CHAPTER 6

Contagious Texts

*Inherited Maladies and the Invention of Tuberculosis*

The *jiaoshu* [top-ranking courtesan] Lin Daiyu hails from Songjiang. When I met her years ago in Tianjin, her bright eyes and skill in the art of love had already established her as a top courtesan of incomparable fame. Shortly afterwards she established herself in Shanghai, and her fame soared to new heights. During the past ten years, everyone who happened to come to Shanghai from high-ranking official to noble lord, from poet to scholar, considered her the number one. While well-versed in the literary arts, and skilled in poetry composition and singing, this *jiaoshu* is particularly skilled in social intercourse and knows the art of pleasing. Those critics who sneer at her, reproach and slander her, do so not on the basis of having observed her behavior but on the basis of rumors. In truth, nothing in her behavior needs to be concealed. But [the harm is done by] those who discuss [her case] without being able to make the distinction between black and white [truth and falsehood]. As a result they have eclipsed her virtue instead of making it known. This is what I find so lamentable.¹

This letter to Li Boyuan, the political novelist and publisher of the early twentieth-century newspaper *Entertainment*, printed on the front page, protested Lin Daiyu’s low ranking in the annual flower election—the rankings of Shanghai’s best courtesans hosted by the newspaper. There was, in the last decades of the nineteenth century and first decades of the twentieth, a succession of famous courtesans in Shanghai who took the moniker Lin Daiyu.² Many sequels to *Story of the Stone* were written in this period, and many of them sought to recast or reincarnate Lin Daiyu as a strong primary wife.³ The original figure of Daiyu upset social order by her status as consumptive orphan and her affiliated actions of dying for passion and challenging the Confucian status quo. If sequels often sought to eliminate or
mollify traumatic antinomies caused by making *Story of the Stone*’s Daiyu more domestic and responsible, these depictions of the courtesan Daiyu did the opposite.4

These courtesan Daiyus were path-breaking figures, public women who elevated their own status by claiming for themselves the roles of professional public entertainer, fashion icon, and arbiter of taste.5 Lin Daiyu in particular was widely written about in newspapers, guidebooks, and travel essays.6 Daiyu the courtesan also paradoxically features in numerous fictional works of the period, among them Zhang Chunfan’s 1910 novel *Nine-tailed Turtle* (*Jiuwei gui*). The courtesan Daiyu was Daiyu liberated. She was beautiful and pitiable, like the original Daiyu, but now even more widely admired and desired.

Unlike the original Daiyu, who suffered from consumption, the courtesan Lin Daiyu had syphilis. The trend that Lin Daiyu started in Shanghai of applying dark makeup around the eyes and penciling in eyebrows with charcoal (her trademark) was likely in part an effort to cover up scars left by syphilis and eyebrows that had fallen out.7 Tabloids presented conflicting images of Lin Daiyu, particularly as she aged. They described her as “lonely” and living in “miserable conditions” even as they enumerated her many jewels.8 If in the nineteenth century “every languishing young lady imagined herself a Daiyu,” in the modern era, it was no less the case for fashionable, modern young women to imagine and admire the courtesan Daiyu.9 Daiyu’s (evolving) character type was itself a tainted inheritance for women. While the courtesan Daiyu was only the most recent image in a long lineage of Daiyu models for women, and thus was always in part a figure of nostalgia, she was often represented in novels and media that were in many ways globalized. Courtesan novels were serialized in Western-style periodicals and newspapers, they moved about the foreign concessions of Shanghai, and they adopted and incorporated Western fashions and technologies into their texts. The courtesan Daiyu was a new threat to a new social order, with her body, with her attitude, and her popularity: “Every stinking man who talked of the courtesan quarters was saying Lin Daiyu, Lin Daiyu.”10 In the early decades of the twentieth century the figure of Daiyu was modern and nostalgic, familiar and dangerous. If the iconic image of the Shanghai courtesan gave way to the disease-carrying, publicly visible, disorderly, and victimized “pheasant” prostitutes who walked the streets of 1940s Shanghai, the courtesan Daiyu still had years to exert her influence on the conception and formulation of the modern woman as circulating
publicly, cut off from but a threat to family, embodying independence, sexually alive, and living with illness.\textsuperscript{11}

**TRANSMITTING PAST KNOWLEDGE IN THE PRESENT**

Vernacular texts such as newspapers and fiction continued to transmit dusty medical knowledge well after medical officials had repudiated it in the early decades of the twentieth century.\textsuperscript{12} Records of people passing the illness (guolai), for instance—the practice by which one cures oneself of a disease by having sex with a stranger and infecting them with it—persisted in China until at least 1937. The problem with stories about passing or selling sickness, according to the prominent twentieth-century writer Zhou Zuoren (1885–1967), is that they not only disseminate false medical knowledge; they make for bad literature. Zhou questioned whether the falsity of information carried in a story could be divorced from its (poor) quality as fiction. According to him, though these stories might come from the weighty brushes of the ancients or appeal to the general taste, “they have no basis in fact” and “in the interest of truth they should be rectified.”\textsuperscript{13} But more so, “even judged as anecdotal literature [suibi wenxue], there is nothing to recommend them.”\textsuperscript{14} Fiction and stories, at least in the modern period, had some responsibility to tell the truth either through a kind of realism that challenges false but very real practices, or by simply disseminating true, scientific information. But why did these stories about “selling the sickness” persist? Zhou argued that it has to do with a fundamental salaciousness (xiangyan) and eccentricity (liqi) in the Chinese psyche.\textsuperscript{15} He wrote that the Chinese have historically gotten overwrought about sex, that so many of their stories’ descriptions “begin with wasp waists and end with tiny feet.” But the Chinese, wrote Zhou, are also eccentrics at heart, by which he meant that they are interested, as are all humans, in tales of outlandish things. But, he claimed, the Chinese have a particular ability to discard whatever truth might be found in tales of romance or the marvelous—they “eat scabs without regard to the flow of blood” (shijia buxi liuxue).\textsuperscript{16} That is, they have an unhealthy penchant for fiction without regard for its use or function. They took the fiction for reality and were not able to benefit from fiction because they were not interested in becoming talented readers.

Perhaps readers had become accustomed to gleaning much of their scientific knowledge from novels. Zhou blames readers of modern
fiction for having an overdeveloped willingness to suspend disbelief, but Li Yu and others had been accusing their readers of doing the same thing for centuries. Zhou’s critical discourse of literature’s failure to be modern by transmitting new information and challenging received wisdom would have been familiar to seventeenth-century century readers of fiction criticism. The problem for Zhou was not just in literature’s failure to clearly represent scientific knowledge but also in readers’ inability to read for it. Readers of modern fiction were looking for entertainment, and were not themselves scientific; rather, they were desultory, wanton, and careless.

The present was being infected by stories from the past. Premodern medical knowledge of all kinds was latent in modern Chinese fiction. Granted, premodern medical knowledge of all kinds continued to be practiced by many kinds of doctors well into the Republican period, if the manuscripts contained in the Berlin collection are a fair sample. Yet many works of vernacular literature or film that strove to be modern or that were appreciated because they were modern, foreign, or “scientific” were infected by what came before.

