

‘Laying out a Model Village’: George Gushue-Taylor and Missionary Leprosy Work in Colonial Taiwan

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In the first half of their colonial rule of Taiwan, the Japanese were not as concerned with the problem of leprosy as they were with urgent diseases like malaria and plague. With growing awareness of the importance of public hygiene of its subjects, the Formosan Government introduced the then commonly-practiced compulsory segregation in its anti-leprosy enterprise. The Anti-leprosy Law was issued in 1929. However, public health policy planning did not entail its immediate materialisation.¹ The governmental Happy Life Leprosy Hospital (or the ‘Rakusei-in,’ 樂生院) was not open until late 1930, not without external instigation. Generally speaking, the Formosan Government was behind Japan proper and Korea in dealing with the leprosy problem by ten to twenty years.² In addition, Japanese clinics and doctors on the whole did not welcome leprous patients.³ A. Oltmans, Secretary in Japan of the American Mission to Lepers, observed in 1932 that, Japan, as a country advanced in modern civilization, should have had done its utmost in disease prevention. Nonetheless, ‘the more enlightened a community or nation becomes, the more it is inclined to guard against exposure of its ugly sores.’⁴

Due to the symbolic significance leprosy had in Christianity, missionaries were the main source of voluntary workers. Following the example of Christ the Healer, they provided humanitarian and medical service to people in ‘backward areas,’ with the realisation of the importance of medicine in the spread of western Christianity.⁵ In Formosa, leprous patients were treated in missionary hospitals from late nineteenth century.⁶

¹ David Arnold, ‘Crisis and Contradiction in India’s Public Health,’ *The History of Public Health and the Modern State*, ed. Dorothy Porter, Amsterdam: GA Editions Rodopi B. V., 1994, pp.335-355.

² 宮原敦，臺灣ノ癩人，《臺灣醫學會雜誌》，大正八年，第二百一期，頁 734-806，頁 801-802。官公立癩療養所一覽，《社會事業の友》，昭和六年，第二十七號，頁 213-214。The Leprosy Mission International Archives (hereafter LMI) 118/5, George Gushue-Taylor to W. M. Danner, February 19, 1931.

³ LMI 118/5, George Gushue-Taylor, ‘Plans for Leprosy Work in Formosa’ (around 1929). LMI 118/5, Robert B McClure to Mission to Lepers, August 5, 1929. There were however exceptions. For the treatment of Japanese and Formosan patients in the Governmental Taihoku Hospital, see 宮原敦，臺灣ノ癩人；宮原敦，癩ノ治療例，《臺灣醫學會雜誌》，大正十年，第二一九期，頁 592-598。For leprosy and racial hygiene in colonial Taiwan, see 范燕秋，日本帝國發展下殖民地台灣的人種衛生（1895-1945），國立政治大學歷史系博士論文，民 90 年。

⁴ A Oltmans, ‘Anti-Leprosy Movements in Japan,’ *Leprosy Review* 4.2 (1933): 82-88; on p.84.

⁵ Michael Worboys, ‘The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940.’ *Osiris* 15 (2001): 207-218.

⁶ LMI 118/5, George Gushue-Taylor, ‘Happy Mount Leprosy Colony (Rakusanen), Formosa, Japan,’ *News Letter* No. 6, May 1934. 加藤卯吉，《臺灣豫防衛生概觀》，台北：昭和十年，頁 51-52。《臺

Dr George Gushue-Taylor (戴仁壽), who was born in Newfoundland in 1883 and completed his medical degree in London, took up the superintendency of the Presbyterian MacKay Memorial Hospital, Taipei (then Taihoku), in 1923. He already treated leprosy patients while working in Tainan, the south of the Island, during the 1910s.⁷ After realising the severity of the problem of leprosy in Formosa, he started his personal anti-leprosy enterprise in 1925. An out-patient clinic was opened on Saturdays.⁸ As the number of patients at MacKay Memorial Hospital kept increasing, the Mission to Lepers, a London-based international charity organisation, offered to help. A leprosy dispensary was opened opposite the hospital in October 1927.

