig. 2.) Reluctantly shifting their eyes from this arresting sight, they gazed up a long column of steep steps, worn smooth with the ages, snapping up from the riverside mud to a careworn city shrouded in mountain mist. Visitors with some pocket change saved themselves the sweaty toil and hired porters to carry them up these steps in palanquins, a luxury they especially enjoyed in the summertime, when the heat reached near lethal temperatures, flies and mosquitoes gathered in swarms, and noisome offal gushed from gutters at the porters’ feet. One Canadian missionary described Chongqing as “a city of steps and swear-words.”

The wharf equipped with this majestic yet irksome entryway lay at the confluence of the mighty Yangzi and one of its largest tributaries, the Jialing River. This metropolis, hewn from limestone, experienced dizzying change and explosive growth as the wartime capital. To most refugees arriving from points east on the Yangzi (which earned them the name *xiajiangren*, “downriver people”), the city looked like a muddy backwater where gauche locals dressed in traditional-style long gowns, ate intolerably spicy food, and spoke in strange accents with mixed-up tones. Accustomed to the cosmopolitan cities of the coast, they felt that their new home “did not even look like a city, much less a national capital.” For their part, the locals often resented *xiajiangren* and their haughty manners, and chided their inability to cope with the delicious local chili peppers and Sichuan peppercorns.

Visitors and sojourners remembered Chongqing by both its sights and its infamous smells. In the early 1930s people described it as “notoriously dirty, overcrowded, and opium-ridden,” with “deplorable” public health—and a surfeit of “prostitutes, singing beggars, and ordinary beggars,” known locally as the “three plenties” (*sansuo*). This reputation followed Chongqing into the war, when it attracted visitors from all over China as well as the world. One downriver immigrant, writing under a pseudonym, recalled of her first arrival in 1942, “[S]emi-liquid black filth drained along open ditches on either side of the road. Huge dump heaps spread down the cliff; dogs and beggar children dug in the refuse.” The American Martha Gellhorn, also in Chongqing in 1942, found the lepers “impossible to bear,” and bemoaned the general “lack of sanitation.” Foreign war correspondents Theodore White and Annalee Jacoby wrote that “[s]ewage piled up in the gutters and smelled; mosquitoes bred in the stagnant pools of water . . . and malaria flourished. Dysentery grew worse; so did cholera, rashes, and a repulsive assortment of internal parasites. The smallest sore festered and persisted.”
poem "Lyric to Spring," US General Joseph W. Stilwell, stationed in Chongqing from March 1942 to October 1944, likened his temporary home to an "odorous sewer" smelling of "flowers and birds, with a sprinkling of turds," and wrote, "[T]he garbage is rich, as it rots in the ditch. / And the honey-carts scatter pollution." His short, six-stanza poem contained seven synonyms for excrement.²⁸

Yet Chongqing underwent a dramatic transformation as wartime capital; it gave safe harbor to a blend of people from every part of China, and some began to find it quite pleasant. It became a city where local women copied the dress of stylish downriver ladies, roadside shops served Shanghai snacks, and financiers parlayed foreign currencies into staggering personal fortunes.²⁹ In the late 1930s, American traveler Graham Peck described Chongqing as "full of a traffic that was almost Occidental in quality and speed," and when Captain de Muerville arrived in the early 1940s to command the French flotilla on the Yangzi, he mentioned that "the city roads are clean and paved."³⁰ In late 1941, when British Army Captain Freddie Guest escaped from a Japanese POW camp and arrived in the wartime capital on foot, he remarked, "[N]o one took the slightest interest or showed surprise as I walked among them. One could immediately feel the international, cosmopolitan atmosphere of any big city in the world."³¹ As the primary site where the nation began "to re-discover itself," Chongqing took on a newly hygienic mien, and presented a more modern face to the world.

A closer look reveals cracks in this facade. Many of the attempts to clean up the city failed—one disastrously so—and residents successfully resisted the health regulations that they disliked. Anecdotal accounts cannot confirm whether Chongqing was clean and cosmopolitan or grimy and gauche, but they do suggest that it was a city of contrasts whose geography reflected a clear social hierarchy. The most elite section lay outside city limits to the north, in the model factory town Beibei, which Li Zuofu (1893–1952), magnate of the Minsheqin Shipping Company, founded in 1927 to serve as an idyllic residence for his employees. Home to the Western China Academy of Sciences and harbor for elite universities during the war, Beibei was a haven of intellectual and political freedom. This made it the choice destination for famous actors and actresses, as well as other notables such as literary scholar Liang Shi-chiu (1903–87) and authors Lao She (1899–1966) and Lin Yutang (1895–1976).²⁷ Within Chongqing, foreigners lived across from the main city on the southern banks of the Yangzi, where they had tennis courts, pool tables, and a library. (See fig. 3.) Warlords traveled through town in limousines and lived in sprawling villas on its edges, one reputedly home to a glassed-in tennis court.³² Meanwhile, disheveled and hungry beggars mingled with the working poor in the Lower City, the portion nearest the riverbanks where destitute people constructed makeshift homes—known colloquially as War of Resistance shacks (Kangzhan peng)—that were annually swept away in torrential rains, sometimes taking their occupants with them.³³ If they survived these floods, fires ignited by incendiary bombs could consume thousands of the shacks in an instant; in April and May 1938, riverside residents suffered flood and fire back-to-back, leaving thirty thousand people homeless and more than one hundred dead.³⁴

As wartime capital, Chongqing suffered more air raids than any other city in China, and was in fact the most bombed capital in the world.³⁵ The Japanese employed a terror bombing campaign in an effort to weaken Chinese resolve and force capitulation after Chiang Kai-shek's retreat to Sichuan signaled a shift to a multifront war of attrition.³⁶ Chongqing's "rain of terror" began with two calamitous attacks on May 3 and 4, 1939. These "strategic bombs," deliberately aimed at civilian targets in the heart of the city, destroyed the National Health Administration (NHA) offices, and Minister of Health Yan Fuqing barely escaped with his life.³⁷ Minister Yan and other health officials immediately gathered to draw up a comprehensive air raid relief plan. This included a map of all the city's hospitals and clinics, a list of the number of wounded that each unit could accept, and the order in which nurses would evacuate the wounded to hospitals in the outskirts whenever possible. Their meeting began on May 3 and adjourned on May 12.³⁸
Beginning before city leaders had time to prepare, the shower of bombs on those
two days alone killed 3,991 people, wounded 2,333, and destroyed 4,871 homes.\textsuperscript{80} 
Chongqing did not have London's luck; whereas the British government enjoyed a
full year of planning between the war's beginning in Europe in September 1939 and
the beginning of the Blitz in September 1940, the Chinese government was taken
by surprise. China first shocked the world in August 1937, when news coverage of
Japan's brutal air strikes on the civilians of Shanghai served as a ghastly harbinger
of other nations' coming fate.\textsuperscript{81} The May 1939 attacks on Chongqing began just
seven months after the fall of the first provisional capital, Wuhan, and while go-

government officials and thousands of refugees were still moving into their second
wartime stronghold.

After this tragic lesson, Chongqing followed a strange rhythm for the duration of
the war. Throughout the fall, winter, and spring the city was packed with both
locals and temporary residents from all over the nation. Then when the radiant
summer sun blazed long enough to burn through the omnipresent fog and lay the
skies bare to Japanese bombers, the city exhaled its crowds and thousands scattered
to surrounding villages, seeking safety in densely foliated mountains and
quiet hamlets. In order to reduce losses in property and lives, all organs of the
municipal government and many social organizations urged people to leave the
city, and thousands who had the means to obey did so.\textsuperscript{82} The normally bustling city
called quiet. The poorest residents could no longer leave nor to pay for medical
care, paying instead with their lives.

Chongqing air raids were so frequent and so closely linked to weather patterns
that they became their own season, subjecting civilians to the gloomy boredom of
dark air raid shelters, and health workers to the frenetic exertion of treating the
unlucky victims in endless hours tainted with the stench of blood. People suffering
from shrapnel wounds, severe burns, and limbs lacerated by falling debris crowded
into local hospitals, where health workers placed sickbeds in hallways, foyers,
and supply rooms in order to accommodate the maximum number of patients.

The loss of a single hospital in the bombing season could set the region's medical
staff behind for months. Disease prevention and air raid defense kept CBPH staff
so busy throughout the summer that they neglected routine duties.\textsuperscript{83} This comes
as no surprise given the intensity of the air raid season. In the single month of
June 1940—during the peak of terror bombings—a total of 1,515 Japanese planes
attacked Chongqing on twelve out of thirty days, destroying over one thousand
buildings and homes, and wounding or killing over eighty hundred people.\textsuperscript{84} The
bombs frequently left Chongqing looking like a skeleton of its former self. (See
fig. 4.)

Air raids posed a serious physical threat to Chongqing residents, not least be-
cause Japanese pilots deliberately targeted hospitals.\textsuperscript{85} Raids frequently occurred
on clear nights because even when city officials enforced complete blackout,

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chongqing_bombing.jpg}
\caption{A lone man, observing the destruction of Chongqing, perches atop the home
he is planning to rebuild. LOT 11517-7, WAAMD #131, U.S. Library of Congress, Prints
and Photographs Division.}
\end{figure}

moonlight reflecting off Chongqing's rivers betrayed the city's precise location
to Japanese pilots. (See fig. 5.) Some people began to suffer from nightmares,
insomnia, and debilitating anxiety, and local health clinics hired mental health
specialists. Yet most people showed a certain amount of resolve and did their best
to accommodate the "new normal." When an air raid alarm sounded at mealtime,
many people finished eating before heading to the nearest shelter.\textsuperscript{86} Despite their
horror intensity, the raids failed to produce their desired outcomes: to cripple
the Chinese economy and demoralize the people. In fact, Japanese bombing
of China, American bombing of Japan, and Allied bombing of Europe alike failed
to achieve these goals, leading to a serious reconsideration of the value of air
strikes in warfare.\textsuperscript{87} Unfortunately, this meeting of the minds occurred only after
the war, in the midst of the dusty rubble that had once formed majestic cities.
By that time Chongqing topped a list of hundreds of destroyed cities around the
world. From February 18, 1938, through August 23, 1943, when the ferocity of
the Pacific War diverted the Japanese Army and finally granted Chongqing a
respite, a total of 9,513 Japanese planes dropped 21,593 bombs on the city on 218
separate occasions, killing 11,889 and wounding 14,100 civilians.\textsuperscript{88}

While in other belligerent nations air raids fundamentally altered the structure
of governance and jump-started the creation of welfare states, in China this
all still: the electricity company had shut off power in that area for maintenance but failed to report the scheduled outage.\textsuperscript{43} State officials’ response included a detailed report from a seven-person investigative committee and the discharge of Liu Qiying from his position as air raid defense minister, but none of this took place until after the third tragedy, in June 1941.\textsuperscript{44} The lethally disciplinary response to civilians’ demands for air, as well as the belated and punitive means of “solving” the problem, both indicate the Nationalist state’s general attitude toward governing civil society: control through didactic militarism, best embodied in the NLM.

THE NEW LIFE MOVEMENT AND MIDDLE-CLASS AESTHETICS IN NATIONALIST CHINA

Faced with the challenge of defending the nation from their new residence in Sichuan while under constant siege, Nationalist Party leaders resorted to their strongest ideological tool: the New Life Movement. Chiang Kai-shek inaugurated the NLM in Jiangxi Province in February 1934, in the midst of his campaign to “exterminate” the Communist “bandits” whose stronghold lay in that province (the famed Jiangxi Soviet). The Communists utilized literacy programs and public health education to fight rural poverty and attract villagers to communism. At the same time, Christian leftists in the Rural Reconstruction movement conducted similar programs in rural China to fight poverty and alleviate suffering, though often with different politics.\textsuperscript{45} Once the war began, circumstances forced both the Nationalist and Communist parties to demand even more from their civilian base. Accordingly, party leaders on both sides entered a new kind of political competition, striving to offer more and better services to the people as a means of demonstrating the usefulness of their respective politics and states.\textsuperscript{46} To counter the work of his political adversaries, Chiang created the NLM to increase the visibility of and loyalty to the Nationalist Party.

Chiang envisioned the NLM as a unified social movement based on the philosophies that had long constituted the twin principles of Chinese statecraft: militarism and Confucian moralism. Its foundation in moral pedagogy marked the NLM as a movement of its time. An integral part of China’s grappling with modernity, conversations on morality knew no political bounds. Even the radical May Fourth movement included the lesser-known “moral revolution,” with “Miss Moral” serving as its poster child.\textsuperscript{47} In the early 1900s, prominent anarchists and other leftists established morality societies requiring members to abstain from visiting prostitutes, gambling, smoking, drinking alcohol, and eating meat. In the case of radical feminist Qiu Jin (1875-1907), the “will to self-extinction” marked her as a consummate anarchist so morally committed to her cause that it superseded her ego.\textsuperscript{48} In this sense the Nationalist officials’ obsession with morality placed them squarely within the trends of modern Chinese intellectual and social


process was muted by three openly reported tragedies in the wartime capital.\textsuperscript{39} On these occasions the air raid shelters became death traps: June 11, 1939; August 13, 1940; and June 5, 1941. Death tolls ranged from eight to four hundred in the August 1940 incident, and untold hundreds—some say thousands—in the June 1941 “18 Steps” incident (named after the location of the shelter’s main entrance).\textsuperscript{40} In all three cases the victims died not from enemy bombs, but from asphyxiation in overcrowded shelters. Sadder still, the lack of air was a result of human error. A newspaper reporter wrote of the June 1939 event, “[T]he military police posted at the entryway did not let the sufferers leave, even opening fire and killing people.” Not having learned their lesson yet, in August 1940 when people once more tried to leave the shelter for a bit of air during an hours-long air raid, police officers and medical relief personnel stationed at the site “blocked their passage, creating conflict, so people [panicked and] trampled on each other, killing many.” These people ran out of air because, although electric fans had been installed in the shelter for better air circulation—authorities had learned this lesson—they were
life, and the NLM was “a modern response to a modern problem.” While
right-wing Nationalists certainly did espouse the most conservative version of
feminine morality—and reviled Communists in part for their more-radical gender
polities—even the most progressive organizations and individuals asked women
to make sacrifices on behalf of a larger, male-led collective, be it the nuclear
family, the nation-state, the international proletariat, or a political party. The NLM
succeeded in part because intellectuals also supported its primary goals. Long
after the sea changes of late-nineteenth-century political culture and the abolition
of the civil service examination system in 1905, the Confucian belief in “public
morality” (gongde) as the bedrock of a strong nation persisted. 49

As the guiding light for the Nationalist social agenda, the NLM also had a dis-
tinct class politics that posited middle-class behavior as the standard of modernity,
and all other modes of being as deviant and inferior. Layered on top of, and affirm-
ing, the class dynamic was a gender politics that Generalissimo Chiang Kai-shek
and First Lady Song Meiling epitomized in their division of state labors. Briefly
stated, Chiang championed the masculine approach that emphasized military
discipline and national defense, while Song led the feminine approach that em-
phasized social services and moral suasion. In actual practice, Chiang wrote the
orders to the National Health Administration, but delegated to his wife the real
public health work of meeting with health officials, accepting overseas medical
donations, visiting wounded soldiers in hospital, talking with soldiers’ mothers,
and courting support for orphans—all of which she performed in elegant dress,
with extensive media coverage. 50 Each side needed the other in order to function,
and the cultivation of political loyalty lay at the heart of their movement, serving
as ballast for the centripetal force that kept the two in a harmonious spin, like
figure skaters on ice.

Both leaders played their respective roles well. For Chiang Kai-shek milita-
rism was not merely an ideal but a way of life. In his inaugural NLM speech,
delivered on February 19, 1934, Chiang claimed that foreigners’ strength derived
from their “proper way of life,” and the “instillation of discipline” would ensure
that China could follow the examples of Germany and Japan—two countries
from which the Generalissimo had received some of his own military training,
and which he continued to admire even when they became his adversaries. Chi-
ang imagined this discipline to come from improving one’s personal hygiene and
eating habits, instituting a regimented schedule, keeping one’s living environ-
ment spick-and-span, and abstaining from all drugs, alcohol, and tobacco. 51 As
a self-professed Christian and military man, Chiang ruled his own life in this
manner, rising at the crack of dawn every morning, wearing a starched military
uniform and polished leather shoes whenever he appeared in public, performing
calisthenics to keep his body trim, and reading the works of Confucian philoso-
phers to guide his moral compass.