Certain diseases are often believed to be conditions of modern times. The fact that some diseases appear to be modern derives in part from the emergence of the biomedical concept of contagion. The germ theory of disease began to take shape in the 1880s, and quite a few Chinese fictional works from the last decades of the nineteenth century and the first decades of the twentieth address contagion as an emblem of modernity—a diagnosis that conditions subjectivity and an agent that defines borders and spheres of interaction. Contagion undermines old conceptions of illness and contributes new biomedical perspectives. It changes the way we think about all sorts of daily practices and interactions, including coughing, shaking hands, and the use of toilets, because blood, feces, sputum, and breath come to be perceived as potential vectors of disease transmission. Practices that might spread a particular illness become associated with all illnesses. Infectious disease passes among people who come into contact with one another or are part of the same group, and contagion defines social groups by those same pathways of transmission. These pathways link people not only in space but also in time. As revolutionary, modern, and Western a notion as contagion was in China, its effects on medicine and literature had close ties to the past.

Illness in modern Chinese fiction from the fin de siècle period through the Second World War, like depictions of illness in premodern
fiction, is typically more about having an illness than about contracting one. The concept of contagion did not appear to be revolutionary to many modern authors; instead, it functioned merely as a useful way of pointing out just how ignorant, tragic, or uncivilized many of their fictional subjects were. Literary works typically focused more on processes of contamination than on contagion. Some of Chinese fiction’s most famous modern characters are marked by their illnesses—in fact, they are often marked as modern by their illnesses. The representations of these characters’ illnesses are indebted to traditional fiction, and the ultimate cause of their illnesses is often a tragic inheritance from their ancestors. Chinese fictional depictions of tuberculosis from the late nineteenth and early twentieth centuries in particular reflect an overlapping set of understandings of contagion (*chuanran*), including not only the modern, biomedical understanding of the concept, but also a set of more traditional understandings as developed within Chinese medicine, fiction, and religion. Modern sickness is described in terms of traditional medicine, and tradition itself is identified as that which makes moderns sick. For characters in modern Chinese literature, traditional Chinese culture is the contagion, and the traditional family is the vector.

**Tuberculosis, Contagion, and Translation**

Tuberculosis (TB, *feijie he*) was the paradigmatically modern illness in fictional and medical literature in the fin de siècle period, yet TB is described in modern Chinese literature as moving between people according to all three traditional notions of *chuanran*: pouring (*zhu*) or dyeing (*ran*), sex, and contact with the sick. If external causes of depletion disorders had been internalized in the late Ming, subjugated to emotions as the cause of consumption, they returned in the modern period attached to metaphors of the “new” tuberculosis. In traditional literature that discussed disease, there are many illnesses that share symptoms and treatments with *laozhai* consumption. Most of them evoke infection by ghosts, demons, or ancestors: exhausted sacrifice (*laoji*), corpse infection (*shizhu*), worm infection (*chongzhu*), ghost infection (*guizhu*), “innocence” (*wugu*), and so on. The infectiousness of premodern diseases that share symptom sets with what modern medicine calls tuberculosis was described as early as the Jin dynasty by Ge Hong. He called these diseases corpse infection (*shizhu*) and pointed out that the disease could be passed from a dead person to
other members of the family and could cause the extermination of the entire line." In his fourth-century book *Master Who Embraces Simplicity* (*Baopuzi*), he describes corpse demons as having the form of worms. Although the disease had demonic origin, its treatment was pharmaceutical rather than ritual. According to Ge Hong, ghost or demon infestation is the same as corpse infestation, the last in a group of five types of affliction caused by different sorts of pathogens known as “corpses” (*shi*). Corpse infestation brings along a host of accompanying demons and ghosts to cause harm. The disease undergoes a prodigious number of transformations, and comprises thirty-six or even ninety-nine varieties in all. These beliefs were alive and well in the first decades of twentieth-century China. To give an example from the Berlin medical manuscripts, one healer records, “27th day: the patient has met the unsettled spirit roaming in the west who has sent out the demon responsible for consumption disease [laobing gui], named Du Shifu. . . . The demon sits behind the door in the house. Revealing this will be very auspicious. There is no need to pay [the demons] money to send them away.”

Traditional notions of contagion did not completely disappear with the dissemination of germ theory, even in the truth-telling fiction of the most informed moderns. One reason for this may be the shared symptom sets of traditional depletion disorders and the seemingly modern, Western, consumptive illnesses. The coincidence of these maladies encouraged mutually reinforcing portrayals of them. In the early years of the twentieth century, the translation of romantic writers, while not at all systematic, was voracious and pervasive. These writers often portrayed tuberculosis as a particularly “modern” disease—not in its etiology but in its effects. In 1899, Lin Shu (1852–1924) translated Alexandre Dumas fils’s *La Dame aux Camelias* into classical Chinese. The original story describes the most beautiful, popular, and charming courtesan in Paris, Marguerite Gautier, and her love affair with an aristocrat, Armand Duval. Armand comes to love Marguerite because of her pure and seemingly virginal yearning for true love. Armand’s father intervenes to salvage his family’s reputation. Marguerite nobly and tragically leaves Armand and, pining for him, dies of consumption. Despite being rendered into classical language, Lin Shu’s *Chahua nü* (Lady of the camellias) became incredibly popular with modern readers. Many believe its attractiveness to have been a result of its very modernity, its newness, and its foreignness: “The amazing popularity of *La Dame aux Camelias*
in China also reflects the romantic sensibilities of a whole generation gradually liberating itself from traditional values and inhibitions.”

But these new, foreign works also reflected deeply held native beliefs. Associations with Western consumption, “thought to produce spells of euphoria, increased appetite, and exacerbated sexual desire,” were taken up by the new generation of Chinese writers. As Zhang Gongrang (1904–1981), himself a former consumptive, put it, “consumptives have especially strong sexual requirements.” Those Chinese heroines who suffered from consumptive depletion disorders in the Ming were tied to sexual activity, but in the Qing these patients suffered from passionate longing rather than passionate activity. In the modern period, Western metaphors and biomedical notions complicated the representation of these illnesses even further. One example of this is the overlap of metaphors across diseases. For instance, in European fiction and essays, syphilis and consumption often compelled their victims to feverish creativity and great writing activity. Zhang asserts that “consumptives seem to be especially intelligent, and especially sensitive. . . . From ancient times, great writers and poets, like Dante, Goethe, Gorky, Lu Xun, and even our own Lin Daiyu, have all had lung disease.”

Ironically, the fusing of modern Chinese associations of tuberculosis with imported associations with syphilis portrays the Republican-era consumptive as suffering from a complex very much like those we find in novels and medical literature of the late Ming, such as Plum in the Golden Vase’s Li Ping’er. Capacity for emotion, evidenced by feverish writing, typifies modern metaphors of tuberculosis in May Fourth literature, as does the conflation of sexual experience with chastity, fiction with reality, and the past with modernity.

