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LAM QUA AND THE DEVELOPMENT OF A WESTERNIZED MEDICAL ICONOGRAPHY IN CHINA

by

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The relationship between Chinese models of science and those in the West has been the topic of one of the most striking scholarly undertakings of the last thirty years, Joseph Needham's multi-volume history of science and technology in China.[1] The central theme of Needham's study is the autonomy of Chinese science and its central role in the development of a scientific world-view of the "Orient", which is of equal stature to that of "occidental" science. The mythology which Needham succeeds in destroying is that the Chinese, although able to evolve rather sophisticated technologies, remained on a relatively primitive level of technical sophistication, especially in comparison with the parallel rate of scientific and technological progress in the West. Needham counters this by showing the complexity as well as the autonomy of Chinese scientific thought and by stressing its progress within a model of "Chinese" science.

As of yet only peripherally covered in Needham's monumental undertaking is the development of the theories and technologies of Chinese medicine.[2] This area,

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I am grateful to Martin Bernal and Simon S. Brook for their comments on this essay. To eliminate the rather costly reproduction of the many illustrations mentioned in this essay, I have noted where, in widely available contemporary sources, reproductions of the illustrations can be found. The paintings of Lam Qua, which are the focus of this essay, are represented by four hitherto unknown and unreproduced works now at the Herbert A. Johnson Museum of Art, Cornell University, Ithaca, New York, USA.

[1]Joseph Needham, *Science and civilization in China*, 5 vols. in 8, Cambridge University Press, 1954–76. For the present essay I have relied on A. Chamfrault, *Traité de médecine chinoise*, 5 vols. Angouleme, Éditions Coquemard, 1957–64, and the more recent survey by S.M. Hillier and J.A. Jewell, *Health care and traditional medicine in China, 1800—1982*, London, Routledge & Kegan Paul, 1983. See also Ilza Veith, introduction, *The Yellow Emperor's classic of internal medicine*, Baltimore, Md., Williams and Wilkins, 1949.

[2]Joseph Needham, *China and the origin of immunology*, Hong Kong, Centre of Asian Studies, 1980, as well as his (together with Lu Gwei-djen), *Celestial lancets: history and rationale of acupuncture and moxa*, Cambridge University Press, 1980. Needham's major interest, in the latter volume, in the tradition of medical illustration lies in his tracing of the reception of Chinese studies of acupuncture in the West (269–302). What is striking is the redrawing of the Chinese images to fit Western ideas of what would be appropriate medical illustration. In one case, a study on acupuncture by Andreas Cleyer published in 1682, the author is pressed to label the images he expropriates with terms from the contemporary theory of primogenital moisture, a version of the temperaments. Since these stood within a specific iconographic tradition in the West, that of representing the humours, he was able to draw on the analogies between the Chinese and Western systems based on the very notion of the existence of iconographic representations in the West. The source of Cleyer's images, the *Lei Ching* (1624) of Chang Chieh-Pin, contains no such specific iconographic parallel between representations of the correct positioning of the needles for various illnesses and the abstract nature of the disease. Needham reproduces images from Cleyer's source which represent both the schematic model (fig.5) as well as the symbolic model (figs. 17–18).

however, more than most others, has been the subject of Western fascination since the earliest contacts between East and West.[3] For Chinese medicine, in all of its aspects, postulates a concept of human nature and anatomy so different from Western presuppositions (to all appearances) that it immediately captured at least the antiquarian interests of those fascinated by the "difference" of the Chinese. As more and more is known, it becomes clear that Western and Eastern medical theory share a stratum of preconceptions. And that what strikes the Western eye as "different" is the recapitulation of the familiar in a context in which the "different" is expected.

But medicine, more than any other area of science, served as one of the earliest and most important touchstones for marking the difference between the "aggressive and young" civilization of the West (in their own estimation) and the "corrupt and ancient" civilization of the East. For while concepts of difference evolved within traditional Chinese culture that gave special value to "Chinese" art or music or drama in contrast to the art or music or drama of the West, in the sphere of science it was only Chinese medicine (*chung-i*) that was consistently contrasted with Western medicine (*hsi-i*). There was no sense that it was necessary (or perhaps possible) to defend Taoist alchemy against Western chemistry.[4] The need to validate the difference between "Oriental" and "occidental" spheres of culture within the realm of science was in general limited to the world of medicine. And the need for this distinction arose specifically during the course of the nineteenth century.[5] There was an implied association at this time between aesthetics and science or technology. The world of indigenous medicine, like that of art and music, needed to be defended against the intrusion of Western concepts and perceptions that made it appear inferior or at least "different".

This was especially true after the 1820s, when the Western contempt for all things Chinese began to manifest itself in Europe and the Americas. Until this point, most things Chinese seemed to have higher value because of their origin. No clearer example can be found than that of Chinese porcelain. Once the secret of manufacturing porcelain was uncovered in Europe in the late eighteenth century, the value of porcelain as an aesthetic object produced by an alien but higher culture was diminished. With the decline of the porcelain trade, the association of Chinese art and science in the West became a negative one, especially given the evident decline of Chinese political and economic power during the same period. The link between science, technology, and aesthetics was heightened through this negative association. Now that Western technology had conquered the manufacture of Chinese aesthetic artefacts and Western political powers had begun to perceive China as a goal for colonialist expansion, the positive image of the ancient civilization with its higher forms of science and art was reversed. Chinese science became of purely antiquarian interest or became the target of Western mockery, as a sign of the stagnation of Chinese civilization.

[3]See Claude Philibert Dabry de Thiersant, *La médecine chez les chinois*, Paris, Henri Plon, 1863.

[4]See Ralph C. Crozier, *Traditional medicine in modern China. Science, nationalism, and the tensions of cultural change* Cambridge, Mass., Harvard University Press, 1968, p.4.

[5]Wu Lien-te, 'A hundred years of modern medicine in China', *Chinese med. J.*, 1936, **50**: 152–154.

