

Neurasthenia and the Assimilation of Nerves into China

Hugh Shapiro*

The problem with nervousness

For most of the last 3,000 years, healers and patients in China had never heard of nerves. Yet from the middle of the century through the 1980s, the most common psychiatric diagnosis for outpatients in China was neurasthenia, “nervous weakness.”¹ Even outside the clinical setting, in casual conversations among friends, neurasthenia became a routine and pervasive complaint. *Shenjing shuairuo*, or “nervous weakness,” was a ubiquitous idiom of suffering. Those who did not suffer from neurasthenia inevitably had friends or relatives who did. Neurasthenia was to blame for their insomnia, irritability, memory lapses, dizziness, poor concentration, chronic fatigue,

* Department of History, University of Nevada.

¹ In the early 1980s, neurasthenia was “the most common psychiatric outpatient diagnosis for neurotic disorders in China.” Arthur Kleinman, *Social origins of distress and disease, depression, neurasthenia, and pain in modern China* (New Haven: Yale University Press, 1986), 3.

anxiety, depression, or anger. My question in this paper is a simple one: how should we understand the popularity of neurasthenia in twentieth-century China?

Neurasthenia's contemporary prevalence must be considered together with its total absence from the past. Nerves, quite simply, did not exist in the medicine of traditional China. The nervous system as such only entered Chinese medical discourse in the second half of the nineteenth century. All the concomitant ideas and images of nerves, then, such as tension, entered China only on the eve of the twentieth century.² The transformation spurred by the new discourse of nerves raises profound questions about the relationship between language and experience, between talking about the body as an object of discourse and the body as the site of experience. What consequences did the introduction of a new category of experience have on individual sensation? Did new concepts as nervousness create the possibility of new ways of being?³

Neurasthenia's novelty and foreignness in China are unambiguous.⁴ An imported disorder—'modern' and American--neurasthenia was first formally articulated in 1869 by a graduate of Yale, George Beard.⁵ A neurologist, Beard traced the disorder to the

² Shigehisa Kuriyama, "Jinzhang and yali: the historical origins of some modern sensations."

³ Put another way: if a category of experience does not yet exist can a person have that experience?

⁴ On the origins of neurasthenia as a neurologic concept, and on its cultural and medical meanings, see Barbara Sicherman, "The uses of a diagnosis: doctors, patients and neurasthenics," *Journal of the History of Medicine and Allied Sciences* 32.1(1977): 33-54; Stephan Kern, "Speed," in his *The culture of time and space, 1880-1918* (Cambridge, Mass.: Harvard University Press, 1983), 124-130; Anson Rabinbach, "A fatigue vaccine?" and "Mental fatigue, neurasthenia, and civilization," in his *The human motor, energy, fatigue, and the origins of modernity* (New York: Basic Books, 1990), 142-178; Tom Lutz, "An introduction to nervousness," in his *American nervousness, 1903, an anecdotal history* (Ithaca: Cornell University Press, 1991), 1-30; Francis G. Gosling, *Before Freud, neurasthenia and the American medical community* (Urban and Chicago: University of Illinois Press, 1987).

⁵ George M. Beard, M.D., "Neurasthenia, or nervous exhaustion," *Boston medical and surgical journal* 3(1869): 217-221. See, Charles E. Rosenberg, "The place of George M. Beard in nineteenth-century psychiatry," *Bulletin of the history of medicine* 36

quintessential Gilded Age American: brash, aggressive, hurried, overworked, and distracted by the American woman, who in Beard's eyes was astonishingly beautiful.⁶ Neurasthenia's importation into China at the turn of the twentieth century offers a rare chance to observe the unfolding of a new disease from inception. In probing this complex episode of cultural transmission, one first wonders: what is the meaning of this transplanted Western category in a non-Western cultural system?

Adding to the puzzle of nervous weakness in China is this: as the category was abandoned, disparaged, or simply forgotten in the countries of its origin and first popularity (namely, the United States, England, France, Germany, and Japan), the diagnosis and complaint of neurasthenia grew in popularity in China. Once a symbol of modern transformation, once a commonplace diagnosis in the hospitals of North

(1962): 245-259. While Beard is attributed with inventing neurasthenia in 1869, both the concept and the language of nervous weakness had been in circulation for decades prior to his Boston publication. "Neurastheny" appears as "nervous debility" in a 1849 British dictionary, and the word neurasthenia entered British English by 1860, if not earlier. John Craig, *A new universal etymological, technological and pronouncing dictionary of the English language, embracing all terms used in art, science, and literature* (London: Henry George Collins, 1849), 223; Robert G. Mayne, *An Expository Lexicon of the terms, ancient and modern, in medical and general science, including a complete medico-legal vocabulary* (London: J. Churchill, 1860), 760. And for decades following Beard's 1881 *American Nervousness*, European physicians attempted to reclaim these ideas from the American neurologists. Freud, who in his 20s adopted the therapies of the respected Philadelphia nerve specialist, S. Weir Mitchell, also pointed out in 1887 that Mitchell's ideas about treating neurasthenia were "first recommended in Germany" and "given full recognition" in Leiden. Sigmund Freud, "Review of Weir Mitchell's *Die behandlung gewisser formen von neurasthenie und hysteric*," in James Strachey, ed., *The standard edition of the complete psychological works of Sigmund Freud, volume I (1886-1899), pre-psycho-analytic publications and unpublished drafts* (London: Hogarth Press, 1966, 1991), 35. Gilbert Ballet, the turn-of-the-century French author of the widely read *Neurasthenia*, disputed Beard's claim of the disorder's Americanness. Cited in Kleinman, *Social origins*, 17.

⁶ George M. Beard, M.D., *American nervousness: its causes and consequences* (New York, 1881), ix.

America and Western Europe, today the very word is lost from public memory.⁷

Neurasthenia in contemporary China, moreover, afflicts a much broader crosssection of patients than it did in these other countries. In the West and in Japan the disorder followed clear gender and occupational lines--afflicting young women, brain-working men, and "patients of the better classes."⁸ China, however, suggests no typical neurasthenic profile. True, intellectuals in China have suffered the condition in rates higher than others. And they still do. But this nervous misery is not experienced as exclusively or as disproportionately as it was for example in early twentieth-century Japan, where the disorder known as *shinkei suijaku* became inseparable from the public persona of a generation of modern intellectuals.⁹ In China, by contrast, battle-traumatized soldiers of the People's Liberation Army and laborers suffer the disorder, in addition to professors and writers.¹⁰ How are we to conceptualize the prevalence of this disorder? How are we to understand its extraordinary longevity?

Contemporary explanations

⁷ Compared to China, the history of neurasthenia in the West is brief. The brevity of the West's neurasthenic experience is cast into relief by the longevity of the notion of hysteria. See, Mark S. Micale, *Approaching hysteria* (Princeton: Princeton University Press, 1995). Hysteria, too, unlike neurasthenia, is common knowledge. When I describe neurasthenia to people in the United States, the most common response is 'hysteria.'

⁸ Sigmund Freud, "Review of Averbeck's *Die akute neurasthenie*" (1887), in Strachey, ed., *The standard edition*, 36.

⁹ Such as Soseki, Akutagawa, and Tanizaki.

¹⁰ *Zhongguo junshi yixue shi* [History of Chinese military medicine] (Beijing: People's Military Medicine Press, 1996), 711. The diagnosis of shell-shocked soldiers with neurasthenia is not due to the absence of Post-Traumatic Stress Disorder as a category; see, Shen Yuchun, ed., *Jingshen bingxue* [Psychiatry] (Beijing: People's Health Press, 1989), 249; on PTSD, see Allan Young, *The Harmony of Illusions* (Princeton: Princeton University Press, 1995).

Psychiatry and medical anthropology have produced the most serious analyses of *shenjing shuairuo* (SJSR). These studies have also been inspired by the striking ordinariness in China of this imported disorder. Some dominant explanations include:

1. Somatization. The “bodily mode of experiencing personal and political distress.”¹¹

2. Euphemistic function. Whereas the diagnosis of serious disorders such as schizophrenia are socially polluting both to patient and family, neurasthenia is a non-stigmatizing label.¹²

3. Favorable sick role. Neurasthenia is popularly tied to overwork, casting a positive light on the illness and entitling the patient to certain privileges.¹³

4. Physician/patient rapport. The idea of neurasthenia is familiar and unthreatening. Less benign labels such as depression might be rejected out of hand by patients and families.¹⁴

5. Self-help. Patients are more likely to seek treatment under the name of neurasthenia.

6. Status. The neurasthenic label is fashionable.¹⁵

7. Nosological soundness.¹⁶

This last point has withstood serious challenges from within and without Chinese

¹¹ Arthur Kleinman, *Writing at the margin* (Berkeley and Los Angeles: University of California Press, 1995), 101; Arthur Kleinman, “Neurasthenia and depression: a study of somatization and culture in China,” *Culture, medicine, and psychiatry* 6(1982): 117-190.

¹² Zhang Mingyuan, “The diagnosis and phenomenology of neurasthenia: a Shanghai study,” *Culture, medicine, and psychiatry* 13.2(June 1989): 158.

¹³ *Ibid.*, 158.

¹⁴ *Ibid.*, 159.

¹⁵ Sing Lee and Kit Ching Wong, “Rethinking neurasthenia: the illness concepts of *shenjing shuairuo* among Chinese undergraduates in Hong Kong,” *Culture, medicine, and psychiatry* 19.1(1995): 91-111.

¹⁶ Freda Cheung and Keh-Ming Lin, “Neurasthenia, depression and somatoform disorder in a Chinese-Vietnamese woman migrant,” *Culture, medicine, and psychiatry* 21(1997): 247-258.

psychiatry. Many psychiatrists have concluded that this imported category, in its transmuted form, has the power to explain symptoms and behavior in Chinese society that apparently similar categories, such as anxiety, do not.

Such accounts of SJSR's ubiquity are all found in Taiwan, Hong Kong, and the People's Republic of China (PRC). That these three distinct societies--with profoundly different modern histories--all witness high rates of the disorder suggests that horizontal explanations alone cannot explain its preponderance fully. However, one synchronic factor does merit special attention: politics, especially in the PRC.

That politics should influence thinking about SJSR in the People's Republic is not unexpected. Politics in modern China may be likened to a gravitational field acting on almost every aspect of public and intimate life. The harshly intrusive political campaigns that touched or mutilated hundreds of millions of people from the 1950s through the 1980s were not invented by the Chinese Communist Party (CCP), which founded the People's Republic in 1949. Disruptive political culture has defined life in China this entire century, and before. However, the depth of penetration into society by the CCP was unprecedented, as was the Party's ability to influence and impinge upon minute details of daily experience. Grasping the meanings of neurasthenia in contemporary China requires understanding the role of politics in its recent history.