In the Chinese translation of La Dame aux Camelias the interplay between the virgin and the courtesan, which is essential in the Western text, disappears, and the emphasis is placed instead on the protagonist’s purity and moral superiority. With the introduction of terms such as “propriety” (li) and “chastity” (zhen) into the Chinese text, Marguerite becomes familiar. More generally, the process of translation “is literally the process by which a Chinese reader recasts the foreign as familial.” But with Marguerite—especially in light of her becoming less sexualized, more chaste, more virtuous, and thus more like the archetypal suffering beauties of the Chinese tradition—it is also the familiar that is presented as foreign. In the case of Chahua
nū, this is accomplished in part by the loose translation but also by the romantic quality of the original text.

Lin Shū’s Marguerite is beautiful and full of desire and passion but is not able to express her passion fully. Although Marguerite and Armand’s many sexual encounters are often shortened, removed, or rewritten in the Chinese version, her consumption is conditioned by her desire and her inability to express it. Toward the end, in letters to Armand, she writes that she “coughs blood all the time.”32 Lin Shū’s Chinese translation reads, “The doctor has forbidden me to write. Sitting thus and thinking only makes my fever worse.”33 TB, in other words, is not only a disease of romantics but also of intellectuals. Moreover, it recalls not just the excessive emotion of depletion disorders but the stagnation, consumption, and dreams that result from pensiveness and literary activity.

Marguerite closely resembles Lin Daiyu in other ways as well: in the fact that her illness heightens her unlucky (or boming, “meager-fated”) condition, in her beauty, and in the tragedy of her death.34 The tubercular body is concealed in favor of the tubercular metaphor; we witness the coughing of blood, the willowy waist, the flushed cheeks, and the feverish forehead, but the paroxysms and the strained face of the illness and of sexual intercourse are absent from the Chinese version. Daiyu similarly suffers from a disease of (unexpressed) passion that literally consumes her—with her inner heat manifesting itself though the expectoration of blood.

La Dame aux Camélias employs concepts of contagion rhetorically and metaphorically. First, Marguerite and Armand are surrounded by a culture and society that they frequently describe using metaphors of disease. Armand describes himself as a parasite of love, and characterizes vices as diseases: “when I was cured of Marguerite, I would be cured of gambling.”35 He also describes love in terms of disease, “the habit of seeing me—or rather the need to see me—which Marguerite had contracted.”36 Marguerite describes a luxurious apartment, “the whole place furnished in a manner that would take a hypochondriac’s mind off his ailments.”37 Disease is coupled with decadence, as asceticism is coupled with the cure. Second, contagion is applied to elements that are not medical pathogens. When Marguerite is out with her other lovers, Armand feels ill, and when he retaliates out of jealousy, Marguerite’s illness worsens. Thus, they alternately infect each other, with Marguerite’s death resulting in Armand’s illness. This culture of sickness and the ability to infect each other with real or
imagined disease highlights the individual’s subjectivity among and in contradistinction to healthy bodies.\textsuperscript{38}

The Chinese version of the novel lacks or twists most of this sort of discourse. There is much discussion of Marguerite’s illness, but very few “parasites,” little “infection,” and no “contagion.” There is one instance in which Armand mentions how he is “infected by love” (\textit{zhanlian}), and another in which Marguerite specifies that she is not, but for the most part, it is Marguerite who is sick, not the world she inhabits and by which she is infected.\textsuperscript{39} There is no \textit{chuanran} in \textit{Chahua nü}, but there are a few instances of \textit{zhan}. Meaning “to infect, stain or moisten,” \textit{zhan} recalls the traditional link between moist environments, miasmas, and infection. Similarly the links between consumption, desire, and reading and writing are preserved in—or at least reintroduced into—the Chinese version, with Marguerite being forced by her doctor to stop writing letters, and with her tears moistening (\textit{zhan}) the page.\textsuperscript{40} Marguerite says that her consumption is both the cause and the result of her obsession with letters. In general, the world of \textit{Chahua nü} is less infectious than that of \textit{La Dame aux Camelias}, and the Marguerite of \textit{Chahua} is ill more due to her inner life—her thinking, her writing, and her feeling—than is her French counterpart, who is sick because “her past [“life of dissipation, balls, and even orgies”] appeared to her to be one of the major causes of her illness.”\textsuperscript{41} Like the protagonist of the original novel, the Chinese Marguerite is subject to a heightened sensitivity, and her illness “continued to stir in her those feverish desires which are almost invariably a result of consumptive disorders.”\textsuperscript{42} Marguerite’s consumption in \textit{Chahua} becomes more about desire and less about sex, more about her personality and less about her circulation in a sickly world. Her attachment to letters points to this circulation and to a removal from it. Her illness, like her writing, hints at a previous life of love and intimacy, which has now been replaced by passionate longing.

So how did the Chinese Marguerite get consumption? She does not contract it through sex or sin, as in the French version, but rather she manifests it as a latent symptom of her congenital predisposition to desire. In Lin Shu’s translation, Marguerite writes, “Today I am very sick. I may die of my illness. I am terribly weak and have had the illness for a long time. I know I cannot endure—like my mother who also died because of consumption. She bequeathed to me the origin of this illness. It is the family legacy that was left to me.”\textsuperscript{43} The mode of transmission reveals the degree to which the illness is intertwined
with her personality. Marguerite’s consumption appears to be congenital, and either is part of her personality or conditions it. Armand even says of her condition, “It is not illness, it is Marguerite.”

The aspects of contagion that transform premodern consumption into modern tuberculosis, namely germs or bacilli, did not get translated in Lin Shu’s version of *La Dame aux Camelias*. Instead, traditional medical beliefs and traditional medical metaphors are used to translate modern or foreign medical discourses. But there were many modern and Western metaphorical aspects to Marguerite’s consumption that did get translated. The most important of these is that Marguerite was of a lower economic class than many fictional consumptives of her day in China. Tuberculosis was, after all, called a “rich-man’s disease” (*fugui bing*). Although it was now a disease also available to the lower classes, consumption continued to be associated with refinement and sensitivity. It made the lower class more attractive, and brought the conditions of boredom and decadence, with which it was associated, to less affluent romantics and intellectuals.

Daiyu has always been sick; Marguerite has always been sick. Both are passionate, careless about the adverse effects they know their actions will have on their health. The difference is retribution (*bao*). Daiyu suffers from karma. She has a debt of tears from a previous lifetime which she must pay through a consumptive death, the tears giving way to the heat, dryness, and blood of exhausted longing. Marguerite (at least in the Chinese translation) suffers from hereditary. She has inherited her illness from her family, from her remembered past. She, too, is a passionate and frail beauty, predisposed to illness, but she acts on her passion. It is her feverish circulation among people that activates her latent illness—but that is what makes her consumption modern. Either way, Marguerite and Daiyu both inherit their consumption, and other modern characters seem to get it from them.