This conflict between the Chinese and the Western tradition in medicine reveals a deep-seated reassessment of the nature of the understanding of the self. Medicine provides the historian of ideas with an extremely forceful set of mental images about the self in the form of the qualities and structures ascribed to the bearer of pathology as the antithesis of the implied health of the observer. And nowhere in the history of medicine can these fantasies be better examined than in the history of medical illustration. The history of Chinese medical illustration is yet to be written in detail, even though Needham began to address this question within the Chinese tradition in his study of acupuncture. This short contribution will focus on a problem which haunts Needham's greater study of Chinese science and which is central to any understanding of the presumed autonomy of any semiotic system: the interference which may well exist from competing systems of representation - especially the interference from systems that are understood to be more powerful than the traditional codification present within any given institutional framework. Thus, Renaissance anatomical illustration in the West, with its complex (and historically discontinuous) iconography, simply drove out (or absorbed) the conventions of medieval medical illustration to such an extent that such representations were perceived by contemporaries as "old fasioned" or "wrong".

There is a traditional manner of understanding Chinese medical illustration which stresses its autonomy. It sees Chinese medical illustration as an ancient tradition primarily representing modes of treatment (rather than pathologies) which are clearly tied to systems of treatment as portrayed in herbal treatises and studies of acupuncture and moxa. The representations are overtly abstract (and thus parallel to the medieval European anatomical representations) (fig.1) or highly symbolic (and thus parallel to Renaissance anatomical illustration) (fig.2). Especially the manuals on acupuncture provide the reader (and student) with images which are either schematic or keyed by overt symbols (e.g., the use of the objects held by the figures) to external symbolic systems of reference. Such images clearly stand in an "Oriental" mode of representing the ill.[6] For in no case is the pathology the focus of the representation, but rather the underlying structures which permit treatment. The individual patient vanishes (as Hegel's view of the Orient would have led us to expect). What remains are the generalized structures of the healthy body, which permit treatment for a host of ailments.

The problem with this rather simple view of the nature of Chinese medical illustration is that it denies any shared representation with the more "sophisticated" images of pathology which were developed within Western systems of medicine. Yet we know that such interference did occur. Without a doubt the best example is a late-seventeenth- or early-eighteenth-century Chinese medical manuscript held by the National Library of Denmark. In his introduction to the facsimile of this manuscript, J.W.S. Johnsson documented the source of the illustrations as the anatomical illustrations of Bartholin and his school.[7] Just as schematic as the images

[6]William R. Morse, *Chinese medicine*, New York, Paul B. Hoeber, 1938, pp.137–161. See also Manfred Porkert, *Die chinesische Medizin*, Düsseldorf, Econ, 1982, plates on pp. 147 (schematic) and 144 (symbolic).

[7]J.W.S. Johnsson, *L'anatomie mandchoke et les figures Th. Bartholin: Étude d'iconographie comparée*, Copenhagen, A.F. Høst, 1928.

of the patient in handbooks on acupuncture, these images reflect the new iconography of the Renaissance masters of anatomy. That such influence exists elsewhere in the history of Chinese medical illustration, at least during the past three centuries, is without doubt.

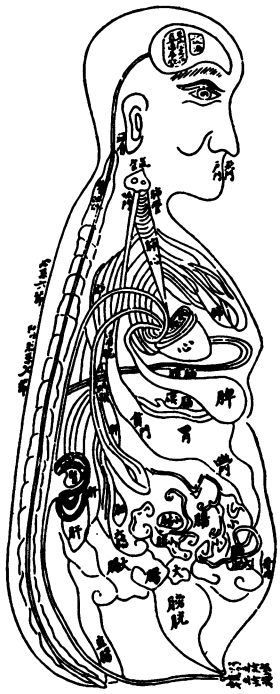

Figure 1. A schematic anatomical plate. (From William R. Morse, *Chinese medicine*, New York, Paul B. Hoeber, 1938, p. 147.)

Figure 2. A symbolic acupuncture chart. (From ibid., p. 151.)

Western models have been available at least for the past three hundred years to Chinese medical illustrators. Shih Fan, in what remains the best study of Western influences on Chinese medicine, documented many other areas of such influence.[8] The Copenhagen manuscript provides a classic example of the direct borrowing of representations from an external system. What would be of real interest is how (or if) such codes, isolated from their complex iconographic references, were absorbed, altered, and became part of the dominant mode of Chinese medical iconography during the eighteenth century. While such documentation is not presented by Johnsson, we do have an extraordinary example of the Chinese restructuring of conventions in medical representation in an extended corpus of mid-nineteenth-century illustrations.

Lam Qua's series of at least 115 oil portraits of pathological conditions forms one of the major resources for any reconsideration of the representation of pathology in

[8]Shih Fan, *Ming chi hsi-i yang ch'uan ju chih i hsüeh* [On the influence of Western medicine at the end of the Ming], 4 vols., [Shanghai], Chinese Academy of the History of Medicine, 1943.

nineteenth-century China.[9] Trained by George Chinnery – the exponent in China of the "English Grand Style" – in Western artistic techniques during the 1820s, Lam Qua is the best known of the many indigenous artists who accepted the Western mode of representation.[10] This system, together with Western political power, appeared to the mid-nineteenth-century Chinese as more powerful, and therefore preferable, to their own.

While perspective was known to Chinese artists as early as the sixteenth century, it was only in the nineteenth that it was associated with the power of Western cultural politics and thus became the preferable mode of representation. The difference between the two systems of aesthetic representation was thus endowed with ideological significance – one system was seen as weaker and less valid than the other. Indeed, tradition has it (at least a tradition within the Fearon family) that Lam Qua had been a houseboy in the Fearon home in Macao when Chinnery arrived in China.[11] The houseboy became entranced by the skills of the Western artist while watching him paint in Christopher Fearon's garden. Here, too, the parallel between the domination of Western political power (the position of the Fearon trading family in Macao) and the aesthetics associated with this power in the form of Chinnery's portraiture places the "houseboy" in the position of Robinson Crusoe's "Friday", trained in the outward manifestations of Western society in order to be permitted to share in the power of his master's technology.

