CHAPTER 7
PUBLIC HEALTH POLICY VS. COLONIAL LAISSEZ-FAIRE:
STDs AND PROSTITUTION IN REPUBLICAN SHANGHAI

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STDs are inseparably related to prostitution. Yet the nature of this relationship is far more complex than is generally assumed because the issue is as much about actual medical problems as about social representations of the diseases. In Shanghai, the fear of the dangers of STDs in the late nineteenth century led a group of Western physicians in the foreign settlements to call for strict regulatory measures and for the medical control of the prostitutes by the authorities. Similarly, in the 1920s the transmission of STDs by prostitutes was a central element in the abolitionist campaign launched by the Moral Welfare League. Finally, the Chinese authorities themselves adopted the same discourse after World War II to legitimize their attempt to establish a regulationist system in order to control prostitution and reduce the spread of STDs among the population. Chinese sources for the nineteenth century are almost completely silent on this topic, especially as they deal only with courtesans. The few references that exist are to be found in the medical journals published by missionaries. Because of their strong religious and moral tone and the lack of precise scientific techniques and instruments by which to identify STDs, however, these early testimonies can hardly be relied on. The following paper, therefore, will deal only with the period after the 1911 revolution. I shall briefly present the general position of prostitution and public health in China to avoid giving an unduly biased view of the Shanghai case. In this the measures adopted by the foreign and Chinese authorities in their more or less determined fight against STDs will feature prominently. The second part will examine the issue of STDs in relation to the role of physicians among the population and the prostitutes.
COMING TO TERMS WITH STDS: LAISSEZ-FAIRE AND PREJUDICE

This is not the place for me to attempt to reconstruct a history of STDs in China. This would be an uphill battle as the history of diseases, epidemics, and health issues in this country is still terra incognita for the most part.\(^7\) In a previous study, I relied on medical journals and various testimonies by foreign missionaries and physicians to assess the extent of STDs in China and analyse what discourse, if any, such a phenomenon had generated within the medical profession (Henriot 1992). What the examination of these sources revealed, however, was the high prevalence of STDs throughout the country as early as the mid-nineteenth century. This is something that struck all the foreign physicians who worked in China, whatever their location, even if they were far from being able to detect all the cases that came to them.\(^7\) As new techniques were invented, especially blood tests, the physicians who carried out surveys confirmed the high prevalence of the STDs in China.\(^4\) They also noted that there was an acceleration in their diffusion because of the greater mobility of the population thanks to the modern means of transportation, and also as a result of the migrations caused by wars and the movement of troops throughout many parts of China. In the middle of the 1920s – most of my data relate to this period – all the provinces were affected, even the most peripheral ones. STDs had by then become a major public health problem at a time when the health system in China was barely struggling to emerge as it was hampered by the weakness and lack of interest by the state.\(^5\)

In this context, the case of Shanghai, is therefore not exceptional, even if, as in all the large metropolises, especially as an international harbour city, the prevalence of STDs was particularly high there. What distinguishes this city from the rest of the country are the efforts that were made in the field of public health, especially with regard to prostitution, and the high concentration of physicians and hospitals.\(^6\) Elsewhere in China, the authorities generally refrained from establishing any regulated system of prostitution. The few examples that I came across were concentrated in Manchuria, where such measures were imposed by the Japanese army (Wu 1927:30). Among the large cities, only Peking imposed a medical examination of prostitutes and measures of seclusion until a diseased prostitute was fully cured. Such rules, however, were never seriously implemented.\(^5\)

In Shanghai, the Shanghai Municipal Council (SMC) of the International Settlement implemented an ambiguous and contradictory policy that focused exclusively on the foreign residents and sojourners. The adoption of concrete measures for the benefit of the foreign community dates back to the 1920s. It followed the debate on the abolition of prostitution and the visit by a delegation of the NCCVD, the association in charge of fighting STDs in Great Britain, in 1920.\(^8\) The SMC organized a series of meetings between the delegates and various local organizations and benefited from the conclusions of these exchanges (SB, 9 Dec. 1920; 17 Dec. 1920). Among other measures, the NCCVD delegates recommended the circulation of medical information to teenagers and adults, the establishment of cost-free institutions for the treatment of foreigners and the employees of the SMC suffering from STDs, and the creation of STD clinics in Chinese hospitals.\(^9\) Two years later, in reply to a letter of inquiry by the NCCVD about the outcome of its recommendations, the SMC stated that it had appointed a medical officer to tackle the problem of STDs. Because of other more pressing issues, however, the new appointee could not devote much time to this task. The SMC added that this was an extremely controversial topic, especially in Great Britain where the Board of Health had appointed a commission of inquiry to study the most appropriate means of fighting STDs. The Council was in the opinion it was better to wait for the conclusions of the commission before undertaking any particular policy.\(^10\)