Chiang expressed faith that Chinese people could discipline themselves into
the “proper way of life” that he believed foreigners already inhabited, but the way
he framed the goals of the NLM suggests that he allowed foreign eyes to direct
the gaze of his state toward its offending subjects. In the prewar capital of Nan-
jing, as well as in wartime Chongqing, Western attitudes toward prostitutes and
beggars as vectors of disease and troublesome vagrants who willfully eluded state
power influenced the Nationalists’ drive to get such people off the capital’s streets
and out of the foreigners’ line of vision. 52 In Chongqing, the Bureau of Police
worked alongside NLM activists in projects that targeted shantytown residents,
beggars, vagrants, prostitutes, and street-side peddlers alike for removal from
the city. This squared Chiang’s state with a political tradition in China; the Qing
(1644–1911), Nationalist (1927–49), and Communist (1949--) states all treat(ed)
poor people like criminals “guilty of indigence.” 53

Police officers played a dominant role because what Chiang Kai-shek under-
stood as self-discipline could not be enacted upon an entire population without
recruiting biopower—state mechanisms used to police bodies, such as rigidly en-
forced public health regulations, and disciplinary measures that defined and re-
stricted how the modern body could look and act. 54 In Chongqing this manifested
itself in an obsession with “municipal appearance” (shirong), to which health offi-
cials also adhered. Their reports repeatedly denigrated poor people’s residences as
“ugly alleys and disgustingly dirty, unkempt areas.” They also created a demonstra-
tion residence at the National Institute of Health and other promotional materials
that held a middle-class home as the standard and demarcated poor living quar-
ters as outside the pale of civilization. 55 In January 1943, this sentiment became law
when a new municipal regulation outlawed the construction of the so-called War
of Resistance shacks (Kangzhan peng) due to their obstruction of traffic, shopkeep-
ers’ rights, and “municipal appearance.” The law displaced an estimated ten thou-
sand people who lived in such makeshift homes built by war refugees, primarily
on the riverbanks. 56

Two women who attempted to live in these shacks described how this law
affected them. Wang Shufen and Li Shuhua, poor peasants born near Chongq-
ing in 1920 and 1913, respectively, experienced Nationalist government officials as
adversaries. From their perspective, not only did the government fail to provide
relief to the capital’s poorest residents; it also refused to let them construct the
only homes within their means. Li Shuhua and her husband joined with other
poor families in a group of “guerrilla residents” who stayed in their makeshift
bamboo shelters only until an official discovered them, then moved along quickly
to avoid punishment. In the early war years, Li and her husband moved at least
fifty times in an ongoing effort to dodge state officials. Wang Shufen had much
less luck at avoiding reprimand; security police regularly beat her with leather
belts and called her a “stupid woman,” but she overcame her fear and “cursed
them," addressing them as "you bastards!" In their oral history interviews, both women gave voice to the implicit war on the poor within the government's urban aesthetic. The focus on municipal appearance, and dedication to middle-class values as a universal standard, taught state officials to treat poor people as dangers to the social order rather than individuals in need of care, and inspired both overt and covert resistance.

Emphasis on appearance increased dramatically after November 1943, when Chiang Kai-shek designated Chongqing a "demonstration district" (shifang) for the New Life Movement, stating, "Cleanliness and hygiene shall be the most emphasized elements." This new plan included dozens of municipal mandates that ostensibly related to public health but evinced greater concern for how the city looked. Recognizing that implementation would require a great deal of force, Chiang linked his new health policies to the larger goal of disciplining the people. He drew a decisive link between public health and personal hygiene practices on one side and maintaining social order through building national and racial strength on the other. The Generalissimo charged the Chongqing Bureau of Police and the Chongqing Military Police with enforcement and sent a flurry of orders to the Bureau of Public Health.

Now that they lived in a demonstration district of the NLM, people in Chongqing were not allowed to sell tea, snacks, or towels in any public establishments, lest these items end up on the ground and create a mess. Nor could they relieve themselves outside at will (renyi daxiaobian). People in military uniform could not accept a ride in a rickshaw, and no rickshaw drivers could operate within city limits, since they tainted the city with an overly rustic air (though two photographs dated January 1944 show rickshaws in the center of town, displaying the chinks in Chiang's armor).

It is worth noting that Wang Shufen's husband pulled a rickshaw, and they needed his income desperately. The national flag was to hang only at regulation height lest it obstruct pedestrians' passage, allowing the heads of passersby to stain the sacred national symbol. The regulations held the "ugly alleys" and the "disgustingly dirty areas of poor residents" to the same cleanliness standards as the city's main thoroughfares and required that local police or baojia heads assign their residents, on a rotating basis, to clean the public toilets each morning and night and regularly sweep the streets. Horse cart drivers had to keep their carts clean and their horses healthy and strong. Chiang tasked the mayor with serving as his eyes and ears, betraying a lack of trust in local health officials and police. At least once a week, the mayor toured the city with the directors of each respective bureau, paying special attention to those "disgustingly dirty" areas where poor people lived and ensuring that everyone obeyed the regulations.

Chiang's decision to make Chongqing a New Life Movement demonstration district in 1943 undoubtedly related to the fact that the city had become command center of the Pacific Theater of World War II, and both the US and British militaries—Chiang's key allies—stationed top personnel there. The wartime capital also swarmed with foreign reporters who frequently dispatched stinging criticisms of the Nationalist state or army, which Chiang always took as a barb. Government officials policed the poor and took out the trash in order to present themselves as rightful rulers of a nation at war to an army of skeptical onlookers.

And yet, as Li Shuhua's crafty evasion and Wang Shufen's brazen retorts demonstrate, enforcement alone cannot guarantee compliance. People also have to police themselves and must therefore internalize the desirability of certain behaviors and the repugnancy of others. Michel Foucault theorized that the stage of convincing people to police their own behavior occurs when, through stringent and consistent application of law, biopower accumulates to the point that it inverts "governmentalility"—his word to describe the mentality of a citizen who has developed an internal self-control mechanism to police him- or herself well before active state interference. In this way, biopower has a positive charge: regular exercise of covert discipline encourages people to police themselves, so as to avoid direct confrontation with agents of the state. In other words, biopower re-creates itself inside the bodies and minds of the people, thereby saving state actors time and effort. An overwhelming body of evidence suggests that biopower failed to reproduce itself in the wartime capital. Male state officials who interpreted the lifestyles of the poor as a character flaw rather than as a result of poverty itself wasted their time policing people who consistently resisted to the best of their ability. The poor shouldered the heaviest burden of the war effort but lived a skeletal existence, crushed between their own government's demands and an invader's dreams of conquest.

CLEANING THE CAPITAL: THE WORK OF THE CHONGQING BUREAU OF PUBLIC HEALTH

When the Chongqing Bureau of Public Health opened in November 1938, its staff faced a seemingly impossible agenda: to ensure a high standard of cleanliness in one of the country's most crowded cities—one to which new refugees arrived on a regular basis, where little public health work had previously taken place, and where enemy planes regularly terrorized the population. With four hundred thousand yuan in seed funding from the central government, the new bureau supported the already established Municipal Hospital and its new branches, as well as the new Sanitation Team and Lead Cleanliness Team, two health offices, four Maternal and Child Health clinics, the Infectious Disease Hospital, the Opium Addicts' Treatment Hospital, and a health laboratory. Although financial shortfalls frequently interrupted construction, by May 1944 Chongqing had twenty-one hospitals and numerous clinics, almost all of them new or newly expanded.
CBPH Director Mei Yilin (1896–1955), a trusted appointee of then Minister of Health Yan Fuqing, typified the May Fourth generation of highly educated men and women who came of age in the first two decades of the twentieth century and displayed a commitment to leveraging their privilege for the greater social good. The eighth child of ten in a prosperous scholar-gentry family claiming heritage with Ming dynasty founders, Mei was born in Tianjin in 1896 and belonged to the first generation of gentry to be educated at top-tier, modernized, Western schools. He attended Nankai Middle School in Tianjin (graduating in 1916, one year ahead of close family friend Zhou Enlai), Qinghua University in Beijing (class of 1920; his elder brother Mei Yiql later served as its president), the University of Chicago (PhD in Medicine, 1935), and Johns Hopkins University (PhD in Public Health, 1926). After completing his two doctoral degrees, Mei researched tropical diseases at the London School of Hygiene and Tropical Medicine through 1927. Upon his return to China, Mei worked at the Central Field Health Station, directed the Nanjing Bureau of Public Health, and rose to the position of vice commissioner and then commissioner of the Army Medical Administration (Junyishu) (AMA) before the war started.

A family portrait taken on the occasion of his mother’s seventieth birthday shows Mei Yilin as the sole brother wearing a western suit rather than a traditional long gown, and his wife, Jiang Lan (a nurse at the Peking Union Medical College Hospital), as the sole woman of all the daughters and daughters-in-law to sport glasses, pearl earrings, and a jaunty smile. While all members of the Mei family’s younger generation were “new men” and “new women,” this young couple appears distinctly self-confident. The differences in their attire and bodily stance illustrate an important point about public health workers in Nationalist China: they joined a new profession that marked them as innovators, possessed with the passion and conviction that they could make China anew by making the country stronger, individually by individual. A rhetoric that permeated wartime culture and eclipsed personal goals for the sake of the collective informed their professional lives—the rhetoric of hygienic modernity, which infused even the most mundane acts of personal hygiene with patriotic importance. Mei Yilin and Jiang Lan also fit the profile of the quintessential refugee intellectual: a highly educated and upper-class transplant from another part of China, where people spoke a different dialect, ate different food, and followed different customs from the people of Sichuan. Such people obtained at least a portion of their education abroad—many spoke fluent English, German, or Japanese—and their experiences overseas made them even more culturally distinct from the majority of their compatriots.

As director of the CBPH, Mei Yilin worked within a structure that set him apart. China’s modern public health had its roots in an event that defined the state and public as adversaries: a pneumonic plague epidemic that struck Manchuria at the tail end of the Qing dynasty (1910–11). The Cambridge-trained Malaysian Chinese physician Dr. Wu Lien-teh (1879–1960) successfully controlled the epidemic that killed an estimated sixty thousand people, but only by employing an unprecedented degree of coercion. He enforced *cordons sanitaires*, removed people from travelers’ inns for baths and weeklong quarantines, confiscated and burned the effects of sick residents, and implemented compulsory cremation of the plague dead (which so contradicted usual practice that it required an imperial edict to enforce). This manner of disease control “polarized the dichotomy between the state medical elites and the general public. For the sake of containing the plague, state bureaucrats and medical officers were forced to treat the Chinese people as ignorant, unreasonable, and even immoral . . . [they] felt obligated to put into practice policies that even they regarded as brutal and extreme.”

This adversarial relationship between educated men who desired to protect people’s lives and the people they served was not only a tragedy. It was also a tremendous victory for state power. Because the epidemic occurred in a world in which “only western medicine counted,” Dr. Wu’s successful control of the world’s first known epidemic of pneumonic plague, with a pathology distinct from that of bubonic plague and completely misunderstood at the time, also “allowed China for the first time to face the world as a country performing cutting-edge scientific research” when it hosted the International Plague Conference in April 1911. This in turn secured Qing power over the contested region of Manchuria, where both Russia and Japan controlled the railroads and jockeyed for power, and set the state on a determined course toward biomedicine. The imperative that the Chinese state control disease with force in order to win geopolitical respect established a definitive connection between public health—care for the people’s lives—and the disciplinary power of what I term the masculinist state, concerned first and foremost with its political sovereignty.

This same dynamic—securing sovereignty through health regulation—defined the conditions in Chongqing. In the wartime capital the masculinist state exclusively employed men in positions of high authority, prioritized political jurisdiction, used its resources to discipline people into “proper” behavior, and collected information as a means of control. In its first full month of operation in December 1938, the CBPH conducted a comprehensive survey of all medical professionals in the city, including physicians of Chinese medicine and biomedicine, pharmacists, and midwives. The local survey complemented a national one performed in 1937 but included much more detail, including name, age, sex, hometown, education, clinic location and hours of operation, starting date of practice, and medical license number for those already registered. This information gave health officials the means to oversee all medical professionals in the city and force them to register with the government. They also demanded that doctors and nurses perform free labor—such as conducting emergency rescue work or serving on seasonal vaccination teams—and threatened to revoke the licenses of those who refused to
Physicians of Chinese medicine must have felt threatened indeed, because in 1939 opponents of Chinese medicine who worked in the Ministry of Health (Weisheng hu) had deliberately used revocation of professional licensing in an attempt to push such practitioners out of the field entirely (though they succeeded only in spurting organized resistance).

Results of the medical personnel survey, published in February 1939, reported 310 physicians of Chinese medicine, 122 physicians of scientific biomedicine, 58 midwives, 12 pharmacists, and 8 herbalists practicing in Chongqing. The survey shows clearly that migration into Chongqing after the October 1938 fall of Wuhan, the first provisional capital, precipitated a dramatic change in the wartime capital’s medical marketplace. Over one-third of Chongqing’s biomedicine physicians (44 of 122) arrived between October 1937 and December 1938, peaking in the four months around Wuhan’s fall. On the other hand, just 39 percent of the biomedicine physicians, and fully 76 percent of Chinese-medicine physicians, were Sichuan locals. The balance of power had shifted, but Chinese-medicine physicians still constituted the majority and had the most powerful local networks. However, they now outnumbered biomedical physicians roughly two and a half to one rather than four to one.

Chongqing health officials continued to survey the city, illustrating their “passion for facts” and commitment to data as a new form of incontrovertible truth, which itself signaled an ontological shift from late-imperial understandings of reality. The central bureau in charge of health wanted to centralize information. In the same month of December 1938, CBPH staff also completed a school health survey that the municipal education bureau distributed to all schools, and launched a citywide health program for schoolchildren. They also formed the Chongqing Municipal Rescue Team (Chongqing shi jinhu dui) for air raid relief, consisting of one lead team and eight branch teams to be assigned to the city’s clinics and hospitals; conducted a factory health survey and distributed it to all factories in the city; many of them newly arrived; surveyed the city’s public toilets and planned to build ninety-eight new ones; surveyed the condition of residents’ drinking water; made plans for trash incineration and night-soil processing; and requested six hundred vials of cowpox from the NHA to institute the first smallpox vaccination campaign.

CBPH staff employed two strategies to maintain a productive working relationship with central government authorities: utilizing politically savvy language to describe their work, and prioritizing projects that simultaneously satisfied their own agenda and that of Nationalist officials. Ever cognizant of the need to court state support, CBPH staff cleverly employed central government language in their reports, framing everything from aseptic midwifery to staving off disease in the language of “strengthening the race and building the nation” (jiangong jiangguo) and “increasing the power of resistance and nation building” (zengqiang kangjian liliang). Projects such as trash collection and rat control simultaneously slowed the spread of disease and improved the city’s looks, allowing health officials to balance central government priorities (hygienic aesthetics) with their own (lowering disease morbidity and mortality).

Nonetheless, records suggest that as the war progressed, maintaining people’s health needs at the core of CBPH work became increasingly difficult. State authorities fixated on rapid results and forced health officials to cooperate with multiple entities that used disciplinary power to win compliance through force rather than by persuasion. This was abundantly clear during epidemics. Very few threats to public health worried state officials as much as did infectious diseases. The Ministry of Health, precursor to the NHA, identified nine legally notifiable contagious diseases in 1930: typhoid, typhus, dysentery, smallpox, plague, cholera, diphtheria, cerebral meningitis, and scarlet fever. In the same month that the war began, the NHA published a pamphlet stating that infectious disease caused forty-two of every one hundred deaths each year. Moreover, throughout the war no effective treatment or vaccine existed for three of the nine notifiable diseases: typhus, plague, and scarlet fever. (Vaccines or serum shots did exist for typhoid, smallpox, cholera, cerebral meningitis, and diphtheria.) The CBPH conducted mass vaccination campaigns every spring and autumn for both smallpox and cholera/typhoid (the latter diseases often prevented through the administration of a combined vaccine), beginning with an inaugural smallpox vaccination campaign in December 1938, with vaccine from the NHA and staff from the various health clinics, the Municipal Hospital, Bureau of Police, and the Household Registration Police (kouji jing) providing free inoculations.

The first instance of vaccinations by force occurred when a cholera epidemic began unsuonseasonably early in 1939—arriving on the heels of the city’s horrendous May air raids—and had already claimed nearly twenty lives before the CBPH could enact the plan it had drawn up for summertime cholera prevention. Once the bureau confirmed that the cholera vibrio had caused these deaths, the Chongqing Garrison headquarters decided to implement compulsory vaccinations (qianggao zuhushe) across the board. The Bureaus of Public Health and Police composed teams of vaccinators who went door-to-door giving mandatory shots to all residents.

Compulsory vaccinations constituted only one arm of state intervention, and most activities entailed politely asking for cooperation rather than violently demanding it. Health officials assembled forty vaccination teams that administered shots at wharfs, bus stations, teahouses, refugee asylums, and densely inhabited neighborhoods. They delivered free vaccines to all public and private hospitals, medical clinics, and social organizations throughout the city. (Bureau personnel went to the latter sites to administer the shots.) The AMA vaccinated all troops stationed in the city, while police inspected all food, drink, and fruit.
ensure that they installed fly screens and did not serve any cold foods or drinks or cut-open melons. Meanwhile, the CBPH informed the public about cholera prevention via leaflets, posters, radio and newspaper announcements, public speeches, and lantern shows. To provide treatment to cholera victims, the municipal government hastily set up a makeshift hospital that opened its doors on May 25 inside the Liziba Beggar Asylum.85

Extant records do not indicate how many people the bureau managed to inoculate against or otherwise treat for cholera, but the 1939 epidemic demonstrated that cholera could come well before summer. The following year, the CBPH had vaccinated over 10,000 people by the end of May (and over 150,000 by the end of September). This method proved effective in 1940 both the CBPH and the NHA reported victory in controlling cholera, with not a single case over the entire year.89 However, a sharp gender disparity in recorded vaccinations provides good reason to doubt these claims; unless women possessed natural immunity or suffered less exposure to cholera, campaigns in which more than four times as many men as women received vaccines could not possibly have eradicated the disease entirely.86

In 1941, health officials vaccinated over 150,000 people against cholera and reported only seven cases of the disease.86 In 1943, the next year for which records exist, the CBPH vaccinated over 200,000 residents against cholera and reported no epidemic.86 Financial shortfalls resulting from severe inflation hampered the vaccination campaign of 1944, and the CBPH inoculated a grand total of only 125,753 people—a far cry from the original goal of 600,000.82 Still, these vaccinations averted disaster. In July 1944, the CBPH received word that cholera was spreading in Henan Province as well as in one of Sichuan’s neighboring provinces, Yunnan. By early October, fifty-six cases had been reported in Guiyang, capital of neighboring Guizhou Province. People in Chongqing grew alarmed, and a story spread that two bank employees had contracted cholera and died, but the CBPH investigation proved it to be a false rumor.86 Eventually cholera did arrive in Chongqing, killing one Trauma Hospital patient in early November, and several people in the Jiangbei district by midmonth, at which point the CBPH sent personnel out to disinfect the area and vaccinate nearby residents by force.86 No total annual death toll was reported for cholera, but this handful of cases and the bureau’s response suggest that they managed to keep it to a minimum. Not so in 1945. That year, the CBPH reported nearly three thousand cases of cholera and created seventeen mobile medical teams, each with a vaccinator and a police officer, to enforce compulsory vaccinations throughout the city and its suburbs. Despite these thorough control efforts, the dreaded disease returned in 1946.89 None of this work could have been accomplished without the labor of vaccinators—often women, whose work is described in the next chapter—and male law-enforcement officers.

