Medicine, VD and Prostitution in Pre-Revolutionary China

By CHRISTIAN HENRIOT*

SUMMARY. This paper presents an analysis of the relationship between venereal disease (VD), prostitution and the rise of modern medicine in China from the middle of the nineteenth century up to the communist victory in 1949. The first part shows that western and western-trained physicians were ill-equipped to deal with China’s numerous diseases in the absence of a strong and modern state. The second part discusses the nature and relevance of the missionary medical sources on which this study is based. In spite of their lack of precision and coherence, such data can be used to highlight and document a little known aspect of China’s social history. The third part aims at assessing the extent of venereal disease in China. It concludes that venereal diseases were a major public health problem before 1949 in the whole country. Tens of millions of Chinese were infected with syphilis without receiving adequate treatment. The last part examines the discourse generated by physicians on prostitution and VD. The debate originated from other sectors of society and the medical community did not take a leading role in this movement. The medical community was very narrow and never achieved the status and influence it had in Western countries. Chinese society remained oblivious to ‘syphilophobia’ as it ran counter to its sexual culture.

KEYWORDS: China, pre-revolutionary China, venereal disease, physicians, missionaries, prostitution, women, sexuality, syphilophobia, the state, public health.

Prostitution remains to a large extent a neglected subject of research among historians.¹ Until recently, such studies were the exclusive preserve of sociologists or psychologists.² In the last decade, however, prostitution in Western societies has become the focus of numerous and valuable historical studies which reveal as much about the prostitutes themselves as about the status

¹ The author is indebted to Lucien Bianco and Harold Kahn for their criticisms of earlier drafts of this paper and wishes to extend appreciation for the helpful comments of two anonymous reviewers of SHM.

² This may be due to the belief that only in situ could field work comprehend such an unstable and transient activity.

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of women in society and about sexual culture in society at large. In the historiography of China, such neglect is still the rule. This apparent lack of interest is related to the state of Chinese urban social history: a burgeoning field still in its infancy that has produced only a few studies.

It may also be due to the difficulty of collecting relevant sources. In imperial Japan, scholars researched prostitution and wrote compilations that to-day provide the historian with a rich body of material from which to start. In Europe, society has never been indifferent to prostitution: central or local authorities, religious organizations, and citizens' leagues have tried, in different times and places, to regulate or repress this activity. In the course of time, such a concern has given birth to mountains of archival documents. In China, however, such moral and religious considerations as existed in the West were absent and prostitution never became the target of public or private initiatives before the late nineteenth century.

Most previous studies of Chinese prostitution have dealt mainly with the imperial period, especially the Tang dynasty (618–907), and most of them have been essentially translations, sometimes annotated, of Chinese literary

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texts. More recently, however, the historiography of China has seen the emergence of a new trend. Two studies on prostitution by Western historians have appeared in book form. They both examine late imperial times and the republican period, and both are path-breaking works, in spite of the limited scope of the data on which they are based. In China too, prostitution has begun to generate new interest, even if only as a secondary research topic and mostly by non-scholars.

The authors of the two western studies on prostitution have made great use of Western sources, especially of missionaries' memoirs, letters and publications. In the absence of easy access to sources on this topic in China, these documents are extremely valuable. In spite of their strong religious and moral biases, they represent the first reports we have by foreigners on Chinese prostitution viewed from the 'outside'.

The present article is based for the most part on such missionary material, and more precisely, as I will discuss below, on missionary medical writings. Actually, prostitution was not the first thing which struck Western medical missionaries in China. What struck them was the prevalence of venereal disease in that country. It was from this observation that their initial interest in VD and prostitution developed. Then, as in the West, but to a much lesser extent, physicians started to generate a 'scientific' discourse on VD and prostitution, which was later used or misused by private and public organizations to 'fight the social evil'.

My purpose in this paper is twofold. I shall first study the question of VD in China for what it appears to have been in the first half of the twentieth century: a major public health problem. Then, I will examine the discourse this problem generated among Western medical missionaries and Western-trained Chinese physicians in relation to prostitution and its evolution in the course of time. Although many authors, in the West as in China, have argued that prostitution was the cause of VD, nobody was ever able to measure such a relationship. Nevertheless, these misperceptions are fundamental for our understanding of these phenomena since the public debate and the policies of the authorities were based on these assumptions more than on the objective reality.

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8 See Sun Guoqun, *Jiu Shanghai changji mishi* [A Secret History of Prostitution in Old Shanghai] (Henan, 1988); He Wannan and Yang Jieceng, *Shanghai changji gaizao shihua* [A Short History of the Reeducation of Shanghai Prostitutes] (Shanghai, 1988); *Beijing fengbi jiyan jishi* [An account of the closing of the brothels of Beijing] (Beijing, 1988); and *Jiu Shanghai de yan du chang* [Whoring, Gambling and Opium-Smoking in Old Shanghai] (Shanghai, 1988).

9 I deliberately focus my study on the medical discourse on prostitution only, as it was a determinant in the formation of public opinion in the West, and try to examine its impact in the Chinese context. I am naturally aware that it was part of a larger discourse which cannot, however, be treated extensively in this article.
1. Western Medicine in China

Modern medicine came to China in the wake of Western economic and military interventions in the nineteenth century. It was the work of missionaries, especially Protestant missionaries, among whom many were trained physicians. According to one author, in the last decades of the nineteenth century 10 per cent of Protestant missionaries at least were trained physicians. A. Lucas, *Chinese Medical Modernization. Comparative Policy Continuities, 1930s–1980s* (New York, 1982), p. 49.

Although these pioneers of Western medical science undoubtedly had enormous goodwill, courage and tenacity, they had to face very serious obstacles. For one thing, Western medicine was associated with the violent penetration of the West and the humiliation of the Opium wars (1840–60). Besides, medicine was mixed up with the work of proselytism that many of these early medical missionaries were eager to achieve. Apart from these circumstances, physicians had to overcome strong cultural and psychological barriers to convince the Chinese that western medicine offered a real alternative to traditional medicine. Finally, China had no material basis for the introduction of modern medicine. Everything had to be built up from scratch: adequate buildings, medical equipment, drugs, and trained personnel. In the nineteenth century, ‘the pioneer doctor had nothing but a limitless mass of human suffering and ignorance around him, a few instruments and drugs in his hand, an unshakeable sense of vocation and a dauntless faith in the sufficiency of God.’ Western physicians, who were imbued with the superiority of modern science, hardly had any consideration for Chinese traditional medicine and, as a rule, almost entirely dispensed with the establishment of relations with local practitioners. How, under these conditions, did modern medicine develop in China?

The Qing government was unable and unwilling to invest much in this area, in spite of a few local initiatives by ziqiang-minded officials such as Li Hongzhang or by merchant associations. After the fall of the dynasty in 1911, the absence of a stable central power and the ensuing civil wars impeded all the efforts toward the creation of a public health system. During the Nanjing

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10 According to one author, in the last decades of the nineteenth century 10 per cent of Protestant missionaries at least were trained physicians. A. Lucas, *Chinese Medical Modernization. Comparative Policy Continuities, 1930s–1980s* (New York, 1982), p. 49.
11 ‘The men who laid the foundation of the enterprise were men who longed not only to stem this tide of human sorrow, but also to use the art of healing as a handmaid of that higher religious truth which China so sorely needed.’ H. Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London, 1921), p. 30.
12 In large cities such as Hankou, it seems that western medicine met with wider acceptance among the population. Nevertheless, even in this case, the lack of in-depth study of the ‘medical behaviour’ of the Chinese does not permit a clear demonstration of such a shift of attitude. From my readings, I got the feeling that the Chinese generally turned to traditional medicine well into the twentieth century. This point requires further study. See Rowe, *Hankow: Conflict and Community*, p. 27.
13 Balme, *China and Modern Medicine*, p. 64.
14 In a 1932 survey of mission hospitals, Lennox noted that the great majority had no or only ‘slight’ contacts with local practitioners. When they did have, it meant that these local doctors sent their patients to the hospital for consultation or laboratory examinations. W. G. Lennox, ‘A Self-Survey by Mission Hospitals in China’, *Chinese Medical Journal* [hereafter CMJ], 46 (1932), p. 532.
decade (1927–37), the central government undertook the establishment of a state medical system with the help of foreign advisors from the League of Nations’ Health Organisation. The combined lack of political will and financial resources only permitted the laying down of the foundations on which the communist regime later built up its own health system. An exception should be made, though, for the few cities like Shanghai or Canton where municipal governments earnestly launched various successful public health programmes. In the whole country, things had nevertheless improved by the early 1920s, but there were still only 1500 Western trained physicians (including missionaries) and 350 hospitals; in 1935, there were more than 500 hospitals and around 5400 Western-trained physicians. These figures, however, only tell half of the truth because they mask the real situation of many Chinese hospitals. Western-trained physicians did not even reach one per cent of those requiring their assistance. Material and institutional deficiencies were not the sole obstacle. Well into the twentieth century, all the missionaries complained about the population’s feelings of hostility or fear toward Western medicine.