Lam Qua was important enough among his contemporaries in Canton (Guangzhou) that when a French traveller, M. La Vollé, visited the artists of that city, it was to Lam Qua's studio that he was first taken.[12] Above the door was a sign which pointed to the double focus of Lam Qua's art: "Lam Qua, English and Chinese Painter". William Fane de Salis, who visited Lam Qua, commented on the distinctions between these two styles and their value. A painting in "English" style was worth £10 and was "fashioned with good drawing and perspective"; a "Chinese" painting was only worth £8 because it was "out of all drawing proportion and perspective."[13] The indigenous art of China (like its medicine) was of less value because it was competing with a system which was assumed by the Western viewer to be more sophisticated.

Lam Qua, who employed as many as ten to twenty artists in this studio, was clearly the most prolific of the local painters as well as the most renowned. He had most

[9]On the background of Lam Qua see Henry and Sidney Berry-Hill, *George Chinnery, 1774—1852, an artist of the China coast*, Leigh-on-Sea, F. Lewis, [1963], p.39; Carl L. Crossman, *The China trade*, Princeton, NJ, Pyne Press, 1972, pp.31–35; Edward V. Gulick, *Peter Parker and the opening of China*, Cambridge, Mass., Harvard University Press, 1973, pp.153–156; Robin Hutcheon, *Chinnery, the man and the legend*, Hong Kong, South Chinese Morning Post, 1975, pp.78–79; Hillier and Jewell, op. cit., note 1 above, pp.3–27. Of the 115 paintings, eighty-six are at the Yale Medical College; twenty-three at the Gordon Museum, Guy's Hospital, London; five at the Johnson Art Museum, Cornell University; and one at the Countway Medical Library, Boston. They represent portraits of eighty patients.

[10]See the contemporary discussion by "Old Nick", i.e. P.É.D. Forgues, *La Chine ouverte*, Paris, H. Fournier, 1845, p.56.

[11]Crossman, op. cit., note 9 above, p.34.

[12]Cited by Albert Ten Eyck Gardiner, 'Cantonese Chinnerys: portraits of How-Qua and other China trade paintings', *Art Quarterly*, 1953, **16**: 316.

[13]William Fane de Salis, *Reminiscences of travel in China and India in 1848*, London, Waterlow, 1892. p.12.

probably begun his career by copying portraits as a member of a similar studio. By the 1840s, he had become the best-known Chinese artist in Canton and began to sign his canvases "The Sir Thomas Lawrence of China", certainly calling more on Lawrence's status as a portraitist and as the head of the Royal Academy than on any claim to Lawrence's facile style. Lam Qua's portraits of Chinese merchant-princes, such as Sam Qua (now at the Peabody Museum in Salem, Massachusetts), were shown at the Boston Athenaeum in 1851. These portraits were both part of and symbolic for the China trade. Commissioned by the Ipswich, Massachusetts, merchant Augustine Heard, they represented his trading partners in Canton. They are portraits in the general style of the British academic painters of the period, such as Chinnery, Lawrence, or Sir William Beechey, but, unlike the smooth, precious nature of these artists' works, Lam Qua's portraits strove to capture the individuality of the sitter. They in no way sought to glorify the sitter, but rather used conventions of portraiture to capture the illusion of each individual's uniqueness.

Osmond Tiffany, jun., visited Lam Qua's studio in 1844 and commented: "He takes portraits in the European style, and his coloring is admirable. His facility in catching a likeness is unrivalled, but wo [*sic*] betide if you are ugly, for Lam Qua is no flatterer. I might repeat a dozen stories of his bluntness, but they have probably found their way into print."[14] This attitude toward the aesthetics of portraiture has a fundamental influence on Lam Qua's medical illustration, as will be discussed. The power of Lam Qua's academic portraits, with their juxtaposition of a familiar style with an"exotic" subject matter as well as an "exotic" creator, can be judged by the fact that Lam Qua's 'Head of an Old Man' was exhibited at the Royal Academy in London (1835). Likewise, Lam Qua was the first Chinese artist working in a Western tradition whose work was exhibited in America ('Portrait of Moushang, Tea Merchant, Canton, China' in 1841 at the Apollo Club in New York City).

Lam Qua painted his series of portraits of patients (or at least had this series of portraits painted in his studio) within a very specific historical context. Peter Parker, the first Protestant American medical missionary in China (who had taken his medical degree at Yale in 1834), commissioned Lam Qua, beginning in the 1830s, to capture the likeness of a number of the most interesting cases in his hospital in Canton. (The case notes for many of these are preserved at Yale.) Lam Qua sketched these images first on rice-paper and then transferred them (or had them transferred) into a series of Western-style portraits. One series of these portraits was prepared before Parker's return (because of the unrest caused during the Opium Wars) to the United States in 1840. Another series was undertaken (because of the success of the first) upon his return to Canton in 1842. The first portraits were used by Parker on his trip to England as well as in the United States to illustrate his presentation of his case studies to such groups as the Boston Medical Society in order to raise funds for his missionary work by illustrating the success of his medical practice in China.

Peter Parker was the first foreign doctor to undertake the training of Chinese paramedicals. Senior among these Chinese students was Kwan A-to, Lam Qua's nephew, who was trained in basic ophthalmological and surgical procedures. There

[14]Osmond Tiffany, jun., *The Canton Chinese, or the American sojourn in the Celestial Empire,* Boston, Mass., James Monroe, 1849, p.85.

Plate 1. Lam Qua, 'Young woman with spinal tumour', oil on canvas, 74.0 x 55.8 cm. Herbert F. Johnson Museum of Art, Cornell University, gift of Dr and Mrs Ronald M. Lawrence. (All photographs by Jon Reis.)

