

BOOK REVIEWS

The Invention of Madness: State, Society, and the Insane in Modern China

By Emily Baum. Chicago: University of Chicago Press, 2018.
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Emily Baum's book, the very first monograph on madness and psychiatry in Republican China, recounts both the history of China's "psychiatric modernity" and the changing ways in which a variety of people understood and handled madness—and eventually "mental illness"—from roughly 1900 to 1937. The book focuses almost entirely on Beijing, which despite increased poverty remained politically autonomous until the Japanese invasion. Thanks to this retained sovereignty, Baum's main archives "are composed in an entirely Chinese (rather than Western) voice" (13). Chinese sources include a trove of police records kept at the Beijing Municipal Archives, newspapers and magazines from North China, and documents from the Academia Sinica in Taiwan. Baum also exploits English-language documents like missionary publications, the corpus of the Kerr Refuge for the Insane in Guangzhou, and smaller hoards such as those of the Rockefeller Archive Center and the Bryn Mawr College Archives.

Baum defines madness as "an intricate web conjoining physiological processes, social structures, cultural norms, and personal subjectivities" (10), but also calls it "a condition," "an illness," or "a very real affliction," and sometimes uses it interchangeably with "mental illness" or "mental distress," so that the distinction between innocuous labels, translations, and categories of analysis is occasionally blurred. Such slippages occur in even the best histories of madness.

Seven chapters of balanced length are arranged both chronologically and thematically. The narrative provides clear guidance through a complex history during which popular understandings of madness (and the institutions designed to manage it) changed quickly and dramatically. Chapter 1 ("Contracting the 'Mad Illness'") surveys how Chinese people conceived of and treated madness in the second half of the nineteenth century. Baum supplements the thin secondary literature on this subject with missionary accounts, case records from Chinese physicians, and Chinese newspapers and magazines. Madness was not handled by any specialized institution or exclusive experts and was not considered a uniform object. This multiform disorder "exhibited a variety of psychosomatic symptoms" (18) that could be attributed to a wide array of "biological, emotional, moral ... cosmological" (23), and supernatural causes, and was treated medicinally, ritually, or socially depending on the identified cause. People identified as mad were kept and treated at home. This instructive survey supersedes

other short accounts on that topic, many of which were written in the 1970s and 80s and were not based on primary sources. Some terms of analysis seem too rough, however, as when the imbalances that Chinese physicians identified as the roots of illness get summarized as “biological malfunctions” (26, 27), when people who had killed someone during a fit of madness are labeled “criminally insane” (an Anglo-American category that has no counterpart in Qing law), or when the diverse array of specialists who provided ritual therapies to the Chinese populace are collectively referred to as “faith healers.”

Chapter 2 (“The Birth of the Chinese Asylum, 1901–1918”) describes how global pressures fostered a new concern for governing and controlling madness. The Qing government sent delegates to European conferences on the handling of mad people, and to Japan to visit the modern institutions (including insane asylums) that had sprouted there since the Meiji Restoration. In 1908, the Qing opened the Beijing Municipal Asylum, the first public asylum on Chinese territory, as an annex to the city’s poorhouse. It became independent after moving to the Anding Gate area in 1918, when it was renamed *Fengren shouyangsuo* 瘋人收養所. Despite hiring practitioners of Chinese medicine, the asylum was mainly a police-managed custodial institution.

Baum demonstrates how madness was reinterpreted as a social issue, but her claim that Beijing’s policy of systematically arresting mad people “transformed the disorder from a temporary expression of imbalance to a more permanent identity” (p. 40) is soon contradicted by the rich sources she presents. Indeed, the policing mechanism for vagrants and insane people “was almost entirely the same” (52). It seems that “mad” and “poor” were labels to justify arrests; these convenient labels were forgotten as soon as people were released to their family. Because no civil law prevented such people from marrying, from owning property, or from signing contracts, there was nothing stable or permanent about these deviant identities.

The contrast between Qing and the Republic is sometimes overdrawn. Even if not systematically applied, registration with the authorities as “people with [a] madness illness” (*fengbing zhi ren* 瘋病之人) was the core of the Qing policy on insane people. The Qing also preemptively incarcerated people who acted madly, especially those who were “‘wantonly dancing’ near a crowded city gate,” as in a case Baum presents as unique to the Republican period. Perhaps the main innovation of the early Republic was institutions and practices which, because they saw madness as a social problem, conflated madness with vagrancy and poverty?