Among the many diseases which early Western physicians encountered in China, it seems that from the beginning they were puzzled by the prevalence of VD, especially syphilis. Unfortunately, in the nineteenth century they gave scant attention to this problem in their scientific writings compared to that in the early twentieth century. In the absence of modern means of detection (blood tests), venereal diseases were often confused with other diseases. Fearn, a medical missionary, notes that ‘syphilology was not so widely disseminated in these days [mid-1890s] as it is now . . . in many cases, we did not recognize syphilis when we met it . . .’. Obviously, venereal diseases were already a serious problem in China by the end of the nineteenth century, but they did

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18 Lennox, ‘A Self-Survey’, p. 48; Lucas, *Chinese Medical Modernization*, p. 70. The majority of these physicians (71 per cent) had received their training in China. This achievement has to be placed in comparative perspective: by 1912, Japan had already trained 14,500 modern physicians. Lucas, *Chinese Medical Modernization*, p. 72.
19 In 1920, more than one-third of all hospitals had no nurse at all, no bedding, no pressure sterilizer; more than half were unable to clothe their patients in clean hospital garments, to bathe their patients, and had no laundries. As to basic medical equipment, 31 per cent did not possess a laboratory of any kind, more than 81 per cent had no bacteriological incubator and no X-ray plant. By 1931, conditions had improved, but many deficiencies remained: 10 per cent of the hospitals had no permanent nurse or doctor; as to the other features, the percentage of those equipped was: bedding (68 per cent), pressure sterilizer (89 per cent), clothing (58 per cent), regular bathing (50 per cent), laboratory facilities (90 per cent), X-ray (33 per cent). It should be noted that a large proportion (62 per cent) had facilities for testing blood for syphilis. Presumably, Wasserman testing was a relatively low-cost equipment hospitals could afford more easily. Nevertheless, it may also be an indication of the awareness among physicians of the seriousness of VD in China. Balme, *China and Modern Medicine*, p. 106; Lennox, ‘A Self-Survey’, p. 517.
not become a real issue among Western doctors until, as I will discuss later, public opinion started to relate them to prostitution. China was plagued by other serious diseases, such as tuberculosis and leprosy, that had dreadful consequences and became the major focus of attention by physicians in their journals.

It should be recalled here that knowledge about VD was also not so very advanced in the West. For a long time, gonorrhea, soft chancre and syphilis were confused with each other. Breakthrough discoveries were made only between 1879 and 1905 when the different viruses responsible for these diseases were identified. The first blood test for the most serious of them, syphilis, was invented in 1906.\(^3\) In China, venereal diseases were not unknown to traditional physicians. The old medical treatises offered descriptions of these diseases, including syphilis, which was not introduced in China before the sixteenth century.\(^4\) Nobody, however, knew how to treat VD successfully. For centuries, Chinese and Westerners alike used mercury, in various forms, to treat syphilis. It was a painful and sometimes fatal treatment.\(^5\) In 1910, a German physician invented a new drug (salvarsan) based on arsenic, which was then slowly improved (neosalvarsan). Although they brought considerable progress (as well as that brought about by bismuth in 1921), it was only by the end of World War II that penicillin and sulfanilamides provided a totally effective cure for all VD.\(^6\)

In Europe, prostitution was very early associated with the diffusion of VD, especially after the spread of syphilis all over the continent in the fifteenth century.\(^7\) Nevertheless, no serious effort was made to control prostitution, socially and medically, before the nineteenth century when it became the target of various policies aimed at its regulation. The impetus to that movement was given by the medical community which saw the ‘venereal peril’ as the most dreadful threat for the future of humanity. In all European countries, more or less severe sets of laws or regulations were adopted by local or national authorities. They subjected prostitutes to discriminatory forms of police and sanitary controls, denying them the basic legal protection other citizens enjoyed.\(^8\)

In China, the first writings by Western physicians do not convey a similar apocalyptic image. Prostitution as well as VD are both mentioned, but no explicit relation is established between the two phenomena, if we except the case of Hong Kong and Shanghai where Westerners introduced the first

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\(^{25}\) ‘I have myself seen more than one man die of mercury poisoning from the injudicious administration of crude mercurial salts, and others leave the hospital after losing all their teeth from the same cause’. Maxwell, ‘A Century of Medical Missions in China’, *CMJ*, 39 (1925), 641.


experiments of a sanitary control of prostitution as early as 1857 and 1876 respectively. The first studies on VD are always discussed in rather technical terms. Scattered testimonies on the problems of VD, often in impressionistic terms, are also to be found in missionaries’ memoirs, but they do not form an articulated and public discourse. Outside its own cultural context, the small Western medical community was not able or willing to mobilize public opinion on this issue. In short, China remained immune to Western ‘syphilophobia’.

II. Medical Journals in China

From their practice of medicine in China, medical missionaries soon felt the necessity to communicate with each other and to share their experiences. They wished to promote Western medical knowledge and to facilitate their own work by avoiding unnecessary ‘trial and error’ experiments. They also had in mind the idea of contributing to a better knowledge of diseases prevalent in China.

This urge gave birth to several initiatives, the most fundamental step being the establishment of the China Missionary Medical Association in 1886 and the creation of a review, the China Missionary Medical Journal. Published as a quarterly on its inception, it became a bi-monthly in 1905, then a monthly journal in 1923. Meanwhile it had changed its name to China Medical Journal (CMJ). This publication is a fascinating source for the study of numerous health issues in China in spite of some obvious limitations that I shall discuss below.

Western physicians in China also felt the need for assistants to help them and to take over the heavy burden of medical work in China. In this field too, progress was slow for lack of human and material resources. As a first palliative, a form of apprentice system was adopted. Later on, when it became obvious that such an arrangement would never suffice, medical schools were established to train physicians and nurses, and to translate fundamental medical works

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30 Urged by Sir Robert Hart, the Chinese Customs started to solicit regular reports from the Western physicians posted all over China. These reports were published every six months in the Customs Gazette, later known as Medical Reports. A first synthesis of these reports was published by C. A. Gordon in 1884. In their contributions, physicians usually described the general health situation in their respective areas, with an emphasis on the most common diseases. In spite of their value as indicators of sanitary conditions in China, these reports fall short of a real attempt to systematically collect data in a homogeneous form. Statistical data are often limited to foreigners.

Customs Gazette (Customs Press, 1871–1878), renamed Medical Reports (China Imperial Maritime Customs, 1878–1910); C. A. Gordon, An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Customs Service (from 1871 to 1882) (London, 1884).

31 Wong and Wu, History of Chinese Medicine, pp. 466, 565. I have only had access to the CMJ for the years 1887–8, 1891, 1892–5, 1896, 1897–8, 1913, 1916–18, 1919–51.
into Chinese. Bright trainees were sent abroad to study medicine in Europe or America.\textsuperscript{32}

In the course of time, these Western-trained Chinese physicians came to form a relatively large community that soon numerically superseded that of their former teachers. They were mostly concentrated in urban centres, as most missionary physicians were.\textsuperscript{33} The emergence of a Chinese medical community not only meant a quantitative shift, but also a qualitative change in attitudes towards socio-medical issues. The new group of modern Chinese physicians was probably less inclined to mix personal religious belief and medical practice, even if many of them had received their education from missionary institutions. Such an evolution is clearly perceptible in the CMJ's approach to such tricky questions as VD and prostitution. It was even more obvious in the decision to set up a new professional organization.