The opening of the special dispensary had to do with the general use of chaulmoogra oil in leprosy treatment in the first decades of the twentieth century. With the rise of this new treatment, leprosy was no longer considered an incurable disease. However, the treatment was never miraculous. Even in favourable cases, the whole process of treatment still took years. Additionally, it was impossible to eradicate lepra bacilli from the human body completely. According to Robert Cochrane, a contemporary authority on leprosy, the new treatment was of importance not because of its efficacy. Insofar as amenable early cases were encouraged to seek medical attention, a deeper understanding of the disease was made possible.⁹

Dr Gushue-Taylor was not content with an out-patient leprosy clinic. His original plan of building a small leprosarium for fifty inmates was repeatedly rejected by Mission to Lepers. For him, as well as for a number of leprologists at the time, an out-patient dispensary would very likely become a centre for the spread of the disease. Moreover, 'essential adjuncts of efficient treatment such as exercise, ventilation of their rooms, proper food, hygiene of the skin, and other aspects as lepra reaction, cannot be supervised, corrected and treated.'¹⁰ Leprosaria were Gushue-Taylor's answer to leprosy, since its cure consisted more in the improvement of the patient's bodily resistance and of his or her general standard of living.¹¹ 'Out-patient treatment for infective cases of leprosy is not in accord with modern methods in dealing with such an infective condition, and only conditions of poverty form the excuse for perpetuating in backward communities a situation intolerable in our home lands.'¹²

Happy Mount Leprosy Colony (樂山園) was eventually opened on March 30,

灣省通誌》卷三政事志衛生篇下，台北：臺灣省文獻委員會，民 61 年，頁 331。

⁷ For Gushue-Taylor's career, see Charles G Roland, 'George Gushue-Taylor and the Medical Missions in Formosa,' *Journal of Medical Biography* 4 (1996): 82-93.

⁸ The Presbyterian Church of Canada Archives (hereafter PCC) 101-H-28, George Gushue-Taylor, 'A Brief History of Anti-Leprosy Work in Taiwan,' December 27, 1953.

⁹ Robert G. Cochrane, 'Progress in Treatment for Leprosy 1924-1934,' in *Sixty Years of Service 1874-1934*. London: Mission to Lepers, 1934, pp.73-79.

¹⁰ LMI 118/5, George Gushue-Taylor, 'Plans for Leprosy Work in Formosa,' n.d.

¹¹ Ernest Muir, 'Prognosis in Leprosy I,' *The Lancet*, August 15, 1936, pp.391-392.

¹² LMI 118/5, Gushue-Taylor to W. H. P. Anderson, February 13, 1930.

1934 at Hachi-ri-sho, near Tamsui, Taihoku. There were twenty cottages in total, each catering for four patients. The budget for construction and facility maintenance came from a variety of sources: the Formosan Government, the Empress Dowager of Japan, and donations from within and without the island.

The original name for the institution was 'Happy Mount Leprosy Hospital.' It was later changed into 'Happy Mount Leprosy Colony.' One of the reasons for the alteration was to distinguish the Colony from the Governmental Leprosy Hospital. As Dr Gushue-Taylor put it, 'what we want to build is not a hospital, but a village. Cottages are more like our homes, accommodating patients.'¹³ The name of the institution did make a lot of difference. At that time there were various types of leprosarium. Each had its specific objectives. *Lazar houses*, *leper camps* or *asylums* were designed to isolate lepers when they were deemed hopeless. *Leper homes* were established out of pity for the social outcast. They were places where leprosy patients could be cared for. *Leper hospitals* designated the fact that leprosy was a treatable disease. In the early decades of the twentieth century, the importance of physical exercises and work therapy were stressed. *Leper colonies* or *settlements* were founded with the knowledge that 'long periods of treatment necessary for recovery must be spent under normal physical, mental, and social circumstances.' Medical facilities were provided in leprosaria of this kind, but 'the main stress is laid upon agricultural and industrial employment, as such occupations afford the atmosphere and conditions most important for control of the disease, and, in favourable cases, for recovery.'¹⁴

George M. Kerr, the superintendent of Dichpali Colony in India, used a then familiar dictum to explain the importance of work in leprosy treatment: "Faith—Oil—Work, but the greatest of these is Work".¹⁵ R. M. Wilson, a missionary working in Korea, pointed out that leprosy colonies should be schools, teaching not only the importance of isolation and personal hygiene, but certain trades and occupations. Work had to be allocated to each patient, as '[a]n idle brain is the devil's workshop with the leper, as with anyone else.' Labour was good for the patient's health as well as for the colony's economic independence. Wilson added, a 'busy working leper is far happier, and will show better results in treatment, because his circulation, bowels, appetite and general health will be better for the work. From an economic standpoint also there is great saving.'¹⁶