**The Case of Qiu Liyu**

That tuberculosis was conflated with venereal disease in the early modern period makes sense given its metaphorical implications of class, circulation, and passion. This conflation is further interesting because of the early associations of depletion disorder with sex, passion, and longing. One modern example of this comes from the opera *The Predestined Affinity of Sickness and Jade* (*Bing yu yuan chuanqi*),
first published in 1907 and performed frequently in the twentieth century. It is the story Chen Qi, from Anhui, who is traveling in Guangdong looking for a relative. He loses his money and accepts a proposal from a matchmaker to marry into a wealthy local family. The Qiu family has plans to take him in so that their daughter, Liyu, can pass her congenital mafeng on to him and cure herself. Chen is delighted when he sees that Qiu Liyu is exceptionally beautiful. She falls in love with him and vows not to pass the illness to him. They hatch a plan, tell everyone that they have consummated the marriage, and Chen escapes back to Anhui. Meanwhile Liyu develops the illness and is expelled by her family. She begs her way to Anhui, finds Chen, and is warmly accepted by his family, who are grateful that she saved their son’s life. She is aware that she has become a burden to them, though, and decides to commit suicide by drinking wine from a vat into which a poisonous snake has fallen. Unexpectedly, her disease is cured. The happy couple then returns to Guangdong and cures many mafeng patients with their viper wine.

There are many traditional themes deployed to accentuate the tragic features of the custom of passing the illness. Qiu’s beauty and virtue, her tragic fate of being born with a fatal disease, her selfish family, the serendipitous cure of viper wine, the miraculous effect of selfless suicide, and so on were all topoi common in traditional fiction and drama. This terrible, traditional practice of guolai is combated by the virtue of Qiu Liyu. While the author points to the dangers of backwardness, he also systematically uses modern medical terms, such as translations of the Western terms “hygiene” (weisheng) and “microorganisms” (mei jun wei shengwu). But it is not modern medicine that cures Liyu; it is her virtue as a sexually contagious virgin, the abandonment of her family’s tradition of spreading disease, and her disciplined self-control that cures her.

Liyu is a modern enough woman to be able to cure not just her disease but the family and traditions that originated and sustained it. Chen falls in love with Liyu’s natural, unbound feet. Although she is from the south, she is not uncivilized; she is a liberated, modern woman. Chen says to himself, “If she is not a Guanyin of the southern seas, she must be a woman literatus of Western Europe.” Chen asks if the virtuous but sexually contagious Qiu Liyu is “another Camellia of France.” She is wise, almost foreign, but also familiar. She is a liberated woman with traditional virtues. She has a sexually transmitted disease but the virtues of a consumptive virgin.
It is difficult to believe that the title of the play *The Predestined Affinity of Sickness and Jade* is not referencing the title by which *Story of the Stone* was known in Shanghai from its first edition published by Tongwen Shuju in 1884 through the early decades of the twentieth century: *The Predestined Affinity of Gold and Jade* (Jin yu yuan).\(^5\) The formulation is a strange one, though, since in *Predestined Affinity of Gold and Jade* the “jade” refers to the hero, Jia Baoyu, and the “gold” to the Confucian heroine, Xue Baochai. In *The Predestined Affinity of Sickness and Jade*, the hero and heroine have been replaced by the heroine (“jade” now referring to Qiu Liyu) and the illness (*bing*). This is the affinity of the heroine and her illness. In recalling *Story of the Stone* and Marguerite (and the woman European literatus), the author and audience must have had some sort of Lin Daiyu in mind, but a more active one, and a more Confucian one. For all of its modern medical rhetoric, the effective medicine in this story is not modern but traditional and sympathetic, with like curing like. The modern, female protagonist of the story is a chimera of old and new. She evokes Daiyu, but as soon as she is cured she returns to the backward south to cure those who engage in traditional practices.

**THE CASE OF MISS SOPHIE**

“Miss Sophie’s Diary” (*Shafei nüshi de riji*), Ding Ling’s (1904–1986) popular 1928 story, presents another consumptive heroine, this one intended to be distinctly modern. This story uses a robust medical discourse to describe love, in the style of the Western *La Dame aux Camelias*, and presents the heroine as a truly liberated woman. In fact, while Sophie’s disease confines her in some ways (for instance, it prevents her from having a job), it also liberates her in others (it encourages reckless behavior). Sophie falls in love with a beautiful but soulless man from Singapore, the first man she has fallen for since her previous homoerotic relationship. She lives alone in Beijing, away from her parents, in a series of dreary, plain rooms. She breaks from traditional social norms, but as a result often feels lonely, isolated, insecure and melancholy, miserable and degraded.

Sophie presents a typical example of the modern tubercular. There seem to be two basic ways of talking about TB in modern Chinese fiction. On the one hand is the lover—the passionate, sensitive iconoclast who suffers consumption as an extension of lovesickness, repression, or exhaustion. On the other is the alienated modern citizen—whose
experience of tuberculosis is through melancholy, weakness, and masochism. Sophie is both of these. Tuberculosis (*laobing*), was an old illness, and giving it modern meaning could not entirely erase the old associations. Sophie describes herself and her world as thoroughly modern—she masturbates regularly, and speaks of infection and nervous headaches. In her first diary entry, she describes reading advertisements in the newspaper about lawsuits over divisions of family property, ads for 606, venereal tonics, cosmetics, announcements of the latest shows at the Kaiming Theater, and the Zhengguang Movie Theater listings. That 606 (Salvarsan), a treatment for syphilis, should be so casually named reveals that venereal disease and its tonics were as much a part of modern life as cosmetics, movies, and the fragmentation of the family. At the same time, however, modern subjects such as Sophie and Qiu Liyu conflate high and low class, lovesickness and venereal disease. Sophie has a disease of refinement but portrays her consumption as a venereal disease—something that happens to people who circulate in society without regard to health or decorum. Sophie remains tied to the past. She talks about her fear of ghosts going back to when her uncle read her stories from *Strange Stories from Liaozhai* (*Liaozhai zhiyi*, 1766) and how even exposure to scientific textbooks in school did not assuage her still real fear of ghosts. She also discusses her friend Yunjie, who used to sing arias from *The Peony Pavilion* before she died from loving “that ashen-faced man.” Sophie’s lovesickness recalls Yunjie’s, a traditional malady of young, unmarried women.

“Miss Sophie’s Diary” also uses modern medical vocabulary. Although Sophie often refers to her condition obliquely as “my illness,” she also uses the modern medical term imported from Japan, *fei jiehe* (which was based on the term “nodule” or “tubercle” *jiehe*), and twice uses the generic term *feibing* (literally, “lung disease”), which was the term for TB preferred by Chinese authors in the modern era. At one point she remarks, “I’ve never figured out what it is in me that they love: Do they love my arrogance? Do they love my temper? Do they love my tuberculosis?”