GENDARMES OF GERMS: "CRIMES AGAINST HYGIENE" AND ENFORCING HYGIENIC MODERNITY

The ubiquity of male police officers, baogong neighborhood association heads, and sanitation men on the streets of Chongqing illustrated Nationalist officials’ desire to perfect the art of policing the public in their wartime capital. While the process of hygienic discipline began under foreign rule in treaty-port cities such as Tianjin and Shanghai, in wartime Chongqing, Chinese policed fellow Chinese to demonstrate their control over one another and independence from foreigners. Having risen to dominate the Nationalist Party during China’s hypercolonial period and regained control over tariffs in 1930, Chiang Kai-shek assumed that containing Chongqing’s filth and policing its bodies would demonstrate his political mastery at once to Japanese invaders, Communist adversaries, and foreign diplomats. Beginning in prewar Nanjing and Shanghai, the Nationalist government’s obsession with making “useful” and “productive” citizens out of gamblers, beggars, adulterers, indigents, and people deemed “unclean” crafted an indelible link between the concept of modernity and specific types of behavior.89

Men so frequently enforced hygienic regulations that their work constituted a central aspect of the masculinist state. Nationalist state officials granted social space and political power to male groups, chief among them the military but also paramilitary groups—the Three People’s Principles Youth Corps and military police—as well as the civilian police and quasi state bodies. Men in these groups possessed disciplinary power over the bodies of their fellow citizens.89 At the same time, multiple levels of coercion undergirded the masculinist state, complicating the role of individual men therein. Despite their status as local working-class men, Chongqing police officers possessed a statist mentality; they identified with the state’s desire to control people and willingly served as enforcers of state law. Yet it is impossible to know whether any policemen may have wished to resist state decree, for their jobs came with a mandate, and had they refused to enforce regulations they would have lost their source of employment in a time of hunger and privation. They therefore also belonged to the controlled; they enforced compliance with the state among the poorer of their brethren lest they too plummet to the even lower—and hungrier—class.

Science provided the logic for the masculinist state. As the international scientific community began to embrace germ theory in the late nineteenth century, awareness of bacteria and its ease of travel through large populations transformed disease from “a private misfortune [to] an offense to public order” and justified treating a sick person like a criminal to be reported, disinfected, and isolated from the healthy.89 Though bacteriology initially served to justify states’ attempts to control their citizenries during disease outbreaks, as the push for modernization increased, scientific proof of contagion justified state control of daily life even in
times of health. While many people assume that the aim of scientific medicine is to find cures for sick individuals, "[i]n fact, its role in the modern era . . . has been to safeguard the collective national health." Therefore, the pursuit of aggressive health policies both for and against the populace accords with the foundational philosophy of state-directed public health. Hygienic discourses hold physical coercion at their core; they invite the state into people's personal lives and "locat[e] the body of the modern at the intersection of the public and the private," making individual bodies "subject to negotiations with the state."98

Science and the modern state developed in tandem, each reinforcing the other, and male mastery of the unruly public made wartime Chongqing look like any other city in the world. "Hygiene police" were a quotidian phenomenon in many countries from the late eighteenth through mid-twentieth centuries. In an era of frequent disease epidemics, police officers had the power to enforce cordon sanitaire, isolate the sick, inspect private homes, seize personal goods, and, once vaccinations were available, deliver them by force. In both Italy and France medical officers with emergency powers intervened in disease outbreaks as early as the late fifteenth century, but the precise idea of "medical police" dates to 1764, when Austrian physician Wolfgang Thomas Rau first used the phrase.99 Implemented first in the Prussian empire, medical police also operated from the late eighteenth and into the nineteenth centuries in the United States, England, Austria, Italy, and France, where in 1802 the Paris police prefect established the Health Council (Conseil de Salubrité).99 In 1893, medical police began to shape public health in Japan, where the Meiji government, following the French model, transferred public health administration to the Board of Police.99 In China, medical police had by the late nineteenth century established themselves in key cities, including Chengdu and Chongqing, following the Franco-Japanese model of urban law enforcement.99

The Chinese state also called upon heads of baojia neighborhood associations—divisions of a hundred households—to operate as informal police. The Nationalist state had adapted the imperial-era baojia system in the early 1930s to increase public security and mutual surveillance within communities. Originally designed to facilitate census taking, self-defense, law enforcement, and tax collection, during the war the baojia system was used by the state to improve social cohesion and enforce the military draft. As home to the wartime capital, Sichuan had the most intensive baojia recruitment, and eventually housed nearly one-fifth of the entire country's population incorporated into the baojia system.100 In the Republican era members of the baojia elected their heads, who would serve on a rotational basis and held the responsibility to collect taxes, decide which men to draft into the military, lead community fund-raising drives for refugee relief and war bonds, mediate disputes, report potential disease outbreaks, and spread Nationalist Party propaganda in their communities.101

Baojia heads in wartime Chongqing, occupied Beijing, and colonial Taiwan all played key roles in public health work. They occupied the lowest rung in the state medicine system and served as local representatives of state authority, augmenting the perception of public health as yet another manifestation of the state's disciplinary control over the populace. They reported outbreaks of epidemics to the local authorities, conducted physical checkups of their residents, and served as a reserve labor force for the CBPH, which asked local baojia heads to: assign their members to rotational lavatory cleaning duty, ensure compliance with all health regulations, examine local food and drink stalls, facilitate trash collection, assist with seasonal vaccination campaigns, and participate in health exhibitions. During most of these activities baojia heads accompanied district police constables in an ingenious combination of the two parties' effort and local knowledge.102 In other words, baojia heads worked as policemen, draft officials, tax collectors, firefighters, community judges, neighborhood watchmen, and health workers—all on behalf of a state that paid them nothing.

Although upon its opening the CBPH had dissolved the Police Bureau's health department to reduce administrative redundancies, the labor of police officers and baojia neighborhood association heads extended the power of the short-staffed bureau into people's homes and onto their bodies. Serving as the eyes and ears of the CBPH, they performed much of the physical labor required to enforce its regulations and police the daily lives of Chongqing residents. Health officials wrote the laws in their offices, while disciplinarians working the beat actualized them. The creation of compulsory cleanliness occurred in thousands of interactions between representatives of the state—sanitation men, vaccinators, police officers, baojia heads—and local residents. Perhaps inevitably, people resisted such control of their bodily functions and consumption habits.

No category of crime in wartime Chongqing revealed the punitive and disciplinary logic of the masculinist state more clearly than "crimes against hygiene" (fanghui wei sheng an). In 1941, six such cases went all the way to the court, including that of one man who was tried for "relieving himself at will" on the street.103 The cash-strapped state cared so much about public urination that it devoted precious funds to penalize it in a court of law. The punitive state defined the boundaries of proper behavior so tightly that many people committed "crimes against hygiene" simply by going about their daily business. Yang Xuegao, a forty-three-year-old chicken farmer from Sichuan's Anyue County, paid the handsome fine of 420 yuan for placing his chicken's excrement at his doorway, thereby spreading a noxious smell around the neighborhood and "obstructing public health."104 In October 1944, police fined Long Jiugao between ten and thirty yuan (the precise amount was not specified) for letting his pigs roam free to eat—a common practice at that time—and thereby harming public health since the pigs pooped as they roamed.105 In March 1944, police fined fourteen-year-old He Bingzhang thirty-five yuan for throwing dirty water onto the street.106 In June 1944, district police confiscated a sugarcane press from thirty-five-year-old Mrs. Yu Liang from Hechuan County. Claiming that her equipment was so filthy that it constituted a danger to
public health, the police officers impounded the machine and made Yu write and sign a statement that she would abandon her métier.  

On September 25, 1944, police officer Cai Zhixian discovered that the twenty-year-old restaurateur Chen Guowen, of Wan County in Sichuan, had failed to place screen lids (shazhao) over the food in his establishment, and also sold illicit pork despite a ban on this product. Both Chen and his chef paid a fifty-yuan fine and were required to put another five hundred yuan into a public savings account.

One case illustrates two police officers' adherence to the logic of the masculinist state. On March 10, 1944, Li Dianju, an eighty-eight-year-old restaurateur from Shandong, "relieved himself at will right at the police post, then did not submit to the regulations outlawing [such behavior], but rather cursed at the police officers." The authors of this report, officers Chen Yingming and Xu Lin, asserted that Li "not only obstructed public health, but also insulted national policeman [guojing]," and asked that their chief officer "deal with him severely."  

Their bureau chief fined Li Dianju thirty-five yuan—far less than what beat cops Chen and Xu believed fitting. But the true source of the officers' ire demonstrates the significance of the ideological connection between personal hygiene and the national community in wartime Chinese society. Li, perhaps oblivious of the fact that two years prior a Chongqing man had been tried in court for the same offense, or that two decades prior a Chengdu man had likewise been arrested for the same act, refused to accept the policemen's rebuke of his behavior, and rebuked them in turn.  

In other words, he rejected the association between his bodily habits and his respect for social order and national sovereignty—the very concept that formed the foundation of the Nationalist state's public health administration. The behavior of officers Chen Yingming and Xu Lin, who called themselves national policemen and took personal offense at Li's resistance, demonstrates that they approached their job with this concept in mind, and believed themselves responsible for ensuring that people living in their jurisdiction behaved according to the principles of the Sanitation Nation.

Cases of "crimes against hygiene" continued to pile up in Chongqing's district police offices in the postwar years. They reveal an obsession on the part of police officers and health officials with the filth and stench of excrement, both human and animal. The ongoing accumulation of the same genre of complaints betrays a certain level of inadequacy on the part of local police, who failed to achieve full compliance with public health regulations despite years of effort. The police cannot take all the blame, however; the fluidity of Chongqing's population, the newness of knowledge about disease transmission, and the attitude of resistance, so clearly demonstrated in the behavior of Li Dianju, all contributed to this phenomenon. Yet the long criminal record indicates a certain failure in the logic of the punitive masculinist state, which tended to foster its nemesis—sustained resistance—rather than compliance.

The obsession with excrement produced an undesired outcome that most clearly illustrates the pitfalls of the masculinist state. Health officials' attempts to transform the city's night soil business ended in tragicomedy. Following municipal orders, CBPH staff ignored the local Night Soil Porters' Guild and instituted their own collection system with covered buckets to prevent stench and accidental spillage of the human waste. In response, fifteen members of the guild went above local authorities and sent a beautifully crafted petition written in perfect calligraphy to the governor of Sichuan (at the time Chiang Kai-shek himself), claiming that they had registered their guild with the state and therefore had a legally protected right to their métier. Demanding that their collection rights be returned to them, the petition's signatories used the language of the state to make their case, claiming in one instance, "[W]e have undergone training with the Public Security Bureau several times, and like police officers at all times and places we urge people to pay close attention to cleanliness and hygiene." Representing twenty thousand now unemployed porters, the petitioners ended with a veiled threat that "we cannot die peacefully with this grudge in our hearts."

This petition became a dead letter within the official channels, and ultimately the city lay drowning in its own excrement. Some of the night soil porters may have become water carriers; air raids destroyed most of Chongqing's plumbing, and in 1940, the year of the petition, city officials counted eight hundred water porters, all men. Others may have delivered on their threat and harassed CBPH collectors until they no longer felt safe entering neighborhoods to clean the public latrines. Still others may have applied for the CBPH jobs and then, as an act of resistance, refused to perform them. Whatever their form of resistance, it succeeded; the bureau's night soil collection system began to break down immediately, and by 1943 the contents of most of Chongqing's public toilets flowed out into the streets for lack of cleaning. Government officials, myopically focused on a particular interpretation of hygienic modernity, had forced their own public health personnel to replace a functional system with a dysfunctional one, thereby creating a health hazard. In the battle of wills with the populace, the disciplinary state had lost again.

Health officials in wartime Chongqing, caught in the crossfire between government mandates and popular resistance, devoted an inordinate amount of time to custodial duties. They heeded requests to clear specific piles of unsightly trash outside the British Embassy (illustrating the power of foreign eyes to direct the attention of the Chinese state) and shielded the chief of police from Chiang Kai-shek's wrath by devoting special attention to the sidewalk directly facing central government offices. They sent the local police constable to make daily inspections of an area in Xiaolongkan (now a region of the Shapingba district) where people allegedly burned large trash piles by the roadside, thus emitting a "nostril-stinging stench" (chouqi hengbi). They designed a regulation trash can, square
and with a slanted lid, emblazoned—in black—with the phrases “Pay Attention to Cleanliness” (zhiyi qingjie) and “Do Not Toss [Garbage] outside the Bin” (wu dao kouwai). In August 1939, they passed regulations requiring all residents and shopkeepers in the city limits to sweep up their trash daily. They divided the city into six districts, each with a cleaning corps (qingjie zonghui), itself divided into groups of fifteen to twenty-five sanitation men who swept the streets in their beat twice each day and rang a specific bell to alert residents to bring out their refuse for free collection. They mandated that trash be transported in wooden boats down the Yangzi to the bottom of an empty mine to a low-lying marshland. The cleanliness regulations and CBPH work reports created an impression of a tidy city humming with the daily perambulations of a sanitation brigade.

Yet one need not look too hard to notice cracks and fissures in this orderly image. The same regulations contained provisions that illustrated city officials’ a priori expectations of passive noncompliance and active resistance, while other documents confirm people’s resistance. Health officials instructed residents and shopkeepers not to accumulate garbage, throw it around their premises, or discard trash in gutters or on riverbanks. They particularly beseeched residents not to throw fruit peels, vegetable detritus, and rotten food items onto the street. Beat cops who discovered anyone violating the new trash regulations could fine offenders one to five yuan, and detain repeat offenders for up to five days. Despite all the best efforts of CBPH staff—who transported nearly one million tons of trash down the Yangzi in 1940 and again in 1941—documentation of refuse spilling over hygienic bounds piled up in the CBPH office as quickly as trash piled up on the city streets. The bureau’s sanitation men, no match for the sheer volume of waste, had to enroll police officers as fellow urban janitors; beat cops placed rubbish bins in strategic sites throughout the city and instructed citizens to use them, while sanitation men swept up the piles that resulted from people’s persistent habit of tossing trash on the street and depositing them neatly into the regulation trash cans. Police constable Guo Zhaoxi reported that soldiers gathered in the capital for training formed a trash pile “as tall as a mountain,” and refused to listen to the police officers’ requests that they observe directives. That a man charged with enforcing the cleanliness regulations pled inadequacy to his superiors demonstrates the severity of the problem.

Training the residents of a city that had never had centrally organized trash collection to understand the need for such services, and acclimating them to using these services, proved to be an uphill battle. As the capital’s population swelled with immigrants from virtually every province and social stratum, the Bureaus of Public Health and Police could no longer stem the tide of ever increasing and always unruly trash. Eventually the Bureau of Public Works, Civilian Militia Corps, Chonqing municipal government, and even military police got involved in the task. Even then, some locals did not know that their municipal government now had a trash-collection system. Li Shuhua washed people’s clothing and collected trash for businesses during the war. Li reminisced, “Back then, Chongqing did not have any public sanitary service to take care of trash for private businesses. They had to hire people to carry their garbage in bamboo baskets to be dumped outside the city. During the 1930s and 1940s, Wang Jiapo, a hilly area outside the city proper, was where garbage and the bodies of dead people were dumped.”

Li Shuhua did not know that Chongqing had a garbage-collection system because in actual operation, each party simply transferred the dirty duty down the social hierarchy until the onerous task lay on the shoulders of a woman like herself who could not refuse to handle refuse. Those with the power to determine cleanliness regulations never had to touch filth. Municipal officials ordered health officials, who ordered police officers, who ordered baojia neighborhood association heads to order the people to do the work themselves, without compensation. In turn-of-the-century Tianjin, health officials had hired coolie laborers to transport trash. In wartime Chongqing, after skyrocketing costs and chronic lack of personnel thwarted their first, earnest efforts to employ a veritable army of sanitation men to scour the city clean, officials merely demanded that baojia heads force all the residents to do the work for free. By early 1944, the CBPH could not even afford to purchase proper equipment for the job; its plans to purchase six new wooden boats for transporting trash and night soil down the river never materialized, thwarted by the prohibitive price of 650,000 yuan. Hundreds of pages of work reports for 1944 mention garbage collection only once, as a step on the way toward building new plumbing lines for the municipal water service. Trash piles and the citizens who made them won. State officials had given up on trash collection in the New Life Movement Demonstration District.