Ernest Muir, Medical Secretary to British Empire Leprosy Relief Association,

¹³ 戴仁壽博士至臺灣癩病救治會函二（一九三一年六月二十四日），《樂山五十》，台北：樂山療養院，民 73 年，頁 56。

¹⁴ Ernest Muir, *Leprosy: Diagnosis, Treatment and Prevention*, 6th ed., Delhi: The Indian Council of the British Empire Leprosy Relief Association, 1938, p.164.

¹⁵ George M. Kerr, 'The Organization of Occupational Therapy,' *Leprosy Review* 8.2 (1937): 64-69; p.67.

¹⁶ R. M. Wilson, 'Industrial Therapy in Leprosy,' *Leprosy Review* 1.1 (1930): 25-28.

also gave emphasis to physical training. ‘The patient should as far as possible consider himself “in training” as regards exercise, diet and regular habits.’¹⁷ Without this, no form of treatment would have long term efficacy. Labour and physical exercises were nonetheless only part of a whole training system. According to Muir’s plan, the ‘efficiently organized leper settlement may act as a model in the area in which it is situated.’ Intelligent young patients might be encouraged to undergo training programmes in the detection, treatment, and prevention of leprosy. After their recovery, they could work in treatment centres, or be employed to conduct leprosy surveys and to spread knowledge of public health methods in local communities. ‘In this way anti-leprosy measures may embody general sanitary reform, and act as a key to the solution of other problems.’¹⁸

Unsurprisingly work and physical exercise were predominant in Happy Mount Leprosy Colony. The inmates were constantly engaged in communal work, such as constructing and repairing roads and houses, bush clearing, vegetable growing, and animal farming.¹⁹ Apart from the public work, occupations and hobbies were encouraged, which would fill ‘[the patients’] lives with interest and if necessary afford them an opportunity of earning some money.’²⁰ More vegetables, repairing work and basket making meant more health and less operating expenses. Work also kept patients from brooding, as the percentage of mental diseases could be fairly high in leprosaria.²¹ The regulation of the patient’s time-table, with a view that both the mind and the body could be kept occupied, was for that reason essential.²² Gretta Gould (吳阿玉) explained her mother and her work at Happy Mount during Dr and Mrs Gushue-Taylor’s furlough in 1937-1938: ‘Our task was mainly to supervise and keep order, to plan each day’s programme so that the patients would be happily occupied in clean wholesome work or recreation to save them from despair, and encourage those afflicted with a nigh incurable disease.’²³ Under the direction of Pastor Keh (郭水龍), those patients who became elders and deacons learned methods of church government, and helped maintain order of the colony. This regimen of regulated occupation seemed effective. Dr Gushue-Taylor observed that work led to

¹⁷ Muir, *Leprosy*, p.114.

¹⁸ *Ibid.*, pp.167-169.

¹⁹ LMI 118/5, George Gushue-Taylor, ‘Raku-san-en (Happy Mount Leprosy Colony), Tansui-gun, Formosa, Japan,’ *News Letter* No. 10, February 1937.

²⁰ Gretta Gauld, ‘Happy Mount Leprosy Colony—Formosa 1937-1938. Living with Lepers at Rakusanen,’ ‘Foreign Mission Report,’ *The Acts and Proceedings of the Sixty-Fifth General Assembly of the Presbyterian Church in Canada*. Toronto: Murray Printing Company, 1939, pp. 38-42; on p.39.

²¹ George Gushue-Taylor, ‘Happy Mount Leprosy Colony (Rakusanen), Formosa, Japan,’ *News Letter* No. 7. In the 1930s, 19.5% of the patients of National Leprosarium at Carville, Louisiana, suffered from psychical and nervous complaints. See Ernest Muir, ‘Some Mental Aspects of Leprosy,’ *Leprosy Review* 10.2 (1939): 114-118.

²² Muir, *Leprosy*, p.114.

²³ Gould, ‘Happy Mount Leprosy Colony,’ p.42.