Despite the modern terminology for her disease, Sophie brings Lin Daiyu to mind. Like Daiyu, Sophie also claims that her diary, rather than being a record of her life, is “the sum of all my tears.” The refrain that runs through the story—“I’ve always wanted a man who would really understand me”—might as well have come from Daiyu’s lips. Daiyu cannot escape the house, or her self-pity. Sophie at least
escapes her house. Also like Daiyu, Sophie’s consumption is bound up with her unexpressed passion. Marguerite may have developed consumption from her engagement with other bodies, but it causes her to fall in love with Armand and to withdraw from the world—entering it only through the circulation of letters. Sophie engages with other bodies after she contracts TB. What should be debilitating for her inspires a careless life. Sophie is careless and wanton, but she is still a Daiyu, perhaps more like her courtesan iteration at times than the girlish original character of *Story of the Stone*, but much like both. The modern figure is sick and careless, but, like Daiyu, we do not know if her sickness is exacerbated by carelessness (as when Daiyu becomes determined to die by ruining her health) or if it was contracted through carelessness. What we do know is that the modern subject who is sick and careless draws heavily and directly on age-old concepts found in fiction and medical literature.

Like Marguerite, Sophie is frequently bored, and her awareness of that state underscores her modern condition: “There remained little else to do except to sit and sulk all by myself, by the heater. The trouble was, even sulking became routine.” Sophie is decadent, and though she lives in cheap apartments, she constantly engages in reflective self-pity. In her self-awareness and in her financial condition Sophie is a modern subject. It is because she expresses her desire explicitly that she is modern. In the first lines of the story, Sophie refers to “boiling her milk” for the third time—a reference to masturbation. Satisfying herself in this regard ties her to the passionate, longing, consumptive beauties who preceded her, but doing something about it shows that she is a semiliberated, modern woman: “In order to save myself from the temptation of sensuality and the disintegration it brings, I’m going to Xia’s place tomorrow morning.” Sophie’s course of treatment, however, is primarily traditional: she takes the bitter medicine prescribed to her, though it does no good, and she receives from her doctor the same advice given to Marguerite—to “eat and sleep a lot, and not to read or think.” She sees a Western doctor, but he only indicates that her situation is hopeless.

The paradox of debilitation and inspiration that comes with consumption makes it the perfect condition to describe the quasiliberated woman in 1920s and 1930s China, who was only partially freed from the traditional and institutionalized modes of womanly behavior. Sophie has an ambivalent attitude toward sex. She is critical of friends who “suppress the expression of their love,” suggesting that she
herself would not be so restrained, but she also worries that her own actions are not those of a “respectable woman.” She defiantly proclaims her passionate desires, yet does not feel free to indulge them. Her sexual desires and her tuberculosis function analogously and in tandem—both are powerfully destructive forces, deeply subversive of physical and mental well-being, and both may result in either annihilation or liberation. Sophie and Marguerite use their illness as an excuse when attempting to dismiss a man who has come to call. In this way, the culture of illness found in Dumas is apparent in Ding Ling, as a way of giving young women power, control, and agency.

Perhaps most interestingly, we never learn how Sophie contracted TB. She speaks as though it has been with her a long time, perhaps since birth, and it appears to be manifested through her repressed passion, her anger, and her melancholia. She is, in other words, a modern woman with an old disease. At the same time, however, her illness helps make her that which can chuanran—that which can circulate and stain. She can be the infectious element that is passed between people, infecting them: “Jianru got sick because of me. I think that’s great. I’d never refuse the lovely news that somebody had gotten sick on account of me.”

Tuberculosis in the modern era tends to be depicted as an affliction one has, not a disease one gets. But perhaps as a way of highlighting that it is only certain types of people and characters (creative types and lovers) who suffer it, having TB in Chinese fiction generally suggests the manner in which it was contracted. Like the terms chuan (transmit), ran (dye), and zhan (stain), consumptive disorders like lao were often categorized in medical texts as “pouring [zhu] illnesses.” In the Sui and Tang periods, some zhu disorders were called guizhu (“ghost pouring” or “demon influx”), or shizhu (“corpse pouring out”), and these were classed as disorders of the lungs lao or laozhai. In turn, many modern scholars often translate them as, or affiliate them with, tuberculosis. Zhu disorders are caused by pollution, incited by death or demons. Some contend that a person could be contaminated by proximity to death or demons; others give the patient more agency and responsibility for zhu illness that inevitably resulted from disturbing the world of demonic forces. Sophie’s fear of ghosts, her ambivalent stance toward the past, her (actual or perceived) sexual and moral transgressions, and her inauspicious, careless existence suggest that her consumption is not only reflective of her personality but punishment for it.
Even with its modern name, tuberculosis still has many traditional associations in “Miss Sophie’s Diary.” Sophie does not seem to have so much contracted tuberculosis so much as it has always been part of her, like her temper or her arrogance; the story emphasizes not how she got tuberculosis but rather how she exacerbates it through repressed or unexpressed passion. Sophie is the kind of person who has TB and who wears the disease like an ornament. This mode of “transmission”—the predisposition to tuberculosis—seems innate, or inherited: “Perhaps I was born a hardhearted woman, and for this I fully deserve my share of sorrow and distress.” Although tuberculosis has often been portrayed as a disease of lovers who perhaps contract it through intimate contact, it is just as often depicted as the result of a passionate mind struggling to liberate itself from traditional cultural and social structures. The modern representation of tuberculosis in China has as much to do with national concerns and patriotic striving as with amorous dispositions. Sophie represents the culmination of decades of metaphorical discourse that has associated the modern with sexuality, passion, and the city. She is also an example of a new kind of tubercular, who explicitly works against traditional social expectations. And yet, she is also an archetypical consumptive. She is a virtual orphan, and her individuality, solitude, and repressed passion—which all contribute to her illness—are a result of her having been being separated from her family. This is the common image of the tubercular patient in modern Chinese fiction—one who leaves her parents but who has figuratively inherited the disease from them. The multiple origins of Sophie’s lung disease are seemingly reflected in the varied newspaper items she reads in her first diary entry: disputes over family inheritance, romantic films, and tonics for venereal disease.

Sophie is archetypal in that she is a culmination of the aspects of the tubercular patient in premodern Chinese literature, particularly vis-à-vis her status as a woman. But many of her traits find expression in other fictional TB patients. A brief survey of these patients includes Wang Wenxuan in Ba Jin’s Cold Nights (Hanye, 1947) and Ba Jin’s other tubercular characters in Ward Four (Disi bingshi, 1946) and Family (Jia, 1933), marked by melancholy and alienation; Lu Xun’s Little Shuan in “Medicine” (Yao, 1919), the victim of a backward nation; Lu Ling’s Chunzu from The Rich Man’s Children (Caizhu de ernümen, 1948), repeatedly betrayed by patriotic causes; Qin Shou’ou’s Qiu Haitang in Begonia (Qiu Haitang, 1941), betrayed
by patriotic causes as well; Su Qing’s character in her *Ten Years of Marriage* (Jiehun shinian, 1944), who, like Sophie, experiences tuberculosis as a side effect of freedom from an arranged marriage and traditional life; a young woman who is the arranged wife rejected for a modern woman in Feng Shulan’s “A Virtuous Woman” (Zhenfu, 1926); the narrator in Yu Dafu’s “Shining Paper Money” (Zhibi de tiaoyue, 1930), who has an ambivalent attitude toward his rural family and their traditional values; and Yu’s ailing and nostalgic writer in *Blue Smoke* (Qingyan, 1923) “both western Imperialism and the failings of an atrophied and feeble Chinese society, hobbled in tradition and lethargy.”68 Tuberculosis in Chinese literature has always been a symptom of a deeper malaise, usually functioning as a metaphor for a continually thwarted sensitive mind, a benighted populace, or an enfeebled nation.69

