

Appearing in Public

The Relationships at the Heart of the Nation

We needed to find a way to construct happy homesteads in the wilderness, to be a ray of sunlight in the darkness!

—MAJOR GENERAL ZHOU MEIYU, DESCRIBING THE ATTITUDE OF A
RURAL PUBLIC HEALTH NURSE

Wartime advances in healthcare could not have taken place without the work of thousands of women who administered to their patients on street corners and in living rooms, in converted temples and at roadside clinics, in military field hospitals and in air raid shelters. Working as doctors, nurses, midwives, and school administrators, these women transgressed gender norms to enter public spaces, touch the bodies of male strangers, and assume positions of authority over their patients' bodies. This required not only physical but also emotional labor. In the words of Zhou Meiyu, who created both the civilian and military nurse training programs, nurses must "construct happy homesteads" and lead people to healthier and more contented lives. As an upper-class woman educated in elite institutions both in China and abroad, Zhou interpreted poverty as a barrier to this happy life. Accordingly, she characterized her area of work as a "wilderness" where nurses could "be a ray of sunlight in the darkness" to illuminate the path to civilization for a benighted population. Many women shared this belief. When the state called upon women to contribute to the war as supporting caretakers, thousands answered that call with alacrity, partly out of eagerness to help their brethren in a time of dire need, partly to uplift themselves through work outside the home, and partly out of a conviction that they could make a difference.¹ Though they soon learned that impoverished communities were not simply devoid of culture, most nurses continued to believe in poverty as a force of "darkness" and their own work as a source of "light." Put simply, female medical professionals worked within the same structures and strictures of the masculinist state articulated in chapter 1, and

quite frequently believed in them. Neither side could operate without the other, and both worked toward the mutual aim of teaching people to internalize state values and new hygiene practices, so as to save lives.

Yet women's work had a more powerful effect on wartime society. While men's work through overt discipline fostered resistance, women's work, at least when delivered with compassion and care, fostered compliance. Women therefore played the more important part in teaching people how to accept state regulations as standards for their own values and behavior, and extended state power further than did many men who represented that power more directly. This occurred because women performed their work in an entirely different manner—not as a result of any innate quality of the female sex, but because the gender expectations of the time cast them into a role distinct from that of men. Whereas men fulfilled the responsibilities of a disciplinary father, women who worked as nurses, midwives, doctors, and volunteers played the part of the nurturing, caring mother, delivering crucial services to people in need. Playing this role required women's "emotional labor"—work in which "*the emotional style of offering the service is part of the service itself*."² Precisely because they performed this emotional work, modeled for them by none other than First Lady Song Meiling, women succeeded where men failed. The nature of women's work with civilian refugees, orphaned children, wounded soldiers, and general patients required that they communicate trustworthiness to their charges. Operating under the gendered assumption that, as women, they possessed a "natural" tenderness, women proved particularly adept at the emotional labor of healthcare.³ They worked hard to earn their patients' trust and formed relationships with them. They served as representatives of state benevolence and thereby granted the masculinist state the necessary power to enter people's homes and affect individual bodies. Contemporary literature reflected women's power to transform their patients through emotional labor. One of the wartime novels by the famous author Ba Jin, *Ward Four* (*Disi bingshi*), used the setting of a civilian hospital ward to reflect on this facet of wartime healthcare.⁴

This was not the first time that women had worked to soften the disciplinary power of a state, nor would it be the last. Women and girls who cared for suffering people in wartime China occupied a role that had long been established in colonial states. European women who worked as healers and teachers in colonies served as crucial conduits by which colonial states accessed indigenous peoples, precisely because their lower status and "inferior" gender placed them in a more intimate relationship thereto.⁵ During the British colonial government's counterinsurgency against communist guerrillas in postwar Malaysia, colonial nurses played a key role in schooling the people in "cultural colonialism." As part of the Cold War politics of convincing people "to align with capitalist rather than communist countries," nurses served as a "tool in the propaganda war of the British government to

demonstrate that it cared about the welfare of villagers.”⁶ Indeed throughout the British Empire, “medicine, public health, nursing and the clinic were themselves instruments and sites of colonial governance.”⁷ Though they worked for their own rather than a colonial state, women in wartime China played a very similar part in amplifying state power over the people.

It did matter that these women worked on behalf of an indigenous state. For one thing, this fact gave their work a dual purpose: it simultaneously rendered people’s bodies available to the state for physical manipulation (e.g., to receive an immunization), and taught people what types of services they could demand from the state. Additionally, and more importantly, it taught people a new mode of relating to one another. This most crucial way that women’s emotional labor in healing contributed to state power occurred at the level of interpersonal interaction. When thousands of women accepted the charge to heal soldiers and civilians, their work transgressed boundaries of gender, class, and region in a manner that shaped the national community. As healthcare workers they gained an unprecedented proximity to male bodies that profoundly challenged gender norms. Moreover, with less recourse to more-prestigious positions within the hierarchical health profession, women were much more likely than men to take on the less remunerative roles of the frontline responders, so people in need frequently encountered a woman at their moment of greatest vulnerability. Female healers’ intimate contact with soldiers and refugees from all over the country fostered emotional bonds that bound the nation together through myriad quotidian medical encounters. Differences in sex, social class, occupation, level of education, and native region faded into the background in these moments when new relationships blossomed. Given the poignant needs of a nation under siege, the bonds that women built affected far more than two people; they formed the bedrock of a national community.

In defining the national community, this book affirms the emotional dimension of Benedict Anderson’s classic work on nationalism.⁸ It also parts from the emphasis of Anderson and subsequent scholars on print capitalism and the experience of simultaneous time through reading newspapers and novels. Though seductive to historians who work primarily with texts, this approach reveals precious little about the vast majority of Chinese of the time who could not read and had little to no experience with print culture. To be sure, illiterate people learned and shared information about their country through a variety of means. They attended performances of traveling drama troupes, requested the services of professional letter writers who set up shop outside post offices, listened to public speeches, shared rumors and news in market towns, and (especially in Sichuan) gathered in teahouses that served as sites of “neighborhood or community information center[s].”⁹ They could certainly partake in public political culture, but direct attention to the written expressions of that culture teaches us little about how the illiterate majority understood it and their role therein, and much more about what

the literate minority thought about their unlettered brethren. Analysis of how the latter fit into and gained membership in the national community therefore requires privileged attention to their emotional lives since, in the words of Haiyan Lee, “the modern subject is first and foremost a sentimental subject, and . . . the modern nation is first and foremost a community of sympathy.”¹⁰

In China, this is poignantly expressed in the use of “a term of deepest emotion” to express patriotism, *aiguo* (“love of country”); the use of a familial term to delineate “country,” *guojia* (“nation-family”); and the fact that leaders in both the Nationalist and Communist parties “sought to find a means of generating feeling among their supporters.”¹¹ In their daily language, Chinese people continually affirm the centrality of emotions in nationalism. Therefore, in order to analyze the making of China’s national community, the present work pays close attention to emotion—specifically, under what circumstances, with whom, and for what reasons people developed emotive relationships. Stories of healthcare during the War of Resistance demonstrate that medical exchanges fostered emotional bonds between civilians and soldiers and their female caretakers, in a manner much more pronounced than with male caretakers.

In order for women to perform the medical labor that saved lives, and the emotional labor that connected them in a communal narrative, they first had to normalize the public appearance of (particularly middle-class) women. Women had to transgress social norms in order to occupy public spaces, associate with men who were strangers, and assume positions of authority over others. Three factors made this transgression possible. First, these norms were not evenly distributed across the country. While inner provinces like Sichuan tended to have more-conservative gender norms, the arrival of refugees from eastern cities during the war created spaces in local culture for greater acceptance of women taking public roles.¹² Second, First Lady Song Meiling called for women to contribute to the war effort through public work, and frequently appeared in the press modeling just how to do it. Third, extraordinary times call for extraordinary measures. Just as the 1911 Revolution and the 1927 Northern Expedition had required the active—and often violent—participation of women, the War of Resistance required women to become highly visible medical authorities.¹³ The demand was highest in professional nursing. While many women became doctors and midwives, the overall number of personnel in those professions remained fairly constant throughout the war. Nursing, on the other hand, experienced a dramatic increase in personnel. Between 1936 and 1937, the number of nurses registered with the National Health Administration increased from about 250 to over 4,500. By 1941 the number had increased again to over 5,500.¹⁴ The relative ubiquity of female nurses during the war created social space in which women crafted a new role for themselves—not just as healers, but also as makers of the national community.

A BRIEF HISTORY OF NURSING IN CHINA

Although women had long taken care of the ill, they had generally done so in the confines of their own or their relatives' homes, and the care networks in which they operated overlapped with their family networks. The process of transforming nursing into a hospital-based profession took decades. It began in the late nineteenth century when foreign missionaries established training programs inside mission hospitals, first in the Margaret Williamson Hospital in Shanghai in 1887.¹⁵ This was roughly two decades after the American Civil War in Williamson's home country had transformed nursing into a profession and granted middle-class women a space therein.¹⁶ With the original goal of obtaining their own hospital personnel, the first missionary nursing schools accepted only male students because they were affiliated with men's hospitals, and missionaries chose to observe the strict gender segregation practices of Chinese elites. This worked until missionaries entered the field of women's medicine; by 1900 medical missionaries had succeeded in opening 12 women's hospitals of the country's grand total of 107. By the 1920s the missionaries celebrated their achievement in recruiting female nursing students to serve therein, which allowed them to proselytize not only their religion but also their gender ideology—specifically, their belief that nursing was an innately feminine venture and that female nurses in crisp white uniforms (the color of mourning garments in China) were an essential element of a modern hospital ward.¹⁷ By 1934, 65 percent of all hospitals in China had female nurses attending to male patients, signaling a dramatic departure from previous policies of observing Chinese gender propriety.¹⁸

Foreign missionaries also played a significant role in standardizing nursing education. In 1908, the American Methodist missionary Cora E. Simpson founded the Nurses' Association of China (*Zhonghua hushi hui*). At its first general meeting in Shanghai in 1914, the association established curriculum standards and an annual exam that all nursing school graduates in China had to pass in order to receive a license to practice. The association also adopted the term *hushi* instead of *kanhu* to signify "nurse," at the suggestion of China's first woman to have studied overseas in England. The new term used the suffix *-shi*, meaning "scholar," adding a degree of professionalism to the role.¹⁹ This work soon inspired local initiatives. In 1932, China's first government-run nursing school, the Central Nursing School, opened in Nanjing with a two-year course in nursing and a one-year course in public health and midwifery.²⁰

As important as medical missionaries' work was, it did not take hold until Chinese women decided that professional, feminized nursing fulfilled their own goals of female emancipation. The shift began very gradually with two Christian converts, Kang Cheng (Ida Kahn) and Shi Meiyu (Mary Stone). In 1896 the two women returned to China with degrees from the University of Michigan Medical School and opened their own women's and children's hospital in Jiujiang, Jiangxi,

as missionaries of the Methodist Episcopal Church. In addition to treating hundreds of parturient women, Drs. Kang and Shi opened a new professional path for their female compatriots. Like Chinese Florence Nightingales, they demonstrated through their actions that respectable women could voluntarily choose the medical profession and remain dignified.²¹

The radical feminist activist Qiu Jin (1875–1907) also played a key role in promoting nursing. In 1904, Qiu left an unhappy marriage and two young children to attend Shimoda Utako's Girls' Practical School in Tokyo. While there, she encountered Japanese Red Cross nurses and became convinced that their *métier* could also serve to liberate her own compatriots from their economic and social oppression.²² She translated a nursing manual, and she advocated nursing as a suitable occupation for women in the feminist journal she founded, *Zhongguo nübao* (Chinese women's journal), as well as in her public speeches. Qiu Jin had left her family, lived alone overseas, joined Sun Yat-sen's Revolutionary Alliance and other radical societies, dressed in men's attire, learned to make bombs, conspired to assassinate the Manchu emperor, and would bravely face execution at the tender age of thirty-two, yet she understood that most women would never lead such radical lives.²³ She instead urged them to see professional employment as a path to liberation and declared that women's feminine qualities made them perfect candidates for nursing.

Through her advocacy of nursing, Qiu Jin inadvertently helped the missionaries achieve one of their goals: promoting Chinese women to positions of leadership. In 1921, Wu Zheyang became the first Chinese woman to run a local nursing school—in this case, the Shanghai Red Cross Nursing School, which had originally opened in 1909. In 1926, Wu became the first Chinese chairwoman of the Nurses' Association of China. By 1935, the association boasted a majority Chinese membership, and its 167 affiliated nursing schools (mostly missionary run) had graduated nearly five thousand nurses.²⁴ As the number of professionally trained Chinese nurses continued to grow, foreigners gradually yielded leadership positions in accordance with their overall aim of promoting Chinese initiative in the nursing profession, and the war spurred this process even further.

PUBLIC APPEARANCES: VISIBILITY, MEDICAL AUTHORITY, AND CLASS POLITICS

Moving into public spaces was dangerous for women during the war, not least because near-constant warfare made rape an omnipresent threat.²⁵ It also exposed them to social ridicule and the risk of impugning their entire families.²⁶ Nonetheless, women frequently appeared on the streets of Chongqing as public health providers and representatives of the state. Young women frequently worked on vaccination teams that operated on busy street corners and in heavily trafficked



FIGURE 6. A young woman delivers vaccinations on Chongqing streets, ca. 1941. Box 86, folder "Vaccine Plant." ABMAC Records. Rare Book and Manuscript Library. Columbia University.

portions of town, such as bus stations, train stations, and wharves. During the vaccination campaigns that the Chongqing Bureau of Public Health sponsored every spring and fall, they worked long hours delivering free vaccinations. At a time when many Sichuan parents disallowed their daughters from traveling alone or even appearing in public, female vaccinators entered crowded spaces of largely male sociality armed with the tools of their trade—syringes, vaccine ampoules, and nurses' uniforms—that granted them medical authority over the recipients' bodies and a certain degree of protection. The woman shown in figure 6 appears not the least bit ruffled by the men and boys pressing in on her and operates her syringe with the steady hand of an expert. Her firm grasp on the recipient's arm displays an unprecedented intimacy between two strangers of opposite sex. Although curious onlookers congregate tightly around her, some of them scrutinizing her actions, her syringe and nurse's uniform, crisp and clean, set her apart from the crowd, granting her a distinguished singularity. Her hairstyle marks her as a "new woman," quite possibly a "downriver" refugee from a more cosmopolitan, coastal city.²⁷ She swiftly and effectively delivers the state's instrument of public health to people who welcome her service.

As a group, women possessed neither political nor military power, but this photograph demonstrates that as medical professionals, they did gain power over



FIGURE 7. June 1943 page of the National Institute of Health public health calendar, labeled “Steadfastly Implement Summertime Health.” NLM ID 101171294, History of Medicine Division Collection. Courtesy of the United States National Library of Medicine.

people’s bodies. Women primarily exercised this power through delivering services that people wanted, so they encountered little resistance, but their actions served to legitimize masculine state power over people’s individual bodies and the political collective. Recall that the June page in the 1943 public health calendar mentioned in chapter 1 claimed that, in order to prevent cholera, “it is imperative to mobilize the local troops immediately for earnest and strident prevention.”²⁸ The placid picture accompanying this text employed the image of a caring woman to belie the violence of the claim that military intervention alone could protect the people from cholera. (See fig. 7.) The artistic double of the real woman in the photograph, this “new woman” with her stylishly short haircut and rosy cheeks gives a healthy-looking man a repeat cholera-typhoid vaccination with a sturdy syringe and a firm touch. She has placed her equipment right on the street and works out

in the open. The artist who depicted a common scene in real-life Chongqing also employed artistic license to render it more civilized. The crowd has disappeared to reveal the owner of a sweets shop who diligently keeps flies away from his wares, and well-dressed citizens enjoying a civil cup of tea in a cleanly tea shop.²⁹ The viewer's eyes gravitate first to the woman's syringe in the middle foreground, then to the mother tending to her healthy son in the background. As I explain in chapter 5, the mother-son dyad indeed occupied the center of the Nationalist state's wartime politics, just as the mother and son occupy the center of this calendar page.

The regular appearance of female medical authorities on the streets of Chongqing announced a new era in local society as well as in the medical profession. Certified by the state and dressed in some form of recognizable uniform, such women were able to employ medical authority to supersede social norms that restricted women's appearance and movement in public. Women who regularly performed their professional labor in the streets defied the gendering of public space as masculine. They even challenged the domestication of public space that had occurred in the early Republican era in response to the more frequent appearance of middle-class women in public (with the opening of girls' schools, the establishment of new civic associations, etc.). In the eyes of male Republican officials, "a 'domesticated' public realm was an orderly, safe, and segregated zone where women could take part in public activities while being protected from physical contact with men."³⁰ Providing medical service, on the other hand, required not only physical proximity to men, but direct, skin-to-skin contact. If "limiting physical contact between the sexes was one crucial way to protect women" in the early twentieth century, "[b]y the 1940s, the cultural milieu had become more open in terms of accepting, and even encouraging, women to venture into the public sphere."³¹ The war sparked the sea change that occurred between these two moments.

The primary factor fueling this change was need. Health officials in Chongqing needed women to be public and mobile in order to provide necessary healthcare. Accordingly, they ordered public health nurses to conduct biannual vaccination drives, as well as to carry the wounded to local and outlying hospitals for treatment after air raids. Panic-stricken and terrorized citizens repeatedly saw young women come to the rescue of the wounded. (See fig. 8.) In this photograph, the nurse in front wears a face mask to protect her lungs from post-air-raid dust, while the blown-out paper windows of the building and rubble on the street depict a beleaguered city desperately in need of the care that these women provide. They bear telltale signs of new womanhood; the woman in the face mask also wears a wristwatch, and all of the women have short, bobbed hair.³² They carry a heavy load—a wounded man—but they provide the tender care of a mother figure. Therefore, although once in the hospital these women would touch the body of the man in order to tend to his wounds, their labor affirmed the domestication of public space.



FIGURE 8. Young female nurses carrying a wounded man on a stretcher to their hospital for care after an air raid. LOT 11511-7, WAAMD #123, U.S. Library of Congress, Prints and Photographs Division.

Seen from this angle, women's wartime healthcare work marked the triumph of conservative gender politics. During the women's movement of the early Republic, women and their allies who took the radical position argued for immediate suffrage and legal guarantees of women's rights. On the other hand, women and men who adopted the conservative position "emphasized the need to rally to China's profound national needs even if that meant putting off suffrage."³³ During the War of Resistance women who challenged gender norms, gained personal autonomy, and achieved a new social position generally did so only because they willingly accepted difficult and risky work for relatively low pay. They furthermore had to follow Song Meiling's lead in playing the role of supportive caretaker *and* affirming a class politics of hygiene. The winning moment of moderate politics granted women some authority, but only if they worked on behalf of the nation in a caretaking role that supported the state's desire to universalize middle-class aesthetics.

Throughout the war, Song Meiling played the role of national mother and modeled the type of contributions women ought to make to the war effort. Hailed

in the wartime press as “Madame Chiang” (*Jiang furen*) but granted her own full name in the present work, Song was highly visible to both domestic and foreign audiences; journalists and photographers recorded her every move in both the Chinese and international press. She held leadership roles in several local charitable organizations, and her open cooperation with known leftists further encouraged the remarkable nonpartisanship in women’s wartime organizations, even as their husbands served political parties that remained bitterly divided. Song Meiling frequently appeared in the news, inspecting donations of medical equipment (see fig. 9), visiting wounded soldiers, sewing clothing for refugees, attending to children in orphanages, and giving stirring speeches to women’s volunteer organizations (sometimes flanked by her two sisters of different political leanings, Song Ailing and Song Qingling).³⁴ As in this image, she almost always wore an elegant *qipao*, which marked her as a *taitai*—a married woman of the upper class who did not have to work outside the home and could therefore play a prominent role in philanthropy. While many upper-class wives had done philanthropic work prior to the war, Song galvanized them into even greater action during the crisis.³⁵ This photograph also clearly depicts another means by which Song gained international prestige as a woman: her physical beauty, a matter frequently remarked upon. To American audiences she appeared “gracious, beautiful, dignified, courageous,” indubitably playing “the star role” and “captivat[ing] the hearts of the American people” by representing “the educated, the cultured, the beautiful, the tolerant, [and] the Christian in China.”³⁶

Song Meiling appeared in international media with much more frequency than her husband, Chiang Kai-shek, and definitively represented her country to foreign audiences. Yet in her fund-raising speeches in the United States, Song belied her powerful role in Chinese domestic politics and employed Orientalist notions of China as a defenseless country beset by rapacious Japanese and in need of protection from the progressive and powerful United States. She coined the English phrase “warphans” (war orphans) and made judicious use of these poster children for China’s relief effort so as to raise the maximum amount of foreign charitable donations. Song’s media presence informed the twentieth-century version of the so-called China mystique—an American version of gendered Orientalism that cast China as a nation of willing yet feminized and rather powerless modernizers, asking for help and guidance from Americans, who saw themselves as occupying the masculine role of chivalric saviors.³⁷ As a US-educated, Christian daughter of the prominent businessman Charlie Soong (Song Jiashu), Song Meiling capitalized on her ability to charm American audiences not only with her beauty and elegance, but also with her perfect English, spoken originally with the lilt of a southern belle and later with the studied affectation of a British accent.³⁸ Eloquent in both English and Chinese and ever the charming hostess, Song Meiling entertained foreign dignitaries long after her awkward and taciturn husband retreated to his bedroom, and actively participated in many foreign policy conversations.



FIGURE 9. Song Meiling opens medical supplies donated from the United States. Box 85, folder "Surgical Relief Supplies." ABMAC Records. Rare Book and Manuscript Library, Columbia University.

Most Americans who dealt with the Nationalist regime during the war retained fond feelings for Song Meiling even as they began to disdain Chiang Kai-shek, and it was often Song rather than Chiang who represented China in American media.

Within China, Song Meiling represented the feminine side of the masculinist state, playing the part of the caring mother who tended to her flock but also

held the responsibility of teaching them to follow the correct path. In a speech to delegates of women's organizations in Nanjing on August 1, 1937, Song Meiling delivered a rousing call to action:

We must unhesitatingly and with courage throw the last ounce of strength and energy into an effort to secure national survival. . . . [E]very one of us Chinese must fight according to our ability . . . [and] we women are citizens just as much as are our men. . . . I hope each one of you will take a very enthusiastic part in this work and throw yourselves fully into it. While during war time the men are the fighters, it is the women who bear the brunt of carrying on at the rear. We must encourage the men and let them know that we are in our own way holding on and not letting them down; that we are just as ready to give up everything, even our lives, to support our fighters at the front . . . [because] the fighting morale of our men at the front depends on how much support the rear can give.³⁹

While she underscored the equality of women's and men's labors, Song also designated women's role as supportive, self-sacrificing, and nurturing, while gendering militarism as exclusively masculine. Although in her speech Song asked that women commit themselves to the risk of death, she employed this as a rhetorical flourish. She knew her audience well and spoke primarily to women like her: the wives of government officials and businessmen who did not have to work for a living. Many of these women believed in an inherent superiority of middle-class values and behaviors and used activism to leverage their own political capital. By contributing to national defense through civilian relief projects that promoted loyalty to the Nationalist Party, these women demonstrated their usefulness to the state.⁴⁰ Others, like He Xiangning and Xie Bingying, who had organized military nurses in previous wars and did so again during the War of Resistance, posed more direct challenges to gender norms that defined the battlefield as a strictly masculine space.⁴¹

As with male discipline, female didacticism devoted the greatest attention to the poor. Song gave voice to her party's prevailing cultural attitudes about poverty and rural people when she wrote, in 1937, that the New Life Movement included "intensive course[s]" for rural Chinese "in public sanitation, rural economy, village industries, military discipline, and, most emphasized of all, methods of teaching the people to become *self-respecting and worthwhile citizens*."⁴² Her words betrayed her failure to recognize the fact that rural Chinese and the urban poor already were "worthwhile citizens" if one takes their contributions to the nation as primary barometer. Not only did they keep civilians and soldiers fed after the country lost nearly one-third of its territory; they also served as soldiers themselves and suffered the greatest number of casualties. Moreover, after migrating into the cities, the rural poor performed a variety of manual labors that kept those cities functioning: carrying water and other goods to householders, sweeping the streets, running the food markets, carting away dead bodies, and reconstructing

buildings after air raids. Yet in the eyes of the NLM architects, rural Chinese would not become “worthwhile citizens” until they cast aside their own values in favor of those that government leaders deemed worthy of respect.

Song Meiling’s words had political power not only because of her position as First Lady, but also because she served as Honorary Chairwoman of the Women’s Advisory Council (WAC) of the NLM (*Xin shenghuo yundong cujin zonghui funü zhidao weiyuanhui*). Founded in the first provisional capital of Wuhan in March 1938, the WAC served as the clearinghouse for women’s wartime mobilization and relief efforts. Its members helped the Nationalist state maintain social control during the war; their consistent work kept the NLM relevant to wartime society. The Association for the Promotion of the NLM (*Xin shenghuo yundong cujinhui*), with its main chapter in Chongqing, organized civilian relief projects that included orphanages, soup kitchens, refugee homes, services for wounded soldiers, war bond drives, and fund-raising events.⁴³ In both Wuhan and Chongqing, activism of upper- and middle-class women flourished; by 1941 over forty women’s organizations had registered with the government in Chongqing. Women such as the feminist lawyer Shi Liang, Young Women’s Christian Association leader and wife of a famous warlord Li Dequan, and communist activist Deng Yingchao all sat on the People’s Political Council (*Guomin canzhenghui*) (PPC) and helped to found and run the most prominent female-led civilian relief organizations.⁴⁴

Even these middle- and upper-class women could gain only indirect political power in the masculinist state, yet their work served to sustain its power. Women’s relief organizations like the WAC relied on donations and a volunteer labor force comprising primarily women and girls. The PPC had a strictly advisory role, and state officials frequently ignored its recommendations. Nonetheless, women active within it promoted an image of the Nationalist state as caring and benevolent, and supported the state’s aim to keep people healthy. Their medical and relief work therefore served simultaneously to obscure men’s disciplinary power on the one hand, and to further its practice on the other. As the soft arm of the masculinist state, women’s work—running soup kitchens, orphanages, services for wounded soldiers, and clothing drives for refugees—compelled people into compliance through both gentle persuasion and offering the services that people actually wanted. While the *direct* political power that women’s leadership conferred had its limits, the *indirect* political power that women yielded as they regularly interacted with the recipients of their services rendered them indispensable servants of the state.

Women’s success hinged on their emotional labor. Smiling and using kind words while they worked made the services that they offered much more accessible and desirable, and granted women access to docile rather than resistant bodies. In this way, women’s work in civilian relief performed the most crucial step in helping the disciplinary power of the state get into people’s homes and onto their

bodies: that of instilling governmentality, or aligning citizens' desires with those of state officials. The recipients of women's work had the freedom to reject the services offered but seldom did so. Rather, they opened themselves to being schooled in a new behavior protocol and a new way of understanding the state as provider of services. They even began to understand themselves in a new light: as the deserving recipients of organized caretaking, performed with the aim of delivering them into citizenship all cleaned up and behaving properly.

Concrete examples of women's reforms in war orphanages and "family education zones" illustrate this point. Both locations took the family as the basic unit of social change, and women as the primary instigators of that change. They worked within a framework shaped by "Sick Woman of East Asia" discourse that had designated the home "a source of national pathology" and in desperate need of reform.⁴⁵ Three of the largest social reforms of the early twentieth century—the New Culture Movement, the New Life Movement, and the anti-tuberculosis movement—articulated the home in this manner. All three located dirt and vice within the Chinese family and created "a new technology of the individual," according to which citizens related more readily to the nation-state than to their own families and worked on behalf of the nation.⁴⁶ Working under Song Meiling's direction, female orphanage volunteers employed this "new technology of the individual" by inserting the party as the orphans' new parents and inculcating patriotic loyalty to the Nationalist state. They taught orphans to perform propaganda plays and sing patriotic songs. The lessons often rhymed, and some people could still recite them from memory as adults. In order to exploit the children's anti-Japanese sentiment, they decorated the walls of orphanages with drawings of Japanese soldiers slaying children, along with sketches of field artillery and airplanes. Images designed to teach the children personal hygiene hung alongside the war images, underscoring the profound connection between personal health and national salvation.⁴⁷

Orphanage volunteers argued that orphans made excellent raw material for social transformation since they were free of the tainting influences of a bad family life.⁴⁸ Others worked to access families directly so as to transform them from within. In 1939, Minister of Education Chen Lifu declared that, of the three types of development that education fosters—intellectual, moral, and physical—only the first can occur in schools, while the latter two occur in the home. In an attempt to foster the type of moral and physical education that would support the civilizing mission that Song Meiling articulated and Minister Chen desired, in 1941 the Nationalist state established three "family education experimental zones," two near Chongqing and one in the northwest. Faculty and students of normal schools (teachers' colleges) located in these three zones performed a variety of tasks in nearby villages in order to "direct the improvement of women's life habits." They schooled rural "housewives" in their daily chores of running a household, took surveys, performed health checks, and delivered vaccinations.

They employed home visits, training classes, exhibitions, and various forms of entertainment in order to reach their target audience. The team of students in Beibei, just outside Chongqing, reached 256 households in its first two years of work (1940–42). Acting under the authority of Minister Chen, these women worked “to extend elite understandings of civilized child rearing and correct family behavior to the masses.”⁴⁹

These school programs in domestic reform trained young women to perform their work with a certain kind of affect designed to counteract the types of emotional resistance they might face. In compliance with this affect, articulated as “correct etiquette” or demeanor (*yitai*), they had to learn how to respond flexibly to people’s “pride, humility, sincerity, arrogance, and modesty.” This aspect of their training was crucial “because much of the power of the experiment [in reforming domestic life] relied on interpersonal connections and direct intervention.”⁵⁰ As frontline troops in the civilizing mission of the New Life Movement, these women performed the emotional labor that had the power to transform poor and unhygienic Chinese from objects of pity and disgust into people worthy of direct contact. While the end goal of the masculinist state and women working within that state remained the same—to render middle-class hygiene norms a universal standard—their methods of delivery differed, and that difference determined their failure or success. Reformers who made an effort to account for the emotional states of the recipients of their reforms more readily entered into relationship with them.

The attempt to establish an emotional connection mattered a lot, regardless of the profundity or durability of the resulting relationships. Available records reveal very little about how people felt as they received instructions on how to sweep their floors and steps, keep flies away from their food, and teach their children to brush their teeth and wash their hands. Yet the women who reached toward them crossed a social chasm between the poor and the (relatively) wealthy in Chinese society. In describing poor people and their habits as unworthy of respect, NLM discourse gave voice to a widespread revulsion that had the power to cleave the country. In the words of political philosopher Martha Nussbaum, “[t]he need for emotions of loving concern becomes even more apparent . . . when we consider the threat posed to morality by disgust. Disgust jeopardizes national projects involving altruistic sacrifice for the common good, for it divides the nation into hierarchically organized groups that must not meet.”⁵¹ Disgust and feelings of (moral or physical) revulsion often keep people from sharing the same physical space. The mere meeting of people on both sides empowered the dream of making the nation whole. The war made this possible because it made the nightmare of its division more palpable. Indeed, “one way to overcome” the problem that disgust poses to a just society “is surely to link the narrative of the full humanity of the denigrated group to a story of national struggle and national commitment.”⁵² In daring to

touch the bodies and hearts of orphans and poor farmers, women declared that they had an important role to play in the nation's present battle to survive, and in future dreams of continued strength. The next chapter demonstrates that one political party—the Communist Party—figured out precisely how to “link the narrative of the full humanity of the denigrated group to a story of national struggle,” while the Nationalist Party utterly failed, with powerful consequences for modern China.

TRAINING FOR EMOTIONAL LABOR: ZHOU MEIYU AND THE PROFESSIONALIZATION OF NURSING

Nurses also received training in emotional labor that enabled them to form bonds with diseased refugees and soldiers, transcending conceptions of disgust to build an inclusive national community. Major General Zhou Meiyu (1910–2006), the person most responsible for professionalizing rural public health nurses and military nurses, explicitly trained them in this manner. One of the first women to attain the rank of major general in the National Revolutionary Army, Zhou correctly assumed that her country needed her expertise as a professional nurse trained at the Peking Union Medical College Nursing School (class of 1930), and later at the Massachusetts Institute of Technology (MS in Public Health) and Barnard College (MA in Education). While the next two chapters focus on Zhou's work in military nursing during the war, this section highlights her work to train rural public health nurses.

In 1931 Zhou went to Dingxian, a county in rural Hebei Province, in northern China, where she trained public health nurses for the Mass Education Movement (*Pingmin jiaoyu cujin hui*) (MEM) that had settled there. Much less an organization than a “loose coalition of reform-minded elites” working toward “rural reconstruction” (*xiangcun jianshe*), the MEM concentrated the energies of people interested in alleviating rural poverty through specific measures of community empowerment such as literacy campaigns, land reform, and public health services.⁵³ While many of her peers might have called this a hardship post, Zhou described it as a “great glory and honor,” during which the lessons that she and her young colleagues learned from the villagers positively dwarfed their contributions.⁵⁴

Zhou's own humility, and the humility she instilled in the nurses under her command and leadership, were not only a core attribute in Confucian culture but also an essential ingredient of the nurses' emotional labor. Zhou, a woman who had graduated from her country's preeminent nursing school and ultimately attained high rank within a male-dominated military system, had to convince other educated women to ignore the urge to climb higher on the social ladder, and instead descend it to live in an impoverished village among poor farmers who lacked

even the most basic education. This in a country where many women attended nursing schools precisely so they could improve their social status. Zhou had to manufacture a social role for nurses that granted them moral prestige and personal satisfaction. To accomplish this task, she employed methods very similar to those Song Meiling used to convince upper-class wives to engage in charity work: she modeled moral rectitude in her every action, judiciously used titles and clothing to signal authority, and faced all obstacles in good cheer. In short, Major General Zhou Meiyu fully embodied the qualities that she wanted all nurses to cultivate, as is evident in figure 10.

Zhou Meiyu began this work in 1931 in Dingxian, where she developed a comprehensive training program for rural public health nurses who traveled to their patients. Trained in a rural setting for direct work among villagers, Zhou's nurses had an impact far beyond this single county. First, they constituted the largest workforce in a tiered medical system whose affordability and feasibility convinced the Nationalist state, after years of resistance, to support rural healthcare.⁵⁵ Moreover, precisely because of Dingxian's status as a model county under the close watch of Nationalist officials, the roving public health nurse became the lynchpin worker in the state model of rural public health, which Zhou's colleague Chen Zhiqian (1903–2000) spread across the entire province of Sichuan during the war in his capacity as Director of the newly established Sichuan Provincial Health Administration.⁵⁶ Furthermore, Dr. Chen intimated in his memoir that the Dingxian system served as a blueprint for the barefoot doctor program that the People's Republic of China implemented countrywide and that gained worldwide acclaim in the 1960s and '70s.⁵⁷

In Zhou's model, traveling nurses took responsibility for all the villagers living within a twenty-*li* radius (about seven miles). This typically encompassed ten to fifteen villages with fifteen hundred to two thousand students. Focusing their work on local schools, the roving nurses performed health examinations of all schoolchildren every three months, looking in particular for signs of the common ailments of trachoma and scabies, and measuring all students' heights and weights to determine whether they had enough nutrition for proper development. Nurses also took responsibility for environmental health, ensuring that latrines and wells lay at least fifty feet from one another and that both had covers, disinfecting drinking water at schools that could not boil it, placing spittoons in each school, and providing students with personal teacups and washbasins to minimize contagion of the most common diseases, trachoma chief among them. To further prevent the spread of disease, they administered what preventive shots they had in the 1930s: vaccines for smallpox, cholera, and typhoid, and diphtheria antitoxin. They asked students to bring other family members and villagers to the schools on vaccination days, consciously making use of the youth to disseminate medical technologies and encourage other villagers to partake in this important preventive measure.



FIGURE 10. Major General Zhou Meiyu pictured in uniform, ca. 1940–1943. Box 75, folder “ABMAC no. 2.” ABMAC Records. Rare Book and Manuscript Library. Columbia University.

Child delivery constituted another crucial part of nurses' work, and Zhou recalled that each nurse in Dingxian helped to deliver at least twenty babies, though at that time they lacked the cultural power to unseat elderly *chanpo* midwives.⁵⁸ (See chapter 5 for more on elderly midwives.) Most importantly, Zhou trained her nurses properly for the job. After working in Dingxian for two years, Chen Zhiqian concluded that "the modern urban-educated doctors and nurses do not fit the need of the rural villages."⁵⁹ For example, the PUMC offered little training in trachoma because the disease had largely disappeared from the United States, despite that fact that it was a nearly universal ailment of Chinese schoolchildren.⁶⁰ Though herself "modern [and] urban-educated," Zhou trained nurses to perform the care that rural villagers needed.

Beyond delivering crucial medical services to the people, Zhou had an explicit goal of professionalizing nursing and elevating its social prestige. Far from limited to China, this was a global problem that nurses faced around the world. Although simplistic narratives credit Florence Nightingale with single-handedly rendering nursing an acceptable and honorable activity for middle-class women, in actuality this process took many decades, hundreds of women, and the confluence of multiple social factors. Although her male contemporaries considered her "unfeminine and a nuisance," Nightingale during the mid-nineteenth-century Crimean War defied British cultural norms to enter the social space of unclean men and become the "Lady of the Lamp" and "ministering angel" in public media, even earning accolades from the British queen.⁶¹ Nearly a century later, Chinese nurses needed their own Florence Nightingale to challenge the same social expectations of elite women: that they stay at home, never associate with men besides close family members, keep their distance from the poor, and by all means stay away from all sources of "filth."⁶²

China was not singularly behind the times; nurses in other countries continued to struggle with these issues (and many still do today). In Argentina the Fundación Eva Perón (named after the First Lady of the populist government) throughout the 1940s and '50s "dignified the work of the nurse" through a rigorous education program whose curriculum focused on elevating the status of nursing to a respected profession.⁶³ In post-World War II Canada, where nurses' wartime contributions had earned them some measure of social status, nursing schools still struggled with middle-class women's "reticence to enter nursing," and the work to professionalize nursing continued well into the 1970s.⁶⁴ Indeed, the "quests for social, cultural, and professional authority" characterize the history of modern nursing across the globe.⁶⁵

Sensibilities of social class and ideas about dirt constituted a staunch barrier to entry in Chinese nursing. Accordingly, Zhou trained rural public health nurses to make respect for the human dignity of their patients a central feature of their work. Nurses earned some social status by answering their country's desperate need for healthcare workers, but that status was immediately challenged because

they worked among people whom so many of their compatriots considered uncultured, backward, and worthy of pity at best, disgust and revulsion at worst. The fact that their job required them to touch the bodies of the poor compounded nurses' struggle to claim professional dignity, all the more so because these bodies were often in states of decay and filth that triggered revulsion. Zhou Meiyu recalled:

I've always been very interested in nursing and felt that the country needed that kind of work. At that time, everyone still looked down on nursing, believing that it was what a servant would do, and that cleaning a patient's body or taking care of their waste was dirty work. But from the perspective of the hospital, nursing service is performed for those who need assistance, and one must apply professional skills, experience, and knowledge in order to perform this service.⁶⁶

Zhou's reflection underscores the fact that the professionalization of nursing in China entailed rendering the act of caring for poor people and unclean bodies a respectable enterprise. The enormity of this task can be appreciated through a juxtaposition with another Asian society that has as yet failed to achieve this goal. In Bangladesh, where the British colonial government introduced professionalized nursing in 1947, and most nurses are lower-class Hindu women living in a predominantly Muslim society, people currently "associate nursing activities with commercial sex work" and consider it "dirty." Although nurses do gain some measure of prestige for having access to education and a professional job, they are also "tainted" by their physical contact with strangers' bodies and suffer on the marriage market because "Bangladeshi Muslim culture prohibits physical touch between non-family females and males."⁶⁷ In a very similar cultural setting in the 1920s and '30s, Zhou Meiyu set out to challenge social norms and make the women she trained feel proud enough of their work that they could inure themselves to the criticism they would face.

Zhou fostered pride in nurses by tying their work to a grand narrative of national development. She called her students "future masters of our nation" and articulated the goal of their training as "seeking the welfare of our country and the world" (*wei guojia shijie mouqiu fuli*). In accordance with China's long-lived respect for learning, education was the primary vehicle for this work of national importance. Moreover, Rural Reconstruction activists, like public health nurses, understood that for maximum effect they had to encourage villagers to take charge of their own needs, so health education constituted an important aspect of the nurses' work. They delivered hygiene lectures to all teachers within their jurisdiction, held "hygiene chats" with the students each week, and conducted hygiene education in the villages. Nurses also organized students into cleaning teams to sweep out the schools and other public spaces, hoping that if students did the work themselves they would take pride in the results and continue it even after the activists had gone.⁶⁸

Public health education was also a means of magnifying their labor. Roving nurses were keenly aware of the fact that they could work around the clock with no sleep and still feel that they had done little to satisfy actual demand for their services. Zhou described their workdays thus:

We nurses worked tirelessly. We would often get up very early in the morning and together we would ride our bicycles several miles to a health center in a neighboring village, or directly to people's homes, or to a school to do health inspections. We would usually finish around 4 p.m. and then finally have lunch, so we ate just two meals a day. After eating, we would have a big meeting to discuss the day's work and stay in that particular village for the night before riding back in the morning. We worked together well and with delight.⁶⁹

What motivated these women to do such demanding work?

Answering this question requires analysis of the dual effects of nurses' emotional labor. If Zhou's description is accurate, from the late afternoon onward each day the nurses had intimate experiences with the villagers, taking meals with them and sleeping in their homes. On the one hand, then, nurses' emotional labor of humbly submitting to hard physical work with little food served to make villagers feel close to the nurses, willing not only to submit to their care but also to feed and house them at night. On the other hand, this intimacy helped the nurses feel closer to the villagers and begin to understand the conditions of their lives from an embodied rather than a merely academic perspective.

The importance of health workers' embodied knowledge of village life is underscored in Chen Zhiqian's reflection on the successes of the village health workers—rural villagers who received remedial training before doing public health in their own communities. He noted, "I found the enthusiasm of the village workers really inspiring; they were always enthusiastic and eager to learn, they did not expect too much remuneration, and they were uniformly proud of their ability to assist their fellow villagers."⁷⁰ Public health workers who served their own communities established emotional closeness with the recipients of their care by knowing, intimately and personally, the struggles that they faced in ensuring their health and how they wished to overcome them. These villagers found their public health work sufficiently empowering that they willingly accepted low pay and eagerly sought new information. This, then, was the ultimate goal of public health workers who served strangers: to treat these strangers like their own kin, able to understand and address health problems *from their perspective*.

Writing of a similar situation in a very different place and time—Botswana's only public hospital cancer ward in the first decade of the twenty-first century—Julie Livingston describes the ability of the nurses she observed and worked with to create emotional closeness with their patients as founded on "moral sentiment." She argues that illness happens *between* people and is a "deeply social experience," and therefore "[c]are-giving is a moral endeavor. It is at once deeply personal and

deeply social, and it is a vital practical matter, crucial to patient well-being and survival.”⁷¹ Because they understood this aspect of their work so well, the Batswana nurses always remembered patients’ names (which the doctors seldom did), joked with them, cajoled them, put on smiles rather than faces of disgust when cleaning putrid wounds, prepared the patients’ bodies for burial after their deaths, conducted the morning prayer service, and learned to love their patients and treat them like their own kin.⁷² One nurse said, “We grow to love our patients only to watch them die. They become like our family. There are days when it is just so painful for us.”⁷³ The intimacy of their labor explains why “more than doctoring, nursing is understood to require sentimental work.”⁷⁴

Nursing work in wartime China required a similar emotional labor. The combination of physical and emotional demands sometimes overwhelmed nurses. Zhou Meiyu recalled that riding their bicycles such distances left the nurses covered in dust head to toe and feeling utterly exhausted. They nonetheless continued to do their best in the face of unending work because they saw themselves as performing a unique and valuable service, which Zhou expressed in the phrase “[I]f we don’t do it then who will?!”⁷⁵ A world of meaning lies in those words. Particularly in situations of resource scarcity—of both personnel and supplies—a healthcare provider must continually improvise and make do.⁷⁶ When the demands on one’s time and attention never cease, that improvisation entails not only devising clever solutions with the materials on hand but also creating emotional states that have the power to supersede other emotional training, such as the disgust response, the desire for material comfort, or the acceptance of social norms about women’s withdrawal from professional life after marriage. Emotional labor “requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others.”⁷⁷ In order to “produc[e] the proper state of mind” in their patients, nurses had to continually perform confidence, love, and compassion, regardless of how filthy their patients’ bodies or how hopeless their illness.

An essentialist analysis might posit that because nursing entails the physical care of others, performing these ministrations will “naturally” produce emotional care for others. Yet this argument ignores the fact that sometimes the opposite occurs, because emotional labor requires real work. Some nurses, unwilling to engage in challenging emotional labor, numb their hearts in an attempt to protect themselves from the death and decay in which their job immerses them. Some nurses feel revolted by the physical state of their patients. Some nurses get exasperated with patients who do not yield to their care or refuse treatment. Some nurses mistreat their patients; in another situation in which nurses cared for people of a lower social class than themselves—South Africa in the late twentieth century—middle-class nurses routinely abused their patients, both verbally and physically, as a means of asserting their social status and power over them.⁷⁸ Contrast this

with the nurses in Botswana, who by nearly all measures faced a more difficult work environment but frequently sympathized with their poor patients and served as staunch advocates for them.⁷⁹ One Botswana nurse in the cancer ward explained her emotional labor this way:

[N]urses of all people must have empathy. Not sympathy, not pity, but empathy. You have to really *feel* . . . that you want that patient to get better, to feel OK. With experience, you don't feel that sickness or disgust or fear from the wounds. You can't, if you are a nurse. You cannot let the patient feel that you are afraid of them or that you are disgusted by them. If nurses don't do this job, then who will? Who will?⁸⁰

Nurses in wartime China and in twenty-first century Botswana came to the same conclusion: no matter how hard the job, we *must* continue to do our best because we are uniquely qualified for it. They judged themselves irreplaceable not only because of their professional training in the rigors of medical care, but more importantly, because of their profound understanding of how well they performed the emotional labor of nursing. Knowing that “part of the job is to disguise fatigue and irritation,” nurses in both societies deemed themselves well trained for this work, and because they knew it to be real work, deemed others not (yet) capable of performing it.⁸¹

Zhou Meiyu understood the moral imperatives that nurses faced to calm, soothe, and indeed love their patients. She deliberately trained nurses to perform this emotional work, particularly in the military, and believed that women treated their patients more tenderly than did male nurses.⁸² In discussing the work of military nurses she explained that sustaining a serious wound on the battlefield rattled a soldier's nerves, and claimed:

It's better for a [female] nurse to deal with such a situation, mostly because female workers are of a gentle nature. Most of the wounded are men, but when they start to get angry and the nurse just stands by without saying a word, they dare not get too fierce.⁸³

This gendered division of labor appears to have been widespread in military nursing; Yao Aihua recalled that the women in her unit cared for the gravely wounded, while the men cared for the lightly wounded.⁸⁴ In addition to increasing the chances that a wounded soldier would get emotional as well as physical care, it also reified gender roles. Zhou claimed that female nurses' ability to calm panicked soldiers stemmed from their “nature,” when in fact she trained them to perform the proper behavior: to quietly stand by the soldier's bedside. This nonbehavior worked for two reasons. First, the refusal to engage with an angry soldier deprived him of fuel to keep the fight going. Second, a female nurse represented she who needed the soldier's protection, yet she stood by his bed ready to care for him. Her silence subtly reminded the soldier of this dynamic within the traditional gender

system and exploited that system to make him ashamed of his outburst and ready to submit to the nurse.

Motivating soldiers to fight and to comply with orders was a significant problem for the National Revolutionary Army, partly because of widespread social disregard for soldiers, encapsulated in the phrase “a good man never joins the army” (*haonan bu dangbing*), and partly because conditions in the army were infuriating (as explained in chapter 3). Army Medical Administration medical officers, noting that a soldier’s degree of despair frequently matched the severity of his wound, chalked it up to improper political indoctrination. They treated upset soldiers to motivating speeches, songs, and theatrical performances, and stirring testimonials from previously wounded soldiers who had decided to return to battle.⁸⁵ In characteristically disciplinary fashion, Nationalist officials passed a regulation in November 1938 stipulating the precise behaviors with which civilians must show respect to soldiers on their way to or from the front (stop all movement, remove hats, etc.), and in May 1940 mandated the use of the term “respected soldiers” (*rongyu junren*). Nonetheless, reports still circulated of civilians blatantly disregarding both the soldiers and the state’s orders—by, for example, closing up their shops just before a trainload of soldiers rolled into town.⁸⁶ The disciplinary state failed again. In this context, the significance of military nurses’ training to perform emotional labor that helped to calm a wounded soldier appears all the more powerful for its ability to communicate care and simultaneously shame men into complying with military medical authorities.

DIDACTICISM AND THE FAILURES OF EMOTIONAL LABOR

Not all nurses, or women in other healthcare positions, could complete the task of suppressing their disgust at or judgment of poor people. Some resorted to didacticism in an attempt to persuade people to adopt new mind-sets or behaviors. Precisely why they thought this might work remains unclear. Some had undoubtedly succumbed to the elitism that saturated Chinese culture and granted pride of place to the educated (an effect of centuries of scholar-officialdom). Some may have been responding to physical and emotional taxation in the face of seemingly insurmountable obstacles. In the 1930s and 1940s infectious disease, infant and child mortality, and malnutrition plagued the countryside. Few villagers had even basic literacy, people married very young, and childbirth could just as easily bring death as life.⁸⁷ Chronic poverty depressed peoples’ spirits, and upstart urbanites with an elite education could make only so much headway, no matter how inspirational their politics or dedicated their hearts. In response to this grinding fatigue, many cloaked themselves in a veneer of self-righteousness. Their passionate desire to modernize China gave them courage to continue their hard work, but this very

desire introduced another tension. Rural Reconstruction activists sometimes believed themselves indispensable to reforming the countryside, which ran counter to their core mission of boosting villagers' own dignity and proud participation in rural activism. Chapter 5 demonstrates that this resulted in a notable failure in midwifery work.

Two short stories that Mass Education Movement volunteers wrote for use in hygiene education, *Gonggong weisheng* (Public health) and *Kepa de huoluan* (Scary cholera), also used in wartime Chongqing, illustrate the moralizing sentiment that health workers often had as they worked to reform health behaviors.⁸⁸ MEM activists' "deep-seated belief in the positive potential of rural people" meant that much of their literature "extolled the benefits of rural living over urban," but according to many contemporary reports, their experiment with overt didacticism in theatrical dramas "did not appear to be making inroads into Dingxian's villages."⁸⁹ Although villagers flocked to the performances, they appear to have done so only out of desperation for any kind of entertainment, for "local commentators noted that the spoken dramas did not outlast the reformers," and records of the Rural Reconstruction activists' interactions with villagers "showcase the cultural chasms that remained between even those reformers who had deep experience in the countryside and rural people."⁹⁰ Because its very tone implies disrespect for existing practices and beliefs, didacticism may temporarily entertain, but it rarely results in long-term change.

The MEM public health stories used in wartime Chongqing, all written in the vernacular and composed as colloquial conversations, follow a trite format juxtaposing an elderly and backward-looking character against a young and forward-thinking modernist who serves as the former's teacher and guide. Zhou Liaoxun's *Gonggong weisheng* (Public health) debuts with a scene of people gathered at Tiananmen Square in Beijing to hear a Public Security Bureau official deliver a public health talk. One individual, the foil of our story, gets up in the middle of the speech and stands on the sidelines, mumbling to himself, "What is this 'public health' he's talking about?" while rolling a cigarette from loose tobacco he keeps in a pouch. The old man's soliloquy continues:

You can't drink, you can't smoke, you can't pee or poop where you want, when someone at home dies of a contagious disease you gotta' burn 'em, you need to build some kinda' running water 'n' water pipes, 'n' places for butchering animals 'n' hospitals 'n' pharmacies. What a bunch o' rubbish! I don't understand this hygiene business and I've managed to eighty or ninety, hah! You want me to stop drinkin', stop smokin', well then I'll just die of boredom! And what if I have to piss really bad? If I don't go, then what? And I'm not supposed to take care of sick people at home? What? What? I can't even listen to this crap!⁹¹

Hereupon the old curmudgeon runs into a young relative who takes it upon himself to educate his elder in the sagacious ways of an enlightened citizen who

knows how to care for the public weal. The young man first explains the word *weisheng* not in the terms of individualized longevity practices long associated with Daoist meditation, but in the terms of hygienic modernity—of collectivized state medicine inextricably bound to national strength and political sovereignty.⁹² He explains that “the logic of *weisheng*” is both passive (individuals protecting their health from illness) and active (individuals strengthening their bodies through exercise), and that since people “lead collective lives,” collective health measures work only when everyone cooperates.⁹³

The old man listens to the younger’s diatribe on the benefits of public parks and disease prevention, but protests vociferously on the subject of sports, saying that when he was young his grandfather taught him martial arts (*wushu*) and it was tremendously beneficial to his health—so much so that he has reached a ripe old age in perfect shape without knowing anything of “public health.” Here the younger interjects that martial arts, “which many people nowadays call ‘national arts’” (*guoshu*), are also worthy, but since people have different tastes, a public park should make space for a variety of activities.⁹⁴ This passage shows the influence of the accumulated efforts of a community of martial arts practitioners based in Shanghai who transformed the martial arts into a modern sport by purifying them of religious and spiritual connotations and relating their practice to the pursuit of national strength, encapsulated in the new expression “national arts.”⁹⁵

The young man then launches into another diatribe, on the ill effects of tobacco and alcohol, punctuated with exaggerated claims such as that “the nicotine in a single cigarette can kill ten sparrows!” and “all cigarette smokers suffer from greatly diminished vitality.” He also uses the timeworn and imprecise population count of four hundred million to calculate supposed losses of national wealth based on the improbable scenario of every single Chinese person smoking five coppers’ worth of cigarettes per day. The story concludes with the old man, now thoroughly convinced by the young man’s “amazing” words, denouncing himself and all cigarette smokers as “sinners.”⁹⁶ The story leads readers to imagine that a pedantic lecture can transform a person’s lifelong habits and beliefs in a single afternoon.

In *Kepa de huoluan* (Scary cholera), author Gu Qizhong employs an even more didactic style. The story opens with an old man, Wang Laosan, who contracts cholera from eating a cut melon on the street. Nationalist health officials did indeed outlaw cut melons for their propensity to attract flies and thereby spread disease; his experience fighting cholera in the 1920s gave Minister of Health Jin Baoshan a particular concern for this issue.⁹⁷ In the story, Wang goes to the hospital at the behest of his neighbor’s son, Li Hua, who is a medical student. Here Gu Qizhong shows that Rural Reconstruction activists understood the necessity of trust to change local habits. Wang’s choice to go to the hospital, a place that “rural folk don’t know about,” relies on his trust in two things: his personal relationship

with Li Hua, and the power of institutionalized education. Wang stays for ten days and learns that, despite villagers' belief that hospitals employ "crude methods," the hospital is clean, the staff are friendly, and since they use needles their treatment is "no more painful than a mosquito bite," in stark contrast to his recollection of the village doctor's treatment of a wound on his hand, which "hurt to high heaven!" Wang emerges cured and with a newfound belief in hospitals, declaring to Li Hua, "Western medicine has saved my life!" (*gei xiyi jiule huilai*).⁹⁸

Having thus set the stage, Gu then introduces a lecture posing as a short story. Wang Laosan admits that the hospital nurses were always too busy to tell him about his illness, so upon returning home he asks this information of Li Hua, who is only too happy to provide it. Li tells Wang that he contracted cholera, using the standard term from medical texts, *huoluan*. In order to teach Wang Laosan what "cholera" is, Li Hua tells him all the vernacular names for it, including *huliela* (a transliteration of "cholera" using the word for "tiger" and thus expressing its fierceness), *fasha* (eruption of granular-sand rashes), and three names that describe its symptoms: *jiaochang sha* (granular-sand rash that twists the intestines), *bieluosha* (granular-sand rash that produces sunken whorls [on the skin]), and *diaojaosha* (granular-sand rash that makes your legs cramp and shake).⁹⁹

The text simultaneously signals an openness to vernacular culture and a desire to school people in "proper" medical terminology. Meaning literally "sudden chaos," *huoluan* first appeared in print as a referent for cholera in the 1838 *Huoluan lun* (Treatise on sudden turmoil), by learned physician Wang Shixiong (1808–64). Writing after treating several patients during China's second cholera pandemic, Wang borrowed the term from the *Huangdi neijing* (Inner canon of the Yellow Emperor) of the first century BCE, wherein *huoluan* denotes "distinctive clinical cases characterized by their sudden onset and simultaneous vomiting and exhaustive diarrhea," though not to the exclusion of other acute gastrointestinal diseases with similar symptoms. Nor did Wang interpret it exclusively, though he voluntarily took the first step in solidifying *huoluan* as "cholera" by establishing a precedent for the association.¹⁰⁰ By the early twentieth century *huoluan* had shed all other meanings in the writings of health officials, but Gu's story confirms that among the people multiple names for cholera still circulated.

After his litany of terms, Li Hua speaks in rhyme of the symptoms of cholera, embedding a pedagogical mnemonic within the story to help readers (or listeners) learn how to distinguish cholera from less deadly gastrointestinal ailments. "You vomit and have diarrhea, your face narrows and your nose grows pointy, your skin dries up and your eyes sink in [to your skull], [and] your fingers and toes get all wrinkly [*you tu you xie, mian xia bi jian, pi gan yan xian, shouzhi jiaozhi quan fa zhouwen*]."¹⁰¹ Both early-childhood Confucian classics and the primary MEM texts for adult literacy employed rhyme as a pedagogical method to render new concepts easy to remember.

Li Hua demeans another Asian culture, perhaps to make China appear more civilized. He explains that cholera originated in India where, in “ancient times,” people drank the same water that they used for bathing and washing clothing, and though their behavior facilitated the transmission of cholera, they believed that it originated in miasma or from “people angering the gods,” so they prayed and invited spirit mediums to intervene on their behalf—all of which Li declares “useless.” Then (in 1884) a German doctor (Robert Koch) discovered the causative bacterium, *Vibrio cholerae*, and others subsequently discovered that sunlight, heat, steam, disinfectant, and acids all destroy this weak microbe. In fact, it dies within a few minutes in a 1 per cent solution of creolin (*chouyaoshui*, a disinfectant made from coal tar that kills bacteria and mites), or a few seconds in a diluted solution of hydrochloric acid, and even the stomach acids in healthy intestines can kill it. Nonetheless, Li explains, *Vibrio cholerae* is still very dangerous since it can live for several weeks in water, excreta, and gutters, or on wet clothing. Most frighteningly, “doctors say that twenty-five thousand microorganisms can stick to the legs of flