

生命醫療史研究室編，《「中國十九世紀醫學」研討會論文集》
台北：中央研究院歷史語言研究所，2000年
頁 95-148

Curing Chinese Culture: Lam Qua's Medical Portraiture

韓依薇 Larissa Heinrich*

摘要

From the perspective of literary studies, parallels between images and text are often reserved for illustrating isolated points on the way to a larger thesis about structure or theme. Images themselves are seen as useful only in as much as they complement a textually based study.

But especially in the case of medical literature, it may seem arbitrary to separate images from text, since illustration is so central to its function.

In Lam Qua's medical portraiture we find a unique example of this "intertextuality" in relation not only to the abstractly absolute category of "Traditional Chinese Medicine," but also to the newly intermingling categories of Western medicine/s, philosophies, and political agendas in the nineteenth century in China.

*美國加州大學柏克萊分校博士班學生。

Because of the existence of the detailed case journals that Reverend Parker was required to submit to home institutions in the West, we have more information than an unillustrated text or a group of isolated images can provide. Likewise, whether the study of Lam Qua's medical portraiture is more appropriate to the realm of medicine, history, art history, or even cultural studies, is a matter open to debate.

My goal is to open this interesting set of paintings to such analysis and debate. I try to apply different methods - historical, art historical, medical, and otherwise (in addition to literary critical methods) to analyze the series. In terms of history, I try to locate Lam Qua's pictures on a time-line of works produced under similar conditions, i.e. illustrations of illnesses painted for Western medical missionaries by Chinese artists in the century preceding Lam Qua (illustrations of smallpox from this period seem a promising place to start). Medically, I consider the question of "spectacular cures" and Western ideology: what role, if any, did these paintings play in drawing attention to ailments like tumors or cataracts, which carried the reputation among missionaries of being good ways to lead people to conversion? Finally I look at composition, style, and content to analyze the paintings themselves. This is the art historical ingredient, with a dash of literary criticism thrown in by way of attention to visual metaphors and allegory.

In all of this my main concern has been to the transmission, reception, and manipulation of Western ideology in this tumultuous period. As for assigning this work a rubric for interpretive strategy (historical, artistic, medical, or otherwise) it is perhaps best to do what a friend suggested to me several months ago: call it a study of representation.

Curing Chinese Culture: Lam Qua's Medical Portraiture

'Influence' is a curse of art criticism primarily because of its wrong-headed grammatical prejudice about who is the agent and who the patient: it seems to reverse the active/passive relation which the historical actor experiences and the inferential beholder will wish to take into account. If one says that X influenced Y it dies seems that one is saying that X did something to Y rather than that Y did something to X. But in the consideration of good picture and painters the second is always the more lively reality.

--Michael Baxandall, Patterns of Intention: On the Historical Explanation of Pictures

In the century and a half since Lam Qua (f.1830 - 1830) made the disturbing series of medical portraits that accompanied Reverend Peter Parker on his fund-gathering mission to medical schools and Protestant authorities in the West, the paintings have only been exhibited once. Curators shy away from their grotesque, unflinching portrayal of cysts, tumors, growths and amputations juxtaposed with perplexingly serene human hosts: too unsettling, too "inappropriate for public view." Likewise evaluations of Lam Qua for the most part concentrate on his mastery of port-scenes and commercial portraiture, only mentioning his

medical portraits as a sort of curious afterthought, despite the fact that they represent the largest unified body of extant works by the artist (86 pieces are in the collection of Yale Medical College Library; another smaller group is at Guy's Medical Hospital in London; and four paintings are housed at Cornell).

Yet precisely because of their medical content and the complexity of inter-related field they bring together (are they portraits? medical illustrations? simple works of art? Innovative or imitative? Chinese or Western?), this set of paintings is a uniquely valuable resource for research on the beginnings of modernity in China, and in particular, on changing attitudes toward the self during this time. Firstly, as medical illustration their subject matter is not limited to either the elite literati of Chinese painting nor to the wealthy *hong* merchants and foreign traders of typical commercial portraiture. Thus through them we have a rare opportunity to view representations of a range of classes and gender spanning from the poorest, uneducated servant to the wealthiest urban matron. Secondly, since in their capacity as medical illustrations the paintings were intended to accompany or illuminate a more discursive representation of illness, we may "read" the paintings in conjunction with their detailed textual counterpart -- Parker's case-journal -- allowing us to attempt a level of evaluation not possible with typical, undocumented portraiture. Finally, because these paintings were intended for use essentially as a kind of propaganda for the medical mission in China, they offer a valuable opportunity to look at how Westerners and Chinese might have conceived of -- and attempted to shape -- the Chinese self on the eve of the Opium War, when the balance of power concerning the development of "modernity" shifted decidedly westward. In short, Lam Qua's medical portraiture is valuable as an ideological resource concerning visions of the newly emerging modern Chinese self.

In this paper I attempt to provide a basic analysis of some of what I feel are Lam Qua's more representative works of medical portraiture, focusing in the visual

contribution to the invention of the stereotype of the "Sick man of China." How did Lam Qua conceive of and create sickness and Chinese identity in his paintings? How did he interpret the specific ideologies that Peter Parker called for in his intended use of the paintings? Barbara Stafford makes the point via Foucault that the very fact of making specific visual records of externally manifest ailment like "blisters, blotches, eruptions, and tumors" was part of a uniquely modern obsession with cataloguing the "disfigurements punctuating the modern stigmatized skin."¹ How, I ask in this paper, did this peculiarly modern process of visualization get translated in a Chinese setting? Were there precedents for this kind of representation in China? And moving forward along the historical spectrum, how might these paintings have influenced or anticipated the way pathology and Chinese identity were interpreted after the Opium War, when Western medicine became an even more powerful vehicle for intellectual colonialism?

In this study I draw for inspiration on observation of literary representations of illness and deformity that appear to an ever-increasing extent in fiction of the modern period from Xiao Hong to Lu Xun to Yu Da-fu and which constitute a kind of trend in the "pathologization" of the modern Chinese self. This pathologization demonstrates itself through a changing language of illness or symptomatology that reflects the increasing influence of Western medical ideology and debates about the nature of the self, and is visible when we examine the "etymology" of the various pathologies that appear in these works. Bridie Andrews gives an interesting example of one such etymology when she discusses the case of Republican period definitions of tuberculosis. Pointing out how the term "tuberculosis" as employed in this period is the hybrid product of Western evangelizing activity combined with conventional Chinese understandings of "tuberculosis" 肺癆病, she notes that "it

1

is no surprise that some of the new generation of writers [like Lu Xun and Ding Ling] chose to capitalize on the disease's association with sensitivity and literary virtuosity" in their creation of certain famous tragic characters like the tubercule Sophie or the ill boy of "Medicine." (132) What Andrews is pointing out is that in literary representations of illness in the modern period by two of the most famous "social realist" writers, we can detect the clear influence of hybrid medical ideologies in the creation of a certain characterization or identity. By performing this analysis Andrews makes it possible to trace some of the sources of these characterizations, and thereby understand a little better how some of the most influential characters in modern Chinese literature were created.

Likewise it is the premise of this paper that the same type of critique of representations of illness can apply in the case of graphic representations. Though a picture of a sick person—especially in the context of medical illustration, which may pretend to perform a number of non-artistic purposes—offers us the illusion of one or another form of unmediated representation of illness, in fact, as with most "realism", anything we see has already passed through or been created by multiple cultural, technical, and personal filters. The early nineteenth-century paintings of gross pathologies painted by the commercial painter Lam Qua for the medical missionary Peter Parker likewise confront us with a stark, undeniable dimensionality that suggests that they, like the literary figures, are a "real" record of real illnesses: straightforward likenesses of objectively definable pathologies (tumors, growths) that happen to share the frame with sensitive portrayals of their human hosts.² Yet in this paper I argue that, like the portrayals of consumptives in the stories of Ding Ling and Lu Xun, these portraits are in fact prismatic

² Lam Qua, given name Guan Qian-chang (), has been written alternately as and ; English transliterations tend to be ambiguous as well, such as "Lumqua" or "Lamqua" (no capital 'Q') or "Lamquoi."

representations of a certain historical moment. I argue that Lam Qua's medical paintings are artifacts of modernity, situation-specific representations of an increasing trend toward conceiving of the Chinese self as something that was inherently ill.

In this paper I analyze a selection of the Lam Qua medical portraits, focusing on how Lam Qua uses composition and content to transmit a message about the "curability" of Chinese culture, simultaneously fashioning a Chinese culture that is "sick" while at the same time providing a cure for it, all keeping with the propagandistic requirements of Parker's missionary ideology. I then locate Lam Qua's portraits along a spectrum of medical illustration beginning with a series of portraits of children with smallpox painted for a French Jesuit in 1770 and ending with examples of medical photography from a book by medical missionaries at the turn of the twentieth century called *Diseases of China*, when (as Andrews puts it) medical missionaries began to have a more "significant impact on literature Chinese physicians." I compare the photographs with Lam Qua's portraiture, and suggest that the association of sickness with Chineseness in general and the Chinese body in specific had, by the time of the photographs, evolved from being based in an abstract notion of "culture" to being based in a highly concrete, post-Darwinian concept of race. I conclude that Lam Qua's paintings, like the Lu Xun fiction which came later, conflate illness with Chinese identity, but in a way that is deeply idealistic, "curable" in effect, and therefore in telling contrast to the more divided notions of the self that appeared as Western medicine and ideology in general began to take a stronger hold.