Neurasthenia and politics

Neurasthenia's tie to politics goes back to the early years of the People's Republic of China, to 1952 when the Ministry of Propaganda (not Health) banned Freud, psychoanalysis, and most methodologies of Western psychiatry.¹⁷ The prohibition had two sources. Epistemologically, the perceived autonomy of the subconscious cast it as

¹⁷ Interview with Dr. Feng Yingkun, the late director emeritus of *Xiehe yiyuan's* [Peking Union Medical College], Neuropsychiatry Department, Beijing, 1992.

threateningly independent from historical forces and state authority. Politically, Western theories were being dropped in favor of Russian approaches, as part of a sweeping reordering of knowledge and society along Soviet lines. In this way, the work of Ivan Pavlov became the dominant force in Chinese psychiatry, and the surge of the neurasthenia diagnosis witnessed in the 1950s has been attributed to the new Soviet method.¹⁸ In a nutshell, Pavlov's nosology downplayed the psychological while stressing the biological and mechanical. A broad range of neurotic symptoms of patients were thus easily fit into the pliant category of neurasthenia.¹⁹

By the late 1950s and early 1960s, medical and neurology clinics in China were reporting upwards of eighty to ninety percent of outpatients suffering neurasthenia.²⁰ The rampant diagnosis has been attributed to the ideologically-charged atmosphere of early socialism in China. Most basically, neurasthenia provided a neutral medical label for what might have been traced to social problems or to the political system. This did not merely serve the interests of a young state preoccupied with public image. Medicalizing complaints also protected patients: by preempting ideological designations, moral tags that could destroy the chance for a normal life might be avoided. Disillusionment following the initial enthusiasm of the Revolution is also a factor, especially among teachers, professionals, and laborers, who in the 1950s began remaining at home under the neurasthenic complaint in noticeable numbers.²¹

To this I would add the hazard of merely showing up to work. Run by bureaucrats

¹⁸ Liu Shixie, "Neurasthenia in China, modern and traditional criteria for its diagnosis," *Culture, medicine, and psychiatry* 13.2(June 1989): 168. Among some physicians living in north China, Pavlov's work had enjoyed some influence since the 1940s.

¹⁹ Lin Tsung-yi, "Neurasthenia Revisited: Its Place in Modern Psychiatry," *Culture, medicine, and psychiatry* 13.2(June 1989): 115, citing S.T. Li et al, "The Etiology of Neurasthenia and the Results of Various Treatment Modalities," *Chinese Journal of Neurology and Psychiatry* 2(1960): 106-111 (in Chinese).

²⁰ Lin Tsung-yi, "Neurasthenia revisited," 114-115.

²¹ Russian psychiatric literature describes the relation of neurasthenia to decreases in productivity; J. Chatel and R. Peele, "The Concept of Neurasthenia," *International Journal of Psychiatry* 9(1971): 36-49; cited in Kleinman, *Social origins*, 227n5.

who efficiently filled their quotas, the campaigns against corruption, against “rightists,” would inevitably locate and ensnare “problematic” people. Someone would be found guilty of something.

Near-epidemic rates of neurasthenia received national attention. Something needed to be done to get the neurasthenics back to work, and in 1959 the government launched a campaign, “Rapid Combined Treatment of Neurasthenia.” Official embarrassment might also have had something to do with the campaign. Neurasthenia developed as a distinctly bourgeois category, how could such an epidemic be explained? Or more simply perhaps, at the height of the Great Leap Forward in the late 1950s every facet of life was mass mobilized, including mental health. There is a cruel logic in the launching a campaign to deal with a problem that at least in part developed from relentless politicking. Treatments reflected the times (physical labor, talk therapy, group pressure, drugs), as did the optimistic reports of high rates of recovery. Some evidence, however, suggests that the rates continued at high levels.²²

Reporting fell off in the mid-1960s due to the launching of the Great Proletarian Cultural Revolution (1966-1976), a horror known today as the ten year catastrophe. Impossible to summarize, let me only state that Mao Zedong stirred the nation’s high school and university student population into violence against his perceived enemies in the Party, until the entire society was embroiled in the conflict. In some areas the struggle erupted into war fought with machine guns, heavy artillery, tanks. Others fought with spears and clubs. Cruelty was a common weapon: a wife and husband forced to slap each other on the face, brutally, for ten hours; a child manipulated into spitting on a dying parent. Others were forced to kneel on broken glass, inform on friends, eat the flesh of murdered neighbors. One million people died. One-hundred

²² Lin Tsung-yi, “The shaping of Chinese psychiatry,” in Lin and Eisenberg, eds., *Mental health planning for one billion people* (Vancouver: University of British Columbia Press, 1985), 21-22; Liu Shixie, “Neurasthenia in China,” 169; “From 1955-1970 neurasthenia was the most common diagnosis of the neuroses in China.”

million suffered. The emotional damage cannot be calculated. This was China's holocaust.²³

In the wake of this disaster, rates of neurasthenia soared. The first Western psychiatrist allowed to conduct clinical studies in China since 1949 reached China just as the anguished stories of the Cultural Revolution were becoming safe to tell. Arthur Kleinman's interdisciplinary, crosscultural work has shaped the West's understanding of *shenjing shuairuo*, work that has stimulated colleagues in China to rethink the significance of the neurasthenic phenomenon. Even before the narratives of suffering began to emerge, Kleinman observed intriguing asymmetries between SJSR in China and depression in the West. In China, SJSR was a prevalently diagnosed category yet depression was rarely identified; in the West, depressive disorders were the most common outpatient psychiatric diagnosis yet neurasthenia was "no longer officially sanctioned" in the United States and had "fallen into disfavor in Western Europe."²⁴ Such asymmetry provoked fundamental questions: was psychiatry in China labeling neurasthenia what American and Western European psychiatrists called depression? What was the relationship between neurasthenia, depression, and pain?²⁵ The horrific types of suffering subsumed by the neurasthenic mantle raised other questions.²⁶

Is there something about rapid and disruptive social transitions--both the long-duration transition of social structures toward modernity and short-duration political and economic transformation--that either place individuals at greater risk for the life problems and bodily dysfunctions mapped by neurasthenia, or that simply encourage the use of this idiom of distress?

²³ Tu Wei-ming, "Destructive will and ideological holocaust: Maoism as a source of social suffering in China," *Daedalus* 125.1(Winter 1996): 149-179.

²⁴ Kleinman, *Social origins*, 3.

²⁵ *Ibid.*, 3.

²⁶ *Ibid.*, 35.

The following case history is from Kleinman's clinical work Hunan Medical College in the early 1980s. I will retell here it in detail for two reasons: one, it captures the anguish of the neurasthenic complaint; two, it is a forceful example of the social sources of suffering and the complex physiological, emotional, and political responses of the sufferer.²⁷

As a twelve year-old boy, Huang Zhenyi was accused of writing a poster against Chairman Mao. Accusations of this nature were devastating in normal times; during the Cultural Revolution the charge was especially grave. Three agents of the powerful Public Security Bureau interrogated and then coerced the twelve year-old into a confession. Guilty then of a serious crime, Huang was

marched through the local county wearing a dunce cap, carrying a sign around his neck in which he had written a self-criticism for the 'terrible act,' surrounded by thousands of local peasants and cadres, who cursed him, spat at him, and threw dirt and pebbles at him. The next day he was sent to work as a peasant at a local production team. He was expected to do the work of an adult.

Released after one year of hard labor and daily criticism, the boy escaped the damning political label only by moving away to a place where he was unknown. He managed eventually to join the Communist Party, yet lived in fear that his real political identity would be discovered. He bore the onus that his disappointed mother passed away believing that her son had committed the crime.

Recalling these events, Huang felt "a searing sense of injustice," a feeling that he associated "with a burning sensation in the head, dizziness and exhaustion."²⁸ He felt "depressed, hopeless, and desperate." His only catharsis, Huang believed, would be found in writing a fictional account of his trauma, under a pseudonym. The story he

²⁷ The following material is from Kleinman, *Social origins*, 127-131.

²⁸ The following quotes are from, Kleinman, *Social origins*, 129-130.

envisioned would be generalized, to encompass the suffering of his contemporaries who like him were “a lost generation that has suffered so much.” Huang’s efforts to write failed, always. Stymied by a sense of ineptitude, inhibited by fear of exposure, feeling “trapped,” each time he took up “a pen to write the story,” he was “overcome by a self-defeating lassitude, dizziness, and sense of his inefficacy.” Huang’s physical complaints were thus “amplified (perhaps created) by the literal embodiment of chronic frustration, inability to act--if we use his word, ‘paralysis,’ but of will not muscle--and the unbearable inner hurt of shameful ‘injustice’ that he can neither publicly articulate (save through the personally unavailing neurasthenic pain) nor privately expiate.”

Viewed under the dark penumbra of political violence, neurasthenia came to appear as a form of resistance.²⁹ Tragically, this was an ineffective form of collective opposition.³⁰ Patients whose neurasthenia had become “the embodied scar of the Cultural Revolution, the bodily mode of resistance seemed to deepen personal crisis while not succeeding as a form of political protest or change.”³¹

To summarize: a combination of forces made neurasthenia the predominant psychiatric diagnosis for outpatients during last thirty or so years. SJSR’s commonness during the 1950s, 1960s, 1970s, and 1980s, however, does not explain the disorder’s entry into China. How did the idea of neurasthenia first reach China?

Neurasthenia and violence, circa 1920

Foreign doctors practicing in China under the Republic (1912-1949) traced nervous weakness to social chaos and political violence. Their observations comprised

²⁹ What started as a clinical study became a “project on political violence.” Kleinman, *Writing at the Margin*, 13.

³⁰ *Ibid.* 143.

³¹ *Ibid.*, 280-281n15.

one important vehicle for the transmission of neurasthenia into China. Take, for example, a doctor's account of rampaging warlord soldiers from 1921, to name but one of many cases. According to a Customs Medical Officer, the inhabitants of a village in Sichuan Province "suffered considerably from neurasthenia and nervous disorders brought on entirely" by the looting and killing of the marauding soldiers.³² Of course, entwined in this diagnosis was the foreign physician's own anxiety, for he often lived with the same chronic insecurity as the Chinese patients whom he evaluated. For outsiders living in provincial cities, townships, or rural areas, real and imaginary danger, was rife. In fact, the highest rates of neurasthenia were recorded among the foreign population itself. A largescale 1915 study reported that forty-five percent of missionaries working in north China suffered from the disorder.³³ One suspects, then, that diagnosis of nervousness reflects not only the nosology of Western medicine, but the anxieties of foreign doctors. Another important source of neurasthenia in China was its perceived tie to modernity.

Being modern

In China, as in the West, *shenjing shuairuo* afflicted the modern person. In George Beard's original formulation, modernity itself was pathogenic.³⁴ Though not entirely novel, this notion captured the anxieties about the explosive pace of social change.

