

Fan Yen-Chiou 范燕秋, ed., *Duoyuan xiangqian yu chuangzao zhuanhua: Taiwan gonggong weisheng bai nian shi* 多元鑲嵌與創造轉化：台灣公共衛生百年史 [*Diverse Embeddedness and Creative Transformation: A Century of Public Health in Taiwan*]

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The history and development of public health have attracted a growing scholarly interest. Numerous studies have examined the role of the state, its motives, and the formulation of policy. Fan Yen-Chiou, a historian specializing in colonial medicine, has previously worked on Japan's role in shaping and modernizing Taiwan's public health infrastructure in the first half of the twentieth century. Taiwan's experience of colonial modernity is considered unique: Japan intended to turn its first colony into a showpiece of modernization. *Diverse Embeddedness and Creative Transformation: A Century of Public Health in Taiwan* comprises twelve chapters contributed by researchers from Taiwan, Korea, and Japan. While addressing different topics, all these studies tackle the dynamic interactions among multiple players (always including the state) in formulating public health initiatives during the colonial period and its aftermath.

In the first chapter, "Quarantine, International Relations, and East Asia," Wakimura Kohei 脇村孝平 compares the quarantine policies adopted in East Asia in the late nineteenth century and the period between the two world wars. Wakimura finds that before the fall of the Qing, fairly lax quarantine policies were implemented in China and Japan, which were developed for the sake of securing commercial interests of elite groups and Westerners. At that time, the Qing had only very limited tools for combating infectious diseases, and though Japan hoped to enact more rigorous quar-

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antine measures for the general public, these were opposed by the Western powers because of concerns of potential restriction on trade. In contrast, during the years between the two world wars, China and Japan took control of their own quarantine policies. Wakimura concludes that the changes they brought about emerged from multiple factors, including the restructuring of international powers, the region's changing politics, and the impacts of a series of major epidemics at the turn of the twentieth century. This study illustrates the importance of incorporating wider contextual factors, setting political and economic issues in a global context to understand the formulation of domestic health policy.

In "Colonial Modernity and the Sanitary Police in Korea," Jung Keun-sik 鄭根埴 studies the changes in administrative structures and policy implemented by Korea's sanitary police. He concludes that this institution played a pivotal role in exerting governing power—not only in the colonial period but also in the aftermath of the Korean War, when international power relations underwent a rapid restructuring. Jung provides abundant historical data and describes the activities of the sanitary police in great detail. This study is informative, but it could be improved by adding an analytical framework and some comparisons with other nations.

In "A Historical Study of Cinchona Cultivation and Antimalaria Drugs in Colonial Taiwan," Ku Ya-wen 顧雅文 describes cinchona cultivation in Meiji Japan (1875–1911) and colonial Taiwan (1895–1945). Ku's study indicates that in early years cinchona was viewed as a profitable cash crop, in later years as medicinal plants, and during the war years as the source of antimalaria drugs that made a critical contribution to the soldiers' health. By focusing on cinchona, Ku reconstructs a marketable product in the changing dynamics of the state, the market, and the health needs of different populations. But without providing information concerning malarial infection rates and disease control policies, Ku has made it hard for the reader to fully comprehend the dynamics of cinchona cultivation and malaria control.

In "Digenea: A Medicine for Ascariasis," Chang Su-bing 張素玠 examines the ascariasis pandemic that took place in Taiwan from 1921 to 1945, explaining how digenea, an ancient herbal medicine, became the preferred treatment. Chang also explains why the efforts of the colonial government to curb widespread ascariasis failed, in spite of a sufficient supply of digenea. In her effort to explain the causes of the epidemic, the author mentions unhygienic agricultural practices such as using contaminated manure as fertilizer, but elsewhere she argues that the outbreak was not related to agriculture or sanitation. A better discussion of causes would clarify the author's argument. Another minor drawback is that information about the prevalence of ascariasis and preventive measures is provided only to 1937, eight years short of the study's terminal date.