Sophie, in some ways, is a lens through which to understand tuberculosis in cultural elites. Many authors of fiction, such as Lu Xun, Zhang Tianyi, Jiang Guangci, Xiao Hong, and Yu Dafu, were suffering from tuberculosis in the 1920s and 30s. These writers fit popular conceptions of literati (*wenren*) as being both refined and shameless. Successful authors of the 1920s, in the (sarcastic) words of Zhang Kebiao, had to “like modern, fashionable clothes, have gourmet tastes, indispensable habits of drinking and smoking, peripatetic residences, gamble and patronize brothels, have debts, an illness (especially tuberculosis or syphilis), and the ability to chat and meditate.”70 Readers felt authors’ lives were romantic, and that *wenren* should recount their amorous liaisons, but these tubercular authors were generally not just romantic about romance (with the notable exception of Lin Shu)—they were romantic about modernity, and struggling against tradition. Nor did these authors contract tuberculosis in the old way. Many premodern and early modern cases of TB, both in fiction and in medical literature, suggest that it is pining—passion without action—that results in illness. This is the kind of consumption (*xulao*, “depletion exhaustion” or “depletion wasting”) that burns from the inside and consumes the patient as a fire consumes fuel. Premodern consumption is a wasting disease, in which the sufferer does not waste himself, does not throw himself away, but is consumed.71 Modern authors’ tuberculosis, by contrast, signified the sort of refinement that used to be respected but by this time was seen as increasingly decadent and backward.72
TRANSMITTED CORPSES

Rarely are we told explicitly in modern literature how characters or authors contracted tuberculosis. Mostly we are shown how they live and die with it, and what the symptoms signify. Sophie and the Marguerites have it congenitally, inherited from their parents either as a predisposition to passion or as a tainted inheritance. They suffer from the kind of TB that recalls depletion taxation (*xulao*), a burning caused by longing and confinement, suppressed and unexpressed passion—a form of the illness that evokes important and old literary uses while pretending to be imported from the West.

But modern fiction also invokes another aspect of TB as a contagious condition—namely that of “corpse-transmitted consumption” (*chuanshi lao*). Corpse-transmitted wasting is an ancient belief that dead things can emit “worms” (*chong*) that can infect the nearby living and make them sick. If elite medicine increasingly represented the etiology of depletion disorders as essentially internal issues of emotion and thought, vernacular medical tradition and religious texts consistently represented them as having distinct exogenous origins. Manuscripts discovered at the Mawangdui archaeological site make clear that elite medicine before the second century BCE held that bugs and demons played a decisive role in the generation of disease. The medicine of systematic correspondences, codified in the *Yellow Emperor’s Inner Classic* and the basis of the vast majority of medical texts for the next two millennia, simply ignored bugs and worms as pathological agents, and it was not until the late nineteenth and early twentieth centuries that tiny living things also termed “bugs” (*chong*) were once again acknowledged as disease agents, this time under the auspices of germ theory. But vernacular medicine, and the literature of pharmacology and recipe books, consistently transmitted concepts of bug pathology. Writings on exorcism (*jiezhu wen*) related to talismans and texts placed in tombs ward off evil discuss pouring (*zhu*) disorders within the framework of the “world of demonic forces” (*sha*) of religious Daoism and the Yinyang masters. One of these texts, the “Middle Book of the Most High Three Corpses” (*Sanshi zhongjing*, late Tang) states,

In the abdomen of every person dwell three corpse demons and nine worms which can cause great harm. They ascend to heaven on the *gengshen* day to make a report to the Celestial Thearch [Tiandi]. They record and report their host’s culpability in detail, cutting short his “life-register” [*shengji*], reducing his allotment of prosperity, and causing his untimely death [accordingly]. After the host dies, the *hun* soul ascends to heaven, and the *po* soul descends to the earth, while
the Three Corpse Demons wander around and are known as ghosts [gui]. These ghosts expect sacrifices during the four seasons and eight festivals. If the sacrifices are not rich enough, they will cause disasters, produce various illnesses, and damage human lives.\textsuperscript{78}

These corpse demons and corpse worms are agents of retribution. Even if they, like other bugs, disappeared from the discourse of elite medicine, the depletion diseases discussed in vernacular medical texts, fiction, and encyclopedias recalled them.\textsuperscript{79}
The retribution implied by depletion disorders caused by bugs or worms also evoked death pollution. Chao Yuanfang (fl. 605–16) describes four of these related conditions in his *Treatise on the Origins and Symptoms of Diseases* (*Zhubing yuanhou lun*, 1378),

When a person’s age-fate [nianming] is weak and he attends a funeral, his mind suddenly experiences fear of the inauspicious [wei’e]. The corpse worms [shichong] in his body, who by their nature dislike the inauspicious, are subjected to a malign influence and provoke a chronic illness. . . . Whenever he enters a place of mourning, the disorder always breaks out. Consequently, it is called mourning corpse [sangshi]. . . . When a person comes into contact with or approaches a corpse, the corpse qi enters his abdomen; together with the corpse worms within his body, it causes a disorder. . . . Consequently, it is called corpse qi [shiqi]. . . . Whenever a person dies of a *zhu* disorder [bingzhu], whoever comes to his house contracts the disorder [ranbing] and may himself pass away. That person may then pass along [the illness] to others. This is therefore called death pouring [sizhu]. . . . When a person approaches a corpse, if his body is depleted [xu] he will receive the corpse’s qi. It will dwell in his connecting vessels and bowels. . . . Therefore the disorder is called mourning infection [sangzhu].

Although Dr. Ren’s diagnosis of Li Ping’er in chapter 54 of *Plum in the Golden Vase* repeatedly makes it explicit that her disease is not of exogenous origin, once she dies, she is extremely contagious, dangerous, and polluting. Ximen Qing is told by the Daoist Master Pan to stay out of the sickroom while Ping’er is dying, lest he bring catastrophe upon himself, and another of his wives says to him, “Have you no compunction about crying that way face to face with a corpse? You run the risk of being contaminated by the evil qi from her mouth.”