In 1923, the authorities of the International Settlement eventually decided to open an evening anti-VD clinic, the General Hospital. Announcements were published in the press in English, Japanese, and Russian to inform the foreign residents of the existence of the new establishment. Patients flocked there in large numbers almost immediately. During the first six months after its inauguration, the clinic received 1170 visits (for 191 patients). Afterwards the number of patients remained fairly stable, in spite of a drop related to the hostilities of 1937–8 in Shanghai. Patients suffering from syphilis were treated with six-weekly injections of N.A.B., the famous '606', followed by nine injections of mercurial salt. A control test was done three months later. If it proved positive, the treatment was repeated following the same schedule over a period of two months.\(^11\) Very rapidly, the demand exceeded the capacity of the clinic. Fifty to sixty patients used to come every evening. Although the director of the establishment pointed out the services were provided for short-term sojourners, especially seamen, the statistics showed that most of the patients were locals, most notably Russians.\(^12\) The SMC also planned the opening of a clinic exclusively for women, but it lacked the gumption to overcome the hostile reactions this project generated among one segment of foreign public opinion.\(^13\)

The surveys made among the patients on the place of origin of their disease, with the view of determining the main zones on infection in the city, laid the burden of responsibility on the prostitutes located in the Chinese municipality or in the French settlement.\(^14\) Although the method was itself questionable, the SMC complained about this situation and blamed the
authorities in the neighboring districts. In 1926, it also led the Council to ask for a financial contribution from the French concession, as a compensation to the expenses incurred by the clinic. The French municipal council rejected the demand, to the great displeasure of the SMC. In 1928, 20 per cent of the patients were resident in the French Concession and another 17 per cent declared they had been infected by a prostitute in the Concession. This was not, however, the major issue at stake. With the passing of time the physicians of the clinic realized that their establishment could not cope with the whole issue of STDs, because the sources of infection were multiple and largely beyond the control of the authorities. In 1934, the same physicians acknowledged that the work of the clinic was no more than palliative. The annual report of the SMC in 1937 even announced its closure after the outbreak of the hostilities between Japan and China, but it must have reopened afterwards since my data go up to 1940. The authorities in the International Settlement cared only about the health of the foreign residents. In 1933, they were preparing a new version of the instruction booklet about STDs in ... Hindi.

In the French Concession, the municipal council did not adopt any particular policy until very late, despite the long tradition of the passing of regulations both in France and in the Concession itself. In the nineteenth century, the Health officer had taken the initiative to ask for a regulation of prostitution and the medical examination of those prostitutes patronized by foreigners (Henriot 2001, Chapter 11). His suggestion, however, had actually been implemented in the International Settlement, under the pressure of Edward Henderson, the SMC health officer. After much debate among the foreign ratepayers and a dispute with the French authorities — the French insisted on the seclusion of diseased prostitutes, not just medical control — a lock hospital was established in January 1877 under the auspices of the two settlements. It closed its doors with the advent of the abolitionist campaign in 1920. Afterwards, no other institution ever took its place.

In 1931, the municipal council inaugurated a new municipal dispensary, a facility was designed to provide free medical treatment to the poor. It did not specifically take care of STDs. Dr Rabate, the head of the *Service d’hygiène et d’assistance*, was not satisfied with this arrangement. He was keenly aware of the prevalence of STDs, not only among the patients who came to the dispensary, but also among the general population of the Concession. He was also receptive to the criticisms levelled by the SMC, which attributed the majority of the cases treated in the anti-VD clinic to the French concession. In November 1934, he presented a long report in which he emphasized the dissemination of STDs in Shanghai and the impossibility of relying on the Chinese state or on simple education to wipe out this scourge: *Il n’existe qu’un moyen de prophylaxie [...] c’est la lutte par le...*
without the fear of losing their source of income. Realizing the magnitude of the task, the municipal government oriented its policy toward a self-responsibility system of health care by the prostitutes themselves.

The original project foresaw the medical examination of 200 women per day. In fact, the number of prostitutes received in the dispensary fell short of this objective. The documents kept by the dispensary do not allow a correct assessment of the number of prostitutes who were examined since only the visits were counted. Moreover, the dispensary made a distinction between visits which served to provide treatment and examination which corresponded to the regular medical examinations of the prostitutes. Table 7.1 gives an idea of the number of visits to the establishment from 1946 to 1948. There was a clear increase over the whole period, but it is almost impossible to determine whether this relates to a greater number of women examined or to a larger number of examinations per prostitute. A paper by the director of the dispensary did cast some light on the number of prostitutes concerned. In the two years 1946 and 1947, the dispensary examined respectively 1,420 and 3,550 women (cf. Table 7.2), a figure which was below the number of officially registered prostitutes (8,000 in 1946, 3,000 in 1947, 10,000 in 1948). The police archives confirm the lack of respect shown to the regulations by the prostitutes, even in the largest establishments for prostitution. In January 1948, an inspection at the Taotao revealed that fifty-five women out of a total of 117 had not attended the medical examination as required by the prescribed schedule. At the Meixing, twenty prostitutes out of fifty-three did not have the card issued by the dispensary. Finally, of the thirty-three inmates of the Haishang, eighteen were diseased and had outdated cards.