This study is a rumination on what it meant to be and to become the "Sick Man of China." Through the lense of a medical portraitist trained in the Western style in the early 1800's, it looks at notions of self in a time when Western medicine had not yet fully matured to its role of providing a pretext for claims of

Western cultural superiority. Paralleling the development of literary tropes of the time, it hypothesizes a gradual "medicalization" of the self, beginning with early representations of more anonymous sick bodies, moving to Lam Qua's idealized portrayal of a "curable" self, and culminating in the ethics of the Eugenics movement and the total conflation of cultural identity with illness exemplified by medical photography in China of the early 20th century.

Brief Background of Lam Qua

A commercial port painter, Lam Qua made his name painting likenesses in oil of visiting European tradesmen and wealthy *hong* merchants, as well as port scenes and copies of other portraits and pictures. In the most thorough and informative investigation into Lam Qua's background, training, development, style, and oeuvre, Crossman's *Decorative Arts of the China Trade*; the author remarks that Lam Qua, "far more than a copyist ..was ..the most celebrated Chinese painter in the English style in Canton."(77) The first Chinese working in the western manner to exhibit in America, over the course of his career Lam Qua's works were also exhibited variously at the Royal Academy in London, the Pennsylvania Academy of Fine Arts, and the Boston Athenaeum, as well as other western venues -- "no mean feat," as Crossman points out, "for a Chinese who had learned to paint in a foreign style." (81) Some of his more famous sitters included Chi Ying, the signatory to the Treaty of Nanking, Commissioner Lin (Lin Chong), who was "responsible for the onset of the Opium War," as well as Peter Parker, Sir Henry Pottinger, and numerous other western and Chinese dignitaries.

Where Lam Qua learned this style of painting is a matter of some debate, however many people agree that he was very likely the student of the famous China coast painter George Chinnery, from whom he may have inherited "the fresh, fluid brushstrokes and use of the light so characteristic of Chinnery's painting."(96) Although there was

reputed to be some conflict between the two artists as Lam Qua's clientele and reputation increased, Lam Qua's style in general belongs to the same genre as Chinnery's, the English "Grand Manner" best represented by Sir Thomas Lawrence, Sir William Beechey, and the like. However it is also probable that Lam Qua, also known as Guan Qianchang 關喬昌, was a member of a family of professional painters with the surname Guan, one of the most famous members of which, Guan Zuolin ("Spoilum"), was also known for his somewhat less skilled likenesses in oil and rumored to have traveled extensively in the West. Crossman hypothesizes that Spoilum was Lam Qua's grandfather; in any event a familial relationship would imply that Lam Qua learned some aspects of western-style painting with Spoilum, et. al, in the manner of the guild system.³ Nonetheless it is important to note that while Lam Qua's likenesses and port scenes, in the words of one patron, "copied European methods," he was also adept in Chinese painting styles too.

As Crossman writes, Lam Qua's portraits in general were characterized by "excellent likenesses" the faces are handled with skill and charm and a warmth of personality emanates from these aristocratic businessmen/sitters." (81) Though occasionally lacking "that extra dash and verve more characteristic of the Englishman[Chinnery]." Apologists nonetheless measure Lam Qua's success by noting how on various occasions his work has been mistaken for that of Sully or Chinnery. One writer, exalting Lam Qua's skill in depicting a series about the stages of opium addiction, comments that "the opium smoker's progress would nor disgrace Hogarth, either for conception or handling; this series is painfully correct in all its details..."⁴

³ Joseph Ting writes, "[S]ince it is a common practice for Chinese artists to carry on their family trade or skill for generations, it is possible that the Guan brothers [Lam Qua and his younger brother Ting Qua] and Guan Zuolin [Spoilum] might have come from the same family."

⁴ Sirr, Henry Charles, M.A *China and the Chinese, Vol.I Their Religion, Character, Custom and Manufactures: The Evils Arising from the Opium Trade: With a Glance at Our Religious, Moral, Political, and Commercial Intercourse with the Country*, London, 1849; reprinted by Southern Materials Center, Taiwan, R.O.C., p.113.

Regarding Lam Qua's skill in capturing a likeness, one contemporary remarked dryly that "His facility in catching a likeness is unrivalled, but wo [sic] betide if you are ugly, for Lam Qua is no flatter."⁵

Problems of dimension, vitality, or use of color and landscape, on the other hand, are often attributed to Lam Qua's Chineseness. As one contemporary of his comments, "Talented though he was...[Lam Qua]could never entirely eliminate his Chinese his Chinese mannerisms." His works, the critic continues, "almost without exception speak of western art with a strong Cantonese accent."⁶ More than a convenient analogy what this metaphor points out is the great extent to which Lam Qua's identity as a Chinese painter of western-style portraiture figured in his paintings' reception by western audiences. Except when accidentally mistaken for the work of a western master, in his works Lam Qua's Chinese identity itself would always be a kind of invisible element in the composition; an authenticating of legitimating factor in how his paintings were understood. Thus with the medical series, Lam Qua's "presence" as both painter and donor no doubt reinforced to the paintings' -legitimacy, since the fact that they were donated by a Chinese painter would have contributed to the impression that there was a Chinese audience receptive to Parker's evangelism.

The Medical Series

Lam Qua's skill at capturing likenesses was put to good use in the series of over 115 paintings in different collections that comprise the medical illustration series. These "somewhat gruesome paintings of subjects with very noticeable pathological conditions," which Crossman refers to as "the most important single body of work by

⁵ In Tiffany, Osmond, Jr., *The Canton Chinese, or the American's Sojourn in the Celestial Empire*, Boston and Cambridge, James Monroe & Co., 1849.

⁶ Berry-Hill, Henry & Sidney, George Chinnery, 1774-1852, *Artist of the China Coast* (Leigh-on-Sea, England: F.Lewis, Publisheres, 1963), 39. and Hutcheon, Robin, *Chimney: The man and the legend* (Hongkong: South China Morning Post, Ltd., 1975), 72.

Lam Qua in existence," nonetheless come as a shock to most scholars of the China trade, he points out, if only "because of the very nature of its most unusual subject matter. "(84) Grotesque and extreme, the pictures depict gross pathologies that leave no viewer unaffected. Josyphs writes, "Lam Qua, who was known for his realism, has rendered their malformations with an unblinking clarity that suggests an aberrant force of elemental nature that does not belong to the patient." The effect on the viewer "is [psychologically] of an all-encompassing human vulnerability..."(5) Donia A. Carey had another, somewhat less somber reaction: on a yellowing scrap of paper taped to the inside of the wooden cabinet that house the paintings at Yale is a poem inspired by the portraits in which she quips, "Peter Parker's priceless pictures:/ goiters, fractures, strains & strictures./ Peter Parker's pics prepare you/ For the ills that flesh is heir to."⁷

The medical portraits, like Lam Qua's commercial portraiture, possess a vivid realism, individual personality, and diversified focus(between human and pathology) that distinguish them from more purely representational medical illustration; they are, in addition to representations of pathological phenomena, portraits of individual people. Layout and color emphasize this individuality. "The canvasses, " Gulik observes, "with their sparing use of white and their Rembrandtesque emphasis on flesh colors, tan backgrounds, and dark brown garments, are clever in conveying facial individuality."⁸ They also contain the dashes of red around the mouth and face, as well as

⁷ The entire poem reads:
Peter Parker's pickled paintings,
Cause of nausea, chills & faintings;
Peter Parker's putrid portraits,
Cause of ladies' loosenend corsets:
Peter Parker's purple patients,
Causing some to upchuck rations.
Peter Parker's priceless pictures:
goiters fractures, strains & strictures.
Peter Parker's pics prepare you
For the ills that flesh is heir to.

⁸ Gulick, Peter Parker and the Opening of China, p.153.

compositional qualities, that might signify Chinnery's influence/techniques.⁹ Those portraits which contain landscapes utilize the "bold" palette seen in his commercial paintings, which Crossman calls "bright and clean." Meanwhile within the paintings themselves, Lam Qua observes certain standard rules of triangularity that help to create a relationship between human subject and pathology, juxtaposing a bulbous red chin tumor, for example, with the cherry-like knot in a man's cap [figure 1], or creating a resonance between a woman's dangling goiter and the slope of her similarly dangling earrings [figure 2].

⁹ Crossman, early on

Like the commercial portraits, the majority of medical portraits are full or half-length where the illness allows, and are laid out according to basic symmetrical principles, with the subjects occupying the lower central portion of the frame and allowed plenty of surrounding background space within the frame. Males tend to face the viewer directly, while females are shown in profile quarter-profile. Subjects stand, sit, or recline; pose against simple backdrops including props like a chair or a pillow; or share the frame with detailed, colorful landscapes. With one important exception that portrays a mother and child, they are all of individuals. Gilman writes, "The patient is represented in isolation, as a single figure; the focus of the observer is on the pathology of the patient." (n149) The subjects are clothed or semi-clothed so that instead of juxtaposing tumours or growths with their healthy counterparts in the paintings—a cancerous breast with the healthy one, for example—clothing is economically displaced to reveal, as a rule, only the afflicted area.