‘moral’ and ‘physical’ health.²⁴

In this ‘co-operative enterprise,’ which combined work and worship,²⁵ the work of the superintendent was no less crucial. In his depiction of Garkida Agricultural-Industrial Leprosy Colony in Nigeria, Russell L. Robertson explained the various functions a superintendent had to perform: ‘He must be father, advisor, supervisor of all works, gardener, horticulturist, carpenter, builder, blacksmith, artisan, plumber, well-digger, teacher, judge, lawyer, defender, and above all, a good foreman.’²⁶ Apart from its edifying and regenerative values, work fulfilled another function. As Dr Gushue-Taylor put it, ‘[c]onstruction work for the leprosy colony is not only making roads and erecting houses but is literally “preparing the way of the Lord” and making straight in the desert a highway for our God...’²⁷ At Happy Mount, religious and medical discourses became mutually supportive. In other words, religious practice legitimised and strengthened medical practice, and vice versa.

The analogous relationship between the secular and spiritual life also shows in another facet of the management of the colony. The ethics of work, self-reliance and self-government propagated by the medical missionary tallies with the guidelines of the Board of Foreign Mission of the Presbyterian Church. The three principles of self-government, self-support, and self-propagation were indispensable for the survival of native churches.²⁸ (However, self-propagation was not the goal of a leprosy colony. This was demonstrated in the segregation of sexes within the institution). By the same logic, the kingdom of God was realised in the daily routine of the leprosy colony as well. This enclosed space became a field in which a number of ideas were put into practice. In contemporary leprosy colonies and asylums, colonizers carried out experiments in administration. Self-government, a practice fairly common amongst leprosy patients, was also the political and social system characteristic of the local communities.²⁹ For instance, the system of ‘headmen’ or ‘chiefs’ could be seen in a great number of leprosy colonies in British India and Africa. ‘Headmen’ were brought into the institutions to maintain discipline, to instil a sense of responsibility, and to transform the socially despised into proper ‘citizens’.³⁰ In the

²⁴ 社會事業功勞者の略歴及所感，《社會事業の友》，昭和三年，第二號，頁89。

²⁵ George Gushue-Taylor, ‘Happy Mount Leprosy Colony (Rakusanen), Formosa, Japan,’ *News Letter* No. 7.’

²⁶ Russell L. Robertson, ‘Garkida Agricultural-Industrial Leprosy Colony,’ *Leprosy Review* 3.2 (1932): 50-58.

²⁷ Anonymous, ‘Happy Mount Leprosy Colony,’ *The Presbyterian Record*, April 1932, pp. 114-115.

²⁸ G Mackay, *The Glad Tidings* 7.1 (1931): 9. For the ‘three-self’ principles in then Formosa, see also Hugh MacMillan, ‘The Second Formosan Ministers’ Conference,’ *The Presbyterian Record*, December 1937, pp.368-370.

²⁹ Anonymous, ‘South Africa—Self-Government in a Leper Institution,’ *The Lancet* Jan. 2, 1926, p.44. J High McKean, ‘The Place of Local Self-Government in Leprosy Home Administration,’ *Leprosy Review* 3.3 (1932): 105-107.

³⁰ F. H. Cooke, ‘History of the Ho Leper Settlement,’ *Leprosy Review* 2.1 (1931): 8-11. J. High

above-mentioned Nigerian leprosy colony, the original plan was to segregate patients according to their tribes. However, it turned out that inmates worked and played harmoniously together. ‘Thus,’ Robertson explained, ‘the colony is only another agency for amalgamating and bringing under one central government all these hundreds of tribes of Nigeria to make of them some day an independent country able to run their own affairs.’³¹ In an era when the missionary presence in colonial leprosy work was massive, these secular concerns became part of their daily lives. In this sense, leprosy colonies run by missionary workers reflected, to some extent, the social and moral orders of the entire colonial society.³² This logic of correspondence did not however apply in all cases. Missionary workers like Dr Gushue-Taylor picked up values and conventions specific to certain colonial contexts and transmitted them to other places, say, Hachi-ri-sho, Tamsui, Formosa (淡水郡八里庄).

