

REVIEWS

Xiaoping Fang, *Barefoot Doctors and Western Medicine in China*, Rochester, New York: University of Rochester Press (Rochester Studies in Medical History), 2015, xii & 294 pp., with figures, tables and maps.

Beatriz Puente-Ballesteros

[Beatriz Puente-Ballesteros is Assistant Professor at the Department of History, University of Macau, SAR Macau, China. She is a medical doctor, sinologist and Ph.D. in history of science; her research focuses on intercivilisational encounters in the field of medicine between Jesuits, Chinese and Manchus, and the introduction of medicinals from Europe, America, Africa, India and Southeast Asia to China during early modern globalization. Her present project "Global Micro-Histories in East-West Medical Interactions and Exchanges during Late Imperial China" covers three interrelated topics: biographies of Jesuit physicians, surgeons and apothecaries in the service of the Kangxi Emperor (forthcoming book publication), transmission of chocolate through missionary networks to China based on evidence discovered in Manchu, Chinese and Western archival records, and translation of Western anatomical and pharmacological treatises into Manchu. Contact: bpballesteros@umac.mo]

In his film *Chung Kuo, Cina* (1972), Michelangelo Antonioni (1912-2007) adopts mostly a position that conveys a sense of cultural distance. In one of the film's grimmest scenes, however, he takes a position of extreme physical proximity and intrusive explicitness that shows a caesarean delivery for nine long minutes. It is carried out in a Western-style hospital, by Chinese physicians well-dressed and equipped in Western fashion, with the patient laying on her back on a Western-style hospital bed, but using acupuncture for anaesthesia. The whole episode at first sight could be understood as an example of 'pragmatic acculturation', 'medical syncretism' or the adoption of 'plural medical systems.' However, nowadays it is seen much more critically, namely, as a result of state propaganda on the one hand and Western wishful thinking on the other hand, and thus as a display of an exotic portrait of China intended to fulfill the expectations of the observers. Antonioni, committed to the *Nouvelle Vague* ideology, opposed aggressive modernization that for him implied expansion of productivity, unsustainable consumerism and loss of humanism. China's ancestral culture and its 'traditional' medicine gave relief to the melancholy caused by his desperate search for past societies guided by natural rhythms of a pre-industrial order. In other words, he appears to have longed for a certain primitivism which in hindsight apparently did not correspond to Chinese reality, but rather echoed a kind of neo-orientalism shared by him

and other Westerners. Reality was different, and Antonioni himself was soon confronted with it. *Chung Kuo, Cina*, a cross-cultural project shot by a European revolutionary filmmaker, was considered anti-revolutionary material by the Chinese Communist Party. Antonioni was banned from entering China, while his film was only shown there from 2002 onwards.

It is precisely the arresting moment of the caesarean that links us to the developments portrayed in the book of Xiaoping Fang who uses evidence derived from unbiased and quasi-artisanal archival research to contribute to a new understanding of the role played by Western medicine in the modernization process propelled by the new communist government. Fang, by shifting the focus of analysis to rural areas, re-awakens the voices of such pivotal figures as the barefoot doctors, by divesting them of nostalgia. In his view, these protagonists were assigned a mission to consolidate the foundations of a socialist modernity into which only Western medicine could fit, while Chinese medicine was to be marginalized for strategic reasons. This provocative and challenging conclusion is the result of a case study of Jiang Village in Yuhang County that, as stated by the author, takes as the main thread of discussion the development of medicine and health (p. 17). Fang's principal sources are archival records from seven counties in Hangzhou prefecture (Zhejiang province), supplemented with information coming from other archives in China (Hubei, Shanghai and Jiangsu), the UK and the USA, printed local gazetteers (50 in total), barefoot doctors' medical textbooks (18), collections of documents related to barefoot doctors' activities, relevant labor, health and disease regulations, surveys, as well as law documents of the central government (18), newspapers (10), magazines (21), and contemporary film narratives (3). In addition, the author uncovers previously unknown oral histories, based on direct and indirect testimonies obtained by interviewing protagonists whom the author – being a son of a Hangzhou peasant – was able to approach in their own dialect. He also made use of his social networks to gain access to all kinds of sensitive information. Fang deals with this vast quantity of information by following the methods of microhistory, with the aim of understanding the introduction of practices of Western medicine into villages not only as a top-down directive dependent on state power, but also as a dynamic and interactive bottom-up process of acceptance and adaptation that involved barefoot doctors and villagers.