Other failures stemmed from wartime realities rather than officials’ incompetence. In an effort to control malaria, the CBPH ordered people weekly to empty the large water jugs that they kept at their doorways in order to combat fires ignited by incendiary bombs—a regular occurrence during air raid season. These barrels of standing water, health officials argued, became mosquito breeding grounds perched at the very doorways of businesses and residences throughout the city. This was certainly the case, yet emptying these barrels every single week would have required refilling them with water drawn from the river and then carried up hundreds of steps, or paying someone else an exorbitant fee to do this task, since the price of two buckets of water carried by shoulder pole immediately skyrocketed as soon as air raids and their resultant fires began. And Chongqing may not have been any worse off if people refused to undergo this strain; in such a mountainous city with unpaved side streets, most dumped water would simply have turned the streets into a muddy mess before pooling down below, effectively moving the mosquito breeding pond to someone else’s doorstep rather than removing it.
The water barrel ordinance followed the typical chain of command, instructive in and of itself. The Chongqing municipal government wrote the order (likely in response to a request from the Executive Yuan, though this time the record made no mention of it), asked the Bureau of Police to transmit it to the people via the baojia heads, then charged leaders of the CBPH cleaning team with the task of inspecting the water jugs—to ensure that they had in fact been emptied—throughout the city every three days. Though it passed through multiple layers of bureaucracy, the actual order to the people came from their own neighbors—heads of the baojia neighborhood watch system—and low-level personnel within the CBPH enforced it. Thus, commoners experienced state health orders through people of more or less the same social status as themselves, who nonetheless carried a state mandate granting them power over their social peers. Given this situation, one can easily imagine scenarios between the two parties including everything from passive resistance and private resentments to outright shouting matches like that of Li Dianju with officers Chen and Xu.

CONCLUSION
A fascinating play unfolded on the stage of wartime Chongqing. A chain of command cascaded like a waterfall from central government officials down to baojia heads of neighborhood associations, while resistance rushed up like a geyser and created a documentary record of “hygiene criminals.” These two forces intersected in the making of modern, hygienic citizens—a project that largely failed in the wartime capital because the logic of the masculinist state bred defiance rather than compliance. Many people disliked the imposition of a standard of cleanliness that only partly concerned their physical health and more directly concerned the Nationalist Party’s political health. Their resistance ultimately left the showcase capital mired in filth; the Generalissimo’s New Life Movement Demonstration District demonstrated nothing so much as the failures of the masculinist state to mandate hygienic behavior. Its health regulations proved to be paper tigers, notable more for the fact that so many people ignored them than for any dramatic change they instigated. Large portions of the health system functioned outside the state’s grasp; despite a regulation mandating that all health personnel register for a government license, in 1944 fully half of the staff at the Chongqing Municipal Hospital—the city’s largest hospital directly under CBPH administration—possessed no medical license whatsoever. Ironically, the state had little control even over its NLM staff. When one foreign gentleman met a pretty Chinese lady and invited her to a restaurant, she arrived accompanied by a Chinese man who proceeded to proffer her sexual services in the manner of a pimp. Deeply offended, the foreigner made to leave, whereupon the Chinese men hollered after him, “You don’t like her? If you want a nicer one I can help you. You can easily get ahold of me—I work at the New Life Movement Headquarters!”

The dysfunction began with an overly dictatorial relationship between the central government and health officials. Although Chiang Kai-shek certainly cared about health principles and wanted results—as made manifestly evident in the multiple public health orders he authored each day—he placed far greater priority on his other duties. Minister of Health Jin Baoshan had to interpret every one of the Generalissimo’s orders through intermediaries. CBPH Director Mei Yulin also encountered difficulties. Although he identified with the elite class and believed that instituting hygienic modernity required disciplining the bodies of the poor, as an educated health professional who cared about improving people’s lives he chafed at the reduction of all health concerns into aesthetic showmanship. His resistance to this mode of public health prompted the NHA to cease paying his salary in January 1943, forcing the municipal bureau to assume the cost. He resigned that December, and Wang Zuxiang assumed the CBPH directorship in September 1943, stayed in this post through the end of the war, and ultimately followed the Nationalists to Taiwan.

One key to understanding the New Life Movement and disciplinary public health comes from the study of Chinese death ritual—specifically, the distinction between orthodoxy (uniform belief) and orthopraxy (uniform practice). James Watson asserted that “the integration of Chinese culture was only possible because the state enforced orthopraxy and did not try to instill uniform beliefs among its citizens.” Evelyn Rawski posited that this dynamic held because Chinese rulers believed that adhering to prescribed behavior would in fact instill the prescribed thought; “proper action (behavior, or ritual) was an approved means of inculcating desired beliefs or values.” As long as people performed the requisite funerary rituals, prescribed by Confucian tradition and clearly explained in lineage manuals and ritual texts, they could adhere to a variety of beliefs about the rituals. This allowed religious and ethnic diversity to flourish within a unified empire. The design of the NLM suggests that Nationalist officials followed this logic, believing that inculcating certain behaviors would result in desired affects. Records from wartime Chongqing show that this logic failed them.

This is not just a story of failure, however. The government’s retreat to Sichuan initiated a westward expansion of state health administration and brought profound transformation to the southwest. An admirable amount of public health work took place in a location previously out of reach of the Nationalist government: Chongqing, the bustling commercial center of Sichuan Province, previously the territory of Liu Xiang and other warlords. The Chongqing Bureau of Public Health existed only because of the city’s designation as wartime capital. Likewise, the Chongqing branch of the Chinese Red Cross, first established in 1920 but dissolved soon thereafter due to lack of funds, was reestablished in November
1937 after having received an influx of cash when the city became the wartime capital. The availability of funds from foreign charities allowed the CBPH and other health agencies partially to escape the privations of war and continue functioning, even as runaway inflation crippled the economy. This influx of donations, coupled with a diverse population of refugees and international sojourners, transformed Chongqing from a remote city in the hinterland into the heart of a cosmopolitan nation, a nation in which Sichuan—and the greater southwest—was an integral part.

Seen from this perspective, this is the story of Chongqing's growing pains. As it became a capital city of over a million people whose residents included high-status foreign diplomats, journalists, and military officials, Chongqing had to look a certain way, and this required that its people behave a certain way. The large town that had been seamlessly connected to its rural borderlands—with a smooth exchange of night soil for food, and pigs roaming freely on its streets—gave way to a cosmopolitan city whose streets were regularly cleaned and packed with police. These men, charged with disciplining the populace into the proper behavior, came face-to-face with people's insistence that they wished to continue living as they had done prior to the war, regardless of their city's changed status.

Gender analysis helps to clarify the apparent contradiction between health officials' failures in Chongqing and the successful expansion of state power across the southwest. Male state officials self-consciously accepted Chiang Kai-shek's militaristic style of governance in order to construct themselves as modern men. The targets of their reforms—garbage, beggars, mendicant médecins, cramped and muddy alleyways—manifested an unruly and "feminine" city with its overflowing piles of loose refuse, excessive tolerance toward vagrants and quacks, and secret doorways tucked behind yin shadows. Wartime health officials replaced these elements with their "masculine" counterparts of the Nationalist nation: tightly closed lids on hard-edged metal trash cans, zero tolerance for those who did not support themselves with "legitimate" employment within the orthodox economy, and wide, paved streets whose surfaces lay exposed to yang sunlight. An all-male force of uniform-clad policemen and baojia heads enforced the new order. Just as in treaty-port Tianjin, in wartime Chongqing hygienic modernity did not naturally occur, but had to be "maintained through vigilant policing." A select group of men used the power of the state to forcibly remove the city's shadowy, feminine elements in order to declare it hygienically modern and capable of representing a legitimate political party of men in charge of a sovereign nation. Men who worked on behalf of the state brusquely pushed aside the suffering poor—refugees living in "War of Resistance shacks," or beggars eking out a subsistence living—to protect the nation's reputation.

While their work of cleaning the capital largely failed, male public health officials succeeded in establishing new institutions and setting the parameters in
Wartime advances in healthcare could not have taken place without the work of thousands of women who administered to their patients on street corners and in living rooms, in converted temples and at roadside clinics, in military field hospitals and in air raid shelters. Working as doctors, nurses, midwives, and school administrators, these women transgressed gender norms to enter public spaces, touch the bodies of male strangers, and assume positions of authority over their patients’ bodies. This required not only physical but also emotional labor. In the words of Zhou Meiyu, who created both the civilian and military nurse training programs, nurses must “construct happy homesteads” and lead people to healthier and more contented lives. As an upper-class woman educated in elite institutions both in China and abroad, Zhou interpreted poverty as a barrier to this happy life. Accordingly, she characterized her area of work as a “wilderness” where nurses could be “a ray of sunlight in the darkness” to illuminate the path to civilization for a benighted population. Many women shared this belief. When the state called upon women to contribute to the war as supporting caretakers, thousands answered that call with alacrity, partly out of eagerness to help their brethren in a time of dire need, partly to uplift themselves through work outside the home, and partly out of a conviction that they could make a difference. Though they soon learned that impoverished communities were not simply devoid of culture, most nurses continued to believe in poverty as a force of “darkness” and their own work as a source of “light.” Put simply, female medical professionals worked within the same structures and strictures of the masculinist state articulated in chapter 1, and quite frequently believed in them. Neither side could operate without the other, and both worked toward the mutual aim of teaching people to internalize state values and new hygiene practices, so as to save lives.

Yet women’s work had a more powerful effect on wartime society. While men’s work through overt discipline fostered resistance, women’s work, at least when delivered with compassion and care, fostered compliance. Women therefore played a more important part in teaching people how to accept state regulations as standards for their own values and behavior, and extended state power further than did many men who represented that power more directly. This occurred because women performed their work in an entirely different manner—not as a result of any innate quality of the female sex, but because the gender expectations of the time cast them into a role distinct from that of men. Whereas men fulfilled the responsibilities of a disciplinary father, women who worked as nurses, midwives, doctors, and volunteers played the part of the nurturing, caring mother, delivering crucial services to people in need. Playing this role required women’s “emotional labor”—work in which “the emotional style of offering the service is part of the service itself.” Precisely because they performed this emotional work, modeled for them by none other than First Lady Song Meiling, women succeeded where men failed. The nature of women’s work with civilian refugees, orphaned children, wounded soldiers, and general patients required that they communicate trustworthiness to their charges. Operating under the gendered assumption that, as women, they possessed a “natural” tenderness, women proved particularly adept at the emotional labor of healthcare. They worked hard to earn their patients’ trust and formed relationships with them. They served as representatives of state benevolence and thereby granted the masculinist state the necessary power to enter people’s homes and affect individual bodies. Contemporary literature reflected women’s power to transform their patients through emotional labor. One of the wartime novels by the famous author Ba Jin, Ward Four (Disi bingge), used the setting of a civilian hospital ward to reflect on this facet of wartime healthcare.

This was not the first time that women had worked to soften the disciplinary power of a state, nor would it be the last. Women and girls who cared for suffering people in wartime China occupied a role that had long been established in colonial states. European women who worked as healers and teachers in colonies served as crucial conduits by which colonial states accessed indigenous peoples, precisely because their lower status and “inferior” gender placed them in a more intimate relationship thereto. During the British colonial government’s counterinsurgency against communist guerrillas in postwar Malaysia, colonial nurses played a key role in schooling the people in “cultural colonialism.” As part of the Cold War politics of convincing people “to align with capitalist rather than communist countries,” nurses served as a “tool in the propaganda war of the British government to
demonstrate that it cared about the welfare of villagers. Indeed throughout the
British Empire, "medicine, public health, nursing and the clinic were themselves
instruments and sites of colonial governance." Though they worked for their own
rather than a colonial state, women in wartime China played a very similar part in
amplifying state power over the people.

It did matter that these women worked on behalf of an indigenous state. For
one thing, this fact gave their work a dual purpose: it simultaneously rendered
people's bodies available to the state for physical manipulation (e.g., to receive an
immunization), and taught people what types of services they could demand from
the state. Additionally, and more importantly, it taught people a new mode of rela-
ting to one another. This most crucial way that women's emotional labor in health
contributed to state power occurred at the level of interpersonal interaction,
When thousands of women accepted the charge to heal soldiers and civilians, their
work transgressed boundaries of gender, class, and region in a manner that shaped
the national community. As healthcare workers they gained an unprecedented
proximity to male bodies that profoundly challenged gender norms. Moreover,
with less recourse to more-prestigious positions within the hierarchical health
profession, women were much more likely than men to take on the less remuner-
ative roles of the frontline responders, so people in need frequently encountered a
woman at their moment of greatest vulnerability. Female healers' intimate contact
with soldiers and refugees from all over the country fostered emotional bonds that
bound the nation together through myriad quotidian medical encounters. Differ-
ences in sex, social class, occupation, level of education, and native region faded
into the background in these moments when new relationships blossomed. Given the
poignant needs of a nation under siege, the bonds that women built affected
far more than two people; they formed the bedrock of a national community.

In defining the national community, this book affirms the emotional dimension of
Benedict Anderson's classic work on nationalism. It also parts from the emphasis
of Anderson and subsequent scholars on print capitalism and the experience of
simultaneous time through reading newspapers and novels. Though seductive to
historians who work primarily with texts, this approach reveals precious little about the vast majority of Chinese of the time who could not read and had
little to no experience with print culture. To be sure, illiterate people learned and
shared information about their country through a variety of means. They attended
performances of traveling drama troupes, requested the services of professional
letter writers who set up shop outside post offices, listened to public speeches,
shared rumors and news in market towns, and (especially in Sichuan) gathered
in teahouses that served as sites of "neighborhood or community information
center[s]." They could certainly partake in public political culture, but direct at-
tention to the written expressions of that culture teaches us little about how the
illiterate majority understood it and their role therein, and much more about what
the literate minority thought about their unlettered brethren. Analysis of how the
latter fit into and gained membership in the national community therefore re-
quires privileged attention to their emotional lives since, in the words of Haiyan
Lee, "the modern subject is first and foremost a sentimental subject, and . . . the
modern nation is first and foremost a community of sympathy."8

In China, this is poignantly expressed in the use of a term of deepest emo-
tion to express patriotism, aiguo ("love of country"); the use of a familial term to
delineate "country" guojia ("nation-family"); and the fact that leaders in both the
Nationalist and Communist parties "sought to find a means of generating feeling
among their supporters."9 In their daily language, Chinese people continually af-
firm the centrality of emotions in nationalism. Therefore, in order to analyze the
making of China's national community, the present work pays close attention to emo-
tion—specifically, under what circumstances, with whom, and for what rea-
sons people developed emotive relationships. Stories of healthcare during the War
of Resistance demonstrate that medical exchanges fostered emotional bonds be-
tween civilians and soldiers and their female caretakers, in a manner much more
pronounced than with male caretakers.

In order for women to perform the medical labor that saved lives, and the
emotional labor that connected them in a communal narrative, they first had to
normalize the public appearance of (particularly middle-class) women. Women
had to transgress social norms in order to occupy public spaces, associate with
men who were strangers, and assume positions of authority over others. Three
factors made this transgression possible. First, these norms were not evenly
distributed across the country. While inner provinces like Sichuan tended to
have more-conservative gender norms, the arrival of refugees from eastern cities
during the war created spaces in local culture for greater acceptance of women
taking public roles. Second, First Lady Song Meiling called for women to contribute to the war effort through public work, and frequently appeared in the
press modeling just how to do it. Third, extraordinary times call for extraordinary
measures. Just as the 1911 Revolution and the 1927 Northern Expedition had
required the active—and often violent—participation of women, the War of
Resistance required women to become highly visible medical authorities.9 The
demand was highest in professional nursing. While many women became
doctors and midwives, the overall number of personnel in those professions
remained fairly constant throughout the war. Nursing, on the other hand, expe-
rienced a dramatic increase in personnel. Between 1936 and 1937, the
number of nurses registered with the National Health Administration increased
from about 350 to over 4,500. By 1941 the number had increased again to over
5,500.10 The relative ubiquity of female nurses during the war created social space
in which women crafted a new role for themselves—not just as healers, but also
as makers of the national community.
A BRIEF HISTORY OF NURSING IN CHINA

Although women had long taken care of the ill, they had generally done so in the confines of their own or their relatives' homes, and the care networks in which they operated overlapped with their family networks. The process of transforming nursing into a hospital-based profession took decades. It began in the late nineteenth century when foreign missionaries established training programs inside mission hospitals, first in the Margaret Williamson Hospital in Shanghai in 1887. This was roughly two decades after the American Civil War in Williamson's home country had transformed nursing into a profession and granted middle-class women a space therein. With the original goal of obtaining their own hospital personnel, the first missionary nursing schools accepted only male students because they were affiliated with men's hospitals, and missionaries chose to observe the strict gender segregation practices of Chinese elites. This worked until missionaries entered the field of women's medicine; by 1900 medical missionaries had succeeded in opening 12 women's hospitals of the country's grand total of 107. By the 1920s, the missionaries celebrated their achievement in recruiting female nursing students to serve therein, which allowed them to proselytize not only their religion but also their gender ideology—specifically, their belief that nursing was an innately feminine venture and that female nurses in crisp white uniforms (the color of mourning garments in China) were an essential element of a modern hospital ward. By 1934, 65 percent of all hospitals in China had female nurses attending to male patients, signaling a dramatic departure from previous policies of observing Chinese gender propriety.