In spite of the facilities provided the prostitutes, especially low-cost medical treatment, the dispensary observed that it failed to attract more than a quarter of the registered prostitutes. Most of them belonged to the lower categories and were often diseased. The Bureau of Health planned the creation of mobile teams that would visit the registered houses to accelerate the process of medical examination and the treatment. In the face of financial difficulties, the municipal government forced the bureau to give up this project and to postpone it to more favourable times. One of the major difficulties in the implementation of the medical examination was the problem of co-ordination between the various services involved in health administration. During the first year of its existence, the Bureau of Health had to secure the assistance of a private laboratory to perform the blood tests. This procedure resulted in a ten-day delay between the medical examination and the transmission of the results. Later, with the establishment of a laboratory on its own premises, the dispensary reduced the delay to three or four days (Yu 1948:18). The most serious problem was the lack of efficient liaison with the police. The latter was responsible for the administration of prostitution, but it was unable to forward the required documents on time. The Bureau of Health repeatedly wrote to complain about the delays that stretched up to one month. The time lapses that resulted from this inability made the regular medical examination simply impossible. The women who were summoned after such a delay often used the pretext of their menstrual period to avoid examination.

The ambassador of the United States in China as well as the American military medical officers exerted strong pressure on the Chinese municipal government to impose strict medical control on the prostitutes. The Chinese authorities frequently received official queries about women who were suspected of having infected an American soldier (who had since returned home). When the Chinese police eventually managed to trace the prostitute a few months later on the basis of the very imprecise information provided by the US army, she was generally no longer in the establishment concerned or the latter had closed. The foreign military authorities also asked the municipal government to ban prostitutes in the vicinity of the quarters where their troops were stationed.

### Table 7.1

<table>
<thead>
<tr>
<th>Year</th>
<th>First visit</th>
<th>Follow-ups</th>
<th>First examination</th>
<th>Renewed examination</th>
<th>Total number of cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1946</td>
<td>1310</td>
<td>6988</td>
<td>1022</td>
<td>2096</td>
<td>9749</td>
</tr>
<tr>
<td>1947</td>
<td>1439</td>
<td>9426</td>
<td>1639</td>
<td>6689</td>
<td>17865</td>
</tr>
<tr>
<td>1948</td>
<td>1955</td>
<td>12382</td>
<td>1192</td>
<td>1170</td>
<td>26502</td>
</tr>
</tbody>
</table>

Source: *Shanghai shi weishengju san nian lai gongzu gaikuang*, 1949, p. 9.

PEOPLE, MEDICINE, AND STDs: ANXIETIES AND PROFITS

One of the major causes of the spread of STDs in China was without any doubt the lack of treatment or the taking of totally inadequate medicine. In 1925, a gynaecologist noted that at least a quarter of the 2837 patients she had seen over eight years were or had been affected with STDs. Seventy per
cent of the cases of sterility she had come across had their origin in untreated gonorrhoea.40 Two years later, another medical survey on 2500 persons showed that 90 per cent of those suffering from syphilis had received no modern treatment.41 According to what these physicians recorded and to the scattered evidence gathered in the press or from the archives, it seems that the population, especially the prostitutes, availed themselves of the services of traditional native physicians rather than those of Western-trained doctors.42 We cannot generalize this attitude to the whole Republican period or to all social groups. Probably, economics often dictated such a choice. The treatments prescribed by native physicians were much less expensive than the medicines imported from the West. The traditional treatment consisted in inhalations or absorption of mercury or calomel.43 An author noted that when the first treatment had failed, the dissatisfied patients turned toward Western medicine (Heimburger 1927:548).

The spread of STDs created a profitable market for all kinds of physicians and medicines. The Shanghai press is strewn with advertisements placed by medical practitioners specializing in these diseases (huāliüè) or in medicines with miraculous curative properties. Similar advertisements have reappeared in the streets of Chinese cities since the early 1980s in the form of small posters pasted on walls. In the Republic, some physicians made a living from just performing injections of ‘606’ or ‘914’, the two main products for the treatment of syphilis before the introduction of antibiotics.44 Wu Lien-teh, a respected physician, indicated that in Harbin, a city of 300,000 inhabitants, there were more than 200 private ‘anti-VD clinics.’ By 1927, physicians charged 20 to 30 Yuan per injection, which was much more profitable than providing advice on prophylaxis (Wu 1927:34). In Shanghai, a physician was said to have hired a few jobless fellows who sat in his waiting room to convey the idea that his talent was much in demand, and attract more customers.45 Medicines were relatively expensive. In 1928, the Heisdian – a new product imported from Germany according to an advertisement – cost 3 Yuan for one box. A full treatment required three boxes. A bottle of ‘606’ – two injections – was sold for 7 Yuan.46 At the beginning of the 1940s, the cost of a full treatment ranged from 70 to several hundred Yuan.