³² Thomas Chalmers Borthwick, "Medical report of Ichang for the year ending 30th September, 1921," *Chinese medical journal* (CMJ) 35.6(November 1921), 576-7. The warlord period (1916-1928) is conventionally defined by the death of Yuan Shikai and the eclipse of central authority in 1916, and the establishment of the Nationalist Government (Kuomintang, KMT) in 1928, when Chiang Kai-shek negotiated the absorption of hundreds of warlord armies into the KMT structure. During the warlord era, China witnessed upwards of 800 wars waged by 1000s of regional magnates vying for control of local satrapies.

³³ "The health of missionaries," *CMJ* 29.5(September 1915):332-334; 44.8%.

³⁴ Beard, *American Nervousness*.

People keeping tight schedules, riding fast trains, or thinking quickly succumbed to the affliction. In short, neurasthenia attacked participants of the modern experience. The rage of modernity eroded the nervous system, wearing it down, engendering weakness of the nerves.

Neurasthenia found especially fertile soil in China. Self-consciousness about national development magnified the popular image of neurasthenia as not only a modern disease but a disease of modern people. The more developed a country, the argument went, the higher rates of *shenjing shuairuo* it would experience. Foreign neurology encouraged this idea. Decades of violent defeat by the European powers had raised a question: if China survived, where might it fit into the heaving international order? Western power was a crushing fact of life, and nineteenth-century neurology presented a nervous system mirroring what in fact was a new world order. John Hughlings Jackson, who worked out which part of the brain was related to epilepsy, constructed a topology in which “the nervous system was hierarchically layered according to the evolutionary scale.”³⁵ At the most “primitive” level was the spinal system, which was controlled by the middle level, the motor system, which in turn was mastered by the highest level, the frontal lobes —“the organ of the mind and the acme of evolution.” In this scheme, “nervous functions were lost in precisely the reverse order of their evolution.”³⁶

The message of hierarchy is unmistakable in Benjamin Hobson’s famous mid-nineteenth century translation of the nervous system into Chinese. On the same page illustrating the body’s nervous system, the correlation between brain size and civilization is argued unequivocally and hideously--white man, black man, primate,

³⁵ Jack M. Pressman, “Concepts of mental illness in the West,” in Kenneth F. Kiple, ed., *The Cambridge world history of human disease* (Cambridge: Cambridge University Press, 1993), 71. On J.H. Jackson, see Macdonald Critchley, *John Hughlings Jackson, Father of English Neurology* (New York: Oxford University Press, 1998).

³⁶ *Ibid.*, 71.

boar--a downward progression shown by the shape and angle of the head and the brain within (Figure 1).³⁷ Advanced nations ruled primitive tribes and superior civilizations show larger brains contained within more humanely formed skulls. It followed that only highly evolved humans possessed the cerebral substrate sophisticated enough to generate the neurasthenic lament.

China's urban culture of the 1920s and 1930s fed the image of neurasthenia as a modern condition. The cult of the new--intensity (*qianglie*) and stimulation (*ciji*), caffeine and nightclubs, jazz and speed, kaleidoscopic and nocturnal--dovetailed with the lifestyle excesses believed to cause neurasthenia.³⁸ Depriving the city person of this environment of stimulus could have the same effect. Suffocation by the slow motion and counter-new attitudes of the backwater also provoked the disorder; to wit, Ding Ling's 1931 physician who submits to neurasthenia during a stint at a rural hospital.³⁹

But why neurasthenia? Modernity assumed many forms. Urban China of the 1910s, 1920s, and 1930s was indeed face-paced, but it was also a contemplative era. People faced many choices.⁴⁰ There was nothing inevitable about the assimilation of neurasthenia. Other modern conditions could have accrued status to the suffer. Why not

³⁷ Benjamin Hobson (He Xin), *Quanti xinlun*, [A new theory of the body] (Hui ai Medical Office, n.p. 1851), Chapter 8.

³⁸ For a discussion of *ciji* and *qianglie*, see Heinrich Fruehauf, "The Chinese salon world of the French concession, 1925-1929," and "Shanghai rhapsodies: modernist exoticism, 1929-1931," in "Urban exoticism in modern and contemporary Chinese literature," in Ellen Widmer & David Der-wei Wang, eds., *From May Fourth to June Fourth, fiction and film in twentieth-century China* (Cambridge: Harvard UP, 1993), 142-152; Zhang Yingjin, *The city in modern Chinese literature & film, configurations of space, time, and gender* (Stanford: Stanford University Press, 1996).

³⁹ Ding Ling, "Zai yiyuan zhong," [In the hospital], Ding Ling xuanji [Collected works of Ding Ling] (Chengdu, Sichuan: Sichuan People's Press, 1984), 463-485.

⁴⁰ Leo Ou-fan Lee, "In search of modernity: some reflections on a new mode of consciousness in twentieth-century Chinese history and literature," in Paul A. Cohen and Merle Goldman, eds., *Ideas across cultures: essays on Chinese thought in honor of Benjamin I. Schwartz* (Cambridge, Mass.: Council on EAS, Harvard, 1990), 109-135.

caffeine addiction? Why was the passionate embrace of modernity associated with nerves and nervousness? And there is the added contradiction of social debate and personal experience. The search for wealth and power, for national strength and individual vigor, remained at the forefront of public discussion throughout this era. Examples of this discourse are abundant, inescapable: from Mao Zedong's 1917 call for steely bodies in "A study of physical education" to Yu Dafu's linking of personal, sexual weakness with national humiliation and powerlessness in his self-loathing, "Sinking" [Chenlun, 1921]; from the morning exercises and reformed hygiene of the Nationalist Government's "New Life Movement" (*xinshenghuo yundong*) of the early 1930s, to the CCP's exaltation of purity, stamina, and androgynous robustness before and after 1949. In this context, how should the popularity of a disorder whose main feature was weakness be understood? Yes, national impotence might have been embodied as personal frailty, as lived vulnerability, but in light of the pervasive shame over state weakness (and a real sense of its unattractiveness), the status of the disorder is puzzling.

Then there is also the question of what these new categories represented. Astute observers such as Li Boyuan satirized the search for the Modern as giddy and hypocritical. In *Modern times* [*Wenming xiaoshi*, (1903-06)], Li ridicules the facile absorption of Western language and foreign archetypes as just so much mindless parroting and uncritical mimicry.⁴¹

In the case of neurasthenia, however, to argue that the disorder was

⁴¹ David Der-wei Wang, *Fin-de-siecle Splendor, Repressed Modernities of Late Qing Fiction, 1849-1911* (Stanford: Stanford University Press, 1997), 223-228. Wang retells an episode from *Modern times*: a renown translator of Shanghai is said to have "a secret notebook" in which he has "collected all the terms and names he has learned from foreign books and classified them into neat categories. No matter how obscure a given original...(he)...can always come up with a beautiful translation." The secret notebook highlights the problem of translation as a way of accessing "the mysterious modernity."

indiscriminately imported en masse would seem to ignore latent ideas about hygiene and lifestyle, about sources of wellbeing and suffering that suggest much deeper roots. Modernity's association with nerves can be traced, at least, to the manner that nerves were assimilated into Chinese society in the nineteenth century. The story is tied up with the discovery of the Western medical body. Yet before examining the conceptualization of first systematic translation of nerves into China.

Translating the language of nerves: The Jesuit Articulation of the seventeenth century

This section: work in progress

In the first expression of the Galenic analysis of the body in Chinese, the *Taixi renshen shuogai*, *Western theories of the Body*, 1624-1643) describes the nature and function the nervous system. Composed by Johann Terrenz (1576-1630), *Taixi renshen shuogai* was printed in 1643 after Bi Gongchen worked the manuscript into polished Chinese. Those Jesuits with medical training who had made their way to China by way of Portuguese Macao in the early 1600s would likely have absorbed the anatomical work of Andreas Vesalius (1514-1564). And the Vesalian influence of direct empirical investigations appear represented in Terrenz's and Bi's work.

The *Taixi renshen shuogai* represents the head and the brain not only as the site of memory, but as the primary instrument for encountering the world, the site to which the five senses transmit the stimuli picked up from the environment. Quoting from the *Taixi*:

“To experience the workings of the myriad things, one must have an instrument capable of this experience (one capable of reception); only then will one be able to encounter the world. If this instrument is too hard [jian; firm], then it is incapable of receiving stimuli. If it is too soft, so too is it unable to receive. Therefore, The Creator

[*zaowu zhu*, God] made a head that strikes the right balance of the tough and the soft. Only then is one be able to absorb [experience] all [that is in the environment]. If the brain is too watery/too fluid/too liquid, [shui tai ran; if the brain is too supple], this dilute state easily/readily becomes unstable and loose. [Lit: if its water is too soft; here ‘shui’ might be a mistake or a substitute of ‘sui/marrow’ but I doubt that because it is followed by ‘huo/fire’ suggesting a pair; supple’s not right; watery] it will be impossible for memories to be imprinted [branded; burned] onto the brain. [here brain is: shang; the upper portion].”

Continuing its description of the brain, the *Taixi* adopts the age-old approach of question and answer (*wen, da*): “Why is it necessary for the brain to be so large?” “Response: Because the myriad things perceived by the main sensory organ are multitudinous, its apparatus must be extremely large, for only then can its power to perceive be sustained. The head is thus hollow in order to hold the brain, so it is larger than the other parts.”

Nerves, from: *Taixi renshen shuogai, Xijin bu* (pp. 13-15)

“The fine sinews (delicate, thin sinews) [nerves] are silk threads distributed through [out] the body, [comprised of] three types in all, made up of skin, bone marrow, and muscle sinew, their functions being divided into the providing [driving] [the power] sensation and movement. The fine sinews [nerves] do not feel and do not move, depending entirely on the qi/power/vitality of (the) spirit for sensation and movement. Body, brain, and flesh/skin, all contain the fine sinews, just as a split wood exposes rings or the leaves of the muzhong tree (crab-apple; russet pear) contain a multitude of veins. If separated [divided] they become long lines, containing an inner sinew [nerve]; however, within the fine sinew there is no space [opening; kongchu]; containing only *qi* and no blood. [Translation is distinguishing the *xijing* from the hollow conduits/channels of the *mo*]. Thus it is the absence of *qi* and the absence of strength/power that accounts for the body which can neither feel nor move. Therefore

when a person's nerves [*jin*] are cut, he loses the ability to move and his four limbs fall numb as if weighted down (*ya*) and bound, it is as if he were half dead, and thus the body's *qi* is unable to (inter) connect. This is irrefutable proof (evidence) that the fine sinews (nerves) contain *qi* but not (innate?) power/strength (*you qi wu li*).”

Lose the power of nerves and the person becomes half dead.