The medical portraits differ from Lam Qua's commercial portraiture in several crucial ways. First, the medical series, unlike typical commercial portraiture, was not painted for commercial profit. Rather, much has been made of how the medical portraits were sort of donation to the cause of Peter Parker, and they may have been donated by Lam Qua in part due to a personal interest in medicine. Parker himself remarked upon Lam Qua's intense interest in medicine, writing: "[Lam Qua] is great lover of the medical profession, and regrets that he is too old to become a doctor himself."¹⁰ As Crossman points out, the series was probably also a sort of "thankyou" for Parker's training of Lam Qua's nephew Kwan [Guan] A-to in Western medical techniques.¹¹

Secondly, the subjects of Lam Qua's medical portraiture, unlike those of the

¹⁰ In Gulick, quoting Stevens, p.133.

¹¹ Crossman, p.87.

commercial paintings, were of diverse class and gender backgrounds. Where Lam Qua's usual subjects included both Western merchants, missionaries and dignitaries, as well as local *hong* merchants and other Chinese subjects like the "private secretary to the governor of Canton," thanks to Parker's journal we know that many of the uniformly Chinese subjects for this unusual series of paintings came from a diverse background of classes and social positions. Parker mentions, among others, the "son of a respectable tea broker in Canton"; "an artificial flower maker"; "Wangke, aged 12years..a slave..sold by her mother"; "a stone cutter"; "a gardener..accused as a smuggler"; "a shoemaker of Pwangyu"; "a laborer of Tungkwan," and on. Of particular note is that so many of Parker's patients, and therefore Lam Qua's subjects, were women – which otherwise almost uniformly do not appear in his paintings. Unlike Lam Qua's commercial portraiture, then, these are not paintings of only wealthy western males or powerful Chinese merchants. Rather they are paintings of a mostly poor and otherwise almost completely unrepresented class of people whose only point of commonality, across the spectrum, is the fact of their afflictions.

Thirdly, the medical portraits would have presented certain basic pragmatic challenges to Lam Qua that would not have confronted him (or his staff) when making typical "handsome-face" commercial portraits. For one, the peculiar shapes, needs, and circumstances of the "sitters" for these paintings – not to mention the dual subjects of pathology and human host – meant that conventional modes of commercial portraiture, contrived to offer the subject the most "handsome" face possible in the quickest, most economical way and according to pre-set compositionial conventions, could not, or would no longer, apply. Lam Qua would have to invent other ways of dealing with presentation that took into consideration, for example, how long or in what positions a subject might "sit" for a likeness. Entries from Parker's hospital journal confirm that patients had individual challenges that would have kept them from "sitting" for a portrait in the conventional way. He writes, for example, of Wang Ke-king, that "*when*

the man sit down, the tumor forms a circular cushion which elevates him six inches or more in his chair. Of Yang She's throat tumor, Parker notes that "[I]t extended below the umbilicus, but not so far as to rest in the lap; consequently its weight was sustained by the attachment, and *the patient had to sit constantly in a bracing posture*, to prevent its drawing down her head." Thus where a "normal" client could sit for several hours at a time in Lam Qua's studio, having his facial features added to a pre-painted body, these sitters would have required innovative, deliberate arrangements of lighting, position, clothing, and overall composition.

However perhaps the single most striking feature of the paintings as a body, given the extreme nature of their afflictions, is the unexpected lack of emotion to be found in subjects' faces. "Their faces are quite serene, why rarely a hint of pain, shame, or discomfort of any kind," Josyphs writes. If the portraits communicate a sense of human-scale vulnerability, he continues, it is due to "the absence of any specific emotion by which the patient can truly be seen to own his disease."

One possible explanation for this is simply that in the English Grand Style or contemporary styles of portraiture it was not customary to portray a subject's emotional state; on the contrary, the self or trappings of identity were projected out onto the attire and setting in which the subject was placed, so that emphasis on emotion would have fundamentally, even pathologically, altered the meaning and function of the painting. Thus from a stylistic standpoint, the subjects' emotionlessness might be explained away by the use of the English Grand Style that so informed Lam Qua's other portraiture.

From a functional perspective, however, the tumor-sufferers' impassive expressions might be explained by the concurrent development in the west of a genre of medical illustration that also portrayed individual patients who bore their stigmata with curious detachment. As Sander Gilman writes, "The image of the identifiable patient as the bearer of a specific pathology arose in European medical illustration as an outgrowth of the medical philosophy of the *ideologues*, who believed that only single

cases could be validly examined and could serve as the basis of any general medical nosology." As an exemplar of this trend, Gilman singles out in particular Jean-Louis Alibert (1766-1837), who with a monumental manual on skin diseases in the early 1800s "began a tradition of illustrating medical studies with images that were perceived as mimetic rather than schematic."⁽⁶³⁾¹² A notable feature of Alibert's careful illustrations was that his subjects, like Lam Qua's, also seemed to ignore the horrible affliction that was the point of the illustration to begin with. Barbara Stafford points out that

These clinical studies were simultaneously dispassionate reproductions of fragmenting corporeal afflictions and moving images of individual Stoic heroism, transcending the tumor-burdened body. The disquieting and contradictory message of perfection overlaid with morbidity was that no one was secure.¹³

Thus where the English Grand manner may have contributed to the convention of modest expression in Lam Qua's medical portraiture, innovations in western medical illustration may have provided a source for Lam Qua's creation of a new, Chinese Stoic.

But another possible explanation for the expressionlessness of Lam Qua's subjects that bears investigating is simply that Lam Qua strove to portray the vision of the Chinese patient that Parker wanted to communicate to his western audience, the vision that Parker himself had of what it meant to be Chinese and to suffer from what seemed inconceivably frightening pathologies. For Parker, insensibility to pain was a crucial part of the romance of Chinese heroism (his own and that of the Chinese) against which his own tenuous position as western medical missionary in China was defined. In instance after instance, Parker's journals reveal his fixation with – and awe of – what he

¹² Barbara Stafford: On Alibert spending all his money on this project.

¹³ See Stafford, p.302.

perceived as a peculiarly Chinese ability to cope with extreme pain (anaesthesia had not yet been invented). Parker writes of Woo She, for example, that

Her fortitude exceeded all that I have yet witnessed. She scarcely uttered a groan during the extirpation, and before she was removed from the table, clasped her hands, and, with an unaffected smile, cordially thanked the gentleman who assisted on the occasion ...The natural amiableness and cheerfulness of this women. attracted the attention of many who visited the hospital during her stay. Surely, natural sweetness of the temper exists in China. (48)

Or in the journal entry regarding the case of Mo She, a woman suffering from "scirrous breast," Parker explicitly links resistance to pain with acceptance of foreign medicine:

This is the first instance of the extirpation of the female breast from a Chinese, and few operations could exhibit in a stronger light their confidence in foreign surgery, yet it was submitted to with the utmost cheerfulness. (46).

Or:

No.2214, Nov.21st. Sarcomatous tumor. Lo Wanshun, aged 41.This interesting, of the first society of her native village, had been affected with a large tumor upon the left side of her face.The patient endured the operation with fortitude, characteristic of the Chinese. The loss of blood was considerable; she vomited but did not faint.

In Parker's journal mythology, over and over again, insensibility to pain, along with a tendency toward conspicuous demonstrations of gratitude and a willingness to tell friends about the new "foreign surgery," is portrayed as one of the more striking and peculiar aspects of Chinese identity, something comprising the elusive Chinese "temper"¹⁴ in Parker's world. In making his argument for further funding of the

¹⁴ On numerous occasions he records detailed accounts of patients' expressions of thanks: "[Leang A Shing]seems properly to appreciate the favor he has received, and was ready to tell

medical mission, this receptive temperament is what Parker uses as evidence that the medical mission could succeed in converting the Chinese to Christianity, just as a "natural" insensibility to pain corresponds to an increasing "confidence in foreign surgery" among the Chinese heathen. Since Lam Qua's job was to illustrate this argument for Parker – to illuminate Parker's journal – it is not impossible to imagine that the surprising lack of emotion we see juxtaposed against the frightening presence of the tumors may to some extent represent the artist's efforts to portray the Chinese temper as Parker saw it.