Just like their fellow patients in colonial India and Africa, suitable inmates at Happy Mount were put in charge of uncomplicated medical care after a period of training. ‘Our aim,’ Dr Gushue-Taylor noted, ‘would be to train leper patients in simple medical, dental and nursing work. The ideal in a leper colony is to utilise leper workers and eliminate as far as possible all non-leper help.’³³ What the Canadian doctor envisaged here was more than a self-reliant and self-rehabilitating agricultural colony. Happy Mount and MacKay Memorial Hospital were only part of a public health network:

Propaganda enlightening the public as to the nature of the disease should be undertaken. Without an enlightened, educated, informed public, it is impossible to enlist that co-operation which is essential if early cases are to present themselves for treatment, and if hiding of such cases is to be prevented. The medical profession should have special training in the diagnosis and treatment of early leprosy.³⁴

During his fund-raising tours around the island, Gushue-Taylor lectured on the curability of leprosy and its prevention. As a result, a number of patients came to MacKay Memorial Hospital or Happy Mount for medical assistance.³⁵ For a period of time, doctors from the MacKay Hospital gave treatment to leprosy patients at the beggars home (愛愛寮) on a regular basis.³⁶ Robert McClure, who worked with

McKean, ‘The Place of Local Self-Government in Leprosy Home Administration,’ *Leprosy Review* 3.3 (1932): 105-107.

³¹ Robertson, ‘Garkida Agricultural-Industrial Leprosy Colony,’ p.57.

³² Megan Vaughan, *Curing their Ills: Colonial Power and African Illness*, Stanford: Stanford University Press, 1991, p.88.

³³ LMI 118/5, George Gushue-Taylor, ‘Plans for Leprosy Work in Formosa,’ n.d.

³⁴ George Gushue-Taylor, ‘Leprosy in Formosa,’ *The China Medical Journal* 43.1 (1929): 4-12.

³⁵ LMI 118/5, Robert B McClure to W. H. P. Anderson, January 16, 1930.

³⁶ LMI 118/5, Robert B McClure to W Hayward, March 14, 1930.

Gushue-Taylor at the end of 1920s and in the beginning of 1930s, considered this ‘a workable plan and is a very natural outgrowth to fill the pressing need.’³⁷

Gushue-Taylor and his associates also provided expert knowledge and medications to several local physicians (‘These are in all cases Formosan doctors...’) who were willing to join their anti-leprosy project.³⁸

Gushue-Taylor emphasised on several places that the colony life was a ‘family’ and an ‘ordinary’ one. Work, exercise and education made ‘the life of lepers not different from that in the outside world.’³⁹ However, long-term communal life transformed patients from different social and educational backgrounds into a new community, with its distinct form, features and objectives. The active medical intervention did not only change the doctor-patient relation (from passive internment to active treatment), but refashion the modes of the supervisors’ as well as the inmates’ lives. The whole colony, in its every detail, was turned into a medical and religious environment. Each of its norms and values had therapeutic and cultivating effects.

The colony life had a complicated symbolic relationship to the life outside the institution.

The place is laid out as a model village. Each cottage houses four patients, has its own kitchen and own garden utensils, water supply laid on the electric light. The women’s quarters are separate from the men’s. Water-borne sewage disposal plant has been installed and works very efficiently, as can be testified by visitors who are asked to inspect the whole place and who testify to its cleanness. There is ground for agricultural work, which all are encouraged to do according to their ability... The church building is tremendous aid and joy in the colony’s life. The basement of the church has dispensary, store-rooms, treatment rooms, pathological laboratory, operation theatre, and staff changing room.⁴⁰

Happy Mount was never merely a modern medical institution. It was part of a network that promoted Western civilization founded on Christianity. This was obvious to the local foreign community. ‘Sowing the seed and tending the plants is done in our institutions—the Mackay Memorial Hospital, the Leprosy Colony, 4 schools, 7 Kindergartens, Churches, preaching halls, and through evangelistic work.’⁴¹ It was a community of highly educational and normative functions.

After spending the Christmas Eve at Happy Mount in 1935, Rev. Hugh

³⁷ LMI 166/2, *Foreign Countries General Book 1902-39*, Book I.

³⁸ LMI 118/5, Robert B McClure to W. H. P. Anderson, June 25, 1929.