In "Cholera Epidemics and Health Administration in Beijing under Japanese Occupation (1937–1945)," Sihh Kyu-hwan 辛圭煥 presents a picture of the preventive measures adopted to cope with cholera in the Chinese capital under Japanese control. Sihh believes that the Japanese took the advantage of outbreaks of disease to set up a sanitary police system. Public health interventions such as house-to-house inspections, compulsory fecal sampling, detentions, and penalties all addressed cholera, but they were also meant to strengthen political and social control in the occupied zone. This study clearly illustrates the political attributes of public health measures. Considering the uniqueness of Beijing as the center of political power in China, a

comparative analysis of cholera control policies implemented in other occupied zones would be useful.

In “Health Movements and Wartime Mobilization in Colonial Taiwan,” Hsu Peih-sien 許佩賢 examines strategies implemented by the Japanese colonial government to improve physical fitness among Taiwanese youths. Hsu concludes that all these measures, including gymnastics, exercise, healthy baby contests, and maternal health programs, were designed to ensure a healthy supply of laborers and soldiers. While this study traces the development of physical health promotion policies in great detail, it does not explain how the experience of Taiwan might have differed from those of Japan and Western countries. After all, physical fitness received great attention in many countries during the early twentieth century—one thinks especially of Nazi Germany. A state is often bound to view the health of its population—or its colonial population—as a key to military and economic performance rather than an end in itself; this is hardly news. Further analysis would test the alleged uniqueness of Taiwan’s experience.

During the 1930s Japan’s and Taiwan’s middle class embraced consumer culture wholeheartedly. To research “Taiwanese Society in the 1930s and the Discourse of Health in Wine Advertisements,” Guo Ting-Yu 郭婷玉 combed through Taiwan’s newspapers and plucked out commercial evocations of health that promoted wine consumption. Unlike general alcohol, grape-based wine was considered exotic during this period. According to Guo, the discourse on the health benefits of wine changed from an emphasis on the nourishment it provided to the improvements it made to one’s constitution, indicating a shift from a passive concept to a more progressive concept of health. Guo also finds that as the war intensified, advertising paid more attention to wine’s alleged enhancement of bodily vigor and of the country’s well-being. It is known that advertising is often designed to cater to dominant ideologies and social values. On the other hand, advertising can also introduce novel ideas and ethics. While this study shows that different beliefs about health were used to promote wine consumption, it remains unclear whether these marketing strategies merely reflected changing social and political attitudes or actually changed peoples’ thinking about health and alcohol. Furthermore, the rationale behind choosing wine instead of other luxury goods as the subject of research and the decision to rely on advertisements instead of other documents should be explained.

In “Modern Taiwan’s Policy Changes regarding Hansen’s Disease,” Fan Yen-chiou 范燕秋 looks at Hansen’s disease (i.e., leprosy) at three different periods—the colonial decades (late 1920s to 1945), the postwar era (1945–49), and a period of reaching out to the world that lasted to the 1960s. According to Fan, early interventions were initiated by two competing forces: the Japanese colonial government and the medical institutions operated by Western missionaries. From the 1930s, however, the Japanese took control and firmly established its “absolute isolation” policy, in spite of the opposition missionaries voiced because of humanitarian concerns. After Japan evacuated from Taiwan in 1945, the prewar isolation policies persisted until the early 1960s, when Taiwan fell under the sway of the United States and, once again, Western missionaries. Using Hansen’s disease as an example, Fan demonstrates that the formulation and execution of disease control policies were embedded in a complex social network that involved many actors, systems, and historical influences.

Chang Shu-Ching 張淑卿 examines, in “From Controversy to Compulsory Inoculation: The Poliomyelitis Vaccine in 1960s Taiwan,” a debate on medical safety. When Taiwan faced a shortage of vaccine during the polio epidemics of the 1950s and 1960s, Dr. Hsu Tse-chiu 許子秋, the director of the Taiwan Provincial Health Department, used his personal connections to obtain from Japan, at no cost, oral vaccines that were soon to expire or had already expired. Chang analyzes the responses of different actors to Hsu’s enterprise: medical heavyweights asserted the effectiveness of the vaccine, government officials assured people of its safety, and Hsu deemed all criticism self-interested and petty. According to Chang, from 1966 Taiwan’s health authority initiated comprehensive inoculations with the help of the United Nations, successfully reducing the number of infected cases since 1966. Chang looks closely at how the controversy started and how stakeholders reacted, but she devotes less space to how the controversy ended. Readers may be curious about how the government or Hsu rebuilt their credibility and allayed public concerns so as to facilitate the subsequent nationwide inoculation. In her introduction, Chang proposes to incorporate four STS perspectives: a positivist approach, a group politics approach, a constructivist approach, and a social-structural approach. However, she never indicates how these approaches are applied. Because the study involved technology, knowledge, society, and politics, the application of more consistent analysis would not only improve our understanding of this historical moment but also make a singular contribution to STS.