Finally, what is especially extraordinary about this set of paintings as a whole is that, unlike the few non-medical portraits by Lam Qua which earned him the distinction of being the "first Chinese working in the western manner" to exhibit in the West, this series achieved a wide and influential audience of Western medical, religious, and political authorities. Josyphs summarizes as follows:

During his trip to the United States and Europe in 1840-41 to raise funds for his medical mission, Parker displayed the portraits widely, allowing his most dramatic surgical cases to make their own eloquent plea. Parker carried the banner for the American Board of Foreign Missions with zeal and was besieged with invitations not only to lecture and preach but also to meet with leaders in the political and business communities. Before returning to Canton in 1842, Parker had traveled cities throughout the United States, Great Britain, and France. He had also appeared before both houses of Congress and been introduced to most eminent men of science, as well as such powerful figures as John Quincy Adams, Henry Clay, Daniel Webster, Presidents Harrison and Van Buren, the Archbishop of Canterbury, and the King and Queen of France. Wherever Parker displayed them, the Lam Qua portraits brought

others what has been done for him," Parker writes, or "[Woo Pun]" evinces *unbounded* gratitude. He seems to regard the favor received, as conferring on him full liberty to introduce any and all his diseased friends. "

attention to medical missions and the ability of simple surgical procedures to relieve human suffering.¹⁵

Several pieces reportedly even reached China, gazing for a time in strange benediction upon the visitors to the lobby of the hospital at Canton.¹⁶

In the heyday of the freak show and the grotesque, and at the start of the Opium War when China had moved from being a popular object of fantasy and affection to being the dark and perilous enemy of the Western psyche, it is significant that Lam Qua's paintings reached such a diverse audience of powerful people as part of Parker's "legitimate" missionary endeavor. Unlike with commercial portraiture, which was distinguished by the reluctant and always self-conscious acceptance of artworks in occasional curatorial contexts, the huge success that Lam Qua's medical portraits generated allowed him, before the invention of photography, to occupy the unchallenged position of scribe to the diseased Chinese body as narrated by Dr. Peter Parker. In terms of audience this was a matter of legitimacy: medical vs. artistic; freak show vs. encyclopedia; visitor vs. native informant. As Gilman points out, "[T]he power of this scientific mode of representing difference establishes the boundary between the viewer and the patient." Lam Qua's interpretation of the Chinese body was at once legitimized and legitimating, since it gave the arbiters of the new order a chance to gawk at what was to become its definitive other.

Chinese Culture as Pathogen

Given the fact that these paintings are realistic likenesses of Chinese subjects in a clinical setting, it is tempting to look backward through the lense of post-modernism and assume that the Chinese identity written within is knowable as a finite, if fictional, entity after the fashion of post-Darwinian understandings of race. What constitutes

¹⁵ In Josyphs, "The Missionary Doctor and the Chinese Painter," *MD*, vol.36, No.8, August 1992.

¹⁶ Wong and Wu et.al.

"Chineseness" in the paintings may easily be read as self-evident, visible in the skin color or shape of eyes or color of hair of the patients that posed for Lam Qua. Meanwhile the significance of more ineffable characteristics of cultural identity or habits (perceived and otherwise), such as resistance to pain or cultural habits or customs which lend themselves less readily to graphic representation, may be overlooked. In Gilman's cursory reading of the paintings, for instance, the maturity of the notion of Chinese identity as category within the paintings (reality fallacy) is simply assumed, to such a degree Chinese becomes almost secondary, a sign that enables the viewer to feel superior to the subjects rather than a questionable category in itself. Meanwhile the unique individuality of each patient is significant only in as much as it lends to the scientific authority of the images. Gilman writes that

In Lam Qua's paintings the patient becomes an extension of the pathology much as the English country gentlemen in Lawrence's paintings become representative of a class or an attitude toward life. In Lam Qua's paintings the patient 'vanishes' since the patient becomes the perceived object shared between the physician-missionary, Peter Parker, who is lecturing about them, and his Western audience. The audience, whether of physicians or of Christian missionaries, has its belief system concerning the nature of the Chinese reified in the establishment of its sense of superiority to the patient. The patient bears a double stigma – first, the sign of pathology, and second, the sign of barbarism, his or her Chinese identity. Each patient must still appear to be unique in order for the scientific value of the illustration to dominate. There is no attempt to present a schematized image to present a schematized image of the pathology independent of the image of the patient.

Although Gilman sees the patient's Chinese identity as half a "double stigma" which directly contributes to reifying the Western audience's "belief system concerning the nature of the Chinese" When presented "scientifically," the specifics of what constitute

this "Chinese nature" in the pre-Darwinian era are not elaborated. For example, he does not pursue the relationship of the pathology to the patient from which it is not "independent" beyond stating that one is an "extension" of the other. Instead, in his article Gilman focuses on pointing out the portraits' role in providing "the Western audience...with this sense of their own superiority to this Chinese inferiority." (149) His conclusion that the portraits "illustrate what happens when systems of representation meet and one is dominant over the other that is perceived by all involved to weaker" ignores more profound questions of identity, function, and structure in favor of a post-modern agenda of analysis of power dynamics.

But what constitutes Chinese identity in Lam Qua's paintings is much more complex. Substantially, it is based more on what Lydia Liu calls "the nineteenth-century theory of national character" than on the racially-defined other that would seem to be at the heart of Gilman's reading, since only slightly after Parker wrote in his journals about "the natural sweetness of the Chinese temper" or about his patients' "incredible fortitude" in the face of extreme pain, a whole genre of missionary travel-writing on the topic of so-called "Chinese Characteristics" was born. Of Arthur Smith's work *Chinese Characteristics* Liu writes for example:

Smith's book belongs to a special genre of missionary and imperialist writings that made a huge difference in modern Western perceptions of Chinese, as well as the self-perception of the Chinese and the Westerners themselves. Some of the earliest efforts to theorize about Chinese character were written by American missionary S.W. Williams, who published *The Middle Kingdom* in 1848; British missionary Henry Charles Serr, whose *China and the Chinese* came out in 1849; French missionary Evariste-Regis Huc, who brought out *The Chinese Empire* in 1854; and Thomas Taylor Meadows, who wrote *The Chinese and Their Rebellions* in 1856. (58)

But even more importantly in terms of function, Chinese cultural identity in Lam Qua's

paintings was not merely stigmatized by its association with pathology , nor simply made an extension of it, but rather constructed as the *cause and source* itself of the spectacular illnesses. Within each image the dual message that had to be communicated was that the root of illness lies within Chinese culture itself, and that as such , Chinese culture, even more than the tumor or strange pathological manifestation, must be the true target of the missionary' s radical surgery. The shocking dimensions of the various tumors merely corresponded to the depth and pervasiveness of the problem that needed to be cured.

For Parker, such a portrayal was essential to his objective of attracting more funding and other support for his medical mission in Canton. The construction of an inherently ill Chinese identity was critical to the construction of an argument for Parker that there was something specific to Chinese identity for which only Western medicine, and by association spirituality, had the cure. As Gilman has pointed out, "the special role that the Western medical practitioner had in China" was "curing the seemingly incurable. This notion is parallel to the missionaries' view of the conversion of the Chinese to Christianity. For the Chinese, so different in culture (and race) from the European, can become Christians, just as Parker' s patients can become healthy. " Thus Lam Qua was challenged with creating a series of medical portraits that would not only employ implicit visual links between illness and Chinese identity to create an image of the inherent pathology of Chinese culture, but that would also suggest the global curability of that pathology in such a way as to complement effectively Parker' s own argement as represented by his journal.

Landscapes

Lam Qua' s landscapes in particular, which comprise just under 10% of his medical portraiture, provide a vivid example of how the paintings as a whole functioned to implicate Chinese culture as something inherently ill that could only be cured by the

missionary. By using compositional dynamics and structure to construct implicit metaphorical relationships between the pathology, the human body, and the natural environment, the paintings set up pathology as part to be larger holistic system. In these paintings illness and health seem to be reflected or sympathetically echoed in the natural environment beyond the body. Thus within the ecology of the painting, the invisible hand of the missionary doctor heals concentrically, removing the outward manifestation of the pathology and in turn causing the more global cure of the natural world as a whole, and, we may presume, of the world's spirituality. The idealism of the pancure is made visual.

one example of this type of painting is that of Akae, a 13 year old girl. [see figure] In this painting we see a triple subject or triple focus: the girl, her facial tumor, and the complex (almost narrative) landscape against which she is painted. Akae stands slightly left of vertical center, holding what appears to be an empty sack in front of her. Her clothes are simple; she is barefoot; a pair of earrings mark her as female. The foreground of the paintings is mostly bare, in contrast to the large triangular outcropping of rock that diagonally bisects the space behind her. Further up, in the upper left corner, a tree extends out from behind the outcropping and geometrically frames the head of the girl. From beyond the foot of the rock a harbor scene unfolds; a male figure walks past a boat as clouds billow up on the horizon. The tumor on Akae's face – the focus of the viewer's attention as guided by the architectural lines of the rock, the tree, and the horizon – seems almost incidental to the composition as a whole. Parker's journal entry reads:

No. 446 Dec 27th [1836]...Akae, a little girl aged 13. As I was closing the business of the day, I observed a Chinese advance timidly to the hospital leading his little daughter, who at first sight appeared to have two heads. A sarcomatous tumor projecting from her right temple, and extending down to the cheek as low as her mouth, sadly disfigured her face. It over hung the right eye and so depressed the lid as to exclude the light..The child complained of vertigo, and habitually inclined her head to the left side...From the first it appeared possible to removed.

In typical Parker fashion, he goes on to describe the patient's stoic resistance to pain and her subsequent complete recovery:

On the 19th January, with the signal blessing of God, the operation was performed. The serenity of the sky after several days of continued rain, the presence and assistance of several surgical gentlemen, and the fortitude of a heroine with which the child endured the operation, call for my most heart-felt

gratitude to the giver of all mercies.. The patient cheerfully submitted to be blindfolded & to have her hands and feet confined . The tumor was extirpated in eight minutes. In fourteen days the whole except the fourth of an inch was entirely healed.

He goes on to thank Lam Qua in one of the only direct references to the painter:

I am indebted to Lam Qua, who has taken an admirable likeness of the little girl & a good representation of the tumor. The more interesting cases that have been presented at the hospital, he has painted with equal success, and uniformly says that as there is no charge for "cutting," he can make none for painting.