Foreign missionaries also played a significant role in standardizing nursing education. In 1908, the American Methodist missionary Cora E. Simpson founded the Nurses' Association of China (Zhonghua hushì hui). At its first general meeting in Shanghai in 1914, the association established curriculum standards and an annual exam that all nursing school graduates in China had to pass in order to receive a license to practice. The association also adopted the term hushì instead of kanhu to signify "nurse," at the suggestion of China's first woman to have studied overseas in England. The new term used the suffix -shì, meaning "scholar," adding a degree of professionalism to the role. This work soon inspired local initiatives. In 1932, China's first government-run nursing school, the Central Nursing School, opened in Nanjing with a two-year course in nursing and a one-year course in public health and midwifery.

As important as medical missionaries' work was, it did not take hold until Chinese women decided that professional, feminized nursing fulfilled their own goals of female emancipation. The shift began very gradually with two Christian converts, Kang Cheng (Ida Kahn) and Shi Meiyou (Mary Stone). In 1896 the two women returned to China with degrees from the University of Michigan Medical School and opened their own women's and children's hospital in Jiujiang, Jiangxi, as missionaries of the Methodist Episcopal Church. In addition to treating hundreds of parturient women, Drs. Kang and Shi opened a new professional path for their female compatriots. Like Chinese Florence Nightingales, they demonstrated through their actions that respectable women could voluntarily choose the medical profession and remain dignified.

The radical feminist activist Qiu Jin (1875–1907) also played a key role in promoting nursing. In 1904, Qiu left an unhappy marriage and two young children to attend Shimoda Utako's Girls' Practical School in Tokyo. While there, she encountered Japanese Red Cross nurses and became convinced that their métier could also serve to liberate her own compatriots from their economic and social oppression. She translated a nursing manual, and she advocated nursing as a suitable occupation for women in the feminist journal she founded, Zhongguo nübao (Chinese women's journal), as well as in her public speeches. Qiu Jin had left her family, lived alone overseas, joined Sun Yat-sen's Revolutionary Alliance and other radical societies, dressed in men's attire, learned to make bombs, conspired to assassinate the Manchu emperor, and would bravely face execution at the tender age of thirty-two, yet she understood that most women would never lead such radical lives. She instead urged them to see professional employment as a path to liberation and declared that women's feminine qualities made them perfect candidates for nursing.

Through her advocacy of nursing, Qiu Jin inadvertently helped the missionaries achieve one of their goals: promoting Chinese women to positions of leadership. In 1921, Wu Zheyong became the first Chinese woman to run a local nursing school—in this case, the Shanghai Red Cross Nursing School, which had originally opened in 1909. In 1926, Wu became the first Chinese chairwoman of the Nurses' Association of China. By 1935, the association boasted a majority Chinese membership, and its 167 affiliated nursing schools (mostly missionary run) had graduated nearly five thousand nurses. As the number of professionally trained Chinese nurses continued to grow, foreigners gradually yielded leadership positions in accordance with their overall aim of promoting Chinese initiative in the nursing profession, and the war spurred this process even further.

PUBLIC APPEARANCES: VISIBILITY, MEDICAL AUTHORITY, AND CLASS POLITICS

Moving into public spaces was dangerous for women during the war, not least because near-constant warfare made rape an omnipresent threat. It also exposed them to social ridicule and the risk of impugning their entire families. Nonetheless, women frequently appeared on the streets of Chongqing as public health providers and representatives of the state. Young women frequently worked on vaccination teams that operated on busy street corners and in heavily trafficked
portions of town, such as bus stations, train stations, and wharves. During the vaccination campaigns that the Chongqing Bureau of Public Health sponsored every spring and fall, they worked long hours delivering free vaccinations. At a time when many Sichuan parents disallowed their daughters from traveling alone or even appearing in public, female vaccinators entered crowded spaces of largely male sociality armed with the tools of their trade—syringes, vaccine ampoules, and nurses’ uniforms—that granted them medical authority over the recipients’ bodies and a certain degree of protection. The woman shown in figure 6 appears not the least bit ruffled by the men and boys pressing in on her and operates her syringe with the steady ‘hand of an expert. Her firm grasp on the recipient’s arm displays an unprecedented intimacy between two strangers of opposite sex. Although curious onlookers congregate tightly around her, some of them scrutinizing her actions, her syringe and nurse’s uniform, crisp and clean, set her apart from the crowd, granting her a distinguished singularity. Her hairstyle marks her as a “new woman,” quite possibly a “downriver” refugee from a more cosmopolitan, coastal city. She swiftly and effectively delivers the state’s instrument of public health to people who welcome her service.

As a group, women possessed neither political nor military power, but this photograph demonstrates that as medical professionals, they did gain power over people’s bodies. Women primarily exercised this power through delivering services that people wanted, so they encountered little resistance, but their actions served to legitimize masculine state power over people’s individual bodies and the political collective. Recall that the June page in the 1943 public health calendar mentioned in chapter 1 claimed that, in order to prevent cholera, “it is imperative to mobilize the local troops immediately for earnest and strident prevention.” The placid picture accompanying this text employed the image of a caring woman to belie the violence of the claim that military intervention alone could protect the people from cholera. (See fig. 7.) The artistic double of the real woman in the photograph, this “new woman” with her stylishly short haircut and rosy cheeks gives a healthy-looking man a repeat cholera-typoid vaccination with a sturdy syringe and a firm touch. She has placed her equipment right on the street and works out
in the open. The artist who depicted a common scene in real-life Chongqing also employed artistic license to render it more civilized. The crowd has disappeared to reveal the owner of a sweets shop who diligently keeps flies away from his wares, and well-dressed citizens enjoying a civil cup of tea in a cleanly tea shop. The viewer’s eyes gravitate first to the woman’s syringe in the middle foreground, then to the mother tending to her healthy son in the background. As I explain in chapter 5, the mother–son dyad indeed occupied the center of the Nationalist state’s wartime politics, just as the mother and son occupy the center of this calendar page.

The regular appearance of female medical authorities on the streets of Chongqing announced a new era in local society as well as in the medical profession. Certified by the state and dressed in some form of recognizable uniform, such women were able to employ medical authority to supersede social norms that restricted women’s appearance and movement in public. Women who regularly performed their professional labor in the streets defied the gendering of public space as masculine. They even challenged the domestication of public space that had occurred in the early Republican era in response to the more frequent appearance of middle-class women in public (with the opening of girls’ schools, the establishment of new civic associations, etc.). In the eyes of male Republican officials, “a ‘domesticated’ public realm was an orderly, safe, and segregated zone where women could take part in public activities while being protected from physical contact with men.”

Providing medical service, on the other hand, required not only physical proximity to men, but direct, skin-to-skin contact. If “limiting physical contact between the sexes was one crucial way to protect women” in the early twentieth century, “[b]y the 1940s, the cultural milieu had become more open in terms of accepting, and even encouraging, women to venture into the public sphere.”

The war sparked the sea change that occurred between these two moments.

The primary factor fueling this change was need. Health officials in Chongqing needed women to be public and mobile in order to provide necessary healthcare. Accordingly, they ordered public health nurses to conduct biannual vaccination drives, as well as to carry the wounded to local and outlying hospitals for treatment after air raids. Panic-stricken and terrorized citizens repeatedly saw young women come to the rescue of the wounded. (See fig. 8.) In this photograph, the nurse in front wears a face mask to protect her lungs from post-air-raid dust, while the blown-out paper windows of the building and rubble on the street depict a beleaguered city desperately in need of the care that these women provide. They bear telltale signs of new womanhood; the woman in the face mask also wears a wristwatch, and all of the women have short, bobbed hair. They carry a heavy load—a wounded man—but they provide the tender care of a mother figure. Therefore, although once in the hospital these women would touch the body of the man in order to tend to his wounds, their labor affirmed the domestication of public space.

FIGURE 8. Young female nurses carrying a wounded man on a stretcher to their hospital for care after an air raid. LOT 1511–7, WAAMD #137, U.S. Library of Congress, Prints and Photographs Division.

Seen from this angle, women’s wartime healthcare work marked the triumph of conservative gender politics. During the women’s movement of the early Republic, women and their allies who took the radical position argued for immediate suffrage and legal guarantees of women’s rights. On the other hand, women and men who adopted the conservative position “emphasized the need to rally to China’s profound national needs even if that meant putting off suffrage.”

During the War of Resistance women who challenged gender norms, gained personal autonomy, and achieved a new social position generally did so only because they willingly accepted difficult and risky work for relatively low pay. They furthermore had to follow Song Meiling’s lead in playing the role of supportive caretaker and affirming a class politics of hygiene. The winning moment of moderate politics granted women some authority, but only if they worked on behalf of the nation in a caretaking role that supported the state’s desire to universalize middle-class aesthetics.

Throughout the war, Song Meiling played the role of national mother and modeled the type of contributions women ought to make to the war effort. Hailed
in the wartime press as “Madame Chiang” (jiang furen) but granted her own full name in the present work, Song was highly visible to both domestic and foreign audiences; journalists and photographers recorded her every move in both the Chinese and international press. She held leadership roles in several local charitable organizations, and her open cooperation with known leftists further encouraged the remarkable nonpartisanship in women’s wartime organizations, even as their husbands served political parties that remained bitterly divided. Song Meiling frequently appeared in the news, inspecting donations of medical equipment (see fig. 9), visiting wounded soldiers, sewing clothing for refugees, attending to children in orphanages, and giving stirring speeches to women’s volunteer organizations (sometimes flanked by her two sisters of different political leanings, Song Ailing and Song Qingling). As in this image, she almost always wore an elegant qipao, which marked her as a tai tai—a married woman of the upper class who did not have to work outside the home and could therefore play a prominent role in philanthropy. While many upper-class wives had done philanthropic work prior to the war, Song galvanized them into even greater action during the crisis. This photograph also clearly depicts another means by which Song gained international prestige as a woman: her physical beauty, a matter frequently remarked upon. To American audiences she appeared “gracious, beautiful, dignified, courageous,” indubitably playing “the star role” and “captivatingly [ing] the hearts of the American people” by representing “the educated, the cultured, the beautiful, the tolerant, and the Christian in China.”

Song Meiling appeared in international media with much more frequency than her husband, Chiang Kai-shek, and definitively represented her country to foreign audiences. Yet in her fund-raising speeches in the United States, Song belied her powerful role in Chinese domestic politics and employed Orientalist notions of China as a defenseless country beset by rapacious Japanese and in need of protection from the progressive and powerful United States. She coined the English phrase “orphans” (war orphans) and made judicious use of these poster children for China’s relief effort so as to raise the maximum amount of foreign charitable donations. Song’s media presence informed the twentieth-century version of the so-called China mystique—an American version of gendered Orientalism that cast China as a nation of willing yet feminized and rather powerless modernizers, asking for help and guidance from Americans, who saw themselves as occupying the masculine role of chivalric saviors. As a US-educated, Christian daughter of the prominent businessman Charlie Soong (Song Jiashu), Song Meiling capitalized on her ability to charm American audiences not only with her beauty and elegance, but also with her perfect English, spoken originally with the lil of a southern belle and later with the studied affectation of a British accent. Eloquent in both English and Chinese and ever the charming hostess, Song Meiling entertained foreign dignitaries long after her awkward and taciturn husband retreated to his bedroom, and actively participated in many foreign policy conversations.

![Figure 9. Song Meiling opens medical supplies donated from the United States. Box 85, folder "Surgical Relief Supplies." ABMAC Records. Rare Book and Manuscript Library, Columbia University.](image)

Most Americans who dealt with the Nationalist regime during the war retained fond feelings for Song Meiling even as they began to disdain Chiang Kai-shek, and it was often Song rather than Chiang who represented China in American media. Within China, Song Meiling represented the feminine side of the masculinist state, playing the part of the caring mother who tended to her flock but also
held the responsibility of teaching them to follow the correct path. In a speech to delegates of women's organizations in Nanjing on August 1, 1937, Song Meiling delivered a rousing call to action:

We must unhesitatingly and with courage throw the last ounce of strength and energy into an effort to secure national survival. . . . [E]very one of us Chinese must fight according to our ability . . . [and] we women are citizens just as much as are our men. . . . I hope each one of you will take a very enthusiastic part in this work and throw yourselves fully into it. While during war time the men are the fighters, it is the women who bear the brunt of carrying on at the rear. We must encourage the men and let them know that we are in our own way holding on and not letting them down; that we are just as ready to give up everything, even our lives, to support our fighters at the front . . . [because] the fighting morale of our men at the front depends on how much support the rear can give.  

While she underscored the equality of women's and men's labors, Song also designated women's role as supportive, self-sacrificing, and nurturing, while gendering militarism as exclusively masculine. Although in her speech Song asked that women commit themselves to the risk of death, she employed this as a rhetorical flourish. She knew her audience well and spoke primarily to women like her: the wives of government officials and businessmen who did not have to work for a living. Many of these women believed in an inherent superiority of middle-class values and behaviors and used activism to leverage their own political capital. By contributing to national defense through civilian relief projects that promoted loyalty to the Nationalist Party, these women demonstrated their usefulness to the state. Others, like He Xiangning and Xie Bingying, who had organized military nurses in previous wars and did so again during the War of Resistance, posed more direct challenges to gender norms that defined the battlefield as a strictly masculine space.  

As with male discipline, female didacticism devoted the greatest attention to the poor. Song gave voice to her party's prevailing cultural attitudes about poverty and rural people when she wrote, in 1937, that the New Life Movement included "intensive course[s]" for rural Chinese "in public sanitation, rural economy, village industries, military discipline, and, most emphasized of all, methods of teaching the people to become self-respecting and worthwhile citizens." Her words betrayed her failure to recognize the fact that rural Chinese and the urban poor already were "worthwhile citizens" if one takes their contributions to the nation as primary barometer. Not only did they keep civilians and soldiers fed after the country lost nearly one-third of its territory; they also served as soldiers themselves and suffered the greatest number of casualties. Moreover, after migrating into the cities, the rural poor performed a variety of manual labors that kept those cities functioning: carrying water and other goods to households, sweeping the streets, running the food markets, carting away dead bodies, and reconstructing buildings after air raids. Yet in the eyes of the NLM architects, rural Chinese would not become "worthwhile citizens" until they cast aside their own values in favor of those that government leaders deemed worthy of respect.  

Song Meiling's words had political power not only because of her position as First Lady, but also because she served as Honorary Chairwoman of the Women's Advisory Council (WAC) of the NLM (Xin shenghuo yundong xujin zonghui juntu zhidaowei yuanhui). Founded in the first provisional capital of Wuhan in March 1938, the WAC served as the clearinghouse for women's wartime mobilization and relief efforts. Its members helped the Nationalist state maintain social control during the war; their consistent work kept the NLM relevant to wartime society. The Association for the Promotion of the NLM (Xin shenghuo yundong xujinhui), with its main chapter in Chongqing, organized civilian relief projects that included orphanages, soup kitchens, refugee homes, services for wounded soldiers, war bond drives, and fund-raising events. In both Wuhan and Chongqing, activism of upper- and middle-class women flourished; by 1941 over forty women's organizations had registered with the government in Chongqing. Women such as the feminist lawyer Shi Liang, Young Women's Christian Association leader and wife of a famous warlord Li Dequan, and communist activist Deng Yingchao all sat on the People's Political Council (Guomin canzhenghui) (PPC) and helped to found and run the most prominent female-led civilian relief organizations.  

Even these middle- and upper-class women could gain only indirect political power in the masculinist state, yet their work served to sustain its power. Women's relief organizations like the WAC relied on donations and a volunteer labor force comprising primarily women and girls. The PPC had a strictly advisory role, and state officials frequently ignored its recommendations. Nonetheless, women active within it promoted an image of the Nationalist state as caring and benevolent, and supported the state's aim to keep people healthy. Their medical and relief work therefore served simultaneously to obscure men's disciplinary power on the one hand, and to further its practice on the other. As the soft arm of the masculinist state, women's work—running soup kitchens, orphanages, services for wounded soldiers, and clothing drives for refugees—compelled people into compliance through both gentle persuasion and offering the services that people actually wanted. While the direct political power that women's leadership conferred had its limits, the indirect political power that women yielded as they regularly interacted with the recipients of their services rendered them indispensable servants of the state.  

Women's success hinged on their emotional labor. Smiling and using kind words while they worked made the services that they offered much more accessible and desirable, and granted women access to docile rather than resistant bodies. In this way, women's work in civilian relief performed the most crucial step in helping the disciplinary power of the state get into people's homes and onto their
bodies: that of instilling governmentality, or aligning citizens’ desires with those of state officials. The recipients of women’s work had the freedom to reject the services offered but seldom did so. Rather, they opened themselves to being schooled in a new behavior protocol and a new way of understanding the state as provider of services. They even began to understand themselves in a new light: as the deserving recipients of organized caretaking, performed with the aim of delivering them into citizenship all cleaned up and behaving properly.

Concrete examples of women’s reforms in war orphanages and “family education zones” illustrate this point. Both locations took the family as the basic unit of social change, and women as the primary instigators of that change. They worked within a framework shaped by “Sick Woman of East Asia” discourse that had designated the home “a source of national pathology” and in desperate need of reform. Three of the largest social reforms of the early twentieth century—the New Culture Movement, the New Life Movement, and the anti-tuberculosis movement—articulated the home in this manner. All three located dirt and vice within the Chinese family and created “a new technology of the individual,” according to which citizens related more readily to the nation-state than to their own families and worked on behalf of the nation. Working under Song Meiling’s direction, female orphanage volunteers employed this “new technology of the individual” by inserting the party as the orphans’ new parents and inculcating patriotic loyalty to the Nationalist state. They taught orphans to perform propaganda plays and sing patriotic songs. The lessons often rhymed, and some people could still recite them from memory as adults. In order to exploit the children’s anti-Japanese sentiment, they decorated the walls of orphanages with drawings of Japanese soldiers slaying children, along with sketches of field artillery and airplanes. Images designed to teach the children personal hygiene hung alongside the war images, underscoring the profound connection between personal health and national salvation.