Since the beginning of the twentieth century, Chinese physicians had felt the urge for a common organization to defend the interests of the profession, to promote high medical standards (against both quack and traditional medicine), and to assert themselves in the Chinese medical world.\textsuperscript{34} In February 1915, Chinese physicians founded the National Medical Association, which was followed eight months later by the launching of a review, published in English and Chinese, the \textit{National Medical Journal of China} (NMJ). For almost two decades, the NMJ was a challenger (in a positive sense) of the famous CMJ, although both served the same ends, the spread of medical knowledge. A cursory glance through these two reviews reveals that their contributors used to read and draw on both for their information. Nevertheless, a limited readership on medicine could hardly support two journals. In the face of growing financial difficulties, the NMJ and the CMJ decided to merge in 1932 and to continue publication under one name, the \textit{Chinese Medical Journal}.\textsuperscript{35} The move was facilitated by the secularization process in both the Chinese Missionary Medical Association and the CMJ, whose missionary character faded away after the 1920s.

The largest number of the articles published were reports by individual physicians about the features and treatment of specific diseases and on locally-


\textsuperscript{33} In 1935, 55 per cent of all modern-trained physicians were located in three provinces, Jiangsu, Zhejiang and Guangdong. Shanghai was the best endowed city with 22 per cent of all practising physicians. Another quarter was concentrated in Liaoning, Hebei, Shandong, Jiangxi, Anhui and Hunan. This left little for the rest of China (Lucas, \textit{Chinese Medical Modernization}, p. 70).

\textsuperscript{34} Until 1913, Chinese physicians were excluded from the CMMA, even when they had graduated from missionary medical schools. Only those trained abroad were admitted to membership. Lucas, \textit{Chinese Medical Modernization}, p. 47.

collected quantitative medical data. Each used to write in their own style and to elaborate statistics in their own way. Therefore, even for the same diseases, comparisons are rarely possible. In spite of these shortcomings, individual articles often offer a good qualitative assessment of a variety of health-related problems (female fertility, abortion practices, etc.) which concern historians and other social scientists. Of course, some diseases were more studied than others,—such as leprosy, venereal diseases, tuberculosis—because they were extremely prevalent in China. These articles, however, seem to give a fairly accurate idea of health conditions in China and a larger use could be made of these medical journals for the study of social issues in China.

Nevertheless, we should keep in mind the fragility of the data collected in the many surveys on VD published in the CMJ and the NMJ. As noted above, they were written by individual physicians, with no clear or standard methodology and no attempt at reproducing the same experiences using the same criteria to provide really comparable studies. The data are necessarily biased by a great variety of variables: reference group of population (hospital out- and in-patients, soldiers, prostitutes, etc.), method of testing (routine or unique control, blood test or clinical examination). Therefore, the extreme discrepancies which appear among the different studies should not be surprising. These difficulties do not, however, constitute a case against their careful use as an historical source on VD in China.

III. VD in China: A Major Public Health Problem

The problem of VD did not emerge in medical reviews as an important topic of scientific discussion before the early twenties, when prostitution became the focus of many publications and movements aiming at its suppression. On the one hand, the May Fourth movement (1919) had given birth to much debate on the condition of women in China. The miserable fate of prostitutes, taken as the most obvious form of female oppression and degradation generated a flurry of articles in women’s periodicals and in the general press. Lengthy papers, even special issues were devoted to this problem. On the other hand, missionaries in China and their Chinese converts launched many active campaigns aimed at suppressing prostitution following the puritanical revival among protestant organisations in the United States and Great Britain during that period.

The CMJ had earlier published two articles, one by Dr Hodge in 1907 and one by Dr Maxwell in 1913. In their contributions, neither physician went into great detail about VD in China. Their first concern was to denounce the

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36 I cannot analyze here the content of this voluminous literature (which should include popular fiction) which forms a large part of the discourse on prostitution in China. It is dealt with in Ch. Henriot, ‘La prostitution à Shanghai aux XIXe—XXe siècles (1849–1958)’, thesis (doctorat d’état), E.H.E.S.S., 1992.
TABLE 1. Chronology of the articles on VD by the CMJ and NMJ*

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1917</td>
<td>1</td>
<td>1924</td>
<td>2</td>
</tr>
<tr>
<td>1919</td>
<td>1</td>
<td>1925</td>
<td>2</td>
</tr>
<tr>
<td>1920</td>
<td>2</td>
<td>1927</td>
<td>2</td>
</tr>
<tr>
<td>1921</td>
<td>4</td>
<td>1928</td>
<td>1</td>
</tr>
<tr>
<td>1923</td>
<td>2</td>
<td>1929</td>
<td>3</td>
</tr>
</tbody>
</table>

* Only articles containing case studies are included here—technical articles on treatment or testing methods are excluded.

appalling ignorance of . . . scientists in the West about diseases in China. Maxwell was shocked by the common views held by 'leading syphilologists', who used to consider that 'only a mild form of syphilis is met with among the Chinese'. These two articles were a confirmation that syphilis and other venereal diseases were not only present in China, but that they were already a serious problem. Maxwell noted that hereditary syphilis was frequently met with among young Chinese.

Apart from these two benchmark articles, 'syphilology' seriously appeared only after 1919. Out of a total of twenty-eight articles, thirteen were published between 1919 and 1925, at a time when many great cities in China (Shanghai, Tianjin, Guangzhou among others) were the place of vigorous 'purity campaigns' by Protestant missionaries and organizations and when prostitution became a major topic of discussion in the press, especially in women's journals. There is an obvious convergence between these two trends. A second surge was noticeable in 1929–30. It was related to a new interest in this subject following the Nationalist government's prohibition of prostitution in China.

It should be noted, however, that if physicians often took the lead in, or largely contributed to, movements aiming at the control of prostitution and reduction of VD in Western countries, in China they merely reacted to the mobilization of public opinion and never assumed the role of opinion leaders, even if their writings were used to support such movements. In the CMJ, the relative outburst of articles on VD during the years 1919–25 was related to the strong influence of medical missionaries and their Protestant values on the editorial board of that journal. Among Chinese physicians, the protest movement against prostitution also caused some reaction, but the effects were

37 James L. Maxwell was the author of the first treatise on diseases in China, Diseases in China (Philadelphia), in 1910. Several up-dated editions were published at least up to 1930. Maxwell was rejoined by another long-time medical practitioner in China, H. S. Gear who published his First Epidemiological and Morbidity Survey of China (Shanghai) in 1935.


39 These 'purity campaigns' were an extension of similar movements in the West, especially in the United States.

40 On the role of physicians in the West, see Corbin, Les filles de noces; Quetel, Le mal de Naples.
much weaker if we consider this by reference to the NMJ’s contribution (four articles) to this debate. Most contributors, as I indicate below, placed the blame for the spread of VD on the ‘social evil’ and advocated setting up various modes of control and regulation.

The figures presented in Table 2 hardly enable us to formulate any definite judgement about the prevalence of venereal disease in China. Only syphilis, the most serious one, is presented here since it was at the centre of most of the studies published in the CMJ and the NMJ. This does not mean that other venereal diseases were negligible.

These articles are fairly representative: they cover most of the Republican period before the Sino–Janapese war, and all the major coastal regions of China (north, north-east, central, south) are included. I am aware that biases may exist since most studies come from large port-cities. It should be noted, however, that even in smaller cities (Suzhou, Shantou, Jinan, Niuizhuang [Newchang]) figures are similar to the average. Quite interestingly, Shanghai is the locus of only two of these studies, in spite of the large prevalence of venereal diseases among its population and of the debates this situation had generated among physicians, social reformers and the local authorities. To interpret these data it is necessary to divide them into two main groups, general studies and case studies.

In the general studies, figures indicate the percentage of hospital patients classified as syphilitics upon their first admittance (primary diagnosis) after a simple clinical examination. This means that patients admitted, say for heart problems, would not appear as syphilitics even if further serological tests proved that they were infected, since heart disease would be inscribed in the hospital register as the cause for admittance into the hospital. In these studies, therefore, the number of syphilitics as a percentage of the whole population is probably underestimated. The average figure for syphilitics is around 6–8 per cent of all hospital patients, locally or nation-wide. An extrapolation from these figures to China’s population—a doubtful exercise at this point—would give 30 to 40 million syphilitics in the early 1930s for the whole country.