With the exception of the subject being a lower-class female and that this girl "at first sight appeared to have two heads," the painting looks typical of many portraits or landscapes by Lam Qua and other commercial artists of this period. The palette, as Crossman noted, is the same used in Lam Qua's commercial landscapes. And it would seem that Lam Qua was literally interpreting Parker's observation about the weather ("the serenity of the sky after several days of continued rain") as well as the looks of the patient ("an admirable likeness of the little girl & a good representation of the tumor").

Yet a closer look reveals it to be a more holistic environment, a painting of a whole interactive system rather than a set of accidental or conventional components. The outcropping of rock, for example, does not exist in a void but rather corresponds to, or echoes, the outcropping of flesh on the girl's face. Meanwhile the primary elements of the landscape taken as a whole, as if corresponding to Parker's notation that the patient "habitually inclined her head to the left side," Concentrate like the tumor on one side of the composition. The rock slopes upward at about a 45 degree angle; the tree hangs in a kind of aesthetic sympathy from above; the cumulous clouds billow atop one another with patches of light that suggest the fullness of the tumor. The tree, rock, clouds, and tumor all work together to emphasize fullness, roundness, hanging, solidity, extrusions. The girl's body becomes a microcosm of this natural grouping, the host of

an implied landscape, the upright figure in a picture which is full of motion (up the grade of the rock, out over the figure on the limb of the tree, and billowing upward and away with clouds).

In many ways this picture, more than a Taoist bodyscape or even the work of Vesalius or Alibert, brings to mind the masterful painting by Ren Bonian 任伯年(1820 - 1857) known as "Nu Wa" 女媧 [see figure].¹⁷ In this work, referencing works by the late Ming period painter Chen Hong-shou 陳洪綬 in which human forms are compared to various natural formations such as rocks or trees, Ren ingeniously juxtaposes the human/divine form of Nu Wa with another, natural form: the rock with which she will (presumably) heal the world. Within the environment of the painting, Ren creates a careful complementarity of fields of black and white, of use of space, and even arguably, of distribution of masculinity and femininity. This complementarity lends to the portrayal of a deeply dependent connection between the two forms; one is not meaningful without the other. Although Ren's painting works differently from Lam Qua's the two pieces share an inventive internal metaphor whereby human and environmental phenomena implicate each other in the creation of the world of the painting. In short, Lam Qua's painting the self is conceived as resonant with nature, so that pathologies in the human body are also visible in the natural world. The message the painting conveys is that the whole landscape, and not just the little girl, will respond favorably to Parker's treatment.

¹⁷ In an interesting footnote in Vinograd, he points out how Ren his early years liked to paint the deformed and the pariahs of his community.



The deliberateness and consistent application of this type of landscape in Lam Qua's medical portraiture comes across most clearly in the unique "before and after" paintings of the patient known as Po Ashing [see figures x and y]. As in the painting of Akae, natural landscape in these paintings functions as a sort of sympathetic projection of the human landscape of Po Ashing himself; the state of the landscape also gives us some clue as to Po Ashing's internal (and by association spiritual) state. Since these are the only examples of medical portraits in the series that employ "before and after," they reflect usefully on the rest of the series (all "befores"), giving us some sense of how they were intended to function.

Painted of someone whom Parker refers to as "the first Chinese, so far as I know,

who has ever voluntarily submitted to the amputation of a limb," the 'before' picture shows Po Ashing seated on a chair against a dark backlit interior. His figure takes up most of the frame. His "good" arm rests on one knee, while the other arm is balanced over the other knee. He wears no shirt, only a hat and three-quarter length trousers. He looks at the viewer confrontationally. Meanwhile the 'after' picture shows Po Ashing in profile, his direct gaze replaced by a full-on view of the site of the amputation. This time his torso is draped with a jacket open to one side, his queue is partially visible beyond the empty arm socket, and under the same hat he wears a mild, unconcerned expression. He shares the frame with a bright uncluttered landscape background that juxtaposes a gently sloping hill and calm body of water in the left lower corner with a clump of bushes and a few scattered rocks in the lower right.

Compared to the painting of Akae, the 'after' landscape of Po Ashing is much more open. The overpopulation of Akae's portrait, with its large rock outcropping and harbor scene, in Po Ashing's portrait becomes an expanse of open sky with a light blending of clouds; possibly how an 'after' painting of Akae might have looked. Meanwhile within the painting itself, the contrast of uncluttered light space (the sky and sea) with dark, defined solids (Po Ashing, the shrubbery) invoke Po Ashing's own astonishing calm in the face of the loss of an arm: the calmness of his expression seems to be mirrored in the serenity of the sea and sky that surround him. Further, since we also have the 'before' painting for comparison, we know that not only the sea and sky but the entire natural environment has shifted to reflect Po's newfound freedom, his liberation from sickness. In the transformation of the claustrophobic darkness and confrontational attitude of the 'before' picture into the lightness and calm of the 'after' landscape we see the progression from sickness to a globalizable health.

Landscape in both the portrait of Akae and the ‘after’ portrait of Po Ashing thus mirror the physical condition of the human subject, and function metaphorically to enhance the sense of a narrative-like progression from a dark, encumbered self and environment to a spacious, light, calm one. Thus the clear blue sky that appears in other landscape-portraits may be read as a sign of what awaits the patient who submits him or herself to Parker for treatment, the ‘after’ that they can look forward to. Two others of Lam Qua’s landscape-portraits illustrate this especially poignantly. In perhaps the most moving portrait of all [figure p], a man’s back faces us, it’s long perfection marred by a gargantuan open spinal tumor near the base. We cannot see his face. Instead the subject looks from within a darkened room out through the window where a hint of blue sky is visible beyond the clouds, suggesting what awaits him beyond the walls of his prison.

In another, an upper-class married woman, whose hands are crossed on her lap in sympathy with her bound feet, looks calmly at the viewer from within another dark room [figure q]. On the right side of the painting, directly across from the growth that disfigures her face, an open window promises blue skies and a reunion with the natural environment.

To generalize, the landscape promises a radical reconception of self by Chinese standards, wherein even an amputee ("The first Chinese ever to submit voluntarily..") may move from isolation and separation to harmony with nature, a normal life. By opposing the tumor sufferer with the graphic sign of his or her cure, they make explicit what is implicit in paintings where no landscape is portrayed: the possibility of a cure, the optimism of life without the terrible burden of these strange illnesses. As Parker writes of Po Ashing, "This patient perfectly recovered. In about one year after, he married and by selling fruit, with one hand, he is able to obtain a livelihood." In short, these paintings are essentially compositions about idealisms, as much about cures as about the pathology itself. Through them we get a special glimpse into a novel reconceptualization of the Chinese self for this period: surgery as a means of becoming whole.

Counter-examples : Good Chinese vs. Bad Chinese

As I mentioned in the introduction, one aspect of these paintings that makes them unique among portraits and medical illustrations alike is the elaborate text – Parker's journal – which accompanies them. A rich source of information about the subjects as well as Parker's attitude toward them, the journals represent the substance of what Parker most likely said when he presented the paintings along with his discussions and descriptions of his practice in Canton. For that reason, they are our best source for conjecture concerning how various paintings functioned or were intended to function, and to some extent, I believe, may fruitfully be considered a part of the paintings

themselves.

[In the landscape paintings, we saw how a "cure" was given meaning as a global and utopian possibility – not just the individual body, they seem to say, but the whole environment of the Chinese, natural as a metaphor for spiritual, may be cured. In conjunction natural as a metaphor for spiritual, may be cured. In conjunction with selections from Parker's journal, however, it is also possible to see how *different painting likewise constructed Chinese culture as in opposition to, or inherently an obstacle to, the ministrations of the Western surgeon* in a way that very clearly mirrors missionary frustration with what was perceived as Chinese resistance to evangelism. In the paintings this gets painted up as resistance to the surgical knife, another fact of "Chinese Culture" that gets talked about in the same tones as other characteristics like resistance to pain and which pervades well into the present day, i.e. the fact that Chinese culture opposes surgery and amputation as in the case of Po Ashing (not to mention western forms of dimension and perspective in art). A kind of generic cultural obstinacy is portrayed that, when viewed together with Parker's journals, comes across fairly clearly in various paintings.]

Read in conjunction with Parker's extensive journal entries and follow-up concerning Wang Ke-king, for example, it is possible to interpret Wang's portrait as one in which Chinese identity is not only critically equated with a most gruesome example of gross pathology, but also as an obstacle in the path of the superior western healing methods [figure j]. In this portrait of "the son of a respectable tea broker resident in Canton," the figure stands along the vertical axis with his back to the viewer and his head turned slightly so that we can make out his profile and his almost cheerfully oblivious expression. He wears a long white gown, coarsely detailed, which he lifts with his left hand to expose for the viewer an enormous pendulous growth that appears to be even larger and even larger and even wider than the host torso itself (Parker records that "The weight is variously estimated from 60 to 100 pounds"). From beneath this growth project Wang's legs, his trousers lie in a heap around his ankles. Hanging the length of his body and tapering off toward the bottom edge of the frame is Wang's queue. The two white circular patches on the growth would no doubt have been explained by Parker to the viewing audience as examples of a form of Chinese medical treatment about which Dr. William Henry Cumming remarked, "Chinese plaisters applied to two crates that have opened upon this mountain [are] as effectual probably in preventing Eruptions as would be a wire gauze hood over the top of Vesuvius to check a discharge of his artillery." (josphs) The background, a simple interior, is of the same luminous brown as the 'before' picture of Po Ashing.