The *Taixi* would enjoy some influence among thinkers, philosophers, and physicians in China during the next two centuries. One enduring trace of the work's influence is the use of the word *jin* (sinew) to translate the idea of nerve, a use that endured into the second decade of the twentieth century.

Section: In progress

The Translation of nerves in the nineteenth century

Robert Morrison's impressive Chinese to English dictionary defines the term *li* in the following way:

“Sinew; nerve; strength; spirit, force; power; effort; vigour; diligent endeavour; strenuously; assiduously; to employ one's strength about a thing. A surname.”

Volume one, published in 1815 by the British East India Company in the Portuguese colony of Macao, is the earliest introduction of the English word nerve into China that I have found.⁴² Morrison, the first Protestant missionary in China, had attended lectures on medicine in London as preparation for a threatening environment that by 1835 was killing off missionaries within five years of their arrival, on average.⁴³ Volume Two of Morrison's dictionary, of 1822, renders the idea of *qi* (*ch'i*) as “nervous

⁴² Robert Morrison, *A dictionary of the Chinese language in three parts, volume I, part I* (Macao: East India Company, 1815), 256.

⁴³ Paul U. Unschuld, *Medicine in China, a history of ideas* (Berkeley and Los Angeles: University of California Press, 1985), 235-236.

fluid,” along with forty other terms.⁴⁴ Benjamin Hobson's translation of the nervous system in 1851, uses *qi* to express the idea of nerves: *naoqi jin*. *Naoqi jin* can be read as ‘the sinew transmitting the brain's vital power,’ or literally, the ‘brain-vital essence-sinew.’⁴⁵ Hobson's, *A new theory of the body*, a major translation of Western anatomy and physiology into Chinese, devotes one chapter to the brain and the nervous system.⁴⁶ An English physician and missionary, Hobson instructs readers that “the soul (*linghun*) does not reside in the brain, instead the brain is the instrument or mechanism (*ji*) by which the soul manifests (*qian*) thought and action (*silu xingwei*).”⁴⁷ The fundamental aspects of being human--sensation, consciousness, animation--all transpire within and because of the brain and its nervous network. On feeling and sentience, Hobson writes:⁴⁸

the eye without nerves (*naoqi jin*) is incapable of sight, the ear without nerves is unable to hear, the nose without nerves does not distinguish between the fragrant and the foul, the tongue without nerves will know neither sweet nor bitter. The entire body's knowledge of pain, the means of understanding cold and hot, soft and hard, rough and smooth, the capacity to record what is ancient and what is present and to adapt to the world, none of this falls outside the domain of the brain.

Hobson describes the physiological capacity of nerves, not their pathology. In this vision, nerves are not things which wear out and cause sickness, they animate and

⁴⁴ Other definitions of *qi* include: fume, vapours, exhalations; cloudy vapour; halo; ether; the primary matter; original substance of animate and inanimate creatures; the breath, spirit, the *anima*, an apparition; spirit or temper; the feelings, principles or movement of mind, particularly anger; habitual disposition of mind; ardor; elevation.

⁴⁵ Hobson (He Xin), *Quanti xinlun*, Chap 8, p. 16; on Hobson (1816-1873), who arrived to Macao in 1839, see Shinoda Hideo, ed., *Seiyojinmei jiten* [Dictionary of famous Westerners, supplement] (Tokyo, Iwanami Press, 1981): 1390.

⁴⁶ Chapter 8 of 39, “The brain is master of the entire body,” (*Nao wei quanti zhi zhu*).

⁴⁷ Hobson (He Xin), *Quanti xinlun*, 16a.

⁴⁸ *Ibid.*, 16a/b

enable human action. On the execution of the brain's will by the nerves:⁴⁹

If one asks: the brain is within the skull, how then can it move (*yunyong*) the entire body? The answer: located at the highest point, the brain rules the body. However, the brain's nerves (*qijin*)--white in color, transporting (*yunchuan*) the brain's vital power (*qishi*)--apportioned (in diminishing size) as cord, as string, as silk thread, and known together as *naoqi jin*, entwine the entire body, the five senses (*wuguan*), the *baiti*, the skin and flesh, sinew and bone, the five solid and six hollow organs, internal and external, there is no place they do not reach. Thus, when the entire body obeys the brain's drive, all is well; if, however, the *naoqi jin* of the flesh is damaged, then the body is disabled and useless.

The message is straightforward: human sentience cannot be separated from nerves. Through nerves people moved, thought, felt.

Hobson's translations on anatomy and physiology (and then on internal medicine, gynecology, and optics) became standard works in medicine over the next quarter century.⁵⁰ Readers in non-medical circles also took note. Hobson's text argues confidently for a new way of looking at the body; and its optimistic and organic vision captured the imagination of Tan Sitong (1865-1898), a brilliant thinker influential in his time. Tan Sitong grew up amidst the humiliation of China by foreign power. He aimed to change that. In *Ren xue* (1896), written forty-five years after Hobson's *A new theory of the body* and two years before his beheading by the Dowager Empress, Tan urges his countrymen to self-awareness and dynamic action, to competition, to an utterly new way of being.⁵¹ Embedded in his philosophy is the language of nerves. In language evidently borrowed from the 1851 medical text, the 31 year-old writes, "All that I do...an utterance, a movement...a recollection" is "initiated by the nerves (*naoqi jin*) of

⁴⁹ *Ibid.*, 16b.

⁵⁰ Unschuld, 236.

⁵¹ Sang Xianzhi, *Wan Qing zhengzhi yu wenhua* [Late Qing politics and culture] (Beijing: Chinese Academy of Social Sciences Press, 1996), 133.

my entire body and thus manifest (*xian*)." Tan assimilates Hobson's message: "It is through my nerves that I feel my nerves, and thus have consciousness (*hijue*)."⁵² Existential writings as Tan Sitong's contributed to a context in which nerves became associated with modernity and enlightenment. Yan Fu (1854-1921), a giant in modern thought, selects the brain as one metaphor for the modern transformation. Reflecting on the incredible change witnessed in his lifetime, Yan writes that all has "changed from a world of *xueqi* to a world of *naoqi*," from a world of spirit to a world of intellect, from one of vital power to one of brain power.⁵³

Hobson's emphasis on volition, experience, sensation, and consciousness struck a chord in China's modern philosophers. This is not entirely surprising. Anatomical study in the West had for centuries been a religious endeavor. Searching for the "divine design" of Man had thus integrated philosophical and medical thought. Perhaps, too, Hobson translated anatomy and physiology with non-medical readers in mind. The missionaries before Hobson, such as Robert Morrison, had studied clinical techniques solely as preparation for a hostile environment. Hobson, quite differently, was in the first wave of self-consciously fashioned medical missionaries who were charged with reaching the soul by curing the body, who, as the Jesuits before them, hoped to inspire faith and conversion through "superior" science.⁵⁴ His articulation of the new system of medicine is celebratory; nerves are not things which wear out and cause illness; they move the body, give it vitality, execute the will. The spiritual bent of his translations might be one reason that their most lasting impact was philosophical and social, and not medical. His technical translations of nerves did not survive: *naoqi jin* is a forgotten

⁵² Tan Sitong, "*Yitai* [Ether]," in *Ren xue*.

⁵³ Yan Fu, *Shou bu*.

⁵⁴ On Jesuit strategy, see Jonathan D. Spence, *The memory palace of Matteo Ricci* (New York: Viking Penguin, 1984); on medical missionaries, Edward V. Gulick, *Peter Parker and the opening of China* (Cambridge, Mass.: Harvard University Press, 1973); Theron Kue-Hing Young, "A conflict of professions: the medical missionary in China, 1835-1890," *Bulletin of the history of medicine* 47(1973): 250-272.

term.⁵⁵ The translated language which did take root in Chinese medicine entered China from a different route: Japan.

Japan's new language of nerves

“The brain is located within the head. Holding consciousness, it thus rules the body.”

“Brain (*nozui*) and nerves (*shinkei*),” chapter 8, *Kaitai shinsho* (1774).

Sugita Gempaku coined the term *shinkei* to render the Dutch term for nerve in 1774, in the first Japanese translation of a Western (Dutch) anatomical text.⁵⁶ *Shinkei*, or *shenjing* in Chinese, remains in use today in both Japan and China. Undertaken without a dictionary and with no knowledge of the Dutch language, Sugita's translation is a remarkable episode in the diffusion of Western medicine.⁵⁷ The neologism *shinkei* was the product of Sugita's knowledge of the dominant medical theory of the time, from China, on the one hand, and a meticulous reading of the Dutch text on the other. Sakai Shizu argues that Sugita judged the Dutch term *zenuw*, nerve (rendered into

⁵⁵ *Naoqi jin*, for example, is omitted from Xie Guan, ed., *Zhongguo yixue da cidian* [Encyclopedic dictionary of Chinese medicine (Shanghai: Commercial Press, 1921)]. However, *Mathew's Chinese-English dictionary* (Shanghai: China Inland Mission Press, 1931), translates neurasthenia as *naoli shuairuo*. Today, *naojin* connotes brains, smarts, intelligence, mental capacity.

⁵⁶ Ogawa Teizo, *Kaitai shinsho no shinkeigaku* [The neurology of the Kaitai shinsho] *Juntendo igaku zasshi* [Juntendo medical journal] 15(1): 29. A 1696 translation of a Dutch surgical text (*Oranda geka shinan*) expressed nerve as *nerubo*, strings described as organs of sensation. See, Fujikawa Yu, translated by John Ruhrah, *Japanese medicine* (New York: Paul B. Hoeber, 1934), 48. On early neurology in Japan, see Ogawa Teizo, *Nihon ni okeru shinkeigaku nihyaku nen* [Two hundred years of neurology in Japan].

⁵⁷ Sakai Shizu, *Kaitai shinsho to jutei Kaitai shinsho* [Kaitai shinsho and the revised Kaitai shinsho], in *Yogakushi kenkyukai* [Research group on the history of Western medicine], ed., *Otsuki Gentaku no kenkyu* [Research on Otsuki Gentaku] (Kyoto: Shibunkaku Press, 1991), 99-157.

Japanese as *seinyu*) as corresponding to the *keimyaku* (*jingmo*), the conduits or vessels or channels of Chinese medicine that circulate substances such as blood and *qi* throughout body. Sugita likened the Dutch term *zenuw-vogt*, nervous fluid (*seinyu hokuto*), to *shinki* (*shenqi*), the vital entities that move about the body by the *keimyaku* channels. Joining *shin* (*ki*) with *kei* (*myaku*), Sugita formed the new word *shinkei*.⁵⁸ Why *shinkei* (*shenjing*) subsequently took root in Chinese medicine instead of *naoqi jin* is not perfectly clear.