There is some evidence that what happened in Shanghai may have been particular. One Chinese historian has demonstrated this in a study of the medical advertisements published in the Shen Bao, the main Shanghai daily, between 1912 and 1927.48 Although sex was omitted or hidden, or even repressed, in the public arena or in social contacts, it was expressed under various guises through pressures exerted on the individual, especially men. There was a latent male anxiety towards all that was related to sex, which merchants were apt to play on by making sex the central factor of diseases. Consequently, a large number of ordinary illnesses were attributed to a weakness of genital organs or to excessive sexual activity.49 The profusion of advertisements for medicines designed to treat STDs, which represented the buck of medical advertisements, was only one element in a more general craze for sexual revitalization. The period chosen by this historian is arbitrary as it takes two dates in political history as its limits. The chronological scope of such a study needs to be expanded. As early as the end of the 1890s, the Shen Bao ran announcements on pills designed to cure gonorrhoea (baizhouchan). The same brand was still on sale in the 1920s (SB, 12 Sept. 1899). Through their message (text or image), these advertisements exploited the feelings of anxiety STDs generated. They explicitly associated these diseases with prostitution, juxtaposing, for instance, the face of a beautiful woman and a skull.

The authorities made some attempts to control the trade in these medicines. In the police archives, several times I have come across a bunch of small newspapers (the so-called mosquito newspapers) of the same day. All the advertisements for such medicines had been carefully circled with a red pen.50 The police used to carry out investigations of the producers of such medicine. An analysis of the content of these newspapers showed that they carried a high number of advertisements for anti-VD medicines. For instance, on April 27, 1930, my reading of various newspapers produced the following figures:

Xinwenbao (The News): 46
Shishi xinwen (China Times): 7
Shen Bao: 16

The large number of advertisements certainly reflected the extent of the demand for such products. Many patients preferred to treat their disease themselves, for the sake of either discretion or economy. Some companies even promoted their products by correspondence.52 The sufferers had a large choice of medicines, but they also ran the risk of falling victims to their credulity. Charlatans were not rare among physicians, in spite of the control by the authorities, and a 1942 Shanghai guide recommended newcomers seek the advice of reliable friends before going to see a ‘flower and willow’ doctor (huāliü yǐshēng).53 Nevertheless, these advertisements did not necessarily convey a negative image of prostitution. Patronizing prostitutes was considered a normal act of life, but this habit could sometimes have undesirable consequences that customers would have to face. Yet, indubitably prostitutes were indeed singled out for a key role in the transmission of STDs.
What does seem surprising is the complete absence of any recommendations about the use of condoms before 1945. This may be related to the fact that I had no access to the small booklets that were distributed to seamen upon their arrival in Shanghai or to similar literature distributed to the foreign population by the Shanghai Municipal Council. Nevertheless, unless self-censorship excluded the public mention of such recommendations, none of the papers published in the two main medical journals ever referred to this possibility, even when the author dealt with STDs. In 1927, Wu Lien-teh proposed the sale of cheap prophylactic products, but it seems he intended them to be used by prostitutes only (Wu 1927:34). In a less technical genre, no guide to Shanghai, nor any ‘gallant’s compass’ (piaojie zhisuan) advocated the use of condoms even though they warned their readers about the high risk of getting infected if they were to patronize the lower classes of prostitutes. It was only in 1945 that the police explicitly ordered the houses of prostitution to purchase prophylactic products and instruments for the inmates and the use of condoms by customers. In 94 per cent of the cases checked by the police, these instructions were not followed (Yu 1948b:13).

The more prevalent STDs at that time were syphilis, gonorrhea, and soft chancre. Gonorrhea represented the highest number of cases in all the statistical samples I have found. At the Shantung Hospital, it made up 48.5 per cent of all the new cases of STDs in 1923. Syphilis and soft chancre shared the rest with 33.8 and 17.7 per cent respectively. Data provided by the anti-VD clinic of the Shanghai Municipal Council from 1923 to 1940. Gonorrhea always ranks first with an average of 40 per cent of all cases, followed by syphilis (18.8 per cent) and soft chancre (18.5 per cent). It is difficult to assess the extent of the spread of STDs among the population at large. The registers of the General Hospital for the period 1875–1922 give an average rate of 9.9 per cent of STD infections among its patients. The Shantung Road Hospital registered a lower rate of 6.6 per cent from 1870 to 1922. These figures were probably underestimated because of the absence of blood tests for the most part of the period of the reference. The director of the municipal dispensary, Yu Wei, put the number of syphilics at 10 per cent of the population in 1938 and 15 per cent in 1945. In his opinion, gonorrhea affected one half of the population. He drew these figures from a study of the statistics held by the various hospitals of the city (Yu 1948a:17). His view may have been too gloomy as the blood test campaigns carried out after 1949 did not produce such alarming results. Among the 31,861 persons examined in three hospitals from 1945 to 1950, only nine per cent showed a positive reaction to STD detection tests. These data raise the same problem. Even if the conclusions of the pre-war physicians were, as I think, biased by the prevailing social imagery constructed around the issue of prostitution, the prevalence of STDs in Shanghai must have been higher than rates computed from the hospital registers.

PROSTITUTES AND STDs

This leads to the question of the prostitutes being stigmatized as the ‘source of all evils.’ The data I have collected are all partial and certainly open to discussion. In order to achieve some balance, I shall compare them with surveys made among various groups of prostitutes in other Chinese cities. The overall image is undoubtedly disturbing. According to the declarations made by the patients at the SMC anti-VD clinic, in most cases, they had contracted their infection from Chinese prostitutes (Table 2). Given the Chinese social context of the strict separation of men and women, they could hardly have been infected from any other source.