As we follow the six main chapters of Fang's book, we become spectators of the social transformation of rural medicine in Jiang Village over a long period of historical development, starting from the founding of the communist regime in 1949, continuing in 1968 with the state popularization of the barefoot doctor program, and ending with its disintegration in 1983. This book provides evidence on how state intervention in each and every aspect of rural medicine was determinant in

shaping and changing the villagers' beliefs as well as their proclivity to consume Western pharmaceuticals and to undergo Western medical therapies. Key measures that were adopted comprised not only practical means, such as the improvement of the accessibility of Western drugs and the intentional lowering of their prices, but also organizational changes, such as the founding of union clinics, the establishment of a hierarchical and coordinated medical system, the definition of medical legitimacy, and, last but not least, the implementation of the barefoot doctor program. Regarding the latter, the author concludes that it was the new government that for political reasons consciously employed and institutionalized the barefoot doctors who thus surfaced as reeducated medical practitioners of the 'old society.' The role assigned to them was to form a new medical profession with new medical ethics revolving around socialist ideological principles. Although barefoot doctors in their origin represented a syncretism of Chinese and Western medical practices, their rise resulted in the marginalization of Chinese medicine in the villages of the People's Republic. Fang's book stresses how barefoot doctors themselves opted for Western medicine. One reason was their poor training in Chinese acupuncture and herbal medicine. Another, and perhaps more decisive, cause was that diagnosis and treatment of diseases based on Western knowledge and practices were easier, thus being effective short-term therapies highly welcomed by the villagers, while at the same time becoming the physicians' main source of income. In the words of the author (p. 12): "...the supposed integration of Chinese and Western medicine was actually a dynamic, unbalanced process rather than a static, symmetrical juxtaposition." The outcome of all of this was that Western medical and therapeutic practices were introduced into Chinese villages within just 30 years, after almost 300 years of failures. In the late seventeenth century it was Jesuit missionaries and medical practitioners who failed in this respect and whose Western medical theories and practices ended up being practiced within a limited sphere—*ad maiorem imperatoris gloriam*—under Manchu imperial patronage. During the nineteenth century the initial failure of the Protestant missionaries due to the lack of systematic efficacy of their medicinals and minor surgeries was then later followed by relative success by the beginning of the twentieth century. By then, a new medical paradigm led to a new scenario in which, for the very first time and both in Europe and China, medicine would save lives by means of vaccines, antibiotics and sulfonamides in a much more substantial way. Western medicine would no longer be a 'last resort' but a first therapeutic option that built up trust networks between patients and physicians. Western medicine's efficacy thus started to have a great impact on Chinese medicine, as it gave rise to a new etiology and seriously challenged the legitimacy of Chinese medicine. Nonetheless, it was not

before the socialist state's intervention and the implementation of the barefoot doctor program that Western medical practices took root also in remote villages. As the author explains, this shows how (p. 185) "... the introduction of Western medicine into China indicates that this process followed a path different from those in other social settings, such as those spread via colonial medicine," and therefore his microstudy with a strong bottom-up approach is also a relevant corrective for comparative history research with a more colonial top-down perspective.

In conclusion, Fang's barefoot doctors, acting within the clearly delimited microcosm of Jiang Village, reflect how Western medicine was instrumentalized for the development of peripheral modernities and thus contributed to the construction of China's own modernity. A question that naturally emerges at this point is whether this trend was also followed with the same intensity in other provinces of the vast territory under communist rule. This is at least suggested by the author, who postulates the following (p. 185): "The medical world of the Chinese villages after 1949 began a thorough and radical social transformation that would bring Western medicine—as modern medicine—to even most remote areas of the country with the gradual establishment of a state medical system." Especially interesting would be case studies of poorer and very much less developed areas such as Shaanxi, Guangxi, Guizhou or Yunnan. Selective and, at the same time, more pan-optical investigations carried out on other parts of China would certainly shed even more light on the fluidity of Chinese medical traditions, while also enhancing our understanding of the spread of Western medicine beyond the boundaries of the Western world itself. What we can now say for certain as a result of Fang's research is that the scene of the cesarean depicted in Antonioni's influential film imparted a rather distorted and one-sided picture of the reality of China. Even during the Cultural Revolution, when Chinese 'traditional' methods were especially promoted, Fang makes clear that barefoot doctors covertly resisted these instructions and continued in their former ways of diagnosis and therapy in the Western fashion. In some sense, the light that guided Antonioni was the same light that blinded him.