From Parker's journals we know that, unlike the majority of the paintings depicted in the medical series by Lam Qua, there is no implicit "after" in this painting – no utopia, no universal healing. This patient not only did not survive and go on to live a "normal" life, he never even accepted treatment from which he might have had a chance to "perfectly recover," Parker writes:

Previous to the [bioptic] incision, the main objection to an operation..was the unwillingness of his wives; the removal now seems more formbidable to the

patient himself. Whether it shall be attempted or not depends upon his relations to determine. [the young man] is of a nervous temperament, all his motions quick, and very sensitive to the slightest touch.

Later Parker makes a lengthy entry (worth reproducing in most its entirety):

On the 26th of March 1838 Wang Ke King was seized by a violent fever which terminated fatally in three days. I was not aware of his illness till his death was reported. Immediately repairing to his late residence, I was shown the way into his room, where his two youthful widows and a little daughter, clad in sack cloth, were upon their knees upon the floor by the side of the corpse, with incense and wax candles burning before them. After retiring from the room, it was explained to the father and brothers how desirable it was that the tumor should be examined, the service it might be to the living, and the inconvenience of putting the body & tumor into one coffin; they affected assent, but must first consult the widows and mother. The father soon returned, saying it would be agreeable to him to the examination, but the mother and wives of the deceased would not assent. "They feared the blood and that the operation might occasion pain to the deceased." After returning home, the kindness of a friend enabled me to offer a present of \$50 to the family, provided they would permit the autopsy. A linguist was sent to negotiate with them, but in vain. Probably \$500 would not have overcome their superstition.

Unlike Po Ashing or Akae, whose cases are distinguished in Parker's writing by their voluntary nature and their uncomplaining and even cheerful submission to the surgical knife, Wang Ke-king, by contrast, is portrayed as a somewhat helpless pawn, "nervous" and "sensitive," caught in the middle of an elaborate net of Chinese customs and superstitions that prevent him from receiving treatment.

These customs and superstitions interfere at every juncture where there might be "desirable" application of Western science. Where Po agreed to be "the first Chinese to

willingly submit" to an amputation, for example, at first it is Wang's wives' objection to surgery, which presumably originates in the cultural injunctions against amputation or disfigurement that so fascinated later missionary writers and which they credited for slowing the advancement of Chinese medical science (see Sirt), that prevents his going beyond the biopsy. After his death, Chinese cultural proscriptions concerning autopsy (also legal proscriptions: it was not legalized until 1913), filtered through the nexus of familial superstition concerning the afterlife and the proper treatment of the dead, further keep Wang's body from being usefully examined. As the microcosm of culture, it is ultimately the family, in particular the women, that is blamed for obstructing the advancement of Western "service to the living": even a bribe of \$50 is not sufficient to "overcome their superstition" (more likely than not, it was only sufficient to insult). Ultimately Wang is presented more as the victim of his upper-class family's backward cultural practice than of the tumor itself.

In Lam Qua's portrait of Wang, the long, fine queue running the length of his body serves as the yardstick against which we measure not only the astounding dimensions of the tumor, but (we must mean to read) the extraordinary backwardness of the culture that would not allow Parker to operate on it. As the most obvious outward marker of Chinese cultural difference, the queue, which actually was commonly used as a sort of measuring tape in everyday life, forms a blunt visual equation with the huge tumor. In other words, it is clear this is a picture of an unnaturally large pathology that needs to be excised; but the question is, which one? Along with the plaisters, which underscore by their diminutive size the inadequacy of traditional Chinese medicine to address the problem of the tumor, as well as even the white robe which invokes the spectre of death (it is the only portrait in the entire series which uses this color clothing), the queue symbolizes the need for Chinese cultural reform, the reform of the obstinate resistance to Western technology and spirituality which is the true object of Parker's ministrations.

A final example of Lam Qua's medical portraiture further illustrates how the portraits, read in conjunction with Parker's journals, pathologize Chinese culture [figure k]. In the only picture to contain two human subjects, a painting that easily recalls the Madonna and Child, an upper-class woman is portrayed holding her young daughter on her lap. In this portrait the child is located in the center of the frame. Looking more like an adult in miniature, she sits somberly on her mother's lap, her left arm disproportionately foreshortened. Her well-dressed mother sits in a similar angle to the child, holding her somewhat stiffly, her arms posed geometrically around the child's body. The child's gangrenous feet, Ike Akae's facial tumor, seem to be almost an afterthought as they dangle in the lower left quadrant, echoing the drop of the earrings in the mother's ears. The motion of the painting flows in a crescent, beginning with the mother's hairpin, curving inward along the angle of her body, and ending finally at the child's feet.

Like the portrait of Wang Ke-king, this painting also depicts a subject whose illness, we read, could have been cured or at least treated more effectively with the early intervention of Western medicine. We know from Parker's journal entry, for example, that the family members concerned in the process of bringing in the process of bringing in the patient for treatment like Wang's family, showed some reluctance about accepting the principle of Parker's advice:

Loss of both feet at the ankle, from compression. -- March 8, 1847. Lu Akwang, an interesting little girl of Honan, 7 years of age. February 9, agreeably to a custom that has prevailed in China for thousands of years, the bandages were applied "a la mode" to her feet, occasioned her excessive sufferings, which *after the lapse of a fortnight* became insupportable, and the parents were reluctantly compelled to remove the bandages, when as the father represented, the toes were found discolored. Gangrene had commenced, and when she was brought to the hospital, March 8, it had extended to the whole foot. The line of demarcation formed at the ankles, and both feet were perfectly black, shriveled and dry, and nearly ready to drop off at the ankle joint. The friends preferring it, notwithstanding advice to the contrary, they were furnished with the necessary dressings, and the child was treated at home, being brought occasionally to the hospital. The last time she was seen, the right stump had nearly healed over; the other was less advanced in the healing process.[my italics]

In the passage Parker's language clearly demonstrates a critical attitude toward the patient's family: not only does he write that they were only "reluctantly compelled" to confront the problem initially, Parker takes special note of the time-line of events concerning this particular case. The girl's "excessive sufferings," he writes, continue for "a fortnight," by which time "the toes were found discolored." However it is another two weeks, Parker notes, before the parents bring the girl to the hospital, by which time

the gangrene "had extended to the whole foot." He then further criticizes the parents by recording how, "notwithstanding advice to the contrary," the family insists on treating the girl at home.

As in the case of Wang Ke-king, the locus of this critique lies within the family unit. Where he opens the passage discussing the larger problem of foot-binding as a cultural phenomenon ("a custom that has prevailed in China for thousands of years"), by the close of the narrative the problem has become localized: this particular family's stubbornness, their "reluctance" to accept Parker's "advice" regarding proper treatment. Where cooperative parents like Akae's father consistently earn Parker's effusive praise throughout his journals, the locus of this critique of Chinese cultural practice, as in the case of Wang-Ke-king, is in the wealthy or upper-class Chinese family.

The portrait therefore, like that of Wang Ke-king, is a critical one: less a portrait of the adverse effects of Chinese cultural practice at large than of the interference of a class-marked Chinese culture with Western healing paradigms. Like the queue in the picture of Wang, in this painting the additional presence of the mother acts as a sort of symbol of culture against which the gravity of the child's pathology is measured; the mother literally embodies a whole cultural equation to be read as "footbinding = Chinese = passed on through the mother = barbaric." The parents' significant role in Parker's journal in obstructing his better judgement regarding the girl's treatment is echoed in the mother's protective embrace; by making the gangrenous feet an almost incidental subject, the painting seems to suggest that ironically the sickest one is not the child but the genteel mother who produced her. Further, if one accepts the compositional reference to the Madonna and Child and the sacrosanct relationship it subverts, the painting becomes an even more shocking message regarding the fundamental sickness of Chinese culture. Thus a possible interpretation of this painting is that while the girl is a subject who must be cured of her *pathologic* condition, more importantly, the mother is a subject who must be cured of her *cultural* condition.

In short, in Lam Qua's paintings we see both the creation and pathologization of [a myth of] Chinese culture according to what later became known as important "Chinese Characteristics": insensibility to pain, inadequacy of native medicine, cultural inability to perform either amputation or autopsy, belief in the spirits of the dead, and superstition in general. Part of what was to become in the modern ear the idea of the "Sick Man of Asia" 東亞病夫, where Chinese nationhood and race are always already pathological, these paintings not only fabricate a Chinese cultural identity that is fundamentally sick, but they also describe a cure for it. For those "good" Chinese who accept the ministrations of the Western surgeon, the cure of a promised land, with its clear skies and reunion with nature, awaits. However for "bad" Chinese, who either reject the doctor-missionary's treatment or who fail to escape from the web of Chinese tradition, the end is more grim. Either way, the paintings prescribe the most radical cure possible: a new and improved identity, transformed through the mastery of the medical-missionary's art.