The most obvious explanation is that physicians in China agreed with *Katai shinsho*'s analogies, for they would have encountered the new language within a conceptual framework similar to Sugita Gempaku's. Steeped in the same medical opus, Sugita's anatomical symmetries pointing to deeper physiological connections must have appeared sound. Still, the transmission of *shinkei* to China occurred gradually. Even in Japan, the term *shinkei* gained popularity only during the nineteenth century, during Meiji times (1868-1912), one hundred years after *Katai shinsho*. It was also in the mid-nineteenth century that Hobson's work on anatomy was first introduced into Japan from China, with full Japanese translations from the Chinese appearing by 1874.⁵⁹

⁵⁸ Sakai Shizu and Matsumura Akira, *Oranda iji mondo* [Questions and answers about Dutch medicine], in Numata Jiro, Matsumura Akira, Sato Shosuke, eds., *Yogaku (jo)* [Western Learning] *Nihon shiso taikei*, 64 [An outline of Japanese thought, volume 64] (Tokyo: Iwanami Press, 1976), 208-222. The word *shenjing* already existed in early Chinese. However, *shinkei* is a new construction, derived from words completely unrelated to the classical Chinese *shenjing*, which describes a genre of esoteric books. *Shinkei* thus cannot be classified as a classical Chinese expression that was infused with new meaning in that translation of Western terms by translators in Japan, and then imported back into China with a fundamentally different meaning. For an analysis of this problem see, Lydia H. Liu, *Translingual Practice, Literature, National Culture, and Translated Modernity--China, 1900-1937* (Stanford: Stanford University Press, 1995), 32-41, *passim*.

⁵⁹ For example, Takagi Kumasaburo, trans., *Zentai shinron yakai* [Translation of Quant. xinlun] (Bun Eido, 1874). Not mentioning the specific text, Unschuld notes that a translation by Hobson appeared in Japan in 1858, in a facsimile edition. Unschuld, 236.

[correction: Zentai shinron, 1857](Thus the same question could be put to Japanese medicine: why *shinkei* and not *naoqi jin*? The answer is probably a transparent one, relating to the authority of *Kaitai shinsho* and the relative obscurity of *A new theory of the body*. Although some Japanese editions of Hobson's text declare its British origin on the title page, I do not know whether in Japan it was viewed as a Western medical text or a Chinese one).⁶⁰ The answer to the problem of *shinkei*'s transfer into China, I think, is tied up in part with subsequent translations of foreign medical texts in Japan during the second half of the nineteenth century, especially German texts. That German medicine would form the basis of modern medicine in Japan is not mysterious. By the mid-1800s, the pathology based medicine of Germany, driven by research and lab work, had eclipsed France's hospital based medicine.⁶¹ It was the translation of German neurology in particular, I believe, that provided a compelling context for the assimilation of nerves and neurasthenia into Japan and then into China.

Symptomatological resonances

The translated German texts weave an image of neurasthenia remarkably similar in symptomatology to the traditional sexual disorders of Chinese and Japanese medicine.⁶² The parallel analysis of modern nervousness and the traditional *xulao* (depletion; exhaustion; *kyoro* in Japanese) disorders of East Asian medicine is based in part on one shared idea: the finitude of vital energy. From the late classical period, Chinese medicine has argued that one is born with a finite amount of life-giving force (*qi*, *ki* in

⁶⁰ Such as, Ishiguro Atsushi, trans., *Zentai shinron yakai* (Seikando, 1874).

⁶¹ Knud Faber, *Nosography, the evolution of clinical medicine in modern times* (New York: Paul B. Hoeber, 1930).

⁶² Japanese and Chinese medicine are not the same, and must not be casually associated. However, the influence of China on Japanese medicine was profound, and in certain types of discourse, such as sexual hygiene, there are important areas of overlap.

Japanese) and when it is used up, one dies. Moderation was thus counseled in all aspects of life, including sex. Immoderate behavior that squandered the precious vitality depleted the body (*xu*), exposing it to invasion and occupation by harmful toxins (*shi*).⁶³ Traditionally, by contrast, Western thinking about the body was motivated by the dangers of plethora, not depletion.⁶⁴ However, Western analyses of neurasthenia read much like descriptions of the traditional depletion disorder. For example, in Beard's analysis, the link found in all cases was physiological, seen in the depletion of the vital nervous energy. "*Seminal emissions are frequently the cause of nervous and other diseases,*" (original italics), stated Beard in 1881 in his second major book, published posthumously as *Sexual Neurasthenia*.⁶⁵ German scientists and clinicians, too, argued that excessive seminal expenditure--from intercourse, masturbation, nocturnal emissions--was dangerous for the same reason: it squandered the body's vitality. Krafft-Ebing in 1900, for instance, traced neurasthenia to anomalies in sex life that sapped nervous energy; autoeroticism in youth, for instance.⁶⁶ Neurology's sexual etiology, such as excessive venery, was translated into Japanese via terms that had been used by Chinese medicine since the eleventh century. These terms were based on concepts that dated to the late classical era, to the most influential writings of Chinese medicine. For example, the harmful result of unrestrained sex was rendered as *boji kado* (*fangshi guodu*),⁶⁷ a concept found in the opening passage of the *Huangdi neijing*

⁶³ Shigehisa Kuriyama, "Concepts of disease in East Asia," in Kiple, ed., *The Cambridge World History of Human Disease*, 52-59.

⁶⁴ See, Shigehisa Kuriyama, "Interpreting the history of bloodletting," *Journal of the History of Medicine and Allied Sciences* 50.1(January 1995): 11-46, on the fundamentally different orientations of depletion and plethora.

⁶⁵ George M. Beard, *Sexual neurasthenia [nervous exhaustion], its hygiene, causes, symptoms and treatment, with a chapter on diet for the nervous* (New York: E.B. Treat & Company, 1898), 118-119. However, Beard stated that the reverse was also true: "Anything that weakens the nervous system may bring on seminal emissions."

⁶⁶ Richard von Krafft-Ebing, *Nervosität und neurasthenische zustaende* (Vienna: Alfred Hoelder, 1900).

⁶⁷ *Syurei* (transliteration of German name?), translated and published by Eguchi Jo,

(Yellow Emperor's Classic of Medicine) of the first century BCE.⁶⁸

Beyond the sexual etiology of the disease, the gamut of neurasthenic symptoms discovered by Western medicine are also found in the typical *xulao*, depletion disorder. Listlessness, insomnia, nightmares, lack of concentration, disrupted appetite, fatigue, hair loss, blurry vision, loose teeth, headaches, achy bones, sore lumbar, anxiety, seminal emission all suggest that the analogy between traditional *xulao* (*kyoro*) and modern *shuairuo* (*suijaku*, asthenia) is neither vague nor far-fetched. I would suggest instead that this analogy posits broad categories of illness that provided some sense of the neurasthenic model during its introduction into East Asia. Pursuing this analogy I will digress briefly, to contemplate the source of Western medicine's nineteenth-century preoccupation with nervous vitality and emission.⁶⁹

Western sources

Neurology of this period drew an explicit link between damage to the brain and seminal exhaustion. This was a basic idea about the source of disease. Physicians across Europe and North America blamed seminal emission for a canvas of misery in the head and brain, from “headaches” and “strange sensations at the top of the head”⁷⁰ to

Seishinbyo gaku [Psychiatry] (Tokyo, 1886, 1887), 128; Otani Kihei, *Shinkei nobyo seiseiho* [Treatments for nervous and brain disease], (Osaka: Otani shoten, 1899), 24.

⁶⁸ *Suwen*, *Pian* 1, *Zhang* 1; *Huangdi neijing zhangju suoyin* (Taipei: Qiye shuju, 1987), 7. *Huangdi neijing* (Yellow Emperor's Classic of Medicine) consists of two separate compilations, the *Suwen* [Basic questions] and the *Lingshu* [Celestial pivot]. These collections—compiled sometime between the first century BCE and the early first century CE—draw together the work of many authors and comprise the most influential writings of Chinese medicine.

⁶⁹ For an example of the French preoccupation with seminal emission during the nineteenth century, see Theodore Tarczylo, *Sex et liberte au siecle des lumieres* (Paris: Presses de la Renaissance, 1983), especially 297-298.

⁷⁰ G.H. Savage, *Insanity* (1886), cited in Ellis, *Studies*, 249.

“insanity” and “mental derangement.”⁷¹ The joining of nerve damage to sexual excess has rightly been connected to nineteenth-century scrutiny of degeneration and entropy.⁷² But deeper sources can be found.

Long before the age of nervousness, analyses of seminal emission in Europe was distinctly encephalocentric. Too much sex dried up the “whole brain” of the eighteenth-century immoralist until it was “heard to rattle in the pericranium.” Or these rakes simply “go mad.”⁷³ Contemporary studies of what have been called spermatophobia⁷⁴ in the West generally trace the anxiety to Tissot's mid-eighteenth century *Onanism*, which has been traced to an early sixteenth-century fear-mongering work on masturbation, which coined the term “onanism.”⁷⁵ But the brain-sperm connection needs more careful explication, for this anxiety runs deep in the Western imagination, perhaps to the fourth century when victims of excessive emission fell “silently stupid” and became “dull,”⁷⁶ and maybe earlier to the writings of Galen.⁷⁷

⁷¹ Richard Dawson, *An essay on spermatorrhea, and urinary deposits; with observations on the nature, causes, and treatment of the various disorders of the generative system, illustrated by numerous cases* (London: Aylott and Co., 1842, 8th ed. 1853), 15; 34-35.

⁷² Rabinbach, *The human motor*.

⁷³ S.A.D. Tissot, *Onanism, a treatise upon the disorders produced by masturbation: or, the dangerous effects of secret and excessive venery* (J. Pridden, London, 1766), rpt. R. Trumbach, ed., *Marriage, sex and the family in England 1660-1800* (New York: Garland, 1985), 7-8.

⁷⁴ Edward Payson Hurd, “Syphilophobia and spermatorrhea,” *The medical age* (Detroit) 7(1889): 244-246.

⁷⁵ *Onania, or the heinous sin of self-pollution, and all the frightful consequences, in both sexes, considered*, penned by an anonymous 16th century “clergyman dabbling in quackery.” See, Peter Gay, *The bourgeois experience, Victoria to Freud, volume I, education of the senses* (New York & Oxford: Oxford University Press, 1984), 295-296.

⁷⁶ Michel Foucault, *History of Sexuality, volume II, the use of pleasure*, translated by Robert Hurley (New York: Vintage Books, 1985), 15; quoting Chapter X of *The Pedagogue* by Clement of Alexandria.

⁷⁷ Writing about “gonorrhoea,” the involuntary emission of seed, Galen observes in the second century that “(s)ince the discharge of sperm is involuntary,” it is possible “to

The nineteenth century eruption of neurasthenia along the brain-sperm axis was made explicit by George Beard, who once again crystallized ideas that had been circulating through farflung communities:⁷⁸

The body of the sensitive man is a microcosm of reflex actions, and the three great centres of reflex irritation--the family of reflex centres--are **the brain, the stomach, the genital system**; between these, messengers of evil or of good are ever passing, in sleeping and in waking hours; to touch one is to touch all. **These three are literally a trinity**--three in one, one in three; they cannot be isolated (emphasis added).