Case studies provide different estimates. They can be divided into two subgroups. In the first one, routine serological tests were made on all patients of a hospital for long or short periods of time (from a few weeks to several years). Although the method of systematic blood tests is more reliable, the final result is not necessarily more accurate. As mentioned in these studies, ‘the existence of previous (syphilitic) infection predisposes to other diseases’ (skin, eyes, rheumatism, etc.) which will prompt people to go to hospital for treatment. Therefore, syphilitics are bound to be overrepresented, as a percentage of the population, among hospital patients. In Table 2B, figures vary from a low 13.5 per cent to a high 50 per cent. The study of Snell (1930), which was done on 6000 patients over a period of 10 years, or that by Pfister (1930) may be closer to reality: they give 21.1 per cent and 22 per cent respectively (i.e. one out of five Chinese), still a very high figure.

The second subgroup includes all the studies that took a particular group of
**TABLE 2. The prevalence of syphilis in China**

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Place of survey</th>
<th>Reference group</th>
<th>Number of patients</th>
<th>Percentage of syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hedblom</td>
<td>1917</td>
<td>China</td>
<td>general in-patients</td>
<td>—</td>
<td>21.0%</td>
</tr>
<tr>
<td>Lennox</td>
<td>1919</td>
<td>—</td>
<td>—</td>
<td>4,000</td>
<td>6.9%</td>
</tr>
<tr>
<td>Tsen</td>
<td>1920</td>
<td>Beijing</td>
<td>medical patients</td>
<td>1,636</td>
<td>41.8%</td>
</tr>
<tr>
<td>Lennox</td>
<td>1923</td>
<td>China</td>
<td>general in-patients</td>
<td>35,525</td>
<td>8.4%</td>
</tr>
<tr>
<td>Lennox</td>
<td>1923</td>
<td>—</td>
<td>general out-patients</td>
<td>57,242</td>
<td>61.1%</td>
</tr>
<tr>
<td>Oldt</td>
<td>1923</td>
<td>Guangzhou</td>
<td>general patients?</td>
<td>1,044</td>
<td>16.0%</td>
</tr>
<tr>
<td>Tyau</td>
<td>1924</td>
<td>Shanghai</td>
<td>skin diseases</td>
<td>(?)5,000</td>
<td>2.7%</td>
</tr>
<tr>
<td>Heath</td>
<td>1925</td>
<td>Jinan</td>
<td>gynaecologic clinic</td>
<td>2,837</td>
<td>2.5%</td>
</tr>
<tr>
<td>Wu</td>
<td>1927</td>
<td>Manchuria</td>
<td>general patients</td>
<td>—</td>
<td>6.4%</td>
</tr>
<tr>
<td>Wu</td>
<td>1927</td>
<td>Niuzhuang</td>
<td>general patients</td>
<td>—</td>
<td>13.5%</td>
</tr>
<tr>
<td>Heimburger</td>
<td>1927</td>
<td>Shandong</td>
<td>dermatology</td>
<td>—</td>
<td>57%</td>
</tr>
<tr>
<td>Gear</td>
<td>1935</td>
<td>China</td>
<td>general patients</td>
<td>248,722</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**B. Case studies**

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Place of survey</th>
<th>Reference group</th>
<th>Number of patients</th>
<th>Percentage of syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korns</td>
<td>1920</td>
<td>Beijing</td>
<td>domestic servants</td>
<td>400</td>
<td>11.0%</td>
</tr>
<tr>
<td>Tsen</td>
<td>1920</td>
<td>Beijing</td>
<td>domestic servants</td>
<td>461</td>
<td>11.9%</td>
</tr>
<tr>
<td>Korn</td>
<td>1921</td>
<td>Beijing</td>
<td>domestic servants</td>
<td>713</td>
<td>11.0%</td>
</tr>
<tr>
<td>Snell</td>
<td>1921</td>
<td>Suzhou</td>
<td>general patients</td>
<td>752</td>
<td>39.0%</td>
</tr>
<tr>
<td>Sia</td>
<td>1921</td>
<td>Beijing</td>
<td>medical patients</td>
<td>502</td>
<td>23.9%</td>
</tr>
<tr>
<td>Tso</td>
<td>1923</td>
<td>Beijing</td>
<td>hospital employees</td>
<td>953</td>
<td>8.0%</td>
</tr>
<tr>
<td>Tsang</td>
<td>1925</td>
<td>Shanghai</td>
<td>GU patients</td>
<td>1,797</td>
<td>30.0%</td>
</tr>
<tr>
<td>Lai</td>
<td>1928</td>
<td>Shantou</td>
<td>soldiers</td>
<td>310</td>
<td>21.9%</td>
</tr>
<tr>
<td>Lai</td>
<td>1929</td>
<td>Shantou</td>
<td>general patients</td>
<td>420</td>
<td>13.5%</td>
</tr>
<tr>
<td>Koo</td>
<td>1929</td>
<td>Suzhou</td>
<td>general patients (?)</td>
<td>2,570</td>
<td>22.2%</td>
</tr>
<tr>
<td>Pfister</td>
<td>1930</td>
<td>Beijing</td>
<td>general in-patients</td>
<td>6,300</td>
<td>22.0%</td>
</tr>
<tr>
<td>Snell</td>
<td>1930</td>
<td>Suzhou</td>
<td>general in-patients</td>
<td>3,000</td>
<td>21.1%</td>
</tr>
<tr>
<td>Snell</td>
<td>1930</td>
<td>Suzhou</td>
<td>general out-patients</td>
<td>708</td>
<td>50.9%</td>
</tr>
<tr>
<td>Lamson*</td>
<td>1931</td>
<td>Suzhou</td>
<td>general patients (?)</td>
<td>1,945</td>
<td>21.3%</td>
</tr>
<tr>
<td>Lamson*</td>
<td>1932</td>
<td>Beijing</td>
<td>blood donors</td>
<td>1,113</td>
<td>22.2%</td>
</tr>
</tbody>
</table>


Population as its target. These people, on whom blood tests were performed, were supposedly healthy persons (domestic servants, blood donors, soldiers). In this case too, results are strongly biased. These people were mostly urban residents or had regular contacts with city life, even if they came from the countryside. We can also assume that domestic servants and blood donors belonged to the lower strata of society. They lived alone—bachelors and married men alike—and patronized lower-class prostitutes; furthermore, they
did not possess the resources to get adequate medical treatment when sick. As to soldiers, even if the author indicates that the soldiers he tested had been admitted to the hospital because of the wounds received in battles (and not for physical disorders which could have been caused by VD), they can hardly be considered a representative group of the whole population.\footnote{D. Lai and Chang Tsze Shun, 'Syphilis and Prostitution in Kiangsu', \textit{CMJ}, 44 (1930), 558–63.} Soldiers were regular patrons of lower-class brothels. The figures vary from 11 per cent (domestic servants) to more than 20 per cent (blood donors, soldiers), a result that was similar to that of the first subgroup.

The fragility of all the studies presented in Table 2 should not invalidate them as measures of the prevalence of syphilis in China. An accurate estimate will probably never be possible. At most, we can suggest a fair assessment of the problem. If general hospital data tend to underestimate the number of syphilitics among their patients, the surveys based on routine blood tests have the opposite effect. The truth must be in-between. Given the relative coherence within each group of studies, an educated guess would put the right figure between ten per cent and fifteen per cent of the urban population.\footnote{A fairly good indication of the prevalence of syphilis and other venereal diseases in cities is the large number of medical advertisements about this issue in the press. On the Shanghai case, see Huang Kewu, 'Cong Shen Bao yiyao guanggao kan min chu Shanghai de yiliao wenhua yu shehui shenghuo, 1912–1926' [The Medical Culture and Social Life in Shanghai: A Study Based on the Medicine Advertisements in \textit{Shen Pao}, 1912–1926], \textit{Jindaishi yanjiusuo jikan} [Bulletin of the Institute of Modern History, Academia Sinica], XVII, II (1988), 141–94.} Syphilis was certainly more present in urban than in rural areas, but the numerous wars that plagued China after 1911 widely disseminated the disease all over the country.\footnote{This is the opinion of many physicians. It is also one of the main findings of Gear's 1935 compilation of hospital statistics from all over China. The average number of syphilitics among hospital patients is about the same. It should be noted that China's ethnic minorities had very high rates of infection. H. S. Gear, 'The incidence of Venereal Diseases in Hospital Patients in China', \textit{CMJ}, 49 (1935), 1122–35. On China's minorities, see G. E. King, 'Kansuh and its Diseases', \textit{CMJ}, 39 (1925), 19–22; W. Crawford 'Syphilis in West China', \textit{CMJ}, 44 (1930), 1129–31; J. Horn, \textit{Away With All Pests: An English Surgeon in People's China: 1954–1969} (London, 1971), p. 85 and photographs; Xingbing zai Zhongguo [Venereal diseases in China] (Beijing, 1990), p. 11.} A Western physician estimated the total number of syphilitics at 20 million in 1937.\footnote{Ch. N. Frazier, 'The Prevention and Control of Syphilis', \textit{CMJ}, 51 (1937), 1043–6.} I tend to think that 30 to 35 million is a fair evaluation.\footnote{According to the surveys made in the 1950s in various parts of China, syphilitics represented 3 per cent to 5 per cent of the population in rural areas, 10 per cent or more in urban areas, and 20 per cent to 38 per cent among some ethnic minorities. Xingbing zai Zhongguo, p. 4.}