Table 7.2
Sources of infection according to the declarations of patients (1926–1929)

<table>
<thead>
<tr>
<th>Source of infection</th>
<th>1926</th>
<th>1927</th>
<th>1929</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese prostitutes</td>
<td>64</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Russian prostitutes</td>
<td>27</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Japanese prostitutes</td>
<td>5</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Other prostitutes</td>
<td>4</td>
<td>10</td>
<td>13</td>
</tr>
</tbody>
</table>

Sources: Shanghai Municipal Council, Report for the Year 1926, op. cit., p. 195; Report for the Year 1927, op. cit., p. 183; Report for the Year 1929, op. cit., p. 150

The articles published in medical journals confirm beyond any reasonable doubt the poor state of health of the prostitutes. A Chinese physician, Daniel Lai, wrote several papers on syphilis in China. In 1930, he published the results of a survey carried out among 137 prostitutes from Shanghai (104), Nanjing (22), and Suzhou (11). These women had quit prostitution and were living in refuges. On average, 49 per cent had syphilis, those from Shanghai having the lowest rate with 40.4 per cent (Lai, Dr 1930:559–60). It has to be admitted that this sample was small and random. Besides this, there are two supplementary statistical series on the health of Shanghai prostitutes. The first, presented in Table 7.3, was collected by the municipal dispensary for 1946 and 1947. It reveals that more than 80 per cent of the women had a
The distribution of the diseases is different from that observed among the patients of the SMC anti-VD clinic. Syphilis accounted for 80 per cent of all infections, but the director thought that the smear method used to detect the diseases could not be relied on. Furthermore, he claimed that 95 per cent of the prostitutes had contracted gonorrhoea (Yu 1948b:13).

Table 7.3
The prevalence of STDs among the prostitutes examined at the municipal dispensary (1946–1947)

<table>
<thead>
<tr>
<th></th>
<th>1946</th>
<th>1946</th>
<th>1947</th>
<th>1947</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women examined</td>
<td>1 420</td>
<td>1 062</td>
<td>3 550</td>
<td>2 611</td>
</tr>
<tr>
<td>Total number of infections</td>
<td>1 062</td>
<td>2 611</td>
<td>2 069</td>
<td>2 069</td>
</tr>
<tr>
<td>Number of women infected</td>
<td>931</td>
<td>87.7%</td>
<td>2 205</td>
<td>84.5%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>885</td>
<td>83.3%</td>
<td>2069</td>
<td>79.2%</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>174</td>
<td>16.4%</td>
<td>533</td>
<td>20.4%</td>
</tr>
<tr>
<td>Soft chancre</td>
<td>1</td>
<td>0.1%</td>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>0.2%</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Primary syphilis</td>
<td>32</td>
<td>4%</td>
<td>24</td>
<td>1%</td>
</tr>
<tr>
<td>Secondary syphilis</td>
<td>21</td>
<td>2%</td>
<td>46</td>
<td>2%</td>
</tr>
<tr>
<td>Tertiary syphilis</td>
<td>832</td>
<td>94%</td>
<td>1 999</td>
<td>97%</td>
</tr>
</tbody>
</table>

Source: Yu Wei, ‘Shanghai changji wu bai ge an diaoacha,’ p. 13

In this table the total number of infections was higher than the number of women, which means that some prostitutes suffered from two or more diseases at the same time. Moreover, most of the syphilitic prostitutes had reached the third stage of the disease. These data may be biased since the dispensaries mostly received prostitutes from the lower categories, who had been in the trade for a long time and had been more exposed to the risk of infection. The second series of statistics come from the first group of 501 prostitutes arrested by the police in 1951. Healthy women represented only 10.9 per cent of the whole group. The others had syphilis (11.5 per cent), gonorrhoea (30 per cent), or both at the same time (47.6 per cent). As in the previous sample, a large number (73.7 per cent) had reached the third stage of syphilis (He, Yang 1988:73).
of gonorrhoea or in a few days for syphilis. Instead, months of treatment were required and this procrastination discouraged the prostitutes from coming as they knew their licences would be withdrawn (Yu 1948a:18).