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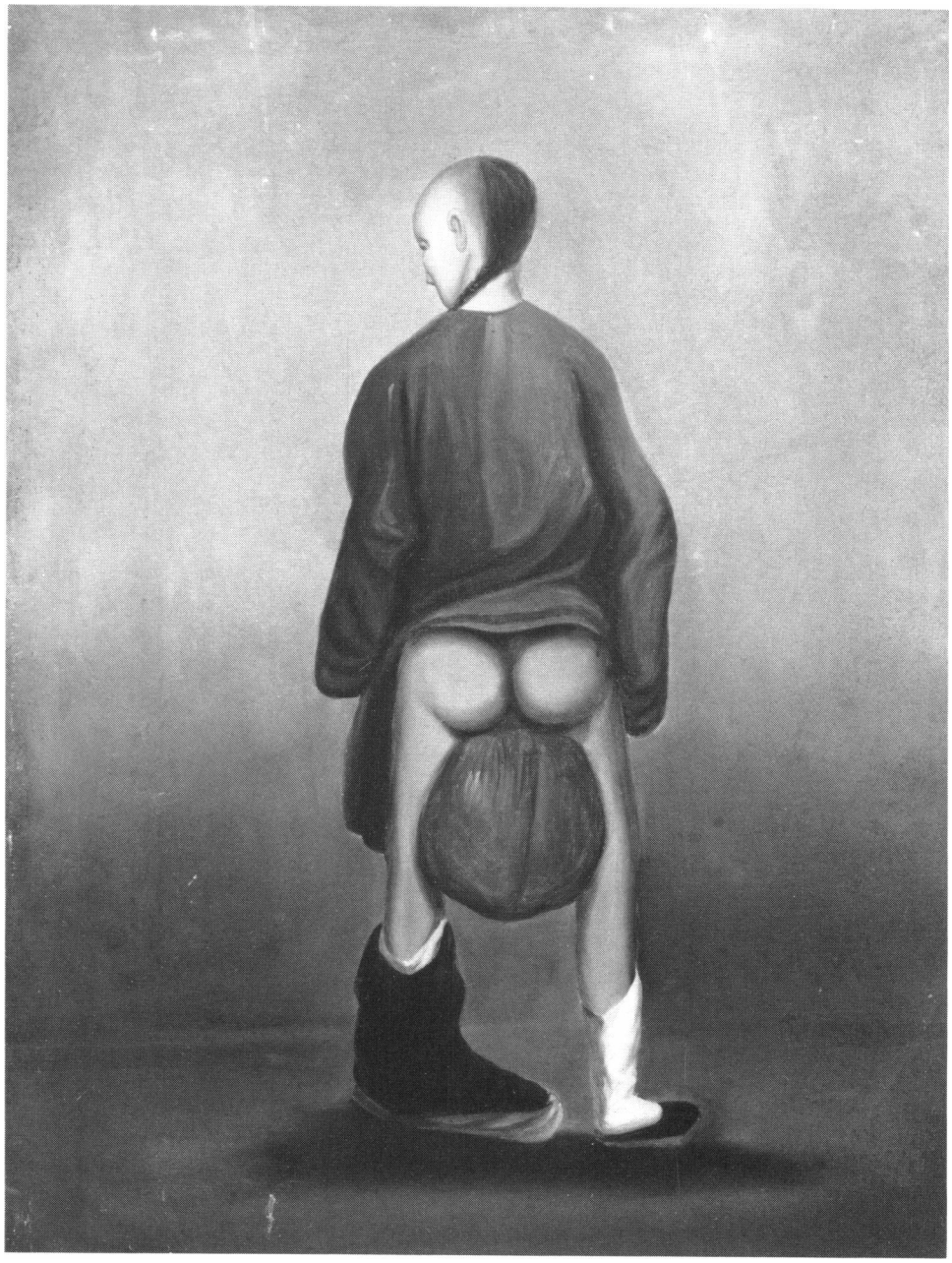

Plate 2. Lam Qua, 'Young man with elephantiasis', oil on canvas, 59.4 x 45.5 cm. Herbert F. Johnson Museum of Art, Cornell University, gift of Dr and Mrs Ronald M. Lawrence.