³⁹ 社會事業功勞者の略歴及所感 , 頁 88-89。ジー グシウ テイラー , 樂山園の事業と其の前途 , 《社會事業の友》, 昭和九年, 第六十七號, 頁 21。

⁴⁰ George Gushue-Taylor, ‘If Thou Wilt Thou Canst Make Me Clean,’ *The Glad Tidings* 14.5 (1938): 194-197; on pp. 195-196.

⁴¹ Alma Burdick, ‘Our Formosa Garden,’ *The Glad Tidings* 10.9 (1934): 312-313.

MacMillan (明有德), who had been instrumental in the founding of the colony from the very beginning, was deeply impressed by the performance of the patients as well as the 'colony spirit' he witnessed. A female dancer's silk robes, for instance, 'looked like New York or Paris under the 60-Watt light manipulated by an electrician-leprous-patient.' Speaking of the Hades scene, MacMillan commented:

Every movement in the whole performance was carried out with mechanical precision. The dummy telephone on the rich man's desk was rung by an old alarm clock somewhere in the patient group. Every step of the dancing girls who performed for Dives while on earth was synchronized as with automatic precision with the tin-pan band playing behind the make-shift screen. Here was a community unified in a common undertaking. Every cog fitted into its adjoining one with clock-work precision. In unity such as this there is strength.⁴²

What was replicated in Happy Mount was not just a vibrant and civilised community with modern convenience. Role-playing went deeper. The bodies of the patients were also trained in a similar modernist fashion, akin to a contemporary factory predicated upon a new sense of time and a spirit of cooperation. Apart from the body, one's identity was refashioned as well in this highly theatrical environment. By following the example of Christ, the medical missionaries were given the mandate not only to heal but to supervise. As in British Africa, patients at Happy Mount were persuaded to identify with the lepers in the Bible.⁴³ By enacting Pharaoh's daughter, the Rich Man and Lazarus, Dives, and the Prodigal Son, and by following a regimen of communal work, the inmates learned how to be both Christians and responsible patients, with the assurance of the things hoped for. The previous social outcasts were transformed into model Christians.⁴⁴

For Dr Gushue-Taylor, Happy Mount was a model in more than one sense. He made this point very clearly in late 1920s: 'We plan a residential leper colony to care for two hundred lepers, which is 5% of the entire number, hoping that in due course the Government will take care of the remaining 95%. A plan has been drawn up of buildings needed to form a model leper colony.'⁴⁵ He repeated his original idea a few years later: 'It is our duty and privilege to do a sample something to teach the Japanese how to care for the lepers in their midst...'⁴⁶ For Dr Gushue-Taylor, and

⁴² Hugh MacMillan, 'Rakusanen, "Happy Mount Leprosy Colony", Formosa, Japan,' *News Letter* No. 11, Christmas 1937.

⁴³ Vaughan, *Curing their Ills*, p.84.

⁴⁴ For the subject-formation of leprous patients, see Vaughan, *Curing their Ills*, and Anderson, 'Leprosy and Citizenship.'

⁴⁵ Gushue-Taylor, 'Plans for Leprosy Work in Formosa.' As a result of an organised protest from some of the locals around the end of 1931, the original number proposed by Gushue-Taylor was reduced by the Government from 200 to 80.

⁴⁶ PCC 101-D-31, Gushue-Taylor to James Wilson, January 31, 1934, p.26.

perhaps gradually for his patients, Happy Mount Leprosy Colony became not only a 'model village' of western civilisation. Work therapy and its complementary measures were employed to criticise the colonial Formosan government. The aim of Happy Mount was to help patients, after their symptoms disappeared, return to the society. In contrast, all the anti-leprosy programmes put forward by the Japanese Government and its leprosaria were more concerned about passive prevention and compulsory segregation.