Chapter 3 (“The Institutionalization of Madness, 1910s–1920s”) cleverly explains how Beijing’s incarceration policy led to unpredictable outcomes, often ironically opposed to the stated goals of these policies. While the police tried to release mad persons back to their families, the urban poor often adopted the reverse strategy: they tried to have their burdensome mad relatives confined in municipal institutions. Baum raises an intriguing possibility: because the police arrested not only violent and severely deranged madmen, families broadened their conceptions of madness and now saw the refusal to submit to social norms as crazy. The very possibility of resorting to incarceration reduced local tolerance for mad behavior and “transformed not just how local families dealt with the insane but also how they conceptualized insanity itself” (64). The issue, though, may not be one of conceptualization, but a case in which the historian, who works with her object conceptually, “transfers into the object the principles of her relation to the object,” as Bourdieu has it in *Outline of a Theory of Practice*. Ordinary people’s strategy of labeling non-violent people as mad to have them incarcerated suggests a performative and pragmatic use of the label madness rather than a deep reconceptualization.

Chapter 4 (“The Psychiatric Entrepreneur, 1920s–1930s”) excellently recounts the emergence of people who tried to benefit commercially from the treatment of madness. Tabloids, dailies, and magazines published advertisements for private hospitals that offered quick cures (sometimes as fast as five minutes!) for madness, mental illness, and nervous disorders, and vied for legitimacy with similar institutions run by the city or by westerners. The Wei Hongsheng Hospital, for instance, offered treatments based on hypnosis and meditation. Newspapers were also filled with ads for proprietary medicine of Chinese, Japanese, or Western origins, from traditionally named remedies like “the mucus confusion and madness pill” to modern-sounding drugs like the “Brain-Strengthening Pill” and the “Efficacious Brain-Bolstering Potion.”

These hospitals and remedies flourished at a time when urban populations demanded easier access to treatments but, as Baum keenly notes, these medical entrepreneurs did not simply fill a gap between family-based care and municipal custody. At a time when the sensationalist press portrayed madness as indecent, advertisements that showed sufferers wearing suits and top hats “sold an identity alongside a commodity” (108). Lu Xun’s brother Zhou Zuoren was one of those who professed to suffer from neurasthenia, which had become a “disease of the refined, civilized, and eminently modern man” (99). Advertisements that popularized notions of mental and nervous disorders started appearing about ten years before the first Chinese-language treatise on neurasthenia was published, and a decade before neuropsychiatry found an institutional base. These changes exemplify the complexity by which conceptions of madness get transformed, often not through the work of knowledge producers.

Chapter 5 (“From Madness to Mental Illness, 1928–1935”) describes the interactions between the Peking Union Medical College (PUMC)—founded in 1906 by the London Missionary Society and acquired in 1915 by the Rockefeller Foundation (222n32)—and the municipal government after the Guomindang took over Beijing (renaming it Beiping) in 1928. That year, the GMD transferred the municipal asylum from police control to the supervision of the Social Affairs Bureau (Shehuiju 社會局). Yet the asylum’s daily operations barely changed. Its physicians continued to understand and treat madness through Chinese medical categories, and, with little funding or political guidance, “the asylum remained a primarily custodial facility that catered to the needs of the urban poor” (115).

In 1933, the PUMC contacted the Social Affairs Bureau to offer to collaborate in managing the city’s insane. The PUMC would provide half the funds and the city would turn the municipal asylum over to PUMC management under loose government supervision. This collaboration was mutually beneficial. Besides reducing its budget strains, the government could further its modernizing credentials by adopting what reforming elites perceived as a scientific approach to mental illness. The PUMC, which had long (and vainly) tried to spread neuropsychiatric concepts to the police and the population, could for its part replace the asylum’s Chinese medical practitioners with psychiatrists trained in western approaches. The asylum was renamed the Beiping Psychopathic Hospital (*Beiping jingshenbing liaoyangyuan* 北京精神病療養院), its facilities were refurbished along more hygienic lines, and new daily regimens were prescribed to the inmates, including exercise and occupational therapy. In 1934 the hospital was placed under the direction of the Ministry of Health, showing that the government now considered insanity as a medical issue rather than a social one. Baum claims that after the PUMC started to run the municipal asylum, “the etiological divide that had emerged between the madneses of the masses and the nervous disorders of the elite was fundamentally eliminated” (112–113). A more prudent formulation would be that

PUMC psychiatrists no longer distinguished between the madness of the poor and the “neurasthenia” of modern urbanites: they viewed both as neurological disorders.

Chapter 6 (“Mental Hygiene and Political Control, 1928–1937”) describes the emergence of a countrywide mental hygiene movement in the mid-1930s. The Guomindang had sent delegates to Washington, DC, for the First International Congress on Mental Hygiene in 1930. Embracing the premises of the US mental hygiene movement, Chinese intellectuals aspired to improve the treatment of mental patients and to eradicate mental illness through prevention, the latter concern being tied to social Darwinist anxieties about the vigor of the population. The movement’s intellectual leaders were either optimistic (Zhang Yinian, for instance, believed that mental illness could be prevented through efforts in early education) or more ominous (Wu Nanxuan praised the Nazi program of sterilization and even advocated the elimination of weak elements, though he knew this solution would probably be found unpalatable).