Neurologists in Japan absorbed this anatomical trinity. Tamura's *Method for the complete cure of neurasthenia* (*Shinkei suijaku konjiho*, 1911) groups kidney disease, spinal fatigue (*sekizui ro*), paralysis, and impotence under the neurasthenic label.⁷⁹ In 1906 the widely published Ishikawa Sadakichi prescribed the consumption of "spermin," a hormonal extract from seminal fluid, as treatment both for neurasthenia and spinal fatigue.⁸⁰

Non-medical discourse appears to have been influenced by the linking of so-called mental disease with urogenital disorders. One suggestive example regards the phrase, *moso*, meaning delusions, ravings, fantasy, crazy ideas. A 1886 Japanese translation of a German psychiatric text renders the term *wahnsinn* (insanity, lunacy, madness) as

define it as independent of our will." "Diseases of viscera and urogenital tract," Chapter 6, Book VI, *Galen on the affected parts*, translated by Rudolph E. Siegel (Basel & New York: S. Karger, 1976), 192; 223n40. Gone = seed; rhoia = a flow; distinct from bacterial gonorrhoea.

⁷⁸ Beard, *Sexual neurasthenia*, 72.

⁷⁹ Tamura Norsaburo, *Shinkei suijaku konjiho* (Tokyo: Kenyu, 1911), 16.

⁸⁰ Ishikawa Sadakichi, *Shikeibyō shindan kyū jiryō gaku* [Diagnosis and treatment of neurologic disease] (Tokyo: Nanzando, 1906), 602. Spermin's use in neural treatment was picked up from German texts, yet in China spermin therapy was marketed as a French product, as "Spermin, Testicle Tablets" (*Shesheng ling*, in Chinese). Spermin was first isolated by the Haller in the eighteenth century.

moso.⁸¹ A 1919 edition of an English-Japanese dictionary, published in Tokyo, uses *moso* in translating spermatorrhea, a disorder in which semen is spontaneously emitted in the absence of sex.⁸² Such a choice might be explained by popular thinking about spermatorrhea. The disorder was associated with unfulfilled desire that stimulated first wild fantasies and then unwilling eruptions, often during erotic dreams. The significance of the Satow dictionary's use of *moso* is hard to evaluate. However, it is not I think anomalous. It points to a deeper connection with the imagination of exhaustion that runs precisely along the brain, spine, kidney, and wider urogenital system. In other words, in addition to the common symptomatology of neurasthenia and the *xulao*-depletion disorders, there are important anatomical similarities between modern neurasthenia and the traditional depletion disorders.

Anatomical resonances

The basic anatomical substrate of the disease, of *shenjing shuairuo*, is the brain and the nervous system. As we know, there was no concept of the nervous system in the Chinese medical tradition. Unlike the brain-centered view of the body in the West, traditional Chinese physiology viewed the grey matter with relative disinterest. In the normal working of the body the brain was judged a minor organ, emphasis instead being on the five solid organs (*wu zang*) of the torso. However, and this is important, while the brain was peripheral to the concerns of China's scholarly medical tradition, it has been important in pharmacology and sexology since the early imperial era, and in religious beliefs since antiquity.

'Circulating the seminal essence to replenish the brain' (*quanjing bunao*) is a

⁸¹ Syurei; Eguchi Jo, *Seishinbyo gaku* [Psychiatry], 108; 308.

⁸² Ernest Mason Satow and Ishibashi Masakata, *An English-Japanese Dictionary of the spoken language, fourth edition* (Tokyo: Sanseido, (1875) 1919), 1271.

practice of cultivating life (*yangsheng*). It suggests the important connection between the brain and sexuality in the early Chinese tradition. Dating to the third century CE, this form of physiological alchemy grew up with the gymnastics, diet, and breathing regimens conceived to excite vigor and induce longevity.⁸³ In *huanjing bunao*, a technique of *qi*-transformation, the brain performs a critical function. The skilled practitioner experiences stimulation without emission, or sexual arousal without ejaculation (*dong'er buxie*). The retained semen--withheld through concentration or physical pressure--becomes an energized force, fueling an alchemical reaction in the body. The process is as follows: the energized semen transmutes into *qi* which, circulating through (*huan*) the body, ascends to the brain (*niwan*) where it mingles with and expands the spirit (*shen*)⁸⁴ (Figure 2). *Huanjing bunao* turned back the violent work of time, an image captured by its alternate name: "making the Yellow River flow backwards" (*Huanghe niliu*).

The earliest instance of *huanjing bunao* that I have found is in the work of the poetic genius Cao Zhi (192-232 CE), of the Three Kingdoms.⁸⁵ Cao Zhi's poem "On

⁸³ The term physiological alchemy is from Joseph Needham, *Science and Civilisation in China, volume 5, Chemistry and Chemical Technology, part V, Spagyric Discovery and Invention: Physiological Alchemy* (Cambridge: Cambridge University Press, 1983).

⁸⁴ Figure 2, *Fanzhao tu*, is from the *Xingming guizhi*, c. 1615. Since Henri Maspero's groundbreaking work in the 1930s, *Les procedes de 'nourir le principe vital' dans la religion Taoiste ancienne*, *Journal Asiatique* (Julliet-Sept 229(1937): 177-252; 353-340), Western language audiences have been under the impression that the aim of the adept was actually to drive the semen itself up the spinal cord to the brain. This practice was probably pursued only at Taoism's esoteric periphery. Maspero's interpretation of *huan* as 'to return' instead of 'to circulate,' a reading adopted in Needham's influential work, added to this image of the semen rising through the spinal cord to the brain. See, Douglas Wile, *Art of the bedchamber* (Albany: State University of New York Press, 1992), 56-57. If the semen was injaculated, it seeped into the bladder, leaving the body with the urine.

⁸⁵ Cao Zhi, from the State of Wei, third son of Cao Cao (Tsao Tsao), (in) famous pretender in Romance of the Three Kingdoms (*Sanguo zhi*); younger brother of Emperor Cao Huan.

Flying Dragons” alludes to *huanjing bunao* as part of a larger enterprise of turning the body into an alchemical vessel with the ambition of reaching immortality.⁸⁶

Traveling at dawn on Mount Tai⁸⁷
enveloped in cloud and fog
suddenly I came upon two children.
Faces glowing
riding white deer and
holding the *zhicao* fungus,
I knew that they were immortals.⁸⁸
Falling to my knees
I asked of the Way.
Ascending the Western Mountain
to their Jade Hall and Golden Pavilion,⁸⁹
into the Elevated Skyway,⁹⁰

⁸⁶ *Feilong pian, Siku quanshu*, vol. 122, pp. 44-45. Dragons were thought to be able to reach Heaven, thus were associated with immortality. An alternate reading of the title might be, “on achieving immortality.”

⁸⁷ The holy mountain Taishan, near Confucius’ birthplace in Shandong, has been viewed since early China as the central of the five religious peaks.

⁸⁸ The poet recognized their immortality from these four unmistakable signs: 1) immortals often appear as children, as beings who do not age, or having aged, recover their youth (*fanlao huantong*); 2) their robust countenance (the phrase, *tongyan hefa* (“child’s face, white hair”; *he* means “crane,” thus white; with the additional associations of longevity of the crane and of winged, feathered creatures with transcendence, for birds, as dragons, could travel to Heaven. Growing feathers on the body thus became a goal of those seeking immortality during the Han Dynasty; 3) immortals ride White Deer; and 4) they carry the *zhicao*, a large fungus, with purplish stalk representing long life and prosperity.

⁸⁹ Jade (*yu*) and gold (*jin*) were associated closely with longevity. In burial, for example, corpses were clothed with jade and gold to inhibit decomposition.

⁹⁰ In his lifelong search for immortality, Emperor Han Wudi, of the Western Han Dynasty, learned from advisors that he must, a) construct a fine home, as where immortals dwelled, and b) that this fine home must not touch the ground, but be suspended in the air, nearer to Heaven. Han Wudi thus commissioned construction of a *fudao*, a skyway linking the second stories of two structures. It was in the *fudao* that he sat, cultivating longevity.

they gave me elixirs fashioned by Shen Nong⁹¹ himself and
instructed me in their proper consumption⁹² and
in the art of circulating the vital essence *jing* to replenish the brain
so that I might live as long as gold and jade
never growing old.

Through knowledgeable practice, aging could be staved off, decrepitude reversed, youth regained. Popularized in the *Bao Puzi*, a fourth century compendium of Taoist arts noted for its alchemical content, the physiological alchemy of *huanjing bunao* was part of the growing importance of sperm in health discourse. The image of the adept facing away, displaying plainly the spine, kidney, and brain, is famous today and was probably well-known among those who “cultivated life” (Figure 3).

Except for the Taoist breathing or *yangsheng* texts, the brain remained unimportant in medical discourse. However, from the Song period on (10-11th century CE), a disparity between medical text and medical illustration begins to emerge. Illustrations of the body start to include the brain, depicting a connection with the spinal cord and the kidney (Figure 4). Compare this with the more typical medical illustration that represents torso and its organs, but not the head nor brain (Figure 5). Despite this visual clue, one can read extensively in the medical texts and not come across any mention of the brain. Whereas traditional texts contain extensive discussion of the kidney and spleen, for example, little was added to what was already known about the brain from

⁹¹ Shen Nong, the culture god, transmitted to humanity the civilizing knowledge of agriculture, medicine, and writing.

⁹² Improper consumption of nostrums proved fatal. Since at least the Han, people swallowed gold flecks and jade powder (*yufen*)--mixed with dew (early Han), then spring water, and then alcohol by Cao Zhi's time--with variable results. Several emperors are thought to have died by swallowing too much jade powder. In the Han, swallowing *yufen* was practiced generally by the elite. By the third century, during Cao Zhi's lifetime, the practice had grown widespread. One sideeffect of eating *yufen* was brittle skin that easily cracked. One hypothesis traces the rise of large billowing sleeves in Chinese clothes as one response to this hypersensitive skin, to reduce chaffing.

the early writings. Few treatments for the brain (*nao*) existed. The *nao* was not a major part of medical treatment, yet somehow these connections were being drawn.

To interpret these illustrations, I draw heavily on the first century BCE medical classic, *Huangdi neijing*, for two reasons. First, the discussion of the brain in the *Yellow Emperor's Classic of Medicine's* strikes me as both formative and influential; second, the Song era, the period of these illustrations, witnessed the intensive analysis of classical texts. The great thinkers associated with the paradigmatic shift then occurring in Chinese medicine, such as Zhu Zhenheng (Danxi, 1281-1358), studied the *Huangdi neijing* and thought deeply about its meaning.