The Transition of Race

If one were to argue for a time-line of missionary medical illustration in China marking the appearance of what Stafford called the "modern stigmatized skin," then the earliest example would probably be the volume of over sixty full-color illustrations of individual cases of pediatric smallpox painted in China in 1770, almost fifty years before Alibert produced his work *Nosologie Naturelle*. Sent back a few years after their production to France where they remain in the Bibliotheque Nationale, the paintings were commissioned of an anonymous Chinese artist by the Jesuit missionary and amateur physician Father (Pere) Amiot. What is most extraordinary about them, it seems to me, is their mode of emphasizing individual identity and specificity in the paintings. Where they lack the individuality of facial features and expression that would make them portraits in the way Lam Qua's illustrations that would make them portraits in the way Lam Qua's illustrations were, nonetheless through the addition of "captions" in Chinese, these hybrid (folk-painting style) illustrations make it clear that the subjects represented are specific, observed cases. In the one image I've had access to, for example, the caption specifies that the subject is a "Girl: Three Years of Age"(女兒三歲), and includes a description after the fashion of Chinese examples (such as the 1749 Imperial compendium *Golden Mirror of Medicine* 醫宗金鑑 or the more heterodox 1798 illustrated *Accupuncture Made Easy* 繪圖針灸易學) of her particular manifestation of smallpox as "in the shape of flying geese." In other words, what distinguishes this set of medical portraiture from other illustrations, aside from the fact that it was commissioned by a Western missionary we presume for (at some stage) a Chinese audience, is its conceptual, if not stylistic, attention to the "case-study"-like individuality of each subject.

By Lam Qua's time, however, the historical circumstances had shifted so dramatically that a Cantonese port-painter might have access to a variety of different western illustrative styles and techniques from which to construct his vision of

pathological Chinese bodies, and the missionary who commissioned them might have a wholly other agenda as compared to his 18th-century Jesuit counterpart. As I have discussed, Lam Qua's medical portraits are distinguished not only by their extraordinary graphic specificity but by the complexity of their interlayering of individual portrait style with the missionary ideology that would allow Parker to convince his influential Western audience of the effectiveness of continuing the medical mission. Further, they are distinctly marked as "from a Chinese hand" or possessing a distinct "Chinese accent" – by this time it has become imperative to distinguish. Compared to the paintings in the Amiot series, then, Lam Qua's paintings represent an historical moment in which the dynamics of imperialism had already found their way into the representational mechanisms of Parker's medical illustration, both in style and in realization. These mechanisms, historically speaking, were linked with the ideology of "Chinese cultural/national characteristics," but were not yet the essentializing ideology of its conceptual descendent race, which came later.

By the first decade of the twentieth century, however, it was possible to publish a book like *Diseases of China* (eds. James L. Maxwell and W. Hamilton Jefferys, 1st edition, 1910). Also affiliated with missionaries (as Maxwell and Jefferys were), this set of pictures and text eschews the native interlocutor in favor of the "unaccented" images reproducible by the camera. However where Kwan A-to was the first surgeon-student of Peter Parker, the intended audience of *Disease of China*, at least in theory, includes "medical men working in China, both Chinese and foreign." In the introduction the authors isolate a racially "sick" Chinese other by presenting "a concise account of the special diseases they [medical men] will meet with. in one volume of a reasonable size and with constant and special reference to their modifications as brought about by the hygienic habits and the racial peculiarities of the people of China." This racialized Chinese body is systematically dissected over the course of the book's chapters on different disease phenomena such as "Diseases of the Liver and Spleen"; "Diseases of

the Nervous System"; or more interestingly, "Opium Habit and Suicide"; "Disease Peculiar to China"(with a subheading on "Freaks and deformities." Artificial deformities. Foot-binding. Scars") and of course a chapter dedicated to "Tumours," which is particularly notable for its photographs of tumors and other deformities.

At the textual level, *Diseases of China* reveals a racially-Chinese other that is implicitly pathological. For example, systematic care is taken to differentiate Western medical precepts from debauched native practice. For example, the authors criticize not only rampant charlatanry ("quack doctors") but low ethical standards due to lack of governmental regulation of medical practice. They remark that "to become a physician.' This is the limit of required preparation." Regarding anatomy and surgery, the authors note that "it is not a true statement that the Chinese know nothing anatomy and physiology. They have intelligent ideas as to the locality of organs and their mutual relationships...But dissection of the human body is never attempted."(8-9) Consistent with the analyses of various illnesses throughout the book based on race and gender – the breakdown and assignation of which are an obsession on the part of the authors – this introduction gives the impression that a negative Chinese counterpart exists for every successful Western cure. Where in Parker's day Chinese medicine was still constructed as cultural practice (however faulty or ineffective), in *Disease of China* Chinese medicine is at once essentialized and essentially pathologized, part of a dialectic that allows western medicine its perceived implicit superiority.

Likewise the relative rarity with which Chinese patients offered themselves up for surgery even the early 1900's is no longer viewed as the product of superstition but construed as a peculiarly Chinese "lack of ability" to accept or consent to treatment:" [C]ombined with a lack of ability to remove even the simplest growth, the Chinese are as a race particularly unembarrassed by the mere presence of morbid growths which other races would find repellant indeed. To the Chinese a growth is painful or inconvenient, but seldom disfiguring." (451) While the Chinese patient is characterized

as "so reluctant .to submit to operation in the early stages of any affection that the characteristic of carcinoma in China is its advanced condition," by contrast, the task of removing the tumors is described as "ridiculously simple"; "easy"; or an activity which gives "considerable undeserved reputation to the physician or surgeon who removes them." (495 —498) where Parker's journal entry about Wang Ke-king blames Chinese cultural practices like superstition and ancestor worship for Wang's ultimate refusal to accept treatment and his family's refusal to submit the corpse for autopsy, in *Disease of China* refusal to consent to surgery is explicitly linked to Chinese racial obstinacy.

As with the Parker series, photographs in this book are meant to illustrate to the content and premises of the accompanying text. Where Lam Qua's illustrations complement (and to some extent create) Parker's views of a culturally Chinese other, the photographs in *Diseases of China* use a post-Darwinian visual "vocabulary" of tumors, marks, and amputations in a fundamentally deformed and deforming environment that pathologizes Chinese identity at the racial, rather than cultural, level, and compositionally similar to Lam Qua's paintings, the photographs in this volume to the greatest extent possible remove all signs of context or individuality from the patient. [figure of backs, back to back] The erasure of the patient's individuality is so explicit that he or she is frequently naked and photographed against a blank background. Faces, clothing, landscapes, queues (generally), and all markers of individuality have been replaced by a reductive caption which refers to the pathology but not to the human host: "Lymphangioma. (Back view)" [see figure] or "Fibroma of partoid region" [see figure] suggest that these patients as people have entirely disappeared from the compositions. In one case, a little boy and the photo of the tumor and clavicle removed his body are presented side by side, with virtually identical captions: "Sarcoma of Clavicle," and "Clavicle and Tumor removed." [another figure] Laid out this way. It's clear the two images are meant to be equated with each other – with the captions providing requisite instructions on exactly how to perform this equation.

It is in these illustrations that the patient truly "vanishes" (as Gilman might put it), leaving behind only an unnerving collection of skin, hair, and instructive captions to guide us in our interpretation of their message about Chinese identity. "Tumors," a chapter's subheading informs us above a cut-off picture of a pair of legs with one foot disfigured by growths, "are a Sort of Specialty of China." By the time of the tautologically titled *Disease of China*, the ultimate metonymy has occurred: the deformities in these photographs stand for the Chinese race that has produced them, and by association western doctors' fixation with such deformity represents the historical

development of the idea of a Chinese racial other. As the authors put it, "Since the first physician who reported anything about medicine in China to the present day, the whole fraternity has been interested and fascinated by the subject."(451) Now that the fraternity has expanded to include Chinese "medical men," writers, theorists, and politicians, however, what are the implications of this fascination?

Parting Glances

As Walter Benjamin has pointed out, painting at the dawn of photography could still do what photography could not. It could, for example, provide motion, full-color, or other manipulations of images. This may partly explain why Lam Qua's medical portraiture was so successful: painted in vivid color, full of personality, and freakishly grotesque, the paintings no doubt left a stronger impression upon their nineteenth-century audience than they do even today. While it would be difficult to quantify precisely the extent of this influence however – That is something that needs to be the subject of further evaluation – nonetheless taken as an historical artifact, Lam Qua's medical paintings allow us to make constructive hypotheses about the exchange and circulation of ideas concerning Chinese identity in a most formative ear. For example, in his portrayal of a seeming indifference to pain we may find an explanation for (or contributing factor to) the persistence of this stereotype among missionary doctors until well after the invention of anaesthesia (and arguably beyond). Whether due to British portrait-painting conventions or to Lam Qua's literal interpretation of Parker's observations, this aspect of his paintings, combined with Parker's explanations, would have left a strong impression indeed upon the minds of the influential medical men and prominent intellectuals who saw them. In other words, the question Lam Qua's paintings oblige us to ask is not *whether* these men were impressed by his depictions of sick Chinese, but *how* and *to what* extent.

Likewise, a premise of this paper has been to speculate upon possible avenues by

which Chinese intellectuals and literati of the modern period arrived at the notion of pathology as a convenient metaphor for Chinese national identity. What kind of visual images acted as sources for these writers? How were ideas of pathology and Chinese identity translated by Parker and then reinterpreted again, for example, through the eyes of the Chinese practitioners who were at last part of the intended readership of *Diseases of China*, and did these interpretations find their way into literary circles? Could the pathologized Chinese bodies of *Disease of China*, themselves the representational descendents of Parker's patient's patients, have been indirect sources for the creation of the Eugenics movement, of characters like Kong Yiji or Lu Xun's constant reference to the trope of doctors and patients, or of other literary figures whose characterization as inherently pathological was inextricably linked to an elusive Chinese identity? How and to what extent?

