CHAPTER ONE

EPIDEMICS, WARS AND PUBLIC HEALTHCARE ADVOCACY IN REPUBLICAN CHINA, 1911–1928

In any effort to understand what lies ahead, as much as what lies behind, the role of infectious disease cannot properly be left out of consideration.
—William H. McNeill

It would be better for the little girl to die. What’s the point in saving a little girl?
—Comment about Lu Lihua, reported by Wang Zheng

Epidemics have played an ominous part in human history. In Europe both the sixth century Justinian plague and the fourteenth century Black Death killed tens of millions of people, fundamentally affecting the course of European history. Smallpox has ravaged humanity, especially children, for at least 3,000 years. In the nineteenth and early twentieth centuries cholera epidemics swept across Asia and Europe, flourishing because of public ignorance of how the disease was spread. Infections have also hugely affected military conflicts. The influenza pandemic of 1918–1919 struck down combatants on the Western front and helped bring World War I to a close. Estimates of its worldwide death toll range from 20 million to as high as 70 million. Smallpox and measles enabled Cortez and Pizarro to overwhelm the Aztec and Inca populations in the sixteenth century; and as the noted bacteriologist Hans Zinsser pointed out in 1934, lice and typhus have repeatedly struck down armies on the warpath.

Written history of the Chinese Republic (1911–1949) has focused on the ideological and military struggles in China to throw off internal and foreign oppression and reestablish strong government. And yet most of the lives lost during these years were due not to combat but to infection,

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1 William H. McNeill (1976), 257.
3 There are numerous articles on this subject on the internet. Almost all emphasize its crushing impact, especially in India, and the lack of attention by historians to its effect during the closing weeks of the war.
4 Hans Zinsser (1935). For history buffs, this well-researched and witty book is a ‘must read’.
prejudice and malpractice, and if due to combat were more often struck
down by disease than by wounds. As one Indian army medical manual
put it, “it was early realized, as it is universally agreed today, that losses of
men in war from sickness far exceed the losses from even the bloodiest
of campaigns.” Frederick of Prussia said: “fevers cost me as many men as
seven battles.” A Chinese Red Cross manual, published in 1937, included
a chart of British army casualties over the previous thirty years, showing
that casualties due to diseases were four times as many as casualties due
to wounds, and deaths due to disease 4.6 times as many as deaths due to
enemy action. These ratios do not include all the other causes of mortal-
ity noted in the introduction.

Such overwhelming disease trauma did not go unnoticed by Chinese
graduates of national and internationally recognized medical schools.
As early as 1915 Dr. Wu Liande published an article in the missionary-
sponsored Chinese Medical Journal pleading with his foreign medical col-
leagues to set up a public health service in China and end its reputation
as “the most insanitary nation on earth.” During that year he joined with
several other Chinese medical reformers to establish the National Medical
Association and set up their own medical journal—the National Medical
Journal of China (NMJC). These reformers grappled with a succession of
epidemics and with key problems in health diagnostics and treatment,
publishing their results and proposals in the NMJC and other publica-
tions. Unfortunately little of their research has made its way into standard
histories.

It was the people’s vulnerability to disease that first concerned this small
group of patriotic medical reformers. They treated and studied infectious
diseases during the time leading up to the establishment of the National-
ist Government’s Ministry of Health in 1928. Aided by international health
advisers, they advocated low cost ideas for dealing with China’s immense
problems of disease and healthcare. These ideas and strategies, grouped
under the rubric of “state medicine” (in Chinese gongyi zhidu 公医制度
public healthcare system), became the principle guide for practitioners of
publicly managed healthcare in Nationalist China. Until war and infla-
tion became dominant in the early 1940s, application of publicly managed

5 Field Service Hygiene Notes (1945), 2.
6 Jiuhu Shouce (1937), 298.
7 Wu Lian-teh (1915).
8 Wong and Wu (1936), 603–605.