In the early medical writings, the brain marrow is formed just after the birth of the body. In the *Lingshu*, the Yellow Emperor states: “Man is born, then the vital essence *jing* is formed; with the formation of *jing* then *naosui* (brain; brain marrow) is born....”⁹³ Regarding what the *naosui* actually was, there were different schools, reflected in the Yellow Emperor's query to Qipo: “I have listened to the *fangshi* [experts?] some view the *naosui* as a solid organ (*zang*), some view it as a hollow organ (*fu*). I wish to know what you think.” Qipo responds:⁹⁴

the brain, marrow, bone, conduits, gall bladder, and uterus (*nao, sui, gu, mai, dan, and nuzi bao*), these six are born of earth *qi* (*diqu*); all are contained deep within the body (*yin*) and thus are likened to the earth, **therefore they store (*zang*) and do not emit (*xie*)**; they are called the extraordinary hollow organs (*qiheng zhi fu*) (emphasis added).

What the brain stored was marrow; the *Lingshu* defines the brain as the “sea of marrow” (*sui zhi hai*).⁹⁵ The *Leijing* likens the body's four seas (marrow, blood, qi, water) to the four seas of the world: the fount of the 100 rivers; the source of life, of

⁹³ *Lingshu, Pian 10, zhang 1.*

⁹⁴ *Suwen, Pian 11, zhang 1.*

⁹⁵ *Lingshu, Pian 33, zhang 2.*

vitality.⁹⁶ Thus in the words of the *Lingshu*:⁹⁷

When the sea of marrow is overflowing, then one moves without effort yet with power, surpassing one's normal limits. If the sea of marrow is wanting, then the head spins, the ears ring, the shank aches, eyes blur, the sight fails, and all one will do is lie about sluggishly.

The marrow (*sui*) vivifies the body. With it, a person is vital, alert, moving with ease and with strength. Without it, that same person is aimless, disoriented, in pain. The brain (*nao*) stores marrow; the kidney (*shen*) stores *qi*. This passage reads very much like a kidney disorder of *qi* depletion. Of the five solid organs, the kidney (*shen*) is the most critical, for it stores and controls the body's vital energy, *qi*. By the late imperial era (1500-1900), medical illustrations of the kidneys habitually place the renal system next to the spine. None of the other major organs are represented in this way, within a specific anatomical context (Figure 6).

The connection of the right kidney (*mingmen*; “gate of life” or the *neishen*) to the spine is especially detailed, unusually so for a medical visual culture tending away from this specific type of anatomical articulation⁹⁸ (Figures 7 and 8). What Figures 4, 6, 7, and 8 suggest is that both the brain and the kidney were closely associated with the spinal cord, and that what the brain and the kidney stored (marrow and *qi* respectively) vivified the body. It is premature, and perhaps too blunt to argue that this suggests that the brain was conceptualized as linked to the kidney via the spinal cord, that the marrow (*naosui*) might be likened to the nervous fluid of Western anatomy, or that all this anticipates the physiological and anatomical structure of neurasthenia. Yet these

⁹⁶ *Leijing*, vol. 9, *jingluo lei*, 212a.

⁹⁷ *Lingshu*, *Pian* 33, *zhang* 3.

⁹⁸ Shigehisa Kuriyama, “Visual knowledge in classical Chinese medicine,” in Don Bates, ed., *Knowledge and the scholarly medical traditions* (Cambridge and New York: Cambridge University Press, 1995), 205-234.

multiform resonances do raise a question: what precisely was being assimilated when the discourse of nerves entered China?

Conclusion

In symptom (ringing ears, insomnia, lassitude), anatomy (brain, spine, kidney), and energetics (qi, *naosui*, nervous energy), conspicuous parallels exist between traditional disorders in China and modern Western neurasthenia. These parallels were not lost on Chinese physicians who in the early twentieth century practiced in a clinical environment in which new disorders were being assimilated among familiar ones.

To give one example, in 1933 physicians at the Shanghai Hospital for the Insane coined a new term for an age-old kidney-based sexual disorder. The new disease they invented--*shenjing shuairuo*, or weakness of the renal system--was a homonym of the term for neurasthenia in Chinese, *shenjing shuairuo*. The kidney of Chinese medicine is intimately tied up with sexual life, and doctors perceived in patient complaint a poignant relevance to sexual neurasthenia. The enormous importance of the kidney in Chinese medicine has lent itself to the notion of kidney consciousness. Yet neurasthenia in the West shows clearly that such a preoccupation was not specifically a Chinese attitude. In Dr. Beard's experience, American neurasthenics were obsessed with their kidneys. The fact that we have forgotten Western society's pre-twentieth century concern with the kidney--such as kidney-as-character, 'he's not of our kidney,' once a common locution used widely from Shakespeare to T.S. Eliot, to urine analysis, once a principal diagnostic technique of medicine--suggests the degree to which thinking about the body has changed this century.

My point is not that neurasthenia is an old disease with a new name. No. In China, as in the West, it was a new disease. And neurasthenia is rightly considered a "Western" disorder. But its entry into China was not simply a case of Westernization,

and not merely a question of acquisition or transfer. Neurasthenia--in Europe, America, Japan, China--in all its distinct environments, is tied up with fundamental aspects of self-understanding. This highlights the importance of doing comparative studies in an attempt to understand the complex relationship of the past and to the present.

Glossary

Bao Puzi	抱朴子	Kyoro	虛癆 (勞)
Boji kado	房事過度	Li	力
Cao Zhi	曹植	Lao	癆
Chenlun	沈淪	Leijing	類經
Danxi	丹溪	Linghun	靈魂
Dong' er buxie	動而不泄	Lingshu	靈樞
Erming	耳鳴	Mingmen	命門
Faluo	髮落	Mozo	妄想
Fangshi	方士	Nao	腦
Fangshi guodu	房事過度	Naoqi jin	腦氣筋
Fanzhao tu	反照圖	Naosui	腦髓
Feilong pian	飛龍篇	Niwan	泥丸
Fu	府	No	腦
Gu	骨	Nozui	腦髓
He xin (Benjamin Hobson)	合信	Qi	氣
Huangdi neijing	黃帝內經	Qianglie	強烈
Huanghe niliu	黃河逆流	Qishi	氣勢
Huan	還	Quanti xinlun	全體新論
Huanjing bunao	還精補腦	Ren xue	仁學
Ji	機	Shen	腎
Jing	精	Shen	神
Jingmuo	經脈	Shenbing	腎病
Kaitai shinsho	解體新書	Shenkui	腎虧
Keimyaku	經脈	Shenjing	神經
Ki	氣	Shenjing shuairuo	神經衰弱

Shenqi	神氣	Xinshenghuo yundong	新生活運動
Shi	實	Xu	虛
Shinkei suijaku	神經衰弱	Xueqi	血氣
Shinki	神氣	Xulao	虛癆(勞)
Shuairuo	衰弱	Yang	陽
Silu xingwei	思慮行為	Yangsheng	養生
Sugita gempaku	杉田玄白	Yaotong	腰痛
Sui	髓	Yibu quanshu	醫部全書
Sui zhi hai	髓之海	Yunchuang	運傳
Suijaku	衰弱	Yunyong	運用
Suwen	素問	Zang	藏
Tan sitong	譚嗣同	Zentai shinron	全體新論
Wenming xiaoshi	文明小史	Zhicao	芝草
Xian	顯	Zhijue	知覺
Xiehe yiyuan	協和醫院	Zhu zhenheng	朱震亨

