
Leprosy is a disease that stigmatizes its victims through rumour and disfigurement. This has made it as much a social disease as a physical one, and the power of the stigma and fear surrounding the disease has been used both against, and by, those exhibiting symptoms of the disease. In China, as in Europe and elsewhere, the meanings of the disease have shifted with time and economic structures. In her thoroughly researched new volume, Angela Leung (Liang Qizi) translates a poem that demonstrates how a growing fear of mafeng (leprosy) led to segregation of leprosy patients in the late imperial period.

There is a strange disease south of the Five Ranges, a fruit of excessive poison in humid swamps…
I hear that there are mafeng hospices that have been taking in patients since time immemorial. But I fear that the disease will not thus be stopped but will spread ever more quickly. (100)

Until the twentieth century, leprosy (also known variously as li/lai/ dafeng/mafeng, in English now known as Hansen’s disease, see introduction and chapter 1) in China was indeed considered a disease of the south—particularly Fujian, Guangdong and Guangxi, a humid, miasmatic region only semi-civilized. It was in these regions that isolated leprosy institutions first appeared (the first in 1518, in Fujian). Moreover, fear of contagion as expressed in this poem actually increased with such government-funded segregation (ch. 3), and so fear, stigma and segregation increasingly replaced an earlier consensus that those suffering from lai disorders were cursed and infected with chong (insect agents of infection) but redeemable through Buddhist, Daoist or Confucian ritual or moral acts (ch. 2). The poem does not express that lai was also for centuries a gendered disease where young southern women in early stages of the disease would wait by the roadside to seduce northern male travellers in order to guolai (transmit leprosy, 114-124).

Leung, one of the most respected researchers working on the history of medicine and philanthropy in China, combines these interests with her social history of this most feared of contagious diseases. To my knowledge, this is the only English longitudinal study of a disease in China from earliest known records to the present day (its closest cousin being Carol Benedict’s book on plague in the nineteenth century). Leung’s ambition to cover all periods of the disease produces a work that is supple to the shape of available sources: palimpsest medical texts in the nosological chapter (ch. 1); histories,
gazetteers, literature, legal and religious works for the chapter on early through middle imperial period (ch. 2); adding *bijji* (random jottings of elites) and missionary sources for the chapter on development of segregation (ch. 3); plumbing all these sources in the chapter on missionary leprosaria and their interaction with the modernizing state project of twentieth-century elites bent on ridding China of its image as the “sick man of Asia” (ch. 4); and using interviews, WHO and PRC reports for the final chapter about the recent eradication of the disease (ch. 5). Is this, then, the definitive history of leprosy in China? No. Leung’s arguments are far more interesting and subtle than such a modernist project would entail. She is concerned, rather, with “the construction of *li/lai*leprosy as a medical, social and political ailment throughout history” (5).

Leprosy in the Western popular imagination has been relegated in time to the medieval past (think Foucauldian confinement) and geographically to the non-West generally (especially India), yet in the age of European imperialism and Chinese migrant labour (1860s to 1940s), as missionary physician James Cantlie—teacher of Sun Yat-sen—put it, the common factor of leprosy throughout the Pacific was “the Chinaman, and he is leprous” (142-143). We thus see that the disease became both racialized as Chinese, but also class-based—it was the migrant Chinese “coolies” who were to be controlled, according to Cantlie and according to elite Chinese nationalists. Indeed, the most horrific stories in Leung’s book are of post-revolution (1911) local military exterminating leper colonies (163). Japan has recently apologized for its forced confinement of leprosy patients to eradicate its own national stigma. Yet in China, the social and legal stigma of leprosy has continued into the current millennium (206) despite effective standardized treatment with multi-drug therapy since the early 1980s, which, according to the WHO, has cured 8.4 million leprosy patients worldwide and taken China off the list of countries where leprosy is endemic. Yet, as the success of mass mobilization and socialized medicine of the Mao years gives way to for-profit medicine, Leung reports fears of a return of the disease as poor patients find medical care out of reach.

There are riches in Angela Leung’s book that cannot be mined in this short review. It is highly recommended for historians of China and of medicine and those policy experts sane enough to value knowledge of historical trajectories in approaching contemporary medical dilemmas.