It is also due to the contaminating power of corpses that Lady Wang orders to have Skybright’s body taken immediately to the cremation site in *Story of the Stone*. She says, “The girl died of consumption [niizi lao si], you mustn’t keep the body in the house, whatever you do.” Skybright was the young, beautiful maid that novel commentators believed to be a “shadow” of Lin Daiyu, both of whom are labeled by the novel as “meager-fated” (*boming*). Despite the fact that those invariably beautiful, unmarried young women are meager-fated because of karmic retribution for some past sin, they are paradoxically figures of sympathy, since there is nothing they can do in this life to escape their plight. The *Arcane Essential Prescriptions from the Imperial Library* (*Waitai miyao*, 752) of Wang Dao shows
that *chuanshi* was the same as “bone steaming,” and also known as “innocence” (*wugu*). Hong Mai called the disease “generational disease corpse transmission” (*shibing chuanshi*), making it clear that consumption was a generational disease, inherited from the family.

Beginning in the final years of the Later Han, the concept of inherited culpability (*chengfu*) starts to show up in religious Daoist writings, such as *The Scripture on Great Peace* (*Taiping jing*, Late Han dynasty). This notion suggests that disorders that pour (*zhu*) are essentially the result of the wrongdoings of ancestors transformed into a force that brings misfortune upon the descendants. *The Scripture on Great Peace* maintains that when ancestors are not able to exculpate or redeem themselves within their lifetime, their descendants will repay all debts. In this sense *chengfu* is a sharing of fate, a transmission of burdens. Certain “crimes may have been committed by only a few persons in earlier times, but the consequences involve later generations of the offender’s families and neighborhoods.” Vengeful demons, corpse worms, and corpse qi threaten the family of the deceased, and also those who live in the same area. As a result, with regard to *zhu* disorders, the concept of *chengfu* illuminates the premodern Chinese conception of *chuanran*, which is often closer to the terms “to transfer” or “to transmit” than “to contract” or “to infect.” A well-known passage from the Daoist canon *Master
Red-Pine’s Almanac of Petitions (Chisongzi zhangli) from the Six Dynasties period states that when “a certain deceased has done misdeeds, causing uninterrupted disorders, there is no end to death; and there is no end to transmission of disease [ranbing] until the entire family is subdued by terror. . . . The living belong to Heaven, the dead the underworld; life and death follow different roads. Do not disturb anybody!” The sin of the deceased is hereditary. This culpability cannot be abolished; it can only be redirected: “Other inauspicious calamities are diverted and implanted into the passersby.” Thus, from meager fate, from relation to wrongdoers, or simply by living next to them or having bad luck, zhu is able to find a way in.

The etiological narrative of corpse-transmitted consumption involved worms or bugs moving out of a corpse and into a new, living body. As the result of presumed serial infections by these worms, several members of one family often suffered and eventually died from the same wasting disease. The Great Mirror of the Medical Lineage, in recording a prescription for transmitted corpse, records, “If the patient has laozhai for many days, it can give rise to evil worms (e’chong), which, once the body dies, are transmitted [chuanran] by chance to those nearby, even to the point where it wipes out an entire family [miemen], and it is called ‘transmitted corpse consumption’ [chuanshi lao].” Gong Tingxian writes, “When there are worms within the internal organs eating into the heart and lungs, it is called consumption [zhai]. In this case it is ‘transmitted corpse bone-infesting consumption’ [chuanshi zhugu lao]. Working their way from top to bottom, [the worms] pass from the bones to the flesh, and there are even some that destroy whole households.” A robust understanding of consumption, like the examples presented in premodern novels, uses symptoms to describe personality (depletion from overexertion, burning from an inner passion) and also etiologies to hint at karmic burdens and outcomes (inherited culpability, bugs, worms, and demons).

These wasting worms behaved differently from modern germs. Only after the patient died were the worms thought to move out of the corpse, hence “transmitted corpse” or perhaps “corpse-transmitted” consumption. These worms did not attack people simply because of proximity or touch (unlike many demons or ghosts). They attacked family members specifically, and the basis of the worms’ transmission was the idea of shared guilt or collective responsibility for the entire lineage. Since the act of transmission by worms
took place only after the original host had passed away, this process resembles the inheritance of property, or debt, from deceased family members. In other words, people were aware of the communicability of consumption among family members, but they attributed this phenomenon to lineage membership. This was not transmission by contact; it was a hereditary stain, a literal “pouring out” (ran) of immoral disease from the dead parent into the living child. It was a depraved inheritance.

During the antituberculosis movement of the 1930s, some medical authorities used the term “corpse transmission” (chuanshi), though modern doctors generally tried to avoid using traditional medical terms for fear of confusing patients. Apparently the medical authorities felt that because traditional habits were responsible for the great incidence of tuberculosis, traditional terminology had to be used to combat those habits. For Ge Chenghui, a graduate of Yale medical school, the combination of family habits such as sharing meals, sharing the bed, and, in particular, sleeping with the windows closed due to a traditional fear of wind as a cause of illness provided the tuberculosis bacillus with a perfect opportunity to spread within the self-contained space of the extended family, closed off to the outside world. Thus Ge wrote in 1935, “If one member of the family is infected, soon enough half the family succumbs. Hence the name ‘corpse-transmitted consumption’ was given to tuberculosis in the past. Ge was likely trying to employ traditional medical terminology to enhance the possibility of acceptance of the notion that the family—a group of people living in close proximity, sharing indoor space, food, and air—was the source of contagion. Yet in employing the traditional notion of corpse transmission, Ge invites the conflation of modern notions of contagion with traditional conceptions of disease transmitted though heredity and a shared guilt, and thus shared punishment for the transgressions of the entire lineage.

This concern with heredity transmission—of the pouring of disease out of the past and into the present—raised concerns about race and eugenics, which was expanded upon in discussions of venereal disease and plague in literature. The May Fourth movement and subsequent developments killed traditional Chinese culture, but its corpse continued to transmit disease and infect those who were guilty of sustaining its links to the modern world, and of sharing this tainted heredity. For many tubercular authors and characters, the lesson of their illness was that the past is dead, but not inert.
TREATING TUBERCULOSIS

Tuberculosis is, of course, a very real disease, and from the 1920s to the 1940s was the leading cause of death in China.97 In the 1920s, more than 850,000 people died of TB each year, most of them between the ages of twenty and thirty-five.98 In the 1930s, 1.2 million people died of TB in China every year. The degree of incidence among the Chinese was thought to be significantly higher than among Westerners (though the data is not reliable). Many Chinese and Western doctors believed that ethnic Chinese at home and abroad were contracting and dying from TB at epidemic rates, and tuberculosis quickly came to be viewed as a particularly Chinese problem.99 An early Republican manuscript titled “Taxation Disease, Consumption” (Laobing laozhai) includes thirty-six recipes, most of which are for treating laozhai and lung disorders; another late Qing manuscript devoted to laozhai includes twenty-three recipes for consumption and includes a poem on “blood loss consumption” (shixue lao).100 In 1929, a health manual written in simple Chinese noted in its section on tuberculosis that “people say that nine out of ten people have consumption [lao]; truly, too many Chinese are dying of tuberculosis! [fei laobing].”101