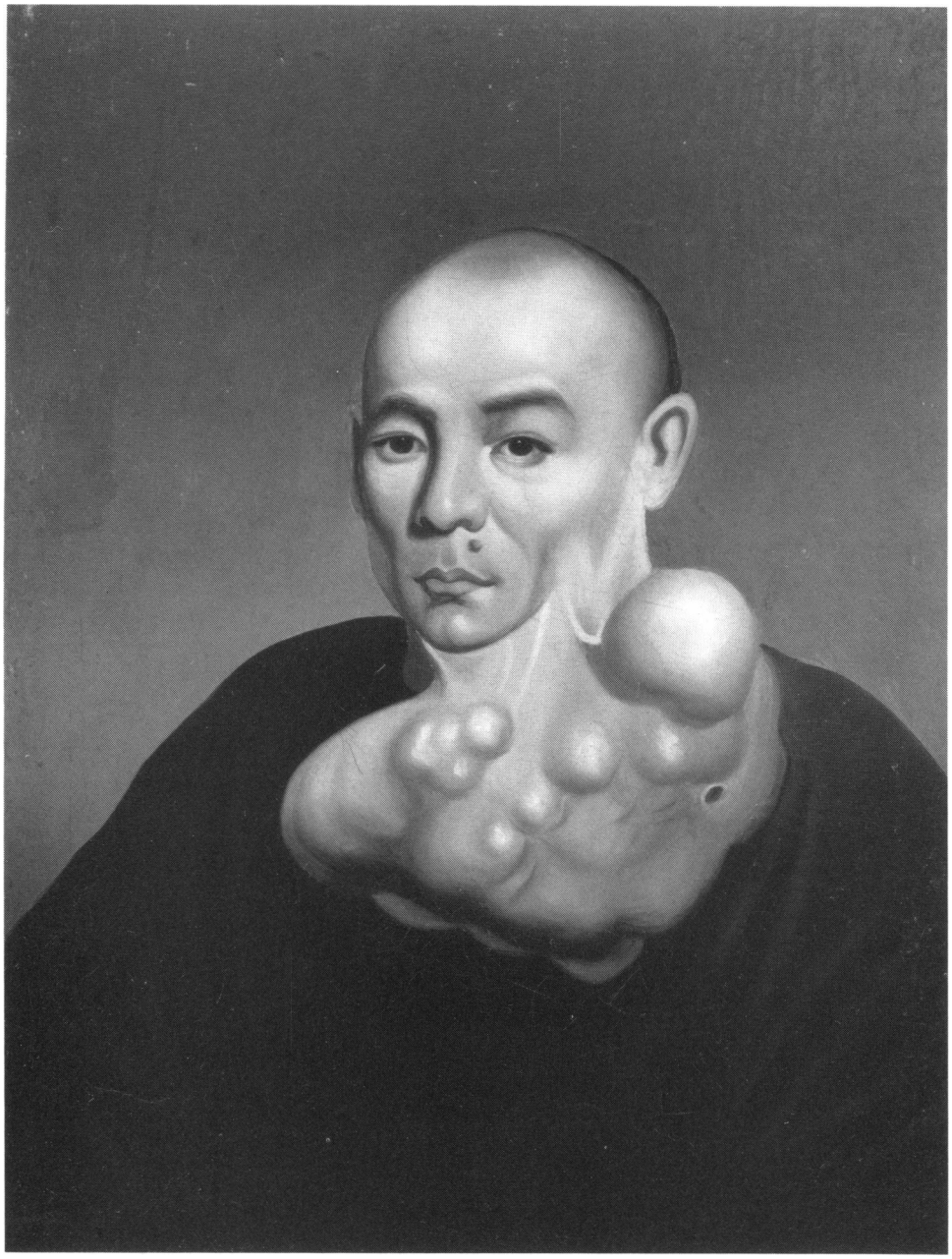

Plate 3. Lam Qua, 'Man with neurofibromatosis', oil on canvas, 60.0 x 46.0 cm. Herbert F. Johnson Museum of Art, Cornell University, gift of Dr and Mrs Ronald M. Lawrence.

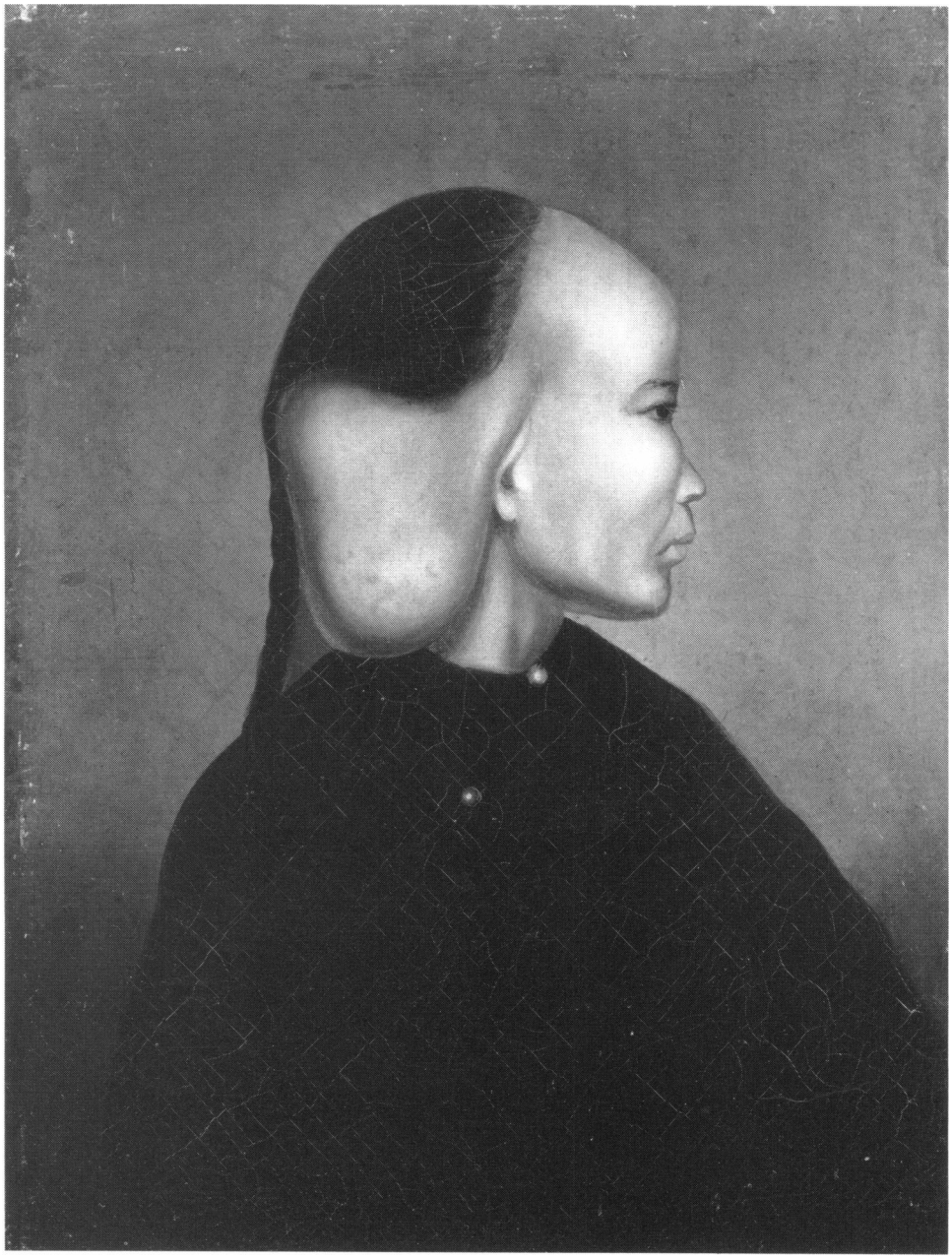

Plate 4. Lam Qua. 'Woman with scalp tumour', oil on canvas, 60.0 x 46.0 Herbert F. Johnson Museum of Art. Cornell University, gift of Dr and Mrs Ronald M. Lawrence.

is a portrait of Peter Parker by Lam Qua that is reproduced in Edward Gulick's monograph on Parker in which Kwan A-to appears in the act of examining a patient's eye.[15] There, the master is seated in a dominant position in the right foreground holding a Chinese manuscript, while the student undertakes the actions which he has been trained to do, in the left background. The patient, the least "Westernized" figure in the portrait, has his back to the viewer so that the dominant quality we see of him is his "pig-tail", the sign of servility. Parker's commission to Lam Qua documents an attitude toward the representation of somatic illness that is inherently Western and – given the relationship between the "master" and the "houseboy", between the Westerner and the Chinese – dominant.