As to gonorrhea and other venereal diseases we know even less about them than about syphilis. For both men and women, their physical consequences were not as dramatic or painful; for women, it could even go unnoticed. Furthermore, there was no such efficient treatment for gonorrhea or soft chancre as for syphilis. In short, the persons infected with such diseases did not feel the same urge as syphilitics to go to a hospital or a dispensary in order to receive medical treatment. This statistical weakness, however, tends to obscure the more prevalent nature of gonorrhea and other venereal diseases in China.
TABLE 3. Percentage of gonorrhea among hospital patients

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</thead>
<tbody>
<tr>
<td>Hedblom</td>
<td>1917</td>
<td>14.0%</td>
<td>Heath</td>
<td>1925</td>
<td>21.5%</td>
</tr>
<tr>
<td>Lennox</td>
<td>1919</td>
<td>22.2%</td>
<td>Wu</td>
<td>1927</td>
<td>14.8%</td>
</tr>
<tr>
<td>Korns</td>
<td>1920</td>
<td>0.8%</td>
<td>Gear</td>
<td>1935</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

These figures are even more impressionistic than those on syphilis because several of them are mere estimates (Hedblom) or based on the patients’ own testimony (Lennox). The two most methodologically accurate surveys are those given by Wu and Heath. The first one represents the number of patients (men and women) infected with gonorrhea in Niuzhuang (Newchang) hospital (Manchuria). The second comes from an eight-year study in a gynaecological clinic (Shandong). Apart from those women who registered because they were sterile—mainly as a result of a VD infection—most women came to the clinic because they were pregnant. Thus, they can be viewed as a fairly representative group of the whole female population. According to Heath’s figures, one woman out of every five was, or had been infected with gonorrhea, a much higher figure than for syphilis. The large prevalence of other venereal diseases is confirmed by a study of the annual returns to the VD Clinic in Shanghai. Over the years 1923–40, the yearly number of new cases for syphilis was 147, whereas it was 320 for gonorrhea and 212 for other diseases.\(^{46}\) Whatever the right figure, gonorrhea and other venereal diseases were undoubtedly more widespread than syphilis.

Who were the groups in the population infected by these diseases? In the 1920s and 1930s, many contributors to medical reviews tried to offer socio-medical studies rather than just scientific analyses of the VD problem. On the basis of this information, I shall present a tentative sociological study of VD patients in China.

Not surprisingly, men come largely ahead of women among those infected with syphilis. There was an average proportion of 70/75 per cent male patients for 25/30 per cent female. Women are probably underrepresented since they were less inclined than men, for social and medical reasons, to go to hospital.\(^{47}\) Besides, the diagnosis of venereal diseases was easier in males than in females. Estimates of the percentage of male syphilitics among the whole male population (14.8/15.7/23.2/42 per cent) was always higher than that of female syphilitics among the whole female population (12.8/8.2/16.24 per cent). According to

\(^{46}\) **Municipal Report** (Shanghai Municipal Council, Kelly and Walsh, 1923–1940).

\(^{47}\) Almost 60 per cent of all hospital out-patients and 57 per cent of in-patients in China were men. They represented 67 per cent of surgical patients. Lennox (1932), pp. 495–6. Even to-day, Chinese women are reluctant to go to a hospital when they get a disease affecting sexual organs. *Xingbing zai Zhongguo*, p. 180.
physicians, it seems that most women contracted the disease from their husbands.48

Age is another important variable. Few people under 20 appear in medical statistics (11.4/14.7 per cent). This may be an indication that active sexual life began rather late at that time in China.49 Moreover, many of the younger patients had congenital syphilis, as I shall discuss below. Actually, the most common age group—the mode—is formed by those aged 25–39 (57/62 per cent). In all studies, it always appears with the highest rate of infection (20/35 per cent). This is not surprising since it corresponds to the period of greater sexual potency for men. More worrying is the fact that many, not to say most, did not receive adequate medical treatment. Since the degree of contagion of VD remains very high for years (especially the first three to five years), they often were infected before or during their married life and not infrequently transmitted the disease to their wife. Although less numerous, patients over 40 represent almost one-third of all syphilitics. Those over 50 are also present, which confirms that VD often remained untreated.50 In the absence of more reliable data, one should also consider the possibility that the disease was recrudescent after an unsuccessful treatment or natural remission.

An analysis in terms of matrimonial status shows that marriage was not a protection against VD. In my data, married men represent the largest group among VD patients with the highest rates of infection. Therefore, the promotion of early marriage, as suggested by many commentators, was not the solution to this problem. Although distance from home was clearly a factor, as one study shows (those working furthest away from home had the highest rate of infection), it seems that even when accompanied by their family, married men continued to have extramarital sexual relations, mostly with prostitutes.51 The consequences were dreadful for women and children.

Professional occupations are often indicated in our surveys. Two groups


49 Another part of the explanation could also be that young people (mostly teenagers) dared not go to hospital or see a physician when infected with VD.


come ahead of all the others in terms of number (8/25 per cent) and of rates of infection (30/48 per cent): merchants and soldiers. The lifestyle of merchants exposed them more than others to VD. Their occupation induced them to travel a lot and to stay out of town for weeks or months. Even when they stayed in their home-town, merchants often used to conclude business deals by a banquet in a brothel or in the company of singing-girls. The same can be said of soldiers. The whole Republican period was marked by continuous strife and wars between competing warlords. Their armies were always on the move from one city to another. In many cases, their undisciplined soldiers were left to themselves. Gambling, opium-smoking and whoring were their favourite leisure activities. As most frequented lower-class brothels, they soon became diseased. A study has shown that after one year of service, a soldier could hardly escape being infected. And in the absence of treatment, those soldiers soon became the main vectors of VD all over China, even in the countryside where most of them came from, and returned to, after their term in the army.  

Policemen, military officers and the like also had high rates of infection. It was a serious problem since it regularly incapacitated many of them and thus weakened the efficiency of the police forces. In Shanghai, the first VD clinic was established for the use of the municipal police agents, free of charge. Those without a specific occupation are the third largest group with very high rates of infection among syphilitics. It is a meaningless entity, however, since it includes very different categories, from vagrants and unemployed people to women (classified as ‘housewives’ in other studies). Professionals, teachers, clerks, and students are the least numerous groups, those with the lowest rates of infection. In between, we find peddlars, domestic servants and craftsmen. Coolies and rickshaw-pullers do not usually represent a large group among VD patients (2.5/8 per cent), but their rate of infection is quite high (22/44 per cent). I would suggest that with their very low income, they could hardly afford the expense of a prostitute on a regular basis, or of medical treatment when infected.  

Paradoxically women were a much exposed group. Their inconstant husbands often brought back an infection from their escapades in brothels. Although my data on women are not very detailed, it is clear that most female patients were married women. In one study, they even represent 94 per cent


of all female syphilitic patients. From what we know of the condition of women in China, it is inconceivable that this would result from unbridled extraconjugal sexual activity. Except when they went to a hospital for other reasons, or when their infection became really painful, most of these women did not realize that they had contracted VD. Even when they felt some unease, they would go to a traditional doctor. Therefore, they remained contagious and, when pregnant, often transmitted the disease to their children as well as suffering from the problems of sterility or miscarriage. No study has been published on this particular problem. Maxwell had noted in 1913 that a large number of young Chinese were syphilitic. For another author, children—all with a hereditary syphilis—represented almost 5 per cent of all syphilitics. This is also true of gonorrhea which caused irreversible blindness among newborn infants when not treated immediately.