A few medical studies found TB rates to be higher among wealthy patients than the poor, higher among hospital patients in private rooms than those in wards, and much higher among professionals than among laborers.102 It was suggested that this was because these wealthier patients spent too much time indoors, or because they had enough money to live out traditional ideals such as the large, multigenerational family, or because their morbid sensibility or delicate constitution that made them more susceptible to tuberculosis.103 However, studies that found incidence of tuberculosis to be particularly frequent among the wealthy and refined relied on statistics that were gathered in hospitals, and neglected the many who did not seek treatment, or who were not admitted.104 The repurposing of the traditional category of literati in the modern period as being both elite and subversive, even debauched and outcast at times, seemed to be reflected in data showing the decadent rich suffering more from tuberculosis than the uneducated masses, and at other times, provided (culturally) powerful but (financially) poor authors of fiction the impetus to find or create a new illness by which to identify themselves.
Many health experts involved with the antituberculosis campaigns in China entertained the idea that crucial differences existed between tuberculosis in China and in the West.\textsuperscript{105} The China Medical Commission of the Rockefeller Foundation reported in 1914, “The most destructive and wide-spread diseases of China at present are tuberculosis, hookworm and syphilis.”\textsuperscript{106} Unlike the typical Western tubercular patient, who was seen as either a target of romantic agony or a poor victim of the ills of industrial society, for instance, the typical Chinese was often someone still capable of enjoying a traditional lifestyle, and who embodied Chinese aesthetics.\textsuperscript{107} The foregrounding of rich patients and their lifestyles had the effect of rejecting social class as the major characteristic of Chinese tuberculosis patients.\textsuperscript{108}

There were cultural moments in the early modern period that seem to indicate acceptance of Western metaphors, for instance, in \textit{The Bureaucrats} (Guanchang xianxing ji, published serially in 1901–6), compared to the Western soldiers, the Chinese soldiers are all slovenly, poorly outfitted, have bad posture, and are suffering from tuberculosis or opium addiction. “Those with TB didn’t care at all about contagion, spitting wherever they pleased, and the opium addicts all wiped tears from their eyes.”\textsuperscript{109} But we might understand this not to be agreement that tuberculosis occurs more commonly in the poor but rather that it occurs more commonly in the Chinese, particularly as identified by the unhygienic act of spitting.\textsuperscript{110}

The foregrounding of rich patients and their literati-inflected lifestyles suggests a rejection of the European concept of tuberculosis as a social problem of modern industrialization and emphasizes tuberculosis in China as a problem of family and culture.\textsuperscript{111} In early twentieth-century China, meanwhile, tuberculosis afflicted not only city dwellers but also people living in the countryside. The most popular way of explaining how tuberculosis had spread to the countryside was to blame local practices, particularly the daily habits and rituals of traditional family life. Foreign doctors believed Chinese families were unusually intimate and typically blamed the traditional ideal of several generations living under one roof for the spread of the disease.\textsuperscript{112}

Even when tuberculosis was presented in Chinese literature as a paradigmatic modern, Western disease, it was still tied to China’s past. It was commonly depicted as a hereditary disease, one of lineage transmission—a congenital disease brought on not by karma but by the sins of the parents and of their parents. Although this particular depiction of TB in literature waned in the 1920s and 1930s,
a strikingly similar representation began to be disseminated by medical authorities and the antituberculosis movement, suggesting that the most important way to combat the disease was at the level of the family, instead of with public measures.\textsuperscript{113} That the family—the most fundamental unit of traditional culture—was to blame made tuberculosis a marker of tradition and not a marker of modernity, as it was in Europe. As a metaphor, therefore, tuberculosis in China symbolized not the pathological cost of modernity but rather the weight of traditional habits and family structures, which prevented China from entering the modern, individualistic world.

Modern science supported the metaphors that grew up around tuberculosis. A traditional fear of wind supported the family vector theory of contagion.\textsuperscript{114} Vitiated air marks the modern, Western tuberculosis patient, suffering in small, dark spaces that stink. In the West, there was a modern desire to open the windows, to have better air, to bring the outdoors in. Sophie has this desire too; she talks about her cramped, dingy living conditions, and as her diary progresses from winter (December 24) to spring (March 28), she increasingly looks forward to the weather warming up so that she might go to the western hills, or south. Seeking better air but at the same time being afraid of its power as a vector of contagion serves as a model for cultural reformers’ challenges in bringing bacteriology to China.

The concept of the modern tuberculare as someone suffering from traditional culture seems to oppose the representation of the disease by May fourth writers as one of iconoclastic modernity. It calls into question the fact of May Fourth writers’ own tuberculosis and undermines their project and the significance of their sacrifices. Under the microscope of Western medicine, the bodies of writers such as Lu Xun are infected with hereditary diseases that eat or burns them from within while political conflict and the wages of modernity directly inscribe their bodies with pain. Modern authors in China are betrayed by modern learning; they are diagnosed as sick by the very scientific thinking they thought would cure China. They secretly know that they are guilty of causing their own infection because of a passionate attachment to old metaphors, or because of a shared responsibility for what they have inherited. Lu Xun describes the backwardness and corruption of traditional medicine and medical practitioners in what essentially amounts to an inherited malady model of modern Chinese medical historiography.\textsuperscript{115} Tuberculosis as a family disease, contracted through heredity, shared guilt in a lineage, or traditional
Figure 6.3 Anti-tuberculosis flyer, 1940s. An old woman kneels before an altar and prays for health, with a poster inset that advertises traditional nostrums and quack remedies, while at the same time referring to TB as *lao-bing*. National Anti-Tuberculosis Association of China, Shanghai. Collection of the National Library of Medicine, National Institute of Health, Bethesda, MD.
cultural practice, suggests that the project of Western medicine in China is not only futile but also irrelevant.

Institutional medicine and cultural reformers both identified Chinese tradition as the source of tuberculosis and acknowledged its contagiousness and its multiple modes of infecting, pouring into, and staining Chinese moderns. These various sources of medical knowledge, alike in their attitude toward tubercular contagion, contributed to a sense that the condition of modern Chinese subjectivity was a pathological one, but also a shared one. Chinese moderns viewed themselves as white cloth, predisposed to dyeing, and ultimately bearing a pathological stain. They had inherited constitutional susceptibility to disease that made them vulnerable and exposed to this infectious pouring from the environment, from the family and from the past.

Zhou Zuoren blames fiction for the continued belief in premodern medical notions despite the flourishing of new medical literature based on Western science, such as the Dictionary of Chinese Pharmacology, newly published in 1937. He writes, “The reason why present-day Chinese pharmacologists disavow germ theory and put their trust in a novelist who lived more than a century ago is none other than that they are captivated by the marvelous nature of his explanations.” Zhou goes on to lament the continued influence of premodern thought: “Over the generality [of writings] which delight in the bizarre and tell of retribution I can only sigh. I sense they are of no small consequence, but have no antidote to prescribe.” As modern consumptives inherited their diseases from the past, from Chinese tradition itself, such traditional medical notions were being kept alive in the scientific age by readers’ attachment to premodern fiction.