What is most striking is that Lam Qua's painting is clearly a version of George Chinnery's 1853 portrait of Thomas R. Colledge, surgeon of the East India Company, in terms of the position of the two Chinese. In Chinnery's portrait, however, the pig-tailed figure is not the patient but, much more traditionally, the Chinese paramedic. It is Colledge who is actively examining the patient's eyes. Lam Qua has marginally subverted the original portrait, putting the apprentice Kwan A-to in the active role of Western healer, but has maintained the boundaries of power in placing Parker in the foreground role of teacher. Parker's greater size, a reflex of the use of Western perspective, gives him the dominant role in the portrait, assuring the retention of power within the Western model of representation in science.

It is the refunctioning of the Western model for the representation of pathology within the world of nineteenth-century China which forms the context for any understanding of Lam Qua's undertaking. Lam Qua's relationship to *his* master, Chinnery, parallels Kwan A-to's relationship to Parker. Each must learn to see the world through new models of reality perceived as much more powerful than those in traditional Chinese art or science. Lam Qua represents this new reality in his portraits of his patients and brings to these portraits, either consciously or unconsciously, some of the ideological implications of nineteenth-century European medical illustration as well as certain specific ideological needs which he, as a Chinese artist in Canton, perceived as inherent in his representation of pathology.

The image of the identifiable patient as the bearer of a specific pathology arose in European medical illustration as an outgrowth of the medical philosophy of the *Idéologues*, who believed that only single cases could be validly examined and could serve as the basis of any general medical nosology.[16] For Helvétius, Condorcet, and Pinel held to a radical empiricism which demanded that specific patients and their

[15]Gulick, op. cit., note 9 above, p.115; an engraving of Chinnery's portrait of Thomas Colledge is reproduced in Hillier and Jewell, op. cit., note 1 above, plate 7(a).

[16]See Robert Herrlinger and Marielene Putscher, *Geschichte der medizinischen Abbildung*, 2 vols., Munich, Moos, 1967–72. Herrlinger, in the first volume of his study, points toward the potential origin of medieval Western European medical illustration in the schematic medical illustration of China. If this is the case, the interrelationship between the two systems of medical representation is much older than even the seventeenth century and works in both directions even at this very early stage. What little information is available on this is documented by Herrlinger. See also Helmuth Vogt, *Das Bild des Kranken*, Munich, J.F. Lehmann, 1969; and, for the intellectual backgrounds of nineteenth-century medical illustration, see George Rosen, 'The philosophy of ideology and the emergence of modern medicine in France', *Bull. Hist. Med.*, 1946, **20**: 329–339.

phenomenologies be the focus of the medical gaze. As a result, Pinel produced the first illustrated textbook of psychiatry. It was from this textbook rather than the observation of patients that students of medicine in revolutionary France were taught about the insane. And Pinel offered visual representations of specific cases as his substitution for the empirical reality of specific patients. (Indeed, the major series of medical portraits of the early nineteenth century, those of the insane painted by Théodore Géricault in 1821–24, stand directly in this tradition.) This was possible for Pinel and his students only because a theory of the pathognomic nature of the appearance of the insane had evolved during the eighteenth century, which provided specific external signs for madness in the physiognomy of the patient.[17]

But it was Jean Louis Alibert in the 1810s who began – with his twelve-volume atlas of skin diseases – a tradition of illustrating medical studies with images that were perceived as mimetic rather than schematic. Extraordinarily well illustrated (and costing more than the annual salary of a surgical assistant), Alibert's work stressed the visual representation of the external manifestations of dermatological diseases in a series of case studies. It is evident that the illusion of mimesis which Alibert's images had for his contemporaries resided to no little extent in his use of the engraved portrait technique of the early nineteenth century coupled with the application of colour. Much of the perceived improvement of Alibert's illustrations over those of Pinel, for example, lay in this adoption of the technology of "high" art. Quickly picked up in Germany by K.H. Baumgärtner, this type of "realistic" medical illustration broke with what in retrospect was seen as the highly schematic images of seventeenth- and eighteenth-century physiognomic representation.

Alibert continued the tradition of Pinel in yet another way – both presented aspects of disease which were understood to have a specific external structure. Medical illustration followed the idea of science as classification which dominated the early nineteenth century. Skin disease, like madness, had specific external signs, all of which were pathognomic. The external, pathognomic sign is the definition of disease, and therefore the sign of the line between the patient and the observer.

When Lam Qua went to Peter Parker to paint the eighty patients represented in the 115 portraits, he was confronted with a conflict. Parker wanted his most appalling cases documented so that he would have a manner of proving his value in China. It was therefore necessary to document those cases where the external manifestation of the disease labelled the individual as overtly diseased and therefore dependent on the new medicine from the West. Tumours were the most evident sign of such illness. The ability easily to remove large benign tumours (some as large as thirty-five kilograms) with relatively narrow pedicles was a sure sign of the superiority of Western medicine (since Chinese medicine did not undertake surgery, as it disfigured the body and thus violated Confucian dogma). And this was as valid a sign in the West, as documented through Lam Qua's paintings, as it was in China. It is important to understand that Parker's medical practice had an ideological purpose. He was a medical missionary, and as a missionary, interested not only in the spread of

[17]See my *Seeing the insane*, New York, Wiley, 1982, p.72ff, for one of the illustrations found in Pinel and Vogt, pp.48–49 for one of the illustrations used by Alibert in his atlas of dermatology.