The most common means for the diffusion of VD, especially of syphilis, was through sexual contact. Since diseases usually went untreated, persons infected remained contagious for many years, and during the most acute phases of the disease (syphilis), a simple cutaneous contact was enough to run the risk of transmitting syphilis. In China, physicians noted that the particular customs of the Chinese contributed to the transmission of disease in many innocuous ways, such as the use of chopsticks to pick up food from a common dish or, among the poor families, the use of the same towel by everyone.

Modern medicine was not powerless against VD. Treatments did exist, even if they did not always totally cure the patient. But when correctly treated, a person was no longer contagious. The CMJ published several articles on new testing methods and new treatments. Access to these treatments, however, was limited to hospitals or private practitioners in urban centres. Some doctors made a fortune from injecting solutions of arsenical preparations (the famous '606' or salvarsan, and later '914' or neosalvarsan), but many people could not afford such expense. They usually turned to quack doctors or Chinese traditional physicians who were unable either to cure, or 'sterilize,' their disease. Treatment was long and not very pleasant. Many people gave up before the end of the successive and necessary courses of injections. Heimburger

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55 Oldt, 'Purity Campaign'.
56 F. Heath attributes 60 per cent of sterility cases to gonorrhoea. Heath, 'Review of Eight Years' Work'.
57 Heimburger, 'The Incidence of Syphilis'.
58 Although adequate treatment (silver nitrate) did exist at that time, it was often not known nor available to those concerned. Gear, 'The Incidence of Venereal Diseases'; Fearn, My Days of Strength, p. 5.
60 Wu, Lien-teh, 'The Problem of Venereal Diseases in China', CMJ, 41 (1927), 28–36. In many instances, poor hospital patients did not receive the more recent and efficient treatment. They were given the cheaper injections of mercury oil or salt. Snell, 'Report of Routine Wassermann Tests'; Heimburger, 'Dermatology'.

showed in 1927 that 96 per cent of the cases he had met in his clinic had never received adequate treatment although the patients had been infected for years.  

From the preceding discussion, it appears that VD in China represented a much more serious problem than in the West at the same period. Venereal diseases were one of the most urgent and important health problems in China. According to one study, it was the third most important disease in causing fatalities, superseding tuberculosis, and it ranked first among communicable diseases. The prevalence of VD, and the lack of facilities for treatment, certainly created conditions for a high rate of reproduction and expansion of the disease. Venereal diseases were not an insuperable problem, as Western countries have demonstrated after World War I. The development of a network of free VD clinics and vigorous educational campaigns during the inter-war period contributed to a sustained regression of VD in those countries.

The absence of a central apparatus in China during most of that period was a basic impediment to any work in preventing VD and other diseases. In 1923, a Western physician explained the final failure of a ‘purity campaign’ in Guangzhou by the recurrent political upheavals that prevented any sustained and coherent effort against VD and prostitution. Describing the policies adopted in Czechoslovakia, he lamented that the lack of any central authority in China prevented the application of similar measures. This was a real problem. After 1927, when the National government was established, health problems remained at the bottom of its agenda and little more was accomplished than during preceding decades.

IV. Prostitution and VD: The Medical Discourse

In Chinese medical reviews, prostitution was either treated for itself, as the central theme of articles, or simply mentioned as a relevant element in the spread of VD. But in both cases, there was a noticeable evolution of the dominant discourse on these phenomena and on the means to combat them. Although physicians had perceived very early the prevalence of VD in China, they did not reflect on it much before the 1920s when, outside the medical community, different organizations tried to mobilize public opinion to fight prostitution and its ‘attending evil’, VD. The missionary origin of the CMJ and the personal religious involvement of many physicians may explain the moral overtone of the review up to the early 1920s. But later on, a growing secularization process altered the CMJ’s perspective.


— Although venereal diseases were a serious problem in Europe after WWI, statistical data were highly inflated and unreliable. They served mainly to give more arguments to the proponents—physicians—of strict measures of sanitary control. On the French case, see Quetel, Le mal de Naples, pp. 247–52.


— Oldt, ‘Purity Campaign’.
Before I turn to the analysis of the discourse of physicians on these issues, I shall examine the relevance of the accusations made against prostitution as the cause of all evils and the hotbed of VD. Three surveys were published in the CMJ on the health condition of groups of prostitutes. The first one, which dealt with 137 prostitutes from Shanghai, Nanjing and Suzhou in 1930, revealed that half of them were infected with syphilis. In a later study (1948) on 876 lower-class prostitutes of Beijing, Dr Chu showed that within a short span of time any prostitute was bound to contract VD (in this case gonorrhea). Check-ups were made at weekly intervals for 41 days. All the girls examined more than four times were found to be diseased, the average rate being 89 per cent. The same year, a similar survey was made among 576 prostitutes and 95 dancing girls in the port of Qingdao. Although rates of infection differed, prostitutes (80 per cent) being more frequently diseased than dancing girls (60 per cent), the survey confirmed their very high prevalence of syphilis.

The number of prostitutes surveyed is quite small and may not be representative of the general picture. In the case of Beijing, the group was large, but included only the lower class of prostitutes, those exposed to more frequent sexual relations and to venereal infection. Nevertheless, these studies, in spite of their shortcomings, do show that a large proportion of prostitutes were infected with VD, especially syphilis. In a sociological study of the condition of prostitutes in Beijing, Mai Qianzeng examined the medical reports of the police and discovered that over one year (1928–9), almost 20 per cent of all prostitutes, whatever their class, had been infected, either by syphilis (5.5 per cent), gonorrhea (80 per cent), or another venereal disease (14.5 per cent). These figures are probably an under-estimate since only a clinical examination was performed. In Shanghai, a two-year control (blood tests) over 4970 prostitutes during 1946–7 revealed that two-thirds had contracted VD. Syphilis represented 2954 cases (of which 2831 were in the third stage of the disease) and gonorrhea 707 cases.

What these statistics show is that most Chinese prostitutes were in an appalling state of health. Brothelkeepers used them to the very end, so long as the disease could be hidden by various artifices, and then just got rid of them. Brothels usually did not have the most basic hygiene facilities for the convenience of the girls or clients. It is not surprising then to find such high rates of infection. Moreover, prostitutes could hardly afford to receive medical treatment. They were economically dependent on their ‘owners’ who, except

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65 All the prostitutes of the three surveys were women regularly employed in brothelhouses. In Lai’s study, the women were visited in refuges. D. Lai and Chang Tsze Shun, ‘Syphilis and Prostitution in Kiangsu’, CMJ, 44 (1930), 558–63.
68 Mai Qianzeng, ‘Beiping changji diaocha’ [Survey of Beijing Prostitutes], Shehui xuejie [Sociological World], 5 (1931), 105–46.
in higher class establishments, would rarely consider spending money for medicine. When they did, the girls were sent to a Chinese traditional doctor who was unable to treat them efficiently. Indeed, Chinese prostitutes seem to have been what an inspired French physician called ‘mitraillettes à treponèmes’ (bacterial machine-guns).  

Given this reality, how were prostitutes perceived by the medical community in China? As noted above, discussion on this issue started only with the launching of ‘purity campaigns’ by Protestant organizations in large cities and with the publication of numerous articles on the condition of women in the press. In one of the first texts published by the *CMJ*, it was suggested only that prostitution could be the cause of a higher frequency of VD among married men living far away from home. The same year, however, an article by a Chinese zealot denounced prostitution which had ‘always been discountenanced and condemned in China’, and prostitutes who had traditionally been ‘branded as social outcasts’. He did not refer to the medical aspects, however, except to say that the ‘606’ (salvarsan) gave a false security to patrons of brothels. In a subsequent editorial, the *CMJ* recalled that prostitution was a moral and spiritual problem to be fought against directly. The journal asserted that the Association and its members had not paid enough attention to this issue, although as physicians and missionaries, it should be their first concern. The *CMJ* concluded its editorial with a call to its readers to follow the path of the Moral Welfare League in Shanghai. This organization, founded in 1915, had just succeeded in having all the brothels closed by the municipal authorities of the International Settlement.