Orphanage volunteers argued that orphans made excellent raw material for social transformation since they were free of the taint of influences of a bad family life. Others worked to access families directly so as to transform them from within. In 1939, Minister of Education Chen Liufu declared that, of the three types of development that education fosters—intellectual, moral, and physical—only the first can occur in schools, while the latter two occur in the home. In an attempt to foster the type of moral and physical education that would support the civilizing mission that Song Meiling articulated and Minister Chen desired, in 1941 the Nationalist state established three “family education experimental zones,” two near Chongqing and one in the northwest. Faculty and students of normal schools (teachers’ colleges) located in these three zones performed a variety of tasks in nearby villages in order to “direct the improvement of women’s life habits.” They schooled rural “housewives” in their daily chores of running a household, took surveys, performed health checks, and delivered vaccinations. They employed home visits, training classes, exhibitions, and various forms of entertainment in order to reach their target audience. The team of students in Beibei, just outside Chongqing, reached 256 households in its first two years of work (1940–42). Acting under the authority of Minister Chen, these women worked “to extend elite understandings of civilized child rearing and correct family behavior to the masses.”

These school programs in domestic reform trained young women to perform their work with a certain kind of affect designed to counteract the types of emotional resistance they might face. In compliance with this affect, articulated as “correct etiquette” or demeanor (ritual), they had to learn how to respond flexibly to people’s “pride, humility, sincerity, arrogance, and modesty.” This aspect of their training was crucial “because much of the power of the experiment [in reforming domestic life] relied on interpersonal connections and direct intervention.” As frontline troops in the civilizing mission of the New Life Movement, these women performed the emotional labor that had the power to transform poor and unhygienic Chinese from objects of pity and disgust into people worthy of direct contact. While the end goal of the masculinist state and women working within that state remained the same—to render middle-class hygiene norms a universal standard—their methods of delivery differed, and that difference determined their failure or success. Reformers who made an effort to account for the emotional states of the recipients of their reforms more readily entered into relationship with them.

The attempt to establish an emotional connection mattered a lot, regardless of the profundity or durability of the resulting relationships. Available records reveal very little about how people felt as they received instructions on how to sweep their floors and steps, keep flies away from their food, and teach their children to brush their teeth and wash their hands. Yet the women who reached toward them crossed a social chasm between the poor and the (relatively) wealthy in Chinese society. In describing poor people and their habits as unworthy of respect, NLM discourse gave voice to a widespread revulsion that had the power to cleave the country. In the words of political philosopher Martha Nussbaum, “[t]he need for emotions of loving concern becomes even more apparent . . . when we consider the threat posed to morality by disgust. Disgust jeopardizes national projects involving altruistic sacrifice for the common good, for it divides the nation into hierarchically organized groups that must not meet.” Disgust and feelings of (moral or physical) revulsion often keep people from sharing the same physical space. The mere meeting of people on both sides empowered the dream of making the nation whole. The war made this possible because it made the nightmare of its division more palpable. Indeed, “one way to overcome” the problem that disgust poses to a just society “is surely to link the narrative of the full humanity of the denigrated group to a story of national struggle and national commitment.” In daring to
touch the bodies and hearts of orphans and poor farmers, women declared that they had an important role to play in the nation’s present battle to survive, and in future dreams of continued strength. The next chapter demonstrates that one political party—the Communist Party—figured out precisely how to “link the narrative of the full humanity of the denigrated group to a story of national struggle,” while the Nationalist Party utterly failed, with powerful consequences for modern China.

TRAINING FOR EMOTIONAL LABOR: ZHOU MEIYU AND THE PROFESSIONALIZATION OF NURSING

Nurses also received training in emotional labor that enabled them to form bonds with diseased refugees and soldiers, transcending conceptions of disgust to build an inclusive national community. Major General Zhou Meiyu (1910–2006), the person most responsible for professionalizing rural public health nurses and military nurses, explicitly trained them in this manner. One of the first women to attain the rank of major general in the National Revolutionary Army, Zhou correctly assumed that her country needed her expertise as a professional nurse trained at the Peking Union Medical College Nursing School (class of 1930), and later at the Massachusetts Institute of Technology (MS in Public Health) and Barnard College (MA in Education). While the next two chapters focus on Zhou’s work in military nursing during the war, this section highlights her work to train rural public health nurses.

In 1931 Zhou went to Dingxian, a county in rural Hebei Province, in northern China, where she trained public health nurses for the Mass Education Movement (Pingmin jiaoyu cujin hui) (MEM) that had settled there. Much less an organization than a “loose coalition of reform-minded elites” working toward “rural reconstruction” (xiangun jianshe), the MEM concentrated the energies of people interested in alleviating rural poverty through specific measures of community empowerment such as literacy campaigns, land reform, and public health services. While many of her peers might have called this a hardship post, Zhou described it as a “great glory and honor,” during which the lessons that she and her young colleagues learned from the villagers positively dwarfed their contributions.

Zhou’s own humility, and the humility she instilled in the nurses under her command and leadership, were not only a core attribute in Confucian culture but also an essential ingredient of the nurses’ emotional labor. Zhou, a woman who had graduated from her country’s preeminent nursing school and ultimately attained high rank within a male-dominated military system, had to convince other educated women to ignore the urge to climb higher on the social ladder, and instead descend it to live in an impoverished village among poor farmers who lacked even the most basic education. This in a country where many women attended nursing schools precisely so they could improve their social status. Zhou had to manufacture a social role for nurses that granted them moral prestige and personal satisfaction. To accomplish this task, she employed methods very similar to those Song Meiling used to convince upper-class wives to engage in charity work: she modeled moral rectitude in every action, judiciously used titles and clothing to signal authority, and faced all obstacles in good cheer. In short, Major General Zhou Meiyu fully embodied the qualities that she wanted all nurses to cultivate, as is evident in figure 10.

Zhou Meiyu began this work in 1931 in Dingxian, where she developed a comprehensive training program for rural public health nurses who traveled to their patients. Trained in a rural setting for direct work among villagers, Zhou’s nurses had an impact far beyond this single county. First, they constituted the largest workforce in a tiered medical system whose affordability and feasibility convinced the Nationalist state, after years of resistance, to support rural healthcare. Moreover, precisely because of Dingxian’s status as a model county under the close watch of Nationalist officials, the roving public health nurse became the linchpin worker in the state model of rural public health, which Zhou’s colleague Chen Zhijian (1903–2000) spread across the entire province of Sichuan during the war in his capacity as Director of the newly established Sichuan Provincial Health Administration. Furthermore, Dr. Chen intimated in his memoir that the Dingxian system served as a blueprint for the barefoot doctor program that the People’s Republic of China implemented countrywide and that gained worldwide acclaim in the 1960s and 1970s.

In Zhou’s model, traveling nurses took responsibility for all the villagers living within a twenty-li radius (about seven miles). This typically encompassed ten to fifteen villages with fifteen hundred to two thousand students. Focusing their work on local schools, the roving nurses performed health examinations of all schoolchildren every three months, looking in particular for signs of the common ailments of trachoma and scabies, and measuring all students’ heights and weights to determine whether they had enough nutrition for proper development. Nurses also took responsibility for environmental health, ensuring that latrines and wells lay at least fifty feet from one another and that both had covers, disinfecting drinking water at schools that could not boil it, placing spittoons in each school, and providing students with personal toothbrushes and washbasins to minimize contagion of the most common diseases, trachoma chief among them. To further prevent the spread of disease, they administered what preventive shots they had in the 1930s: vaccines for smallpox, cholera, and typhoid, and diphtheria antitoxin. They asked students to bring other family members and villagers to the schools on vaccination days, consciously making use of the youth to disseminate medical technologies and encourage other villagers to partake in this important preventive measure.
Child delivery constituted another crucial part of nurses’ work, and Zhou recalled that each nurse in Dingxian helped to deliver at least twenty babies, though at that time they lacked the cultural power to unseat elderly *chanpo* midwives.  

(See chapter 5 for more on elderly midwives.) Most importantly, Zhou trained her nurses properly for the job. After working in Dingxian for two years, Chen Zhiqian concluded that "the modern urban-educated doctors and nurses do not fit the need of the rural villages." For example, the PUMC offered little training in trachoma because the disease had largely disappeared from the United States, despite that fact that it was a nearly universal ailment of Chinese schoolchildren. Though herself "modern [and] urban-educated," Zhou trained nurses to perform the care that rural villagers needed.

Beyond delivering crucial medical services to the people, Zhou had an explicit goal of professionalizing nursing and elevating its social prestige. Far from limited to China, this was a global problem that nurses faced around the world. Although simplistic narratives credit Florence Nightingale with single-handedly rendering nursing an acceptable and honorable activity for middle-class women, in actuality this process took many decades, hundreds of women, and the confluence of multiple social factors. Although her male contemporaries considered her "unfeminine and a nuisance," Nightingale during the mid-nineteenth-century Crimean War defied British cultural norms to enter the social space of unclean men and become the "Lady of the Lamp" and "ministering angel" in public media, even earning accolades from the British queen. Nearly a century later, Chinese nurses needed their own Florence Nightingale to challenge the same social expectations of elite women: that they stay at home, never associate with men besides close family members, keep their distance from the poor, and by all means stay away from all sources of "filth."  

China was not singularly behind the times; nurses in other countries continued to struggle with these issues (and many still do today). In Argentina the Fundación Eva Perón (named after the First Lady of the populist government) throughout the 1940s and 50s "dignified the work of the nurse" through a rigorous education program whose curriculum focused on elevating the status of nursing to a respected profession. In post–World War II Canada, where nurses’ wartime contributions had earned them some measure of social status, nursing schools still struggled with middle-class women’s "reticence to enter nursing," and the work to professionalize nursing continued well into the 1970s. Indeed, the "quests for social, cultural, and professional authority" characterize the history of modern nursing across the globe.

Sensibilities of social class and ideas about dirt constituted a staunch barrier to entry in Chinese nursing. Accordingly, Zhou trained rural public health nurses to make respect for the human dignity of their patients a central feature of their work. Nurses earned some social status by answering their country’s desperate need for healthcare workers, but that status was immediately challenged because

**Figure 10.** Major General Zhou Mei-yu pictured in uniform, ca. 1940–1943. Box 73, folder "ABMAC no. 2." ABMAC Records. Rare Book and Manuscript Library: Columbia University.
they worked among people whom so many of their compatriots considered uncultured, backward, and worthy of pity at best, disgust and revulsion at worst. The fact that their job required them to touch the bodies of the poor compounded nurses' struggle to claim professional dignity, all the more so because these bodies were often in states of decay and filth that triggered revulsion. Zhou Meiyu recalled:

I've always been very interested in nursing and felt that the country needed that kind of work. At that time, everyone still looked down on nursing, believing that it was what a servant would do, and that cleaning a patient's body or taking care of their waste was dirty work. But from the perspective of the hospital, nursing service is performed for those who need assistance, and one must apply professional skills, experience, and knowledge in order to perform this service.  

Zhou's reflection underscores the fact that the professionalization of nursing in China entailed rendering the act of caring for poor people and unclean bodies a respectable enterprise. The enormity of this task can be appreciated through a juxtaposition with another Asian society that has as yet failed to achieve this goal. In Bangladesh, where the British colonial government introduced professionalized nursing in 1947, and most nurses are lower-class Hindu women living in a predominantly Muslim society, people currently "associate nursing activities with commercial sex work" and consider it "dirty." Although nurses do gain some measure of prestige for having access to education and a professional job, they are also "tainted" by their physical contact with strangers' bodies and suffer on the marriage market because "Bangladeshi Muslim culture prohibits physical touch between non-family females and males." In a very similar cultural setting in the 1920s and '30s, Zhou Meiyu set out to challenge social norms and make the women she trained feel proud enough of their work that they could inure themselves to the criticism they would face.

Zhou fostered pride in nurses by tying their work to a grand narrative of national development. She called her students "future masters of our nation" and articulated the goal of their training as "seeking the welfare of our country and the world" (wei guojia shijie mouqiu fuli). In accordance with China's long-lived respect for learning, education was the primary vehicle for this national importance. Moreover, Rural Reconstruction activists, like public health nurses, understood that for maximum effect they had to encourage villagers to take charge of their own needs, so health education constituted an important aspect of the nurses' work. They delivered hygiene lectures to all teachers within their jurisdiction, held "hygiene chats" with the students each week, and conducted hygiene education in the villages. Nurses also organized students into cleaning teams to sweep out the schools and other public spaces, hoping that if students did the work themselves they would take pride in the results and continue it even after the activists had gone.  

Public health education was also a means of magnifying their labor. Roving nurses were keenly aware of the fact that they could work around the clock with no sleep and still feel that they had done little to satisfy actual demand for their services. Zhou described their workdays thus:

We nurses worked tirelessly. We would often get up very early in the morning and together we would ride our bicycles several miles to a health center in a neighboring village, or directly to people's homes, or to a school to do health inspections. We would usually finish around 4 p.m. and then finally have lunch, so we ate just two meals a day. After eating, we would have a big meeting to discuss the day's work and stay in that particular village for the night before riding back in the morning. We worked together well and with delight.  

What motivated these women to do such demanding work?

Answering this question requires analysis of the dual effects of nurses' emotional labor. If Zhou's description is accurate, from the late afternoon onward each day the nurses had intimate experiences with the villagers, taking meals with them and sleeping in their homes. On the one hand, then, nurses' emotional labor of humbly submitting to hard physical work with little food served to make villagers feel close to the nurses, willing not only to submit to their care but also to feed and house them at night. On the other hand, this intimacy helped the nurses feel closer to the villagers and begin to understand the conditions of their lives from an embodied rather than a merely academic perspective.

The importance of health workers' embodied knowledge of village life is underscored in Chen Zhiqian's reflection on the successes of the village health workers—rural villagers who received remedial training before doing public health in their own communities. He noted, "I found the enthusiasm of the village workers really inspiring; they were always enthusiastic and eager to learn, they did not expect too much remuneration, and they were uniformly proud of their ability to assist their fellow villagers." Public health workers who served their own communities established emotional closeness with the recipients of their care by knowing, intimately and personally, the struggles that they faced in ensuring their health and how they wished to overcome them. These villagers found their public health work sufficiently empowering that they willingly accepted low pay and eagerly sought new information. This, then, was the ultimate goal of public health workers who served strangers: to treat these strangers like their own kin, able to understand and address health problems from their perspective.

Writing of a similar situation in a very different place and time—Botswana's only public hospital cancer ward in the first decade of the twenty-first century—Julie Livingston describes the ability of the nurses she observed and worked with to create emotional closeness with their patients as founded on "moral sentiment." She argues that illness happens between people and is a "deeply social experience," and therefore "[c]are-giving is a moral endeavor. It is at once deeply personal and
deeply social, and it is a vital practical matter, crucial to patient well-being and survival." Because they understood this aspect of their work so well, the Batswana nurses always remembered patients’ names (which the doctors seldom did), joked with them, cajoled them, put on smiles rather than faces of disgust when cleaning putrid wounds, prepared the patients’ bodies for burial after their deaths, conducted the morning prayer service, and learned to love their patients and treat them like their own kin. One nurse said, “We grow to love our patients only to watch them die. They become like our family. There are days when it is just so painful for us.” The intimacy of their labor explains why “more than doctoring, nursing is understood to require sentimental work.”

Nursing work in wartime China required a similar emotional labor. The combination of physical and emotional demands sometimes overwhelmed nurses. Zhou Mei Yu recalled that riding their bicycles such distances left the nurses covered in dust head to toe and feeling utterly exhausted. They nonetheless continued to do their best in the face of unending work because they saw themselves as performing a unique and valuable service, which Zhou expressed in the phrase “[I]f we don’t do it then who will?” A world of meaning lies in those words. Particularly in situations of resource scarcity—of both personnel and supplies—a healthcare provider must continually improvise and make do. When the demands on one’s time and attention never cease, that improvisation entails not only devising clever solutions with the materials on hand but also creating emotional states that have the power to supersede other emotional training, such as the disgust response, the desire for material comfort, or the acceptance of social norms about women’s withdrawal from professional life after marriage. Emotional labor “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others.” In order to “produce[ ] the proper state of mind” in their patients, nurses had to continually perform confidence, love, and compassion, regardless of how filthy their patients’ bodies or how hopeless their illness.

An essentialist analysis might posit that because nursing entails the physical care of others, performing these ministrations will “naturally” produce emotional care for others. Yet this argument ignores the fact that sometimes the opposite occurs, because emotional labor requires real work. Some nurses, unwilling to engage in challenging emotional labor, numb their hearts in an attempt to protect themselves from the death and decay in which their job immerses them. Some nurses feel revolted by the physical state of their patients. Some nurses get exasperated with patients who do not yield to their care or refuse treatment. Some nurses mistreat patients; in another situation in which nurses cared for people of a lower social class than themselves—South Africa in the late twentieth century—middle-class nurses routinely abused their patients, both verbally and physically, as a means of asserting their social status and power over them. Contrast this with the nurses in Botswana, who by nearly all measures faced a more difficult work environment but frequently sympathized with their poor patients and served as staunch advocates for them. One Botswana nurse in the cancer ward explained her emotional labor this way:

[N]urses of all people must have empathy. Not sympathy, not pity, but empathy. You have to really feel . . . that you want that patient to get better, to feel OK. With experience, you don’t feel that sickness or disgust or fear from the wounds. You can’t, if you are a nurse. You cannot let the patient feel that you are afraid of them or that you are disgusted by them. If nurses don’t do this job, then who will? Who will?!