The shift in representational meaning from Lam Qua's paintings to the photographs of *Diseases of China* is representative of the shift into modernity, where modernity is characterized by new ways of looking, the application of new surfaces and boundaries, and the imposition of new power dynamics. Lam Qua's paintings show Chinese selves constructed of disparate parts, the co-creation of Parker's ideological requirements and Lam Qua's artistic innovations. The subjects of the photographs on the other hand reveal themselves to be the representationally racialized descendents of these composite selves, no longer requiring the legitimacy of the native interlocutor but rather depending upon the truth-telling voice of the camera as well as the cooperation of the new Chinese audience for legitimacy. To what extent did this transition from cultural to racial self, from post-renaissance to scientific body, mirror or conspire with the development of literary realism?

In one of Lam Qua's more haunting works, a man reclines along the horizontal length of the frame, leaning on a pillow [figure r]. His right hand, disturbingly deformed, contrasts in turn with the perfection of the left hand, which covers the face of

the patient so that only an eyebrow and the high hairline indicative of the patient's (male) gender can be seen. No landscape complicates this picture with suggestions of a promised land. No facial expression or queue invoke the (imagined) peculiarities of Chinese culture. Yet by concealing the identity of the patient, the painting still conveys a strong message about the curability of Chinese culture. Undermining the painting's function as a work of portraiture, it becomes in one eloquent gesture a portrait not of individual identity but of hidden potential: the potential that surgery will not only reveal the latent integrity of the deformed hand (so that it will match the other), but that, by association, it will reveal the true nature of the sufferer himself. The true nature of Chinese identity, the painting seems to say, is merely waiting for the art of Parker's scalpel to describe.

Selected Bibliography

Andrews, Bridie J. "Tuberculosis and the Assimilation of Germ Theory in China, 1895 - 1937," in *Journal of the History of Medicine*: Vol.52, January 1997. Oxford University Press.

Arnold, David, ed. *Imperial Medicine and Indigenous Societies*, Manchester University Press, New York, 1988.

Barthes, Roland. *Camera Lucida*, trans. Richard Howard. New York: Hill and Wang, 1981.

Bartlett, C.J. "Peter Parker, the Founder of the Modern Medical Missions: A Unique collection of Paintings." *Journal of the American Medical Association* 67 (Aug.1916):407 - 411.

Berry-Hill, Henry and Sidney. *George Chinnery, 1774 - 1852, an artist of the China Coast*, Leigh on sea, F.Lewis, 1963.

Bonsall, Geoffrey W.(introduction) *George Chinnery: His Pupils and Influence*, Urban Council and Hong Kong Museum of Art, Hong Kong, 1985.

Brieger, Gert. "Sense and sensibility in late nineteenth-century surgery in America," in *Medicine and the Five Senses*, Bynum, W.F. and Roy Porter, eds., Cambridge University Press, Cambridge, England, 1993.

Buck-Morss, Susan. *Dialectics of Seeing: Walter Benjamin and the Arcades Project*, Cambridge: MIT Press, 1993.

Chang, James. "Short Subjects: A Reconstructive Surgeon's Taste in Art: Dr. Peter Parker and the Lam Qua Oil paintings," *Annals of Plastic Surgery*, May 1993, V.30 n:5.

Comaroff, John and Jean. *Ethnography and the Historical Imagination*, Boulder: Westview Press, 1992.

Crozier, Ralph C. *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change*. Cambridge: Harvard University Press, 1968.

Crossman, Carl L. *The Decorative Arts of the China Trade*, Antique Collector's Club, Suffolk, 1991.

Despeux, Catherine. *Taoisme et corps humain: le Xiuzhen Tu*, Paris: Guy Tredaniel, ed., Editions de la Maisnie, 1994.

Dikotter, Frank. *Sex, Culture and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period*, Hurst and Company, London, 1995.

Fox, Daniel M. and Christopher Lawrence. *Photographing Medicine: Images and Power in Britain and America since 1840*, New York: Greenwood Press, 1988.

Gilman, Sander L. "Lam Qua and the Development of a Westernized Medical Iconography in China," *Medical History* 30, No.1 (Jan. 1986): 50-69.

Gilman, Sander L. "Medical Colonialism and Disease: Lam Qua and the Creation of a Westernized Medical Iconography in Nineteenth-Century China," *Disease and*

Larissa Heinrich: Curing Chinese Culture: Lam Gua's Medical Portraiture

Representation: Images of Illness from Madness to AIDS, Ithaca Cornell U.Press, 1988.
pp.140 - 154.

Goodrich, L. Carrington and Nigel Cameron, *The Face of China As Seen By Photographers and Travelers, 1860 - 1912*, Aperture Press, 1978.

Gulick, Edward V. *Peter Parker and the Opening of China*, Cambridge, Mass., Harvard University Press, 1973.

Hay, John, "The Body invisible in Chinese Art?" in *Body, Subject and Power in China*, ed. Angela Zito and Tanl Barlow. Chicago: University of Chicago Press, 1994.

Huitu Zhenjiu Yixue (Illustrated Acupuncture Made Easy), by Li Shou-xian. 1940
Shanghai Min-zhang Books reprint of 1978 manual, author's collection.

Hutcheon, Robin. *Chinnery, the man and the legend*, Hong Kong, South Chinese Morning Post, 1975.

Huard, Pierre and Ming Wong, *Chinese Medicine*, trans. Bernard Fielding, New York: World University Library, 1968.

Jefferys, W.Hamilton and James L. Maxwell, *The Disease of China including Formosa and Korea*, Philadelphia, P. Blakiston's Son & Co.,1910.

Josyphs, Peter. "From Yale to Canton: The Transcultural Challenge of Lam Qua and Peter Parker," Catalogue for exhibition at Mills Pond House Gallery from March 28-May 10, 1992. Smithtown Arts Council

Josyphs, Peter. "The Missionary Doctor and the Chinese Painter," *MD*, Vol.36, No.8, August 1992, pp.46-61.

Kuriyama, Shigehisa. "Visual knowledge in classical Chinese medicine," in *Knowledge and the the scholarly medical traditions*, Don Bates, ed. Cambridge University Press, 1995.

Li, Shang-jen, "British Imperial Medicine in Late Nineteenth-Century China and the Early Career of Patrick Manson," MSC Dissertation, September, 1995.

Liu, Lydia H. *Translingual Practice: Literature, National Culture, and Translated Modernity in China, 1900-1937*, Stanford: Stanford University Press, 1995.

Mackerras, Colin. *Western Images of China*, Oxford University Press, Hong Kong, 1989 (especially chapter 4)

MacLeod, Roy and Milton Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, Routledge: London and New York, 1988.

Purcell, Rosamond. *Special Cases*, 1997.

Selzer, Richard. "The Grotesques of Lam Qua," *MD*, Vol. 36, No.8, August 1992, p.45.

Sirr, Henry Charles, M.A. *China and the Chinese, Vol.I Their Religion, Character, Customs, and Manufactures: The Evils Arising from the Opium Trade: With a Glance at Our Religious, Moral, Political, and Commercial Intercourse with the Country*, London

1849; reprinted by Southern Materials Center, Taiwan, R.O.C., p.113.

Spectrum (Pfizer)/anon. Pamphlet. "The Reverend Peter Parker, M.D," abstracted from Journal of American Medical Association, Nov. 12, 1955, Vol.159, No.11 Adv.(available at Yale Medical Historical Library)

Stafford, Barbara. *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine*, MIT Press, Cambridge, 1994.

John Thomson, *Photographing China*

Ting, Joseph S.P., ed. *Late Qing China Trade Paintings.*, Hong Kong Museum of Art, Presented by the Urban Council, Hong Kong. Catalogue to exhibition of September 7,1982 – August 22, 1982. Published by the Urban Council.

Ting, Joseph S.P., *Gateways to China: Trading Ports of the 18th and 19th Centuries*, Hong Kong Museum of Art, Urban Council, 1987.(Also: *Hong Kong: the Changing Scene, A Record in Art*, Urban Council, 1980)

Vinograd, Richard. *Boundaries of the Self: Chinese Portraits 1600-1900*. Cambridge University Press, New York, 1992.

Wong, K. Chimin and Wu Lien-the, *History of Chinese Medicine:being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period*, National Quarantine Service, 1936(reprinted by Southern Materials Center, Inc., Taipei, Taiwan 1977)

Yizong Jinjian(Golden Mirror of Medicine), 1742. Greater China Library Edition, 1971.

Zhang Dao-yi, "Zhengshi qi mei yu 'yinyanglian,'" in *Hansheng Zazhi* 63-64, Wu Mei-yun, ed. Taipei, 1994.

Zhou Da-cheng, *Yixhi tupian zhengming erce* ("Corrections on two examples of illustrations from medical history"), *Zhoughou Yishi Zazhi*, 1984, v.14, n.3, pp.181-182(see also brief commentary, "Lu Xun yu Lang Zhong")