The Guomindang tried to harness both aspects of this thought current to create a healthier and more obedient nation. Politicized psychology was part of the 1934 New Life Movement, and several books on mental hygiene were published in 1935, the year when Beijing’s Ministry of Health also started to integrate mental hygiene into early education. The Chinese Mental Hygiene Association was founded in 1936, and advocates of the movement were put in charge of educational institutions. Baum makes it clear that these efforts were both short-lived—they were interrupted by the Japanese invasion of 1937—and constantly frustrated—students protested the new disciplinary regimens and quickly had the likes of Wu Nanxuan fired from their administrative posts in Chinese universities.

Chapter 7 (“Between the Mad and the Mentally Ill”) contains four vignettes showing that “a range of actors merged Chinese medicine and neuropsychiatry in ways that belied their apparent incongruities” (187). The first two vignettes show how Chinese theorists harnessed biomedical concepts to confirm Chinese medical doctrines. Some writers merged the brain-centered understanding of human cognition back into Chinese conceptions centered on the heart. Others reinterpreted the neologism *jing-shenbing*—a calque for “mental illness” that uses the old compound *jingshen* to mean “mind”—as “illnesses of the *jing* [‘essence’] and *shen* [‘spirit,’ ‘numen’],” folding the new concept back into the kidneys and the heart, the respective abodes of *jing* and *shen*. These reinventions minimized the difference between Chinese and Western conceptions and even served to “perpetuat[e] the very concepts they were meant to supplant” (165). By skillfully dissecting these conceptual hybrids, Baum demonstrates that conceptual incompatibility is indeed a false problem.

Vignette 3 (“Mixing theory and practice”) shows how Chinese patients sought help at the neuropsychiatric asylum without embracing psychiatric theories. But were these really encounters between “indigenous theories of madness” and “Western practices of institutional treatment” (170; emphasis in the original)? During these encounters, Chinese sufferers were also reinterpreted through psychiatric theories, and though most patients attributed madness to possession or to the action of mucus/phlegm on the heart, they also seemed to embrace “Western” neurasthenic discourses when they occasionally insisted on the impact of mental overwork. Portraying patients and their families as driven by “theories” also exemplifies the “intellectualist bias” Bourdieu critiqued. These clinical encounters seem more complex than is accounted for.

Vignette 4 (“The Patient as Person”) explains how PUMC psychotherapist Dai Bingham argued, often based on concepts drawn from Chinese philosophy, that patients should not be reduced to the somatic categories through which psychiatrists

tended to read illness. Baum argues that, through Dai's efforts, "biomedicine at the PUMC tentatively entered the epistemic space of Chinese medical theory" (174), but does not address obvious tensions: Chinese medical theory also tended to reduce mental sufferings to bodily imbalances, and Richard Lyman, the head of the PUMC in the mid-1930s when Dai was working there, also "recognized the benefits of integrating social and physical factors into a 'balanced perspective of the whole'" (133). I suspect there is more to say about Dai, who received his Ph.D. in Sociology from the University of Chicago, than to use him to represent the Chinese side of "the East-West encounter" (178).

At its best, *The Invention of Madness* addresses a little-known topic both sweepingly and meticulously, and makes insightful statements such as, "conceptions of madness reflect and refract the subjectivities of specific populations, and articulating what it means to be 'mad'—in much the same way as articulating what it means to be 'modern'—requires a deep engagement with the moral life of a particular society and its people" (187–188). The book's main weakness, in this reviewer's opinion, is that the concepts and interpretations often fail to account for the complex practices Baum uncovered. More than an "invention," the entire book seems to show reinventions often guided by practical goals rather than conceptual ones. And even if Baum states that, on the eve of the Japanese invasion, "madness remained positioned between two worlds of knowledge" (159), she has by now shown that there were much more than two worlds at play, and that the book could have transcended the categories of "China and the West" and "state and society." Fortunately, Baum's findings constantly overflow from these conceptual frames. This well-researched and well-written book should be a good read not only for historians of modern China, but also for scholars and students interested in the history of madness and psychiatry in any age and time.

Farewell to the God of Plague: Chairman Mao's Campaign to Deworm China

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The founding of the People's Republic in 1949 marked the advent of a series of massive-scale public health campaigns aimed at transforming hygiene practices, building a basic healthcare system, and strengthening the Chinese nation. The campaign against snail fever, a parasitic disease afflicting tens of millions of people in southern China, was one of the most influential public health events in the history of the PRC. Snail fever, also known as schistosomiasis, is a waterborne parasitic infection that causes chronic ill-health and various late-stage complications, especially abdominal swelling (hence the name "big belly disease" in Chinese colloquial language). With Mao