Protestant Christianity, but also in the Westernization of China. Indeed, his activities were so successful that he was seen to have "opened the gates of China with a lancet when Western cannon could not heave a single bar".[18] Parker's view was that Western medicine was proof of the superiority of all things Western. An anecdote is told of him that when he found himself in Guy's Hospital, where a series of the patient portraits were on display, he boastfully corrected his guide, who commented that nothing could have been done for these poor fellows, by retorting that he had operated on all of them![19] The extraordinary appearance of Parker's patients, even for the European eye, shows the special role which the Western medical practitioner has in China, curing the seemingly incurable. This is parallel to the missionaries' view of conversion of the Chinese to Christianity. For the Chinese so different in culture (and race) from the European, can become Christians, just as Parker's patients can become healthy.

But Lam Qua was evidently also given some visual guidance in preparing his drawings and paintings. He did not simply paint portraits of the patients in the manner of Lawrence, for his images follow the general traditions of the post-Alibert illustrations of pathologies. Indeed, one can compare them with a slightly later text, Rudolf Virchow's 1836 lectures on tumours, in order to judge their similarity.[20] The patient is represented in isolation, as a single figure, with the focus of the eye of the observer on the pathology of the patient. And the pathology, the tumour, is the overt sign of the role of the observed as the proposed object of treatment. Indeed, in the illustrations to Virchow's lectures the representation of the patient with a tumour, found as the frontispiece to the first volume is gradually replaced with the image of the tumour itself, in keeping with Virchow's own stress on cellular pathology. The patient quite literally vanishes in the course of Virchow's lectures to be replaced by the emblem of the disease, the tumour. In Lam Qua's paintings the patient becomes an extension of the pathology, representative of the pathology much as the English country gentlemen in Lawrence's paintings become representative of a class or an attitude toward life. In Lam Qua's paintings the patient "vanishes" since the patient becomes the perceived object shared between the physician-missionary, Peter Parker, who is lecturing about them, and his Western audience. The audience, whether of physicians or of Christian missionaries, has its belief system concerning the nature of the Chinese reified in the establishment of its sense of superiority to the patient. The patient bears a double stigma – first, the sign of pathology, and second, the sign of barbarism, his Chinese identity. Each patient must still appear to be unique in order for the scientific value of the illustration to dominate. There is no attempt to present a schematized image of the pathology independent of the image of the patient. But the power of this scientific mode of representing difference established the boundary between the viewer and the patient. The Western audience was provided with this sense of its own superiority to this Chinese inferiority through the use of Lam Qua's paintings.

[18]Quoted from the 1888 obituary of Parker by Hillier and Jewell, op. cit., note 1 above, p.11.
[19]Gulick, op. cit., note 9 above, p.154.
[20]Rudolf Virchow, *Die krankenhafte Geschwülste,* vol. 1, Berlin, Hirschwald, 1863.

Parker brought a series of early-nineteenth-century textbooks with him to China, which would have provided similar images to those found a decade or so later in Virchow's work (or, indeed, in almost any medical handbook from the 1820s on). In providing Lam Qua with models (much as Chinnery had supplied him with portraits to copy when Lam Qua was his apprentice) was to establish the correct, acceptable image of the patient for the Western (not the Chinese) observer. For Parker and his Western medical associates in the West were the implied viewers of Lam Qua's canvases. What Lam Qua provided may well have transcended the merely mechanical reproduction of pathologies represented through the conventions of Western medical illustration. His images illustrate what happens to systems of representation when one system is dominant over another system which is perceived by all involved to be weaker.

Lam Qua presents his patients so as to stress their pathology. The visual impact of the tumours and other gross pathologies would have been striking (especially for the Western eye of the mid-nineteenth century), though certainly not unfamiliar. Thus the association of the image of the untreated pathology with the perceived weakness of indigenous medicine in China, as opposed to the newly introduced medicine from the West, would have provided one possible level of interpretation, but not the only one. The portraitlike quality of the reproductions (again as seen by the Western observer) seems to stress the individuality of the patients. But for the indigenous Chinese observer the "English" portrait was an alienating manner of portraying reality. Just as William Fane de Salis commented on the "good drawing" of Lam Qua's "English" portraits and the crudity of the traditional "Chinese" images "out of all ... proportion", so too must the "English" portraits have struck the mid-nineteenth-century Chinese viewer as deformed. But this quality would have been associated with the obvious political power controlled by the West. It was given a positive quality (and thus had a greater value in the marketplace).

Yet in spite of this "portrait-like" quality in each portrait, the dominance of the pathology still served as the focus of the representation. The analogy to Lam Qua's painting of Peter Parker and Kwan A-to is striking. For there the qualities ascribed to the figures are highly symbolic: Parker sits holding (and therefore controlling) a Chinese manuscript, showing his domination over the world he has entered; Kwan A-to is the proof and instrument of this domination as he undertakes a Western medical technique with Western ophthalmological tools; and the faceless and anonymous patient is characterized by his subservience to both, placed in such a way as to allow the viewer to see only the sign of his position in the subordinate culture, his queue. Here Lam Qua provides us with a mode of reading his representations of illness. He is the observer – Parker is not the only one – he shares in the power which makes the patient vanish in stressing the centrality of the new vision of humanity, that of Western medicine and Christianity.

The pathological sign has an ideological message, placing the Western observer in a dominant position over the indigenous patient. By producing medical illustrations which were not overtly schematic or symbolic (as in the traditional mode of Chinese medical illustrations), Lam Qua allies himself ("the Sir Thomas Lawrence of China") with the power of the new mode of seeing the patient and thus shares the

separation which Parker senses between his perception of the patient and that of native medicine. The portraitlike quality of Lam Qua's paintings is the sign of his role as an "English" observer. The open hostility to him on the part of such English painters as Chinnery, because of his command of their style, is not unexpected. And furthermore, Lam Qua's use of models taken from the new medicine (*hsi-i*), shows that he is part of a new élite, the Chinese who have command over Western tools, no matter what their area. Western art and science have replaced Chinese art and science as representations of power. Those Chinese who control these tools are simultaneously exercising a power denied to them under most circumstances. Thus Lam Qua is able to use those facilities employed by the Westerner to stress the inferiority of the Chinese to show that the Chinese can assume control of power.

Lam Qua's hidden agenda is manifest in the fact that the very signs of difference which for Alibert were the indicators of specific disease entities, come to have a symbolic function. The diseased Chinese, artfully painted in the manner of Western portraiture and posed in the most up-to-date Western scientific manner, secretly signifies the power of the new order over the old, not just over Chinese medicine (*chung-i*) but over all of the older and therefore weaker means of organizing and controlling reality. Traditional Chinese art does not recognize the portrait as a genre. Thus the portrait itself is a sign of the new power embodied in the new system of representation.

The images of disease which Lam Qua records are also images of the diseases of the Chinese past (as understood by the medical missionary), of the weakness and corrupt practice inherent in indigenous modes of representation. Lam Qua, however, was a master of both styles, the new English and the now debased Chinese. It is clear that for Peter Parker's gallery of the gross pathologies of Imperial Canton only the new style would do. With this action Lam Qua created the necessary association between the new medicine and the new art, an association that placed the new Western modes of representation in a dominant position in late-nineteenth- and early-twentieth-century China. In handbooks of Western medicine produced in China this association was simply assumed, even though it provided for the Chinese an alienating set of images for anyone who equated the traditional aesthetics of China with the "correct" self-image of the Chinese. It is no surprise that when the British physician Benjamin Hobson, who arrived in China in 1839, sought out illustrators for these first texts, produced in the 1850s, which were to teach Western medical knowledge to the Chinese, he turned to the Cantonese artists.[21] The illustrations, while primitive, are clearly in the tradition of nineteenth-century European anatomical illustration. There is no place in the transmission of European knowledge, with all of its ideological implications, for Chinese medical illustration. This tradition continued to develop through the publication of the central text that still defines Western medical knowledge (in the popular mind) in terms of a system of representation, *Gray's Anatomy*, in Osgood and Whitney's translation of 1880.

[21]On the creation of textbooks of Western medicine in China see Hillier and Jewell, op. cit., note 1 above, pp.11–12. The first drawings that Hobson commissioned are reproduced in the reprint of his 1851 *Ch'üan t'i hsin lun*, 2 vols., Taipei, I-wen yin shu kuan, 1968.

The domination of Western medical representation between 1834 and 1851, from Peter Parker's arrival in China to the publication of Benjamin Hobson's first medical textbook, can be understood as part of the general competition of Western and indigenous systems of visual representation in China. For the domination of Western medical representations can be paralleled to the domination of yet another system of representation, that of Western religious art, during the same period. In 1851, the "Association of God Worshippers" (*Taiping tiangua*), preaching a unique form of Evangelical Christianity, appeared in Southern China. The rebellion which they fomented employed much of the imagery of Evangelical Christianity, including Biblical imagery, but most specifically that of John Bunyan's *The pilgrim's progress*, which was translated with illustrations in 1851. Rudolf Wagner has shown that the iconography and imagery of the central text of the Taiping Rebellion, the vision of its leader Hung Hsiu-ch'uan, was rooted in the conventions of Evangelical Christianity read as a programme for action in terms of Chinese canons of rationality.[22] What is striking is that the illustrations to Hung Hsiu-ch'uan's vision, reprinted by Wagner, are simply reworkings of the representations taken from Muirhead's translation of Bunyan, the standard Western vocabulary of Evangelical religious images.

These images are, however, given a quite different level of importance, for they are not understood merely as allegorical representations but as the actions which are necessary for a successful act of political rebellion. The Protestant missionairies, such as Parker and Hobson, initially welcomed the Taiping Rebellion as a sign that Christianity had taken root in China. They had, of course, associated the externals of the Taiping vision, cast in the well-known images taken from Bunyan and the Bible, with traditional Christianity as they understood it. Only when it became clear that the Chinese were repeating the action of the British during the Opium Wars, that they were attempting to undermine the existing state for political reasons (rather than religious ones), did they reject the Taiping revolutionaries. For the Western system of representation initially controlled the actions of the missionaries, who first saw only the external signs of evangelical Christianity in the iconography employed in the revolt. It also controlled the actions of the revolutionaries, who accepted the meaning of the texts and their illustrations quite literally, and who ceased advancing once the limited goals described in the vision had been accomplished. Each group saw in the iconography of evangelical Christianity quite different meanings and acted upon them. Something quite similar had already happened, but on a much more limited scale, with the adoption of Western medical illustration. The Western-trained artists accepted the power given them by the new system of representation but used the power for their own purposes, not those of the missionary-doctors. They achieved status for themselves, placing themselves in the role of the masters of the new science. From the perception of the medical missionaries they were, like the patients they painted, invisible. They were merely technical extensions of Western modes of perception. They were able to subvert this invisibility to achieve a new status as part of the new world of power invested in

[22]Rudolf G. Wagner, *Reenacting the heavenly vision: the role of religion in the Taiping Rebellion*, Chinese Research Monograph, 25, Berkeley, Institute of East Asian Studies, 1982, reproduces the illustrations.

Western modes of perception. And, unlike the Taiping revolutionaries, their refunctioning of a Western symbolic system was never exposed.

Western medicine came to stand for the dominance of the West in China. Indeed, the appearance of traditional Chinese medical practitioners at the deathbed of Sun Yat-Sen in 1925, the representative of modern China and a Westernized medical practitioner, symbolized the central role that medicine came to hold in distinguishing between the imposed Western tradition and traditional practice. With the rise of the new nationalism in the early twentieth century, traditional medicine became an icon for Chinese national aspirations. And this was a reaction to the general decline in reputation it had experienced in the generations following Lam Qua when the aesthetics of power had been introduced into the world of medicine in China.