In 1921, the VD-prostitution link was once again the centre of an article in the *CMJ*. The Shanghai Municipal Council had invited the representatives of the British National Council for Combating VD to come to Shanghai to make an assessment of the situation and to present a report to the Council. The conclusions of the delegates were nothing new. They only reproduced the proposals of the 1916 final report of the British Royal Commission. The following year, the *NMJ* reproduced a China-wide survey on prostitution

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71 Korns, ‘An Examination of Domestic Servants’ and ‘Further Statistics’.
73 ‘Editorial’, *CMJ*, 34 (1920), 635-7: ‘As missionaries . . . we cannot but feel that only the redeeming power of Christianity is capable of coping effectively with the social evil in all its ramifications’.
74 Henriot, ‘Prostitution et “Police des Moeurs”’.  
75 The development of VD during WWI led to the appointment of a Royal Commission on Venereal Diseases in November 1913 to investigate the problem of VD and submit control measures. After the publication of its report in 1916, the Commission became the executive committee of the newly created BNCCVD, a voluntary organization in charge of educational propaganda on VD under the control of the ministry of Health (Peter, ‘Fighting Venereal Disease’, pp. 62, 64.)
76 It included a call to take further steps to suppress prostitution. This proposal was probably inserted under the pressure of the leaders of the Moral Welfare League, (especially the former chairman of the Shanghai ‘vice committee’, Judge Skinner Turner) who were also members of the Committee of Arrangements that organized the visit of the NCCVD’s representatives in Shanghai. (Peter, ‘Fighting Venereal Disease’.)
by missionaries in which they deplored the absence of medical control of prostitution.\textsuperscript{77} In spite of this, the five articles then written by Chinese and Western physicians, quite surprisingly, did not mention the issue of prostitution at all. They contented themselves with a strictly medical approach which was aimed at assessing the diffusion of syphilis among the population.\textsuperscript{78}

The debate on prostitution and its role as a vector for VD was reopened by a contribution by a Dr Oldt who was reporting on the ‘Purity campaign’ launched in Guangzhou in 1921–2. This campaign was entirely devoted to the suppression of prostitution which was viewed as the greatest danger for public health. Dr Oldt gave a few statistical data from hospitals to support his contention. His proposals to combat this evil were the teaching of sex hygiene in schools, a better medical control of soldiers, and the establishment of VD clinics. The main emphasis, however, was on the suppression of prostitution.\textsuperscript{79}

The same year, the CMJ reproduced a pamphlet published by the Moral Welfare League of Shanghai, which described the condition of prostitutes in that city. In its commentary, the review added that the situation in Shanghai was similar to that in most Chinese cities. It was therefore particularly useful to inform its readers on this aspect because of the large number of patients infected with VD who came to missionary hospitals. The review considered that prostitution was the principal vector of VD in China. It called once again for an extension of the action of the Moral Welfare League of Shanghai.\textsuperscript{80}

The year 1924 appears as the turning point in the CMJ’s attitude towards the issue of prostitution. An anonymous article entitled ‘The Social Evil in China’ represents, I believe, the last attempt to present the fight against prostitution as the way to solve the problem of VD. Observing that ‘in some hospitals the treatment of VD produces little effect’, the author notes that the medical missionary’s duty is ‘to heal both soul and body’ and so tell patients about ‘the spiritual and physical consequences of licentiousness’ so that they change their lives. It also considers that closing the brothels is not enough. Stronger measures such as abolishing prostitution, placing prostitutes in reformatories or homes until they got married or found a regular job, compulsory medical treatment, were seen as necessary. The author’s view still puts the weight of the responsibility for VD on the prostitutes, who are to be fought against ceaselessly.\textsuperscript{81}

Afterwards, articles focused more and more on the public health dimension of VD in China rather than on its moral or religious implications. The solution to VD was to be found in the application of scientific methods to all those concerned, prostitutes and customers alike. The medical community still tended to see prostitution as the ‘hotbed’ for VD. But it considered that no
system of sanitary control of prostitution could effectively prevent the spread of VD. Education and treatment of all those infected in free public VD clinics was seen as the appropriate method of fighting the disease. Physicians also claimed that they, not the administration, should be responsible for the management of such a programme.\textsuperscript{82} A similar view was held by the eminent Chinese physician, Wu Lien-teh, who considered that more should be done than just controlling prostitutes. Prophylactic measures would be much more efficient, especially the sale of cheap drugs, the opening of free clinics for the diagnosis and treatment of VD.\textsuperscript{83} He added that 'nation-wide health education is absolutely necessary if the present alarming incidence of VD is to be diminished'.\textsuperscript{84} Prostitutes were no longer the main target and should not be regarded as the main culprit for the spread of VD. All the population should be made aware of the danger of VD for the whole community. Everyone should take responsibility for getting the appropriate treatment if infected.

This article is symptomatic of the change of attitude within the CMJ and the whole medical community in China. It is interesting to note that the NMJ, a purely Chinese publication, did not publish many articles on the issue of prostitution and VD in China.\textsuperscript{85} The contributors to the NMJ were probably less inclined to mix their medical practice with moral or religious considerations. In a sense this was positive, although as a consequence, the whole issue of VD—obviously a serious health problem in China—was not often made the object of attention in that journal. Should we interpret this as a reflection of the Chinese traditional attitude of indifference or embarrassment towards sex and all related matters, at least in the public sphere? This may be part of the answer. As a result, no paranoia about prostitution and VD ever emerged among Chinese physicians.

During the Nanjing decade, when there was at last a kind of central government, medical doctors were more and more aware of the importance of VD in China and the necessity to fight it through nation-wide measures. Prostitution was still mentioned as a major cause, as in Dr Lai’s article on soldiers in 1928, but the author felt tests should be done systematically in the army rather than among prostitutes, although his survey among a small group of prostitutes from three cities in the Lower Yangzi area confirmed his views that the main danger came from prostitution. He fell short, however, of proposing any practical measures to eliminate this phenomenon.\textsuperscript{86} Until 1937, subsequent

\textsuperscript{82} A representative case of this new attitude is the committee on VD established by the Shanghai Medical Association. Its conclusions were published in 1924 in 'Report on the Control and Treatment of Venereal Disease in Shanghai', CMJ, Supplement, 38 (1924), 1–29; for a similar view, see also 'The Prevention and Control of Syphilis'.

\textsuperscript{83} No article nor any of the documents I had access to ever mentioned or promoted the use of condoms.

\textsuperscript{84} Wu, 'The Problem of Venereal Diseases'.

\textsuperscript{85} Up to now, I have identified only four articles, 'Commercialized vice'; Tsen, 'The Prevalence of Syphilis'; E. S. Tyau, 'The Incidence of Skin Diseases in Shanghai', NMJ, 9 (1924), 75 and M. L. Tsang, 'The Importance of Venereal Disease Clinics, with a Report of 400 cases from St Luke's Genito-urinary Clinic, Shanghai', NMJ, 10 (1925), 172–87.

\textsuperscript{86} Lai and Wang, 'Incidence of Syphilis Among Chinese Soldiers'; Lai and Chang, 'Syphilis and Prostitution'.
articles on VD all failed to mention prostitution. In 1935, Gear's tentative epidemiological survey considered that syphilis was by then evenly distributed all over the country. He attributed this situation to the wars and movements of troops that China had been afflicted with since 1911. Other testimonies from peripheral parts of the country had earlier brought an indication of the widespread nature of VD.\(^{87}\) Since the Chinese did not as a rule turn to modern medicine when infected, education obviously was the issue.\(^{88}\)

The strictly medical approach to the VD problem culminated in 1937 with a contribution by Dr Frazier who observed that syphilis was one of the major public health problems in China. He identified several sources of infection: prostitutes, child-bearing women, the former being the ‘most common’, but the latter ‘one of the most important.’ Frazier considered that ‘the control of syphilis is essentially a problem of adequate treatment: . . . emphasis must be placed on the freshly acquired syphilis, . . . early and thorough treatment remains the only reliable measure.’ He thought that every individual was concerned, not only prostitutes. All facilities should be made available for those willing to be cured, without any type of discrimination: ‘under no circumstances should [the patient] be made to feel that he is a social outcast . . . .’ VD clinics should not be set apart as an isolated unit [as this] only tends to encourage the public in developing this point of view, which is artificial and unjust.’ With Frazier's article, VD was ‘rehabilitated’ as a common disease, not a shameful one.\(^{89}\)

\[\text{Conclusion}\]

Over two decades, the position of the CMJ and the medical community on the issue of VD and prostitution changed considerably. From an outright condemnation of prostitution as a ‘social evil’, the main cause for the diffusion of VD, and of those infected as sinners hardly deserving medical treatment, medical opinion came to consider venereal diseases for what they were: a serious physical disorder for the individual and a central public health problem in China. From an emphasis on measures of discrimination against prostitutes and, to a lesser degree, their clients, physicians in China have rejoined with a slight delay the mainstream of medical thinking on this issue in the West. Does that mean there was no difference between the two situations?