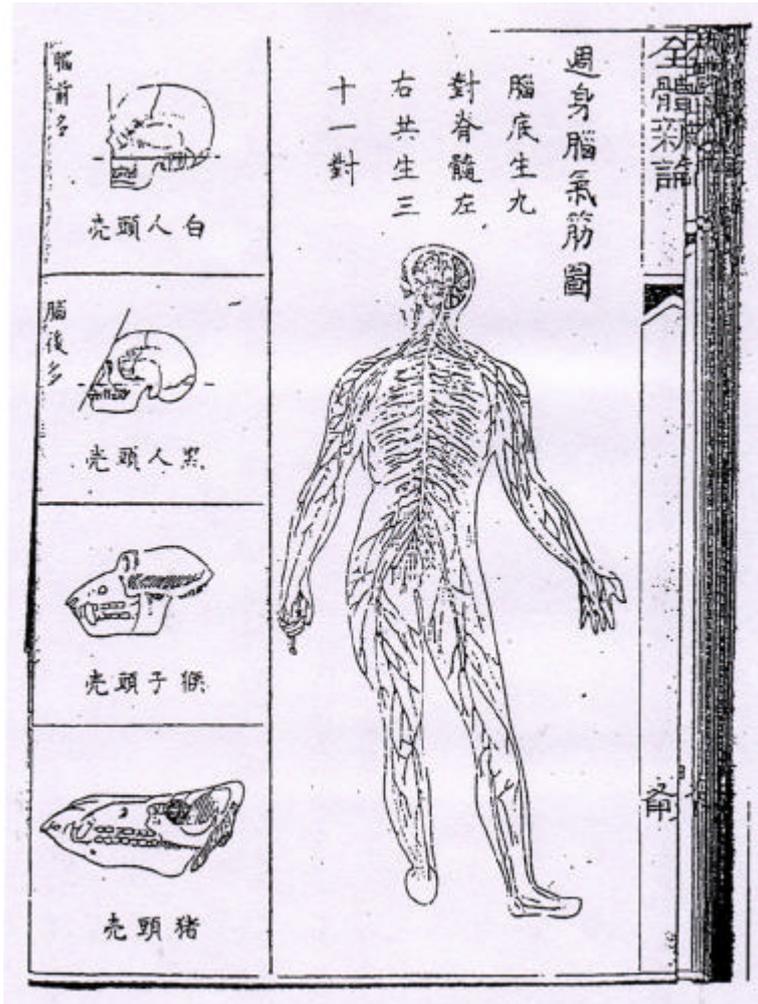


Figure 1

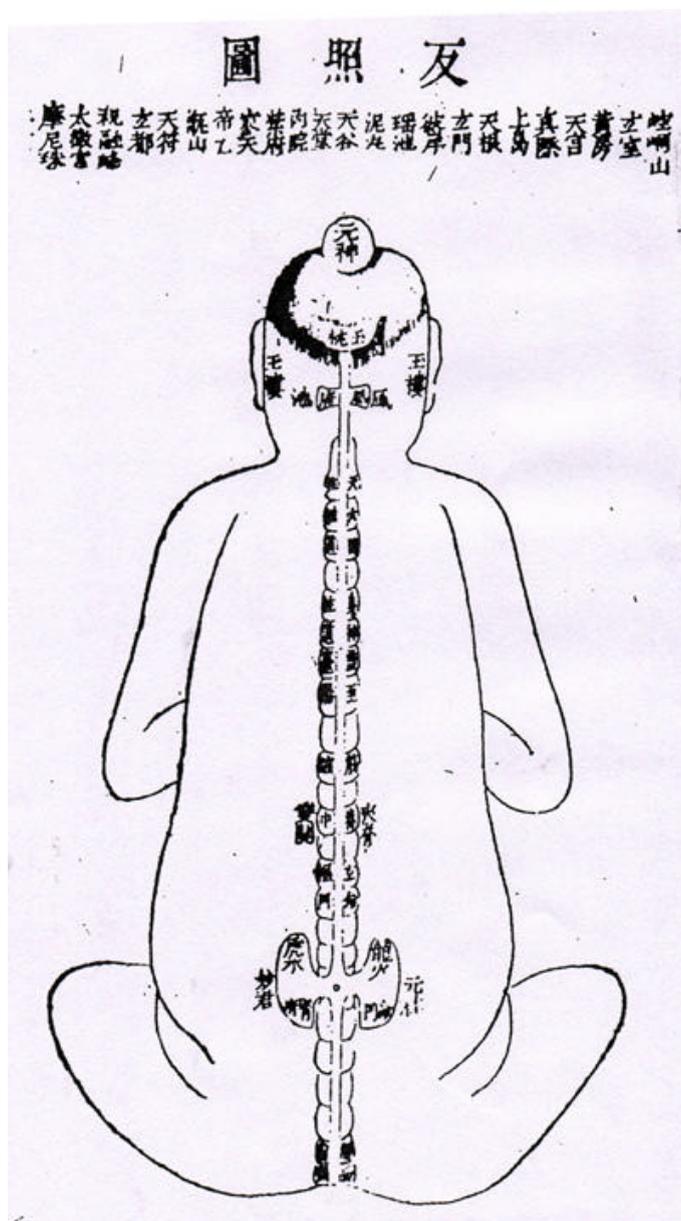


Figure 2

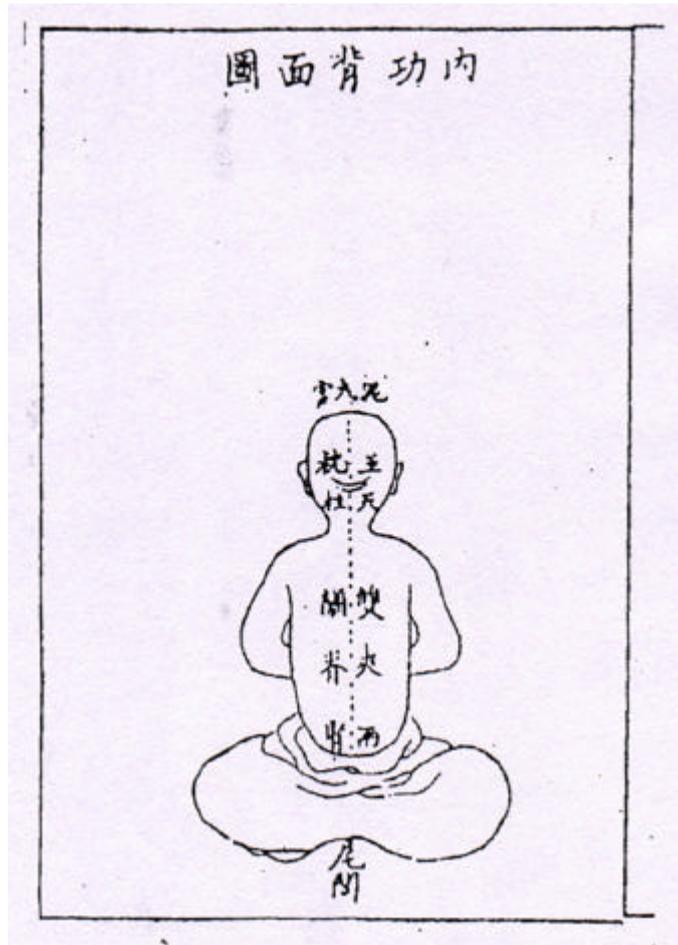


Figure 3

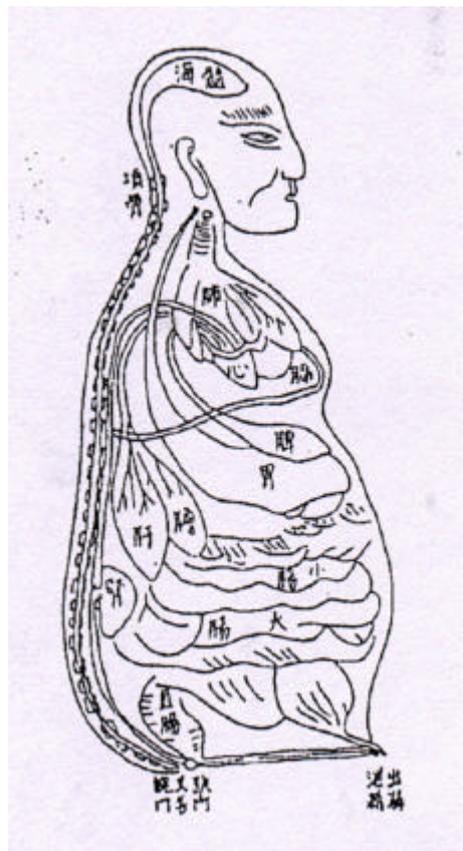


Figure 4



Figure 5

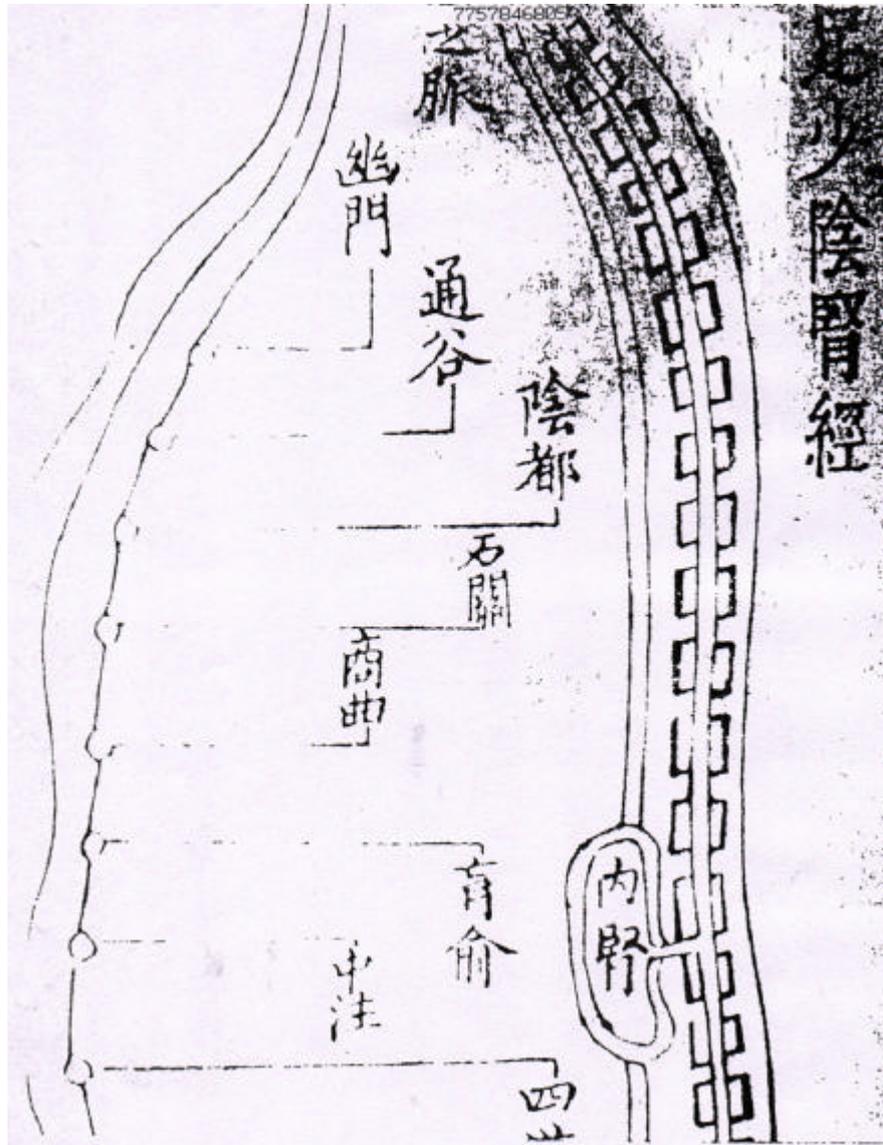


Figure 7

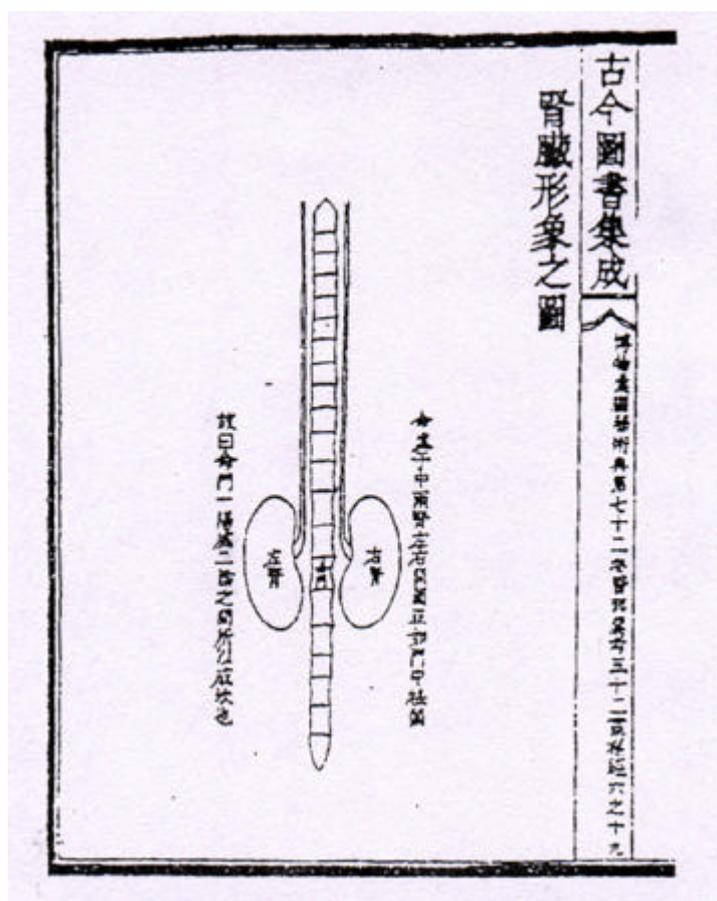


Figure 8