The fate of the diseased women could sometimes take a tragic turn. The inconvenience or even the pain caused by their infections during sexual intercourse forced the prostitutes to refuse customers. Some madams did not have the least consideration for the health of the women. They denied them the possibility to seek a treatment and forced them to continue with their work. Those who became seriously ill had to give up at a certain point, having an enforced break until they were cured. Frustratingly, the lack of data means it is impossible to say to what extent the prostitutes had the freedom to make such a choice and to undergo a treatment. This depended very much on the status under which they had become involved into prostitution (sold, pawned, or free-choice). The press provides examples of women who were exploited to the very end, whatever the period. In 1899, a prostitute (yējī) who was in the last stage of syphilis was sent to a private clinic in the French Concession. After ten days, as her state of health was becoming critical, the director refused to keep her any longer because of the other patients and had her sent over to the brothel. The madam did not want her either and threw her out in the street, where a policeman picked her up some time later (SB, 14 Oct. 1899). In 1909, during a visit of inspection the police discovered the unregistered corpse of a prostitute who had succumbed to her diseases (SB, 29 Sept. 1909). In 1921, in another brothel the Garde Municipale found a woman who was seriously ill and to whom the madam had refused all medical treatment (SB, 2 April 1921). Three years later, a diseased huayanjian who had been abandoned in the street by the owner of the establishment where she had worked died in a small lodging house (SB, 20 April 1924). These cases reported in the press are isolated incidents, but how many other women suffered the same or a similar fate? Although these may not have been the majority of them, these extreme cases reveal the degree of indifference, egoism, and cynicism that could prevail in the relations between the madams and the prostitutes.

CONCLUSION

The patronizing of prostitutes by customers who scarcely bothered to take care of their own health condition greatly contributed to the widespread diffusion of STDs in China. By 1937, there were around 30 to 35 millions syphilis patients, a figure that continued to increase in the following decade (Henriot 1992:105). It is no accident that the new regime launched a vigorous campaign of eradication after 1949. STDs had become a public scourge (Horn 1971). This situation resulted first from the lack of sanitary infrastructures that could accommodate the needs of either the prostitutes or the population at large. Public health, a concept imported at a later stage from the West, was never on top of the list of priorities of the successive Chinese governments. In Shanghai, the establishment of a full-fledged public health administration only took place in 1927. In spite of its accomplishments during the following decade, its main field of action was not directed toward the issue of STDs (Henriot 1993, Chapter 8). In the foreign settlements, the authorities made a weak attempt to rein in the spread of these diseases. Their efforts were pretty futile as they focused only on very small segments of the population, namely the permanent or transient foreign communities, and on the prostitutes who catered to their needs. A mere drop in the ocean, these efforts were fundamentally useless since they tackled only a small part of the problem.

Although some voices raised the issue of prevention through education as early as the 1920s — this was the dominant position among Shanghai physicians as expressed by the Shanghai Medical Association — no steps were even taken in this direction by the Shanghai Municipal Council, the authorities in the French Concession, or the Chinese municipal government. What prevailed was a logic of control and repression that targeted those who were considered to be the source of all problems: the prostitutes. It is true that the vast majority of prostitutes carried diseases. It is equally true that they hardly ever availed themselves of the services of a doctor, even after the introduction of antibiotics in 1945, although most of them were infected with STDs that must have had severe sequels a long time after they had retired from prostitution. Pertinently, their attitude was not so much the consequence of a lack of consciousness about the ‘perils of the trade’, about hygiene standards, or indeed about the existence of medical treatments. It was above all the result of a mixture of circumstances that conspired to inhibit any such possibility. This mixture included the conditions under which these women had been recruited and worked, their economic situation, and the policies implemented by the foreign and Chinese authorities. The last ran counter to their intended purpose simply because they were designed on the basis of prejudiced ideas about prostitution and prostitutes, without any direct contact with them or any attempt to acquire a proper knowledge of this milieu.

For almost a quarter of a century, the Chinese government was able to eradicate prostitution from its cities. The return to a more open economic and social system, with increased exchanges and mobility both within and outside the domestic realm, has again created conditions for the forceful re-emergence of prostitution throughout the country. While no direct parallel with the Republican period can be traced, the dominant mode of
intervention by the present Chinese authorities has still been stigmatization and repression. As in the past, the approach to the problem of prostitution and STDs—a problem made more sensitive by the advent of HIV and AIDS—is derived from prejudiced views rather than from any genuine attempt to confront the social dynamics that underlie prostitution and from a deliberate policy to impose a blackout on these issues, especially the extent of HIV-infection in China, both internally and externally. Demonizing HIV and AIDS can only contribute to driving further ‘underground’ those who are infected, especially prostitutes, thereby stimulating the spread of the pandemics in China.

NOTES

1 The Moral Welfare League was an organization established in 1918 by a group of Protestant missionaries and activists to put an end to the policy of medical control of the prostitutes by the Shanghai Municipal Council in the International Settlement and to eliminate prostitution from the settlement. See Henriot (2001).

2 The major studies of diseases in China have focused on the plague, see for instance Benedict (1996).

3 A woman physician wrote: ‘Syphilology was not so widely disseminated in those days [mid-1890s] as it is now, not even among practicing physicians. In many cases, we did not recognize syphilis when we met it and in others, we did not know exactly how to treat it.’ Fearn (1939: 59)

4 Pasteur’s work opened the way to the discovery of transmissible diseases. Gonococcus, the pathogenic agent of gonorrhoea, was identified in 1879, but it was not before 1905 that Treponema pallidum, the microbe of syphilis, was discovered. The following year saw the invention of the first blood test (Wassermann) that could reliably detect a syphilitic infection. Quetel (1990:140–1).