In the early 1920s, the opinion of the medical community in China was strongly influenced by the moral considerations prevalent in Western countries. Nevertheless, their discourse was more the reflection of a general societal debate—largely out of touch with Chinese realities and values—than the

\(^{87}\) King, ‘Kansuh and its Diseases'; Crawford, ‘Syphilis in West China’.

\(^{88}\) Gear, 'The Incidence of Venereal Diseases'.

\(^{89}\) Frazier, ‘The Prevention and Control of Syphilis’. In spite of this common view among physicians after the mid-1920s, the Chinese government stuck to the out-dated belief that only prostitutes were responsible for the spread of VD and imposed a system of registration and medical examination as late as 1945–8. See Henriot (1988).
expression of an original and autonomous position. I have noted that Chinese physicians, in particular those who were not related to the missionary world, maintained a distance regarding the problem of VD and probably contributed to the moderation of the debate. The idea of a ‘venereal peril’, which caused a real trauma in the West in the nineteenth century and between the two World Wars, never took root in China during that period. Physicians were a very small community which did not enjoy the same social status and the same influence as in the West. Moreover, Chinese society was largely immune to the Christian notions of sin and guilt in relation to sexual matters, and the Chinese professed in general a greater tolerance toward the phenomenon of prostitution.

What is especially striking, in the Chinese case, are the limits of the medical discourse on VD and prostitution. A preliminary review of other sources (press, literary texts, etc.) tends to support the idea that at a more general level there was hardly anything similar to the prolific discourse on prostitution and VD in the West. This situation may look paradoxical since the problem of VD was actually much more serious in China than in Europe. China did not give birth to the ‘syphilophobia’ which led to the denial of legal protection to prostitutes, their arbitrary arrest and forced treatment in humiliating conditions and their greater marginalization. On the other hand, there was no real awareness of the danger VD’s represented for public health. Whereas Chinese prostitutes were constantly accused, the authorities hardly dealt with them. Male customers were, as elsewhere, generally absolved from any responsibility and no real action was ever taken to educate the owners of brothels, prostitutes, high-risk groups such as soldiers and sailors, and more generally, the population at large, on the consequences of VD and the necessity to have it thoroughly treated as soon as it was discovered.

In spite of positive initiatives here and there in China, especially in the treaty ports, nothing was done to tackle the problem of VD. As in other fields—economic development or social problems—the absence of a strong and modern state proved a major weakness. Already riven with numerous dangerous contagious diseases, China could have rid herself of this group of them, had a central authority put its power and resources to promote public health. It was another sad heritage that the leaders of the New China had to assume when the took power in 1949.

After the victory, communist authorities dealt with this issue thoroughly. Under the supervision of the Ministry of Health, systematic surveys and campaigns were launched in the whole country in the 1950s, especially in large cities and among ethnic minorities, in order to treat all venereal diseases. By 1960, new occurrences of VD seem to have been almost eliminated, except

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among some ethnic minorities, and in 1964 the PRC proudly proclaimed that VD had been completely wiped out. They were probably not far from the truth. As a consequence, the field of VD was banned from Chinese medical textbooks and from medical training. It remained a taboo subject until 1986 when the State Council decided that it was no longer possible to ignore the reappearance of VD in China.92

Today, a medically better-equipped PRC still has to overcome the difficulties generated by forty years of totalitarian rule: competent physicians and specialists in venerology are lacking; the population, especially the younger generation, is largely ignorant of sexual matters and unaware of the seriousness of venereal disease. The case of VD in pre-revolutionary China shows that the transfer of modern medical knowledge was far from being the only relevant issue. In so far as venereal diseases were an important public health problem in China before 1949 and represent again a disquieting problem, now aggravated by AIDS,93 the Chinese past experience is of particular relevance for a

92 Since the beginning of the reforms in 1979, there has been a regular increase of VD cases in Chinese cities. The authorities put the blame on foreigners (as in the past) and on prostitution (which is also viewed as a sequel of the opening of China to the outside world). There are still few hard data on this topic, but recent articles in the press and internal documents (neibu ziliao) of security and judicial organs reveal the extent of the problem and the concern of the authorities. The Ministry of Health gives the figure of 50,000 patients for 1987 (actually, the ministry states that this figure should be multiplied by five) and health officials indicate that VD is affecting rural areas of inland cities as well. In 1988, the ministry has ranked VD as one of the three most urgent diseases to be fought against. A central VD Prevention centre has been established in Nanjing, with 16 substations in 'opened' cities, to monitor the new battle against VD. Although special clinics have been set up in large cities, as in Shanghai where thirty such centres started operations in 1988, the efforts of the authorities are impeded by the hesitation of the population to go and receive treatment in such centres. Many people are afraid of being punished as in the past when VDs were considered as the proof of a disorderly conduct, and hence, as a counterrevolutionary offence. In the most recent press, a strong emphasis is put on medical secrecy and on the absolute anonymity of the patients' files. 'En Chine, recrudescence des maladies vénériennes', Le Monde, 5–6 June, 1988; 'Nationwide Sex Education Urged for AIDS Control', China Daily, 30 May, 1989; 'Wenming chufa de jinggao. Shanghai shi xingbing fangzhi zhongxin caifang ji' [Report of a visit to the VD clinic of the Shanghai municipality], 20 May, 1989, Jiefang ribao [Liberation daily]; Hong Jizheng and Xu Weihong, 'Guangzhou shi maiyin huodong de qingkuang poji ji duice de tiantao' [An analysis of prostitutional activities in the municipality of Guangzhou and a reflexion about countermeasures], Faxun (Legal newsletter), 34 (1988), 1–6; Huang Tianquan, 'Fuzhou shi maiyin piaosu huodong qingkuang ji duice de quyi' [The situation of prostitution and brothel activities in the municipality of Fuzhou and a discussion of countermeasures], Faxun [Legal newsletter], neibu ziliao [internal document], 34 (1988), 6–8; Huang Zhiming, Hu Xinxiang and Ji Wu, 'Qianxi maiyin piaosu huodong de yuanyin he weihai' [A summary analysis into the causes and harm of prostitution and brothel activities (in Zhuzhou, Hunan)], Hunan sheng gong' anting diaocha zu, neibu ziliao, 1987, 8–13; Zhang Shaoquan, 'Yanli chajin piaochang maiyin huodong' [Strictly prohibit whoring and prostitution activities], Guangdon sheng gong' anting, neibu ziliao, 1987, 2–8; Chu Hu Linfang, 'Fuzhou deng di anchang huodong qingkuang diaocha' [An investigation into clandestine prostitution activities in Fuzhou and other areas], neibu ziliao [internal document], Fujian gong'an zhuankan xueyiao, (n.d.) 13–15; Liu Qiarui, 'Dang qian nü qingnian xing zuicuo de yi ban guili' [The present rules of young female sexual delinquents], Shehuxue [Sociology], 5 (1985), 42–4.

93 Up to 1990, the Chinese authorities have officially recognized 305 cases of AIDS (of whom 59 are foreigners). This is probably only the tip of the iceberg in a country where the blood used for transfusion has come for years from abroad, until recently, untested. China also faces a drug problem: last year, there were 146 cases of AIDS among drug addicts in Yunnan. China News Analysis, 'Health Care: Old Problems and New Challenges', 1415, 1990, p. 3; Xingheng zai Zhongguo, p. 13.
better understanding of the relationship between behaviour, sexual culture, and medical work.