Nurses in wartime China and in twenty-first century Botswana came to the same conclusion: no matter how hard the job, we must continue to do our best because we are uniquely qualified for it. They judged themselves irreplaceable not only because of their professional training in the rigors of medical care, but more importantly, because of their profound understanding of how well they performed the emotional labor of nursing. Knowing that “part of the job is to disguise fatigue and irritation,” nurses in both societies deemed themselves well trained for this work, and because they knew it to be real work, deemed others not (yet) capable of performing it.

Zhou Mei Yu understood the moral imperatives that nurses faced to calm, soothe, and indeed love their patients. She deliberately trained nurses to perform this emotional work, particularly in the military, and believed that women treated their patients more tenderly than did male nurses. In discussing the work of military nurses she explained that sustaining a serious wound on the battlefield rattled a soldier’s nerves, and claimed:

It’s better for a [female] nurse to deal with such a situation, mostly because female workers are of a gentle nature. Most of the wounded are men, but when they start to get angry and the nurse just stands by without saying a word, they dare not get too fierce.

This gendered division of labor appears to have been widespread in military nursing: Yao Aihu recalled that the women in her unit cared for the gravely wounded, while the men cared for the lightly wounded. In addition to increasing the chances that a wounded soldier would get emotional as well as physical care, it also reified gender roles. Zhou claimed that female nurses’ ability to calm panicked soldiers stemmed from their “nature,” when in fact she trained them to perform the proper behavior: to quietly stand by the soldier’s bedside. This nonbehavior worked for two reasons. First, the refusal to engage with an angry soldier deprived him of fuel to keep the fight going. Second, a female nurse represented what the soldier needed: a gentle person who could provide the support and care that were the female nurse’s designated role. Her silence subtly reminded the soldier of this dynamic within the traditional gender
system and exploited that system to make him ashamed of his outburst and ready
to submit to the nurse.

Motivating soldiers to fight and to comply with orders was a significant
problem for the National Revolutionary Army, partly because of widespread
social disregard for soldiers, encapsulated in the phrase "a good man never joins
the army" (haonian bu dangbing), and partly because conditions in the army were
infuriating (as explained in chapter 3). Army Medical Administration medical
officers, noting that a soldier's degree of despair frequently matched the severity
of his wound, chalked it up to improper political indoctrination. They treated
upset soldiers to motivating speeches, songs, and theatrical performances, and
stirring testimonials from previously wounded soldiers who had decided to return
to battle.65 In characteristically disciplinary fashion, Nationalist officials passed
a regulation in November 1938 stipulating the precise behaviors with which civilians
must show respect to soldiers on their way to or from the front (stop all move-
ment, remove hats, etc.), and in May 1940 mandated the use of the term "respected
soldiers" (rongyou junren). Nonetheless, reports still circulated of civilians blatantly
disregarding both the soldiers and the state's orders—by, for example, closing up
their shops just before a trainload of soldiers rolled into town.66 The disciplinary
state failed again. In this context, the significance of military nurses' training to
perform emotional labor that helped to calm a wounded soldier appears all the
more powerful for its ability to communicate care and simultaneously shame men
into complying with military medical authorities.

DIDACTICISM AND THE FAILURES OF
EMOTIONAL LABOR

Not all nurses, or women in other healthcare positions, could complete the task
of suppressing their disgust at or judgment of poor people. Some resorted to
didacticism in an attempt to persuade people to adopt new mind-sets or behaviors.
Precisely why they thought this might work remains unclear. Some had undoubt-
edly succumbed to the elitism that saturated Chinese culture and granted pride
of place to the educated. (An effect of centuries of scholar-officialdom.) Some may
have been responding to physical and emotional taxation in the face of seemingly
insurmountable obstacles. In the 1930s and 1940s infectious disease, infant and
child mortality, and malnutrition plagued the countryside. Few villagers had even
basic literacy, people married very young, and childbirth could just as easily bring
death as life.67 Chronic poverty depressed peoples' spirits, and upstart urbanites
with an elite education could make only so much headway, no matter how inspira-
tional their politics or dedicated their hearts. In response to this grinding fatigue,
many cloaked themselves in a veneer of self-righteousness. Their passionate desire
to modernize China gave them courage to continue their hard work, but this very
desire introduced another tension. Rural Reconstruction activists sometimes be-
lieved themselves indispensable to reforming the countryside, which ran counter
to their core mission of boosting villagers' own dignity and proud participation
in rural activism. Chapter 5 demonstrates that this resulted in a notable failure in
midwifery work.

Two short stories that Mass Education Movement volunteers wrote for use
in hygiene education, Gonggong weisheng (Public health) and Kepa de huoqun
(Scary cholera), also used in wartime Chongqing, illustrate the moralizing senti-
ment that health workers often had as they worked to reform health behaviors.68
MEM activists' "deep-seated belief in the positive potential of rural people" meant
that much of their literature "exalted the benefits of rural living over urban," but
according to many contemporary reports, their experiment with overt didacticism
in theatrical dramas "did not appear to be making inroads into Dingxiang's vil-
nages."69 Although villagers flocked to the performances, they appear to have done
so only out of desperation for any kind of entertainment, for "local commentators
noted that the spoken dramas did not outlast the reformers," and records of the
Rural Reconstruction activists' interactions with villagers "showcase the cultural
chasm that remained between even those reformers who had deep experience in
the countryside and rural people."70 Because its very tone implies disrespect for
existing practices and beliefs, didacticism may temporarily entertain, but it rarely
results in long-term change.

The MEM public health stories used in wartime Chongqing, all written in the
vernacular and composed as colloquial conversations, follow a trite format juxta-
posing an elderly and backward-looking character against a young and forward-
thinking modernist who serves as the former's teacher and guide. Zhou Liaoxun's
Gonggong weisheng (Public health) debuts with a scene of people gathered at Ti-
annamen Square in Beijing to hear a Public Security Bureau official deliver a pub-
lic health talk. One individual, the foil of our story, gets up in the middle of the
speech and stands on the sidelines, mumbling to himself, "What is this 'public
health' he's talking about?" while rolling a cigarette from loose tobacco he keeps in
a pouch. The old man's soliloquy continues:

You can't drink, you can't smoke, you can't pee or poop where you want, when some-
one at home dies of a contagious disease you gotta 'burn 'em, you need to build some
kinds running water 'n' water pipes, 'n' places for butchering animals 'n' hospitals 'n'
pharmacies. What a bunch o' rubbish! I don't understand this hygiene business and
I've managed to eighty or ninety, hah! You want me to stop drinkin', stop smokin',
well then I'll just die of boredom! And what if I have to piss really bad? If I don't go,
then what? And I'm not supposed to take care of sick people at home? What? What?
I can't even listen to this crap?!

Hereupon the old curmudgeon runs into a young relative who takes it upon
himself to educate his elder in the sagacious ways of an enlightened citizen who
knows how to care for the public weal. The young man first explains the word *weisheng* not in the terms of individualized longevity practices long associated with Daoist meditation, but in the terms of hygienic modernity—of collectivized state medicine inextricably bound to national strength and political sovereignty. He explains that "the logic of *weisheng*" is both passive (individuals protecting their health from illness) and active (individuals strengthening their bodies through exercise), and that since people "lead collective lives," collective health measures work only when everyone cooperates.33

The old man listens to the younger's diatribe on the benefits of public parks and disease prevention, but protests vociferously on the subject of sports, saying that when he was young his grandfather taught martial arts (*wu*shu) and it was tremendously beneficial to his health—so much so that he has reached a ripe old age in perfect shape without knowing anything of "public health." Here the younger interjects that martial arts, "which many people nowadays call 'national arts'" (*guoshu*), are also worthy, but since people have different tastes, a public park should make space for a variety of activities.34 This passage shows the influence of the accumulated efforts of a community of martial arts practitioners based in Shanghai who transformed the martial arts into a modern sport by purifying them of religions and spiritual connotations and relating their practice to the pursuit of national strength, encapsulated in the new expression "national arts."35

The young man then launches into another diatribe, on the ill effects of tobacco and alcohol, punctuated with exaggerated claims such as that "the nicotine in a single cigarette can kill ten sparrows!" and "all cigarette smokers suffer from greatly diminished vitality." He also uses the timeworn and imprecise population count of four hundred million to calculate supposed losses of national wealth based on the improbable scenario of every single Chinese person smoking five cigarettes per day. The story concludes with the old man, now thoroughly convinced by the young man's "amazing" words, denouncing himself and all cigarette smokers as "sinner."36 The story leads readers to imagine that a pedantic lecture can transform a person's lifelong habits and beliefs in a single afternoon.

In *Kepa de huoluans* (Scary cholera), author Gu Qizhong employs an even more didactic style. The story opens with an old woman, who contracts cholera from eating a cut melon on the street. Nationalist health officials did indeed outlaw cut melons for their propensity to attract flies and thereby spread disease; his experience fighting cholera in the 1920s gave Minister of Health Jin Baoshan a particular concern for this issue.37 In the story, Wang goes to the hospital at the behest of his neighbor's son, Li Hua, who is a medical student. Here Gu Qizhong shows that Rural Reconstruction activists understood the necessity of trust to change local habits. Wang's choice to go to the hospital, a place that "rural folk don't know about," relies on his trust in two things: his personal relationship with Li Hua, and the power of institutionalized education. Wang stays for ten days and learns that, despite villagers' belief that hospitals employ "crude methods," the hospital is clean, the staff are friendly, and since they use needles their treatment is "no more painful than a mosquito bite," in stark contrast to his recollection of the village doctor's treatment of a wound on his hand, which "hurt to high heaven!" Wang emerges cured and with a newfound belief in hospitals, declaring to Li Hua, "Western medicine has saved my life!" (gei xiyi jiule hulai).38

Having thus set the stage, Gu then introduces a lecture posing as a short story. Wang Laosan admits that the hospital nurses were always too busy to tell him about his illness, so upon returning home he asks this information of Li Hua, who is only too happy to provide it. Li tells Wang that he contracted cholera, using the standard term from medical texts, *huoluans*. In order to teach Wang Laosan what "cholera" is, Li Hua tells him all the vernacular names for it, including *huliola* (a transliteration of "cholera" using the word for "tiger" and thus expressing its fierceness), *fasha* (eruption of granular-sand rashes), and three names that describe its symptoms: *jiaochang sha* (granular-sand rash that twists the intestines), *bieluoshao* (granular-sand rash that produces sunken whorls [on the skin]), and *diaojiashao* (granular-sand rash that makes your legs cramp and shake).39

The text simultaneously signals an openness to vernacular culture and a desire to school people in "proper" medical terminology. Meaning literally "sudden chaos,", *huoluans* first appeared in print as a referent for cholera in the 1838 *Huoluans lun* (Treatise on sudden turmoil), by learned physician Wang Shixiong (1808–64). Writing after treating several patients during China's second cholera pandemic, Wang borrowed the term from the *Huangdi neijing* (Inner canon of the Yellow Emperor) of the first century BCE, whereas *huoluans* denotes "distinctive clinical cases characterized by their sudden onset and simultaneous vomiting and explosive diarrhea," though not to the exclusion of other acute gastrointestinal diseases with similar symptoms. Nor did Wang interpret it exclusively, though he voluntarily took the first step in solidifying *huoluans* as "cholera" by establishing a precedent for the association.40 By the early twentieth century *huoluans* had shed all other meanings in the writings of health officials, but Gu's story confirms that among the people multiple names for cholera still circulated.

After its litany of terms, Li Hua speaks in rhyme of the symptoms of cholera, embedding a pedagogical mnemonic within the story to help readers (or listeners) learn how to distinguish cholera from less deadly gastrointestinal ailments. "You vomit and have diarrhea, your face narrows and your nose grows pointy, your skin dies and your eyes sink in [to your skull], [and] your fingers and toes get all wrinkly [you tu you xie, mian xia bi jian, pi gan yan xian, shouzhi jiaozhi quan fa zouwen]."41 Both early-childhood Confucian classics and the primary MEM texts for adult literacy employed rhyme as a pedagogical method to render new concepts easy to remember.
Li Hua demeans another Asian culture, perhaps to make China appear more civilized. He explains that cholera originated in India where, in "ancient times," people drank the same water that they used for bathing and washing clothing, and though their behavior facilitated the transmission of cholera, they believed that it originated in miasma or from "people angering the gods," so they prayed and invited spirit mediums to intervene on their behalf—all of which Li declares "useless." Then (in 1884) a German doctor (Robert Koch) discovered the causative bacterium, *Vibrio cholerae*, and others subsequently discovered that sunlight, heat, steam, disinfectant, and acids all destroy this weak microbe. In fact, it dies within a few minutes in a 1 per cent solution of creolin (*chouyaoshu,* a disinfectant made from coal tar that kills bacteria and mites), or a few seconds in a diluted solution of hydrochloric acid, and even the stomach acids in healthy intestines can kill it. Nonetheless, Li explains, *Vibrio cholerae* is still very dangerous since it can live for several weeks in water, excreta, and gutters, or on wet clothing. Most frighteningly, "doctors say that twenty-five thousand microorganisms can stick to the legs of flies," and these insects love to rest on human food. Wang Laosan finally realizes that he got sick from the cut melon that he had eaten in the city, whose sweet scent must have attracted flies. After patiently listening to Li Hua’s continued lecture on preventive measures (including both vaccines and staying warm while sleeping), proper identification, treatments to avoid (scraping, or *guasha,* and popular medicines such as *rendan* and *shaqiwang*), and the only treatment known to be effective (saline drip), Wang announces that he learned a lot and is looking forward to the next discussion with his learned neighbor. Thus ends the long discussion, just in time for the next story to introduce its two characters, "Mr. Today who breaks superstitions," and "Mr. Ancient the stubborn old man." Collectively these stories suggest that no matter how hard they worked to empower villagers, *Rural Reconstruction* activists and other reform-minded intellectuals retained a sense of moral superiority, fully in keeping with NLM politics (whether or not they would have professed allegiance thereto). This stemmed primarily from their belief that as educated people they had something valuable that they must urgently impart to their rural beneficiaries. Chen Zhijian expressed this sentiment well when he explained in his memoir that "scholars are a special class, but . . . with this respected status, went the responsibility, as educated men, of working for the good of the common people." Although reformers like Chen and Zhou aimed to improve villagers' morale and self-respect, they in fact sometimes propagated a didacticism that disempowered rural Chinese for their lack of a specific kind of knowledge and value set. They had genuine sympathy and concern for the plight of their poor countrymen and women, but in their political naïveté they condensed the problems to poverty and ignorance, with little structural analysis of the root causes. It would be anachronistic to blame them for their innocence. Coming of age in the post–October Revolution era of global optimism about ending socioeconomic privations, when the fledgling Communist Party of China offered only one version of the story, most people in this generation lacked the political savvy to understand the structural inequality that poor farmers faced. Nor did they know what would occur during the Cold War, when capitalists took up the cause of rural development for their own, often with disastrous consequences for the communities ostensibly served. Despite their shortcomings, the Mass Education and Rural Reconstruction movements created a cadre of highly educated young adults who had privilege but cared deeply about those who did not. That their genuine concern so readily mutated into pedantry may appear tragically naive today but made perfect sense in their own hour of national crisis. It also accords with the political structure in which they worked. In the two model counties of Dingxian in Hebei and Zouping in Shandong Province, the Nationalist state mandated the transfer of power over "county government, including police and courts," to the Rural Reconstructionists. Even the sincerest effort to empower villagers rooted itself in the politics of taking power.

**ROMANCE OF THE NATION: NEW FORMS OF MALE–FEMALE INTIMACY**

A sense of national urgency monopolized much of women’s emotional labor, including that of the women who did not join the military as soldiers or nurses but worked in support positions. These women sewed and washed military uniforms, sent medical kits to soldiers, wrote letters to help illiterate soldiers communicate with their families, raised government bond monies to fund the military, and volunteered to comfort hospitalized soldiers with entertaining music and art performances. Women and girls performed this work by the thousands, often in prominent settings and with public recognition. In so doing they followed Song Meiling’s prominent modeling of such activities as a woman’s proper wartime contribution that prioritized the needs of the nation. They also followed a script prevalent in romantic literature dating from the late 1920s, which "enacted [citizenship] again and again in the romantic motif of falling in love with and marrying any of one’s fellow citizens regardless of genealogy or social station" and constructed love as "a linguistic and cultural resource mobilized and mobilizable by the project of modernity." One way such literature mobilized love argued for "the postponement of love and the subordination of sexual relationships to the revolutionary agenda." Operating between Song Meiling’s model of national motherhood and literary models of deferred romance, young women could experience physical and emotional intimacy with male strangers without endangering their virtue; on the contrary, they demonstrated their profound love of nation through such closeness.
Thousands of educated young women who wrote letters for soldiers during the war adopted a powerful stance vis-à-vis the unlettered men and produced new intimacies between themselves and people previously deemed strangers. Literacy represented power in a society that considered writing (wen) the foundation of culture (wenhua) and civilization (wenming). The power to connect people separated by war had in fact been the foundation of the Mass Education Movement. When its founder, Yan Yangchu, interacted with Chinese laborers for the first time in his life while working in France as part of China’s work-study movement in World War I, the largely illiterate workers begged this Yale University graduate to write letters home for them. Yan obliged, but then took the bolder move to teach them how to read and ultimately spearheaded the MEM in 1923. As a measure of letters’ importance during the War of Resistance, China maintained no less than three separate postal services during the war that fractured its territory.