6 Health issues were a major source of concern to Westerners from the outset. They were one of the main driving motives that led to the establishment and development of a municipal administration in the International Settlement. The reference on this topic is MacPherson (1987). On public health in a Chinese city, see Rogaski (1996).

7 ‘Commercialized Vice in China’ (1922) National Medical Journal 8:3, p. 397.
20 On the establishment of the lock hospital and the adoption of various control measures in the nineteenth century, see the excellent chapter in Kerrie L. MacPherson, (1987:213–58).
21 Le Journal de Shanghai, 4 June 1931
22 Report dated 23 November 1934, Archives diplomatiques, Nantes, Box No 39.
23 Yewu baogao (Annual report) (1941: 1, 19); Yewu baogao (Annual report) (1942).
24 The dispensary was officially inaugurated on 1 December, 1945, but because of problems of organization it did not receive prostitutes before February 1946. Letters of the Bureau of Health, 14 Feb. 1946, Police Archives (1945–9), file 011-4-269; 19 Feb. 1946, Police Archives (1945–9), File 011-4-261.
25 Organizational regulations of the dispensary, 5 Feb. 1948, Police Archives. (1945–9), File 011-4-269.
27 Changji jianyan buzou shuoming (Instructions on the procedure for the examination of prostitutes), Police Archives (1945–9), File 011-4-269.
30 Letter from the mayor, 8 Dec., 1947, Police Archives (1945–9), File 6-19-666.
31 Document of the Bureau of Police, 18 Feb., 1946, Police Archives (1945–9), File 011-4-269.
32 Yu Wei (1948:10). Those prostitutes arrested who did not possess a card from the dispensary were fined or sent to jail for two or three days. Police Archives (1945–9), file 011-4-171: Jinu bu zhao guiding jianyan shentu an (Cases of breaches of regulation on the sanitary control of prostitutes), Dec. 1947–May 1948. On the Nationalist policy toward prostitution, see Henriot (2001, Chapter 13).
34 Letter from the Bureau of Health, 30 Oct., 1946, Police Archives (1945–9), File 011-4-269.

37 Letter from the Bureau of Health, 8 June, 1946; report of the medical service of the U.S. army in a file of the Bureau of Health, 22 June, 1946, Police Archives (1945–9), File 011-4-269.
38 Two letters from military medical services in the United States, 2 Dec., 1946; 9 Sept., 1947; Two letters from the headquarters of the US Navy in Shanghai, 2 Jan., 1946; 3 Oct., 1946, Police Archives (1945–9), File 011-4-269; survey report, March 1948, Police Archives (1945–9), File 011-4-269.
40 Heath (1925:701-3).
41 According to the author, 53.4 per cent had received no treatment while 36.9 per cent had taken Chinese oral medicine. Only 5.9 per cent had been treated with Salvarsan and 1.6 per cent with mercury. Heimburger (1927:548).
42 Statistics are self-explanatory. From 1927 to 1933, there were 4,681 traditional native physicians and 596 Western-trained doctors in Shanghai. The proportion among hospitals was just the opposite. Among the thirty-one registered establishments, twenty-eight practised Western medicine and only three offered traditional medicine. Huang Kewu (1988) 'Cong Shen Bao yiyao guanggao kan min chu Shanghai de yiliao wenhua yu shehui shenghuo,' 1912–26 (The Medical Culture and Social Life in Shanghai: A Study Based on the Medicine Advertisements in Shen Pao, 1912–26), Jindaishi yanjiusuo jikan (Bulletin of the Institute of Modern History, Academia Sinica) XVII, part II, p. 149.
43 The use of mercury in the treatment of syphilis since the Ming dynasty (1368–1644), or even since the eighth century, is borne out by a treatise on the history of medicine in China. However, it is generally considered that syphilis was not introduced into China before the fourteenth century (Wong, Wu 1932:218–19).
44 The rather strange names of these medicines have their origin in the number of experiments made by its inventor, Dr Ehrlich, of Frankfurt. Salvarsan was born on the 606th attempt, although it was improved afterward through renewed experiments. The 914th one produced Neosalvarsan. Other treatments based on bismuth were also introduced after 1921 (Quetel 1990:142–3).
45 Ji Longsheng (1942) *Da Shanghai* (Greater Shanghai), Taibei, Nanfang zazhi chubanshe p. 111.
46 SB, advertisement, 15 Aug. 1928.
47 Ji Longsheng, *Da Shanghai*, op. cit., p. 111.
48 Huang Kewu, 'Cong Shen Bao yiyao guangggao kan min chu Shanghai de yiliao wenhua yu shexui shenghuo, 1912-26,' op. cit., pp. 141–94.
51 The other titles of newspapers that were collected (undated, [April 1930]) are: *Xiao-xiao da mimi* (Big and Small Secrets), *Liuyan gongbao* (The Player), *Qiongbao* (Jade), *Xiao ribao* (The Little Daily), *Shanghaitan* (The Shanghai Bund), *Que ersideng* (The Cherleston), *Da shanghai* (Greater Shanghai), *Qingsi* (The Thread of Feeling), *Lingbao* (The Bell), *Shangsheng* (The Voice of Commerce), *Fu ermosi* (?).
52 Huang Kewu, 'Cong Shen Bao yiyao guangggao kan min chu Shanghai de yiliao wenhua yu shexui shenghuo, 1912-26,' op. cit., p. 162, 173 and pp. 182–3.
53 Ji Longsheng, *Da Shanghai*, op. cit., p. 111.
58 In Shanghai, the whole population was subject to quick blood samples (ear) to detect syphilis. Around 3,600 persons were mobilized to carry out this campaign over a short period of time. Horn (1971:92); Banister (1987:53–4).
59 ‘Xingbing he jiyuan’ (STDs and brothels), *Wenhuibao*.
60 To detect syphilis, the dispensary used the Wasserman test. For gonorrhoea, the physicians resorted to cervical smear. Unfortunately, they kept no statistics of this infection (Yu 1948a:13).
61 In 1946, of the 931 diseased prostitutes treated in the dispensary, 233 contracted another venereal infection during the time of their treatment. This is an indication of the fact that the prostitutes, although they were diseased, did not stop practising their trade in violation of the regulation (Yu 1948a:18).
63 It must also be borne in mind that the new communist authorities were eager to show the extent of the damage and may have exaggerated the results.
64 Taxi dancers were professional female dancers who could be hired for dancing in the dance halls that flourished in Chinese cities after World War I, see Henriot (2001, Chapter 4).
65 This was an experiment aimed at testing a new medicine against gonorrhoea on a group of prostitutes through a comparison with a similar sample that did not take the medicine. The experiment was a failure in terms of medical protection.
66 This is an average number. The higher the number of visits, the higher the probability that a woman would be found to have an infection. Those who came more than five times during the time of the survey all tested positive. An age group analysis revealed that those between twenty and twenty-nine years had the highest rates of infection (Chu and Huang 1948:312–18).
67 *Xing bing zai Zhongguo* (STDs in China) (1990:4).
68 At this time, a visit to the dispensary cost only 20,000 Yuan. In July 1948, this fee was raised to 60,000 Yuan because of inflation. Letters of the Bureau of Health, 22 Nov., 1947; 2 July, 1948, Police Archives (1945–9), File 011-4-269.
71 Statement by a prostitute, 15 June, 1948, Police Archives (1945–9), File 011-4-269.
73 This, in turn, also varied over time. After the mid-1930s, the state of virtual slavery which had characterized the situation of a very large segment of the prostitutes virtually disappeared. Before that, however, many prostitutes were completely deprived of their freedom during the
time they served in a brothel. On the condition of prostitutes, see Henriot (2001, Chapter 9).