In “Continuity or Discontinuity: Modern Public Health in 1940s China,” Liu Shiyung 劉士永 shows that although public health officials and medical professionals connected to Chiang Kai-shek’s regime worked closely with American advisers while in mainland China, political chaos made infrastructural improvements impossible. On the other hand, in Taiwan the Japanese government established a public health infrastructure modeled on Germany’s, enforcing it through a sanitary police system. Liu suggests that the two styles of public health converged in Taiwan after the end of World War II, a period of tremendous improvement to public health attributable to collaboration by Chinese professionals from the mainland and Taiwanese who had been trained in Japanese institutions, with resources and assistance provided by American experts. When malaria was eradicated, American-style systems received a great boost. Still, Liu’s view that Taiwan’s public health experience was a success in the 1940s and 1950s is debatable. By focusing on success in the control of infectious diseases, Liu appears to have overlooked the failure of the health authorities in other areas. For instance, there were few efforts to ensure equal access to quality medical care, to improve sanitary conditions, or to enhance workplace safety. In addition, it should be recalled that the public health successes praised by Liu were achieved during a period of tight political control when labor and civic groups were kept on a very short leash. Liu’s assertion that leading roles in public health systems shifted from physicians to a more diverse group may also deserve closer investigation. If we consider a longer time span or adopt a broader perspective, we may find that physicians’ dominance continued throughout the studied period into the present. Furthermore, in response to Liu’s claim that among those areas that received postwar aid from the United States Taiwan was uniquely successful, one wonders what attributes Liu considers responsible for this sort of achievement.

A study by Liu Yen-Chi 劉燕琪 addresses the outbreak of bubonic plague that occurred between 1945 and 1952 on Kinmen, an offshore Taiwanese islet close to the coast of southeast China. According to Liu, before Kinmen became an important military base in the conflict with Communist China, it received little attention or resources from the central government; it was not until 1949, when the anticommunist Republic of China army took control of this strategic islet, that effective public health measures were enacted. On the other hand, the local community was active and motivated. Aid was sought from overseas Chinese, and villagers were mobilized to improve sanitation. Some resorted to traditional therapies, religion, or superstition, and some forms of quarantine and exclusion measures were established to separate the sick from the healthy. With the arrival of the army and the implementation of martial law, however, the strength of community ties faded. Liu vividly describes the different reactions of common people and government officials to the deadly epidemic. By illustrating the multifaceted characteristics of public health, this story reminds us that in many cases tight political control contributes to the effectiveness of efforts to stem mass infections.

The book's last chapter, "The Patriotic Hygiene Campaign and the Restructuring of Chinese Society," was written by Iijima Wataru 飯島渉. After a discussion of the bubonic plague that swept through Manchuria in 1910 and 1911, followed by a survey of Japan's establishment in occupied China of modern public health systems, Iijima then turns his focus onto the antischistosomiasis campaign that took place in China in the early 1950s. Iijima points out that public health activities initiated by the communist government against this parasitic disease complemented a political agenda bent on nation building and social restructuring.

The studies collected in this volume share a number of shortcomings. First, while the historical data are abundant, they are not well analyzed in accord with well-defined theoretical perspectives. Some articles address too many themes without having a clearly stated analytical plan, making it difficult to follow their arguments. Second, few studies discuss the implications of these historical events for the present. Another problem is that these studies address a disparate range of topics, making it difficult to perceive a central theme. In addition, the book's subtitle—"One Century of Public Health in Taiwan"—can only be applied to some of the studies.

Despite these problems, Fan and colleagues have enriched our understanding of "colonial modernity" in East Asian by expanding the geographical frame of reference and the time frame. Historians who study public health will find this book a great inspiration for future research. Public health professionals who wish to gain a better understanding of the development of public health policies will also want to read it.