Beginning in December 1937, high school girl students in Hubei wrote letters for soldiers by decree of the provincial government. Volunteering across the country from 1944 to 1946, women in the New Life Movement Friends to Wounded Soldiers Society wrote over sixty-five thousand letters for soldiers, and over twenty-two thousand letters for new recruits. While we can only imagine the details that these letters contained, the emotional power that they possessed to connect people—soldiers to their distant family members, and volunteer letter writers to soldiers—is palpable. Qing, a young college student who in 1939 volunteered with several of her classmates to comfort soldiers in a village in Guangxi Province, told her story of the role that these letters played in fostering friendship between the soldiers and volunteers. Though her group had brought towels, needles, and thread, Qing reported that none of the soldiers had any torn clothing that needed mending, nor did they want the towels. Notwithstanding the students’ missionary zeal, initially the soldiers also failed to respond to the daily propaganda plays and nightly meetings designed to incite anti-Japanese sentiment. The soldiers did make use of the four hundred mosquito nets, however, pleasing Qing, who ardently wanted the soldiers to know that people on the home front cared for them and wished to protect them from the predations of malaria-carrying mosquitoes.

In contrast to the lukewarm or even cold reception of other offerings, many of the soldiers greatly treasured the letters that the college students wrote for them. Inside the third ward, which like the others held about a hundred patients, the soldiers surrounded Qing and her fellow volunteers each day, begging them to “write a letter for me too, teacher!” The soldiers’ common appellation for the students, xiansheng, literally means “first born” and at the time was an honorific title for a person with education or status. The “teacher/first born” title succinctly expressed the power of writing to connect these homesick soldiers to their loved ones back home, and the uneducated soldiers to the college students; were it not for the war, these soldiers and students would have had few opportunities to interact with and learn to respect one another. As the soldiers dictated their letters, the students learned intimate details of their lives and gained a new understanding of the heartbreak and hardships that the young men had to endure. Since most soldiers came from poor rural backgrounds, this understanding undoubtedly led to a greater appreciation for village culture and the hardiness of villagers among the children of the privileged urban class.

Scenes like the one depicted in figure 11 occurred around the country, tens of thousands of times each year throughout the war, and transcended social divides. Since girls of all but the most elite families had only recently gained access to formal education, the young women who could so deftly wield the brush on behalf of men were almost certainly of the urban middle class, while the vast majority of soldiers came from poor villages. While in normal circumstances members of these two populations would have had few occasions to meet and even fewer occasions in which to share intimate personal details, the war placed them in close quarters and made each dependent on the other: the soldiers for the volunteers’ service, and the volunteers for a population to serve and thereby gain personal fulfillment and social recognition.

The photograph also clearly shows how new forms of male–female closeness in wartime settings allowed people momentarily to cross the artificial boundaries between certain social categories while simultaneously reifying heteronormative interpretations of gender. The union of the female volunteer and male soldier—two young, attractive people with no chaperone—in this small space speaks volumes about the social changes wrought by the war. Abandoning gender propriety in these extraordinary times, the two breach social code in order to strengthen their nation’s ability to fight the enemy. Yet they remain unequal in their affection. The supine soldier stares directly into the camera lens in a moment of vulnerable exposure, his face fully recognizable and his identity laid bare. In contrast, the young woman’s posture with her back to the camera affords her anonymity, while her bobbed hair, close-fitting cotton qipao, and ability to write mark her as a “new woman.” Her willingness to volunteer in the hospital marks her a new woman of the war years, leveraging her social privilege on behalf of those less fortunate in service of a national cause. No bourgeois stain on her character, in this setting her privilege and education allow her to perform a sacred duty for the nation. She supplies the soldier with emotional relief—an afternoon with a pretty young woman who appears to care for him, and a letter to cherished family members that will ease their worries about his whereabouts and condition. Having received this relief, the soldier can more readily return to battle. The letter writer creates an intimacy with the convalescing soldier, not for the sake of romance itself, but for the romance of the nation.

Letter writing produced emotional intimacy, but medical care required physical intimacy as well. Medical work brought women into entirely new positions and unprecedented proximity with men to whom they bore no familial relations.
Female nurses' and doctors' regular access to male bodies in mobile vaccination tents, medical wards, hospitals, and clinics changed the way that men and women interacted with one another in public and produced scenes in which onlookers witnessed new modes of performing gender. Figure 12 clearly demonstrates the singularity of such moments in wartime society. The patient's nervousness about the nurse's proximity to his naked chest reflects his anxiety that he could be perceived as improper if he shows any signs of enjoying or desiring the closeness. The nurse's poise and the precision of her movements show a contrasting calm that bespeaks pride in her own professional prestige, and confidence in her medical training. The nurse's stance indicates a status difference between the two that troubles traditional gender roles even as it affirms the woman as caretaker.

**LITERARY REFLECTIONS OF GENDER TROUBLE: BA JIN'S WARD FOUR**

Female nurses and one idealized female physician, Dr. Yang, feature centrally in famed author Ba Jin's (1904-2005) semi-autobiographical novel *Ward Four* (Dishishi), one of three novels that he wrote during the war and first published in 1946. The book takes the form of a diary penned by a twenty-three-year-old man from June 1 to June 18, 1944, when he enters the third-class ward of a hospital with a gallbladder infection and encounters much more than physical suffering within its walls. Ba Jin depicts the callous hospital ward, whose name recalls death, as a microcosm of a society pushed to the very brink of survival. He underscores this vulnerability by refusing to name his main character and referring to other patients by bed number: "bed six woke up," "bed eight giggled."

Dr. Yang serves as the diarist's angelic savior and "the only example of an idealistic doctor in the novel." Her wisdom, kindness, and beauty give the young man hope in his darkest hour. Ba Jin self-reportedly created Dr. Yang as a combination of real and fictive components: "her charming smile and her dedication to her profession are based on two different doctors" he knew during his own hospitalization in Guiyang, but "her mind and spirit are totally made up." Nonetheless, the hospitalized Ba Jin "did consider the doctors as saviors," and the author notably selects the female rather than the male physician to embody this role. Dr. Yang also serves as the amanuensis of the anarchist Ba Jin, who, during his time in the lower-class hospital ward in Guiyang, felt appalled at the uneven distribution of medical services. The only chink in the armor of his idealized
physician shows after one of her poor inpatients dies because he cannot afford full treatment. After this Dr. Yang admits, "[S]ometimes I feel like changing my profession and doing something else. I wish I'd never studied medicine." The main character tries to cheer her up by declaring, "Why? Isn't it a wonderful thing to be a doctor? A profession that saves lives and saves the world!" Dr. Yang responds, "You're looking at it like a child. . . . Even if I study medicine to the limits of my ability, that doesn't mean I can actually save people. I'm no match for money. People with no money can't benefit from my efforts." This pessimistic view of wartime health services pointed to deep inequality in the social structure that permeated medical spaces. Within this context, it is all the more salient that Ba Jin selected a woman as heroine of his dark novel. Dr. Yang represented the thousands of women whose work partially alleviated this inequality not only because they were the most affordable and numerous staff members in health organizations, but also because they communicated a meaningful message of care through their emotional labor.

These factors made women's medical work quite memorable. Recalling his hospital experience seventeen years after the fact, Ba wrote, "I feel I could still see clearly even with my eyes closed the setting and the daily life of patients, as well as the facial expressions and language of several doctors and nurses." As argued above, facial expressions, choice of words, and tone of voice are all central facets of emotional labor, and their memorability to patients—whether positive or negative—delineates the distinctive nature of work that entailed intimate exchanges between people living through their most vulnerable moments and the people trained to help them through the ordeal. Ba Jin's experience is likely to have been much less positive, since he continued this passage with the claim that he was "not willing to remember these people and my experiences there for long," even though "these impressions are too deeply left in my memories to be easily erased." Ba had a profound and personal recognition of the value of genuine care in a hospital ward. Plagued by memories of his own painful experience, he gave his fictional self a savior—a woman who held fast to the emotional work of her profession and felt existential pain when that alone did not suffice to counteract social injustice.

Within the novel Dr. Yang exemplifies a woman whose mark of excellence lies primarily in the way she performs the emotional labor her job requires of her. Her advice to the hospitalized young man to "become kinder and purer" and "more useful to others" restores his hope in humanity after he has witnessed so many fellow patients die pitiful deaths, abandoned by their family members and forsaken by a society that granted the poor neither services nor sympathy. The women who provide palpable care for their patients stand above the fray in this bleak setting. One patient underscores the view of nurses as embodiments of classic feminine virtue by declaring that "if you want a wife, get a nurse, if you ask me. They're caring and considerate . . . and nurses have an even temper." All of the characteristics that make women good nurses, and good nurses desirable wives, have to do with emotional labor: being caring and considerate, and controlling one's temper.

Yet Dr. Yang also exhibits mannerisms that transcend traditional notions of femininity. Struggling to contain this powerful woman in a single figure, Ba Jin describes her as possessing both "masculine" and "feminine" qualities. His choice illuminates both the limitations of language to describe the shifts in gender roles that occurred in wartime medicine and the failure of imagination to comprehend the profundity of those changes. Dr. Yang's embodiment of the "feminine" qualities of magnanimous kindness and virtuous service recalls the role of Song Melling in leading women's social activism. As if further mirroring the First Lady, Ba Jin crafts Dr. Yang as a strong leader who "walk[s] like a carefree man" and commands authority within the ward. The author resorts to orthodox gender norms in an attempt to contain his own creation's transgression, delineating professional competence as masculine and self-effacing sacrifice as feminine.

Ba Jin's fixation on Dr. Yang's deft combination of seemingly dichotomous characteristics abandons his main character to a fantasy of self-improvement through adopting her gender-bending traits—a task that the patient dreams will allow him to escape the inhumanity of war. The book ends with the most direct expression of his obsessive fascination with his physician. When he describes his last encounter with Dr. Yang, he writes in his diary, "I could feel the blood drain from my face; my heart was beating wildly. . . . I looked up just as she reached the door. Her white hospital gown flickered briefly and was gone, gone forever." The patient must now make his way alone in the world, without his angel. Not all of the male patients in the story have the same response to female authority; most feel threatened rather than fascinated. Ba Jin sympathetically portrays the male patients' struggles to accept women's medical power and reflects men's anxiety about their uncontrollable vulnerability in the medical ward. Both male orderlies and female nurses attend daily to the physical needs of the all-male patients, including intimate procedures such as emptying bedpans and sponge-bathing the invalid. Most patients experience discomfort at losing their virile abled-bodiedness and respond by attempting to regain authority. In order to ease their distress at their inability to perform the role of the dominant and capable man, they constantly tease and heckle the nurses to the extent that it becomes one of their only forms of entertainment. They try to resolve the ever-present tension between themselves as incapacitated patients and the young women as competent nurses through such statements as "Today I'm going to let Nurse Hu give me a shave"—a semantic overturning of the power dynamic that allows the disempowered man to imagine himself in charge of his own body.

Constant though it is, their jovial banter can only momentarily reverse the gender inversion, and no one even attempts to perform it with doctors. To highlight this tension as a central feature of the ward, Ba Jin sets the first interaction between the
main character and his savior Dr. Yang in a moment of extreme vulnerability: he has to bare his chest to his male doctor Feng in the presence of Dr. Yang during morning rounds.

[Doctor Feng had] already "looked" in the clinic but he said he wanted to "look" again. This time there was a young woman doctor standing beside me, and I was embarrassed about exposing my abdomen in front of her. But I couldn’t disobey my doctor’s orders, so I reached down and lifted up my clothes (sweater, shirt, undershirt) for him. He leaned over and began to probe, thump, and listen.149

Dr. Yang’s power to embarrass the main character is embedded in her gender and in the gender differential between herself and her charges. The need to expose their flesh in front of unfamiliar women rendered the male patients completely defenseless. Physical nudity underscored the social vulnerability that men, incapable of taking care of their own bodily needs, experienced when reliant on others.

At the same time, as if reflecting the image in figure 12, this first encounter hints at the productive tension born of social difference. Precisely because of their distinct identities as man and woman, patient and doctor, the two yearn to reach for each other across the social divides. Ba Jin makes this tension last. Immediately following the examination of the patient’s bare chest, Dr. Yang and Dr. Feng speak to one another in English—a tactic that the physicians in the novel regularly use to exclude the patients from their dialogue and which reflects the class hierarchy of medical relationships. Ba Jin carefully presents these social distinctions between patient and physician, but their presence only increases the main character’s ardor for Dr. Yang. For him, because her distinctiveness places her out of reach, it renders her wholly desirable, hinting at one possible reason for the compliance of lower-class men with caring women in wartime China.

CONCLUSION

China’s geographic, religious, linguistic, cultural, class, and ethnic diversities had the power to put fellow Chinese at odds with each other; literally unable to comprehend one another’s languages or enter each other’s social worlds. Some women, in place to shape a new medical workforce, quickly learned that they could not let these barriers stand; they had to cultivate the trust of their charges in order to heal them. Accordingly, female nurses under Zhou Meiyu’s leadership received specific training to communicate their trustworthiness by being the first to offer gendered intimacy. This emotional labor required that they communicate care through touch, facial expression, and tone of voice. Working at the front lines of demand to nurture refugees, orphans, and soldiers, women not only saved countless lives but also created the emotional ties that bound people together as members of a national collective. Their role as prominently visible representatives of humanitarian work made them not unlike today’s female “etiquette volunteers” (liyi zhiyuan) who greet guests at major national events and represent China as a “civilized nation” through their docility, attractiveness, and modeling of Confucian virtue.150

The role of women in anchoring national tradition and representing the nation long predated and long survives the war.150

Just as Florence Nightingale did not unset British sociocultural norms in a single historical event, Zhou Meiyu and others only began their work in wartime China. She and her colleagues continued to train nurses and fight for their social recognition in postwar Taiwan for decades. Nonetheless, the War of Resistance created a variety of coalescing forces that allowed for rapid change in women’s social roles. First, the war put so many people on the move, as both soldiers and refugees, that it produced new spaces for social encounters between strangers of different social status, region, and sex. The mobilization of the population also created an unprecedented concentration of highly educated individuals in the southwestern provinces, where they created medical institutions in which women of a lower social class could work. Second, women overwhelmingly occupied the lower rungs of these institutions and assumed roles that placed them on the front lines of medical response and squarely in the public eye. Third, prominent female leaders like Song Meiling, He Xiangning, and Xie Bingying called for women to contribute to the war effort through “feminine” caretaking work, modeled how to do it, and established the charitable organizations that provided the framework for its conduct. Fourth, unlike men, who authored and enforced punitive regulations that people resisted, women delivered services that people welcomed.

Most importantly, women learned how to perform the emotional labor that made them the most effective deliverers of state-sponsored medical work and granted them the power to fashion a national community out of docile bodies and to transform hearts. Throughout the war, many women played in public a role for which they had long received recognition in the private space of the home: that of the respected caregiver. As they worked in organizations designed to fulfill the mission of the state, these women leveraged their respectability to school people in “proper” modes of behavior that affirmed middle-class values. Best expressed in the New Life Movement, which took middle-class values as a universal standard against which to measure all Chinese, these hygienic behaviors became a marker of citizenship itself. Since they promoted better health, and therefore attracted the interest of well-meaning activists and public health workers, these behavioral standards gained sufficient momentum to become the means by which poor people could gain the status of “worthy citizen” in the eyes of their social superiors. Yet little progress could be made unless poor people reached for the services proffered, either in the manner of characters in didactic stories who proclaimed
Healing to Kill the True Internal Enemy

We all thought: "We must work ourselves to the bone; saving one more wounded soldier is like killing one more devil [i.e., Japanese soldier]."
—YAO AIHUA, RECALLING HER WORK AS A VOLUNTEER MILITARY NURSE DURING THE WAR

Though everyone assumed that war with Japan would eventually come, the actual moment caught the Nationalist government off guard and very nearly destroyed it. What came to be called the Marco Polo Bridge Incident ( Lugouqiao shibian) took place just outside Beijing on July 7, 1937. Both sides’ stubborn refusal to cooperate turned what might have been an isolated affair in the regional North China war that had begun soon after the Japanese colonized northeastern China (Manchukuo) in September 1931 into a full-blown war that engulfed the country and, a few years later, the entire Pacific. During the first several months of fighting, Japanese soldiers tore through Chinese cities and villages, advancing like an uncontrollable forest fire and wreaking havoc on civilians and soldiers alike. Their rapid conquest of a vast territory, including the old imperial capital, Beiping (Beijing), and the actual capital, Nanjing, caused a health crisis that prompted the Nationalist state finally, belatedly, to fund and administer military medicine. Though it grew as quickly as possible during the war, the underfunded and understaffed military medicine system could never catch up to the burning need, and young students like Yao Aihua, quoted in this chapter’s epigraph, rushed in to fill the gap.

Yao characterized her medical work in terms that simultaneously underscored its urgency and its role in supporting the Chinese military’s aim to kill the enemy. She and her fellow nurses therefore supported the Nationalist state’s ability to kill, by serving as the caring and benevolent face of a state that extended its reach into hearts and homes to save lives while simultaneously risking the lives of millions of men on the battlefields. Achille Mbembe argues that the political sovereignty of the modern state lies not only in its biopolitics—the structures it creates to