74 It is true that the madams were afraid that the prostitutes would take the opportunity to go out or stay in a hospital to run away, as many actually did. SB, 17 May 1920; 2 April 1921.

75 At the end of the century, the walled city in Shanghai had a large number of opium dens where customers were attended by young women who also provided sexual services. Originally, these places were just opium dens which, in order to compete with each other and attract customers, recruited or simply purchased young girls to replace male waiters. Very soon, these girls would be coerced into prostitution, whence the name of their establishments huayanjian or yanhuaian (literally 'chambers of smoke and flowers'). See Henriot, Christian (2001, chapter 3).


77 For a genuine attempt to understand prostitution in China, see Pan's study (1999).

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CHAPTER 8

REPRESENTATIONS OF ‘US’ AND ‘OTHERS’ IN THE AIDS NEWS DISCOURSE: A TAIWANESE EXPERIENCE

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WHY STUDY NEWS MEDIA?

For years, the mass media have been a major conduit through which public perceptions of and attitudes towards AIDS have been formed and influenced. Large-scale media campaigns around the world have played a critical role in instilling intended effects of AIDS awareness and prevention, but the unintended effects of the news coverage about AIDS cannot be overlooked. At a more general level, research has shown that news media are important sources of health information for both private individuals (Freimuth et al. 1984; Simpkins and Brenner 1984; Wallack 1990) and for policy makers (Weiss 1974). Given their predominance in modern society, news media sometimes have a stronger impact on public cognition, attitudes, and preventive behavior than planned media campaigns do. For the population at large, those who have no direct contact with AIDS or its sufferers, the awareness of the disease is mostly media related. Therefore, it is to these media portrayals that we must turn to, if we are to achieve a better understanding of how and why stigmatization of AIDS-related groups occurs.

In addressing the functions of the mass media, Watney (1987) maintained that the mass media use a mode of address which constructs recipients of the messages as a unified ‘general public’ with shared values and characteristics. Deviant or marginalized groups are excised and made to stand outside the general public, inevitably assuming the appearance of a threat to its internal cohesion. Newspapers in particular tend to construct an ideal audience of national family units, surrounded by the threatening spectacle of the deviants. In other words, the ideal audience addressed by the newspapers can be seen as the implicit ‘us’ group in the mainstream society. Those who are considered to threaten the norms or welfare of the ideal audience are thus categorized as ‘Others.’ An issue worth addressing here is: Who are the members of these ‘Us’ and ‘Other’ groups formed in the news discourse? How have they been changed over time?