For instance, in 1930, the Minister of Interior Affairs of the Japanese Government spoke of 20-year plan, 30-year plan, and 50-year plan in eradicating leprosy from Japan proper. It would cost 37, 40 and 66 million Yen respectively. Dr Yutaka Kamikawa (上川豊), the superintendent of the Governmental Happy Life Leprosy Hospital, had a similar plan of the elimination of all the lepers in Formosa.⁴⁷ On the contrary, a number of contemporary leprologists came to realise that, 'among backward or uncivilised races in warm and tropical countries,'⁴⁸ compulsory segregation was infeasible. As one leprosy worker put it, segregation 'frightens the sufferers, who hide themselves, escape early treatment and allow their contagious leprosy to develop to the stage when it becomes incurable.'⁴⁹ Dr Gushue-Taylor shared the same view. In one of his 1929 letters to William Anderson, the Secretary of Mission to Lepers, he mentioned the case of Cullion to make his point. The policy of forcible internment did not reduce the number of leprosy patients in the Philippines. The disease was still prevalent. Referring to Dr Kamikawa's anti-leprosy scheme, Gushue-Taylor impatiently remarked that the 'eradication of leprosy does not follow armchair statistical table.'⁵⁰ His later prognosis of the leprosy problem under the Japanese rule went bleaker: 'I see no probability of leprosy being under adequate control in our neighbourhood within at least two generations. Everything tends to show that it will require at least a century or more...'⁵¹ While under criticism for overstressing the Mission to Lepers, the local and mother churches, Gushue-Taylor's justification was that the 'Government responsibility is in the same class as that of the British Government for India's Leper problem, and may be described as a bit of a myth. I could dilate but refrain.'⁵²

⁴⁷ 上川豊, 癩豫防根絶事業と社會的運動 《社會事業の友》, 昭和六年, 第二十七號, 頁 112-121。上川豊, 臺灣の癩救濟根絶計畫案, 《社會事業の友》, 昭和十二年, 第一百號, 頁 44-61。

⁴⁸ Leonard Rogers, 'Memorandum on the Present Position of Prophylaxis against Leprosy in Relation to Recent Improvement in Treatment,' *Leprosy Review* 2.3 (1931): 102-109.

⁴⁹ Etienne Burnet, 'The League of Nations and the Fight against Leprosy,' *Leprosy Review* 2.4 (1931): 122-129.

⁵⁰ LMI 118/5, George Gushue-Taylor to W. H. P. Anderson, 24 March 1929.

⁵¹ LMI 118/5, George Gushue-Taylor to W M Danner, February, 1931.

⁵² PCC 101-D-31, Gushue-Taylor to James Wilson, January 31, 1934, p.25. For the colonial state's disinterest in leprosy in India, see Sanjiv Kakar, 'Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine,' *Medical History* 40 (1996): 215-230.

Dr Gushue-Taylor's plan of building a model village did not work effortlessly. Insofar as his relation with the Formosan Government was concerned, his persistent endeavour to build a colony ran parallel with the colonisers, whose basic principle was to enforce segregation. The Government supported Happy Mount with its financial and administrative resources. Nevertheless, for the Japanese, Happy Mount was only a cog in a massive colonial machine. The uniqueness that Gushue-Taylor worked hard to preserve and disseminate was worn down to statistical figures in voluminous Governmental publications. In private, he criticised the Japanese Government for downplaying the importance of Happy Mount in its propaganda. That was, according to Gushue-Taylor, one of the reasons why the Colony had never reached its full capacity of 80 inmates.⁵³

As far as patients were concerned, not everyone was keen on a colony system originated from the British India and Africa. Gushue-Taylor complained about '[i]ndolence among patients, grousing, gambling, and other ills [which] tend to sap one's strength.'⁵⁴ Work and exercise had never been welcome. 'Without the incentive of financial reward,' he explained, 'we could not get the work done: the profit motive rules here as well as with the majority of outside well folk.' In 1939, two well-off patients, one of whom was a Christian and the head patient, instigated eight other patients to leave Happy Mount with them. According to the superintendent, the reason for this unhappy incident was their objection to physical work. Later, these patients 'were admitted to the government leprosy hospital where work is on a voluntary basis, and where in fact the patients are so numerous (over six hundred) that there is no sufficient work for all to have a share...'⁵⁵ 'The spirit of full self-government,' which Gushue-Taylor deemed a major principle upon which the colony had been managed,⁵⁶ did not guarantee that the institution could run smoothly. The sense of a new community did not change the pattern of life to which most patients were accustomed. The Christian identity and semi-citizenship they recently acquired did not entail that the ethics of work could also be transferred to this enclosed space seamlessly.

As Peter Williams argues, there was a radical change of attitude towards medical missionary work in the second half of the nineteenth century. The desire to save the heathen from eternal damnation was replaced by the attempt to create 'a meaningful present' for the uncivilised. For the puritans, especially Scottish Presbyterians, European civilisation was none other than 'an embodied Christianity.'

⁵³ *The Glad Tidings* 17.4 (1941): 149.

⁵⁴ LMI 118/5, George Gushue-Taylor to W. H. P. Anderson, 7 April 1936.

⁵⁵ LMI 118/5, George Gushue-Taylor, 'Raku-san-en (Happy Mount Leprosy Colony), Tansui-gun, Formosa, Japan,' *News Letter* No. 14, February 1940.

⁵⁶ LMI 38/16, George Gushue-Taylor, 'Notes on the appeal to the Government-General of Formosa for aid to mission leper work' (February 1928); グシウ テイラー , 樂山園の事業と其の前途 , 頁 23。

It was therefore their social duty to spread the Christian civilisation to the rest of world. In this context, the rising medical profession, with a growing respectability through the process of professionalisation, was ‘a better and more accurate symbol of the superior civilization’ than the clergy.⁵⁷ In his study of the work of the British Empire Leprosy Relief Association in the first half of the twentieth centuries, Michael Worboys arrives at a similar conclusion. Whereas the study in imperial tropical medicine tends to stress the power and consequences of public health measures, the research of regional and special-interest religious agencies brings to forth the connection between missionary humanism, modernisation, and Christian caring.⁵⁸ At the MacKay leprosy dispensary, leaflets on personal hygiene were distributed as part of the gospel.⁵⁹ A gesture of this kind was a telling reminder of the nature of Dr Gushue-Taylor’s missionary leprosy work. The colony he and his colleagues attempted to build was more than a religious retreat or a medical institution. It was a model community imbued with a specific kind of modern western civilisation: a (semi-)self-governing, self-reliant, and self-regenerative community.

Warwick Anderson and others suggest that it is imperative to rewrite previous nation-centred history of science and medicine. One should instead look into the way in which knowledge, products, and technology travel.⁶⁰ The specificity of the Happy Mount under Gushue-Taylor’s direction can only be understood by taking into account missionary activities in other parts of the world. All these models employed were constantly subject to change. In the early 1930s, for instance, Culion introduced the Indian system of treating outpatients at skin clinics, which Gushue-Taylor found wanting.⁶¹ His own work was that of transmission, translating the British colonial experience to a colony under Japanese rule. Happy Mount was however not an exact replicate of the Indian or African system. Its distinctiveness was refashioned constantly by the mediations between the international charity organisation, the Formosan Government, the local and mother churches, the patients, and medical missionaries themselves.

It is difficult to determine if the model village Gushue-Taylor had finally constructed was a misplaced one. Misplaced or not, the colony was transformative. On a seventeen-year-old patient’s discharge, Dr Lee (李達莊) of Happy Mount gave him ‘parting instructions about continuing his life as he had learned to live at Happy Mount...simple, nourishing food, fresh air, exercise, work, sleep, his spiritual life. He

⁵⁷ C Peter Williams, ‘Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking,’ in *The Church and Healing*, ed., W J Sheils, Oxford: Basil Blackwell, 1982, pp.271-285.

⁵⁸ Worboys, ‘The Colonial World as Mission and Mandate.’

⁵⁹ Gushue-Taylor, ‘Leprosy in Formosa.’ Gushue-Taylor, ‘The Year’s Work at Taihoku, Formosa,’ p.51.

⁶⁰ Warwick Anderson, ‘Postcolonial Technoscience,’ *Social Studies of Science* 5/6 (2002): 643-658.

⁶¹ Rogers, ‘Memorandum on the Present Position of Prophylaxis against Leprosy,’ p.103.

will return in three months for the doctor to look him over again.’⁶² Some of the less fortunate were no less dispirited. A dying patient once told Gretta Gould the following words: ‘If I had not become a leper...I should never heard [*sic*] the Gospel. Though my skin is diseased my heart has been cleansed through Christ. It was worth while being afflicted to win such a blessing.’⁶³

⁶² Hugh MacMillan, ‘Happy Mount Leprosy Colony, Formosa,’ *The Presbyterian Record*, April 1938, p.120.

⁶³ Gauld, ‘Happy Mount Leprosy Colony—Formosa 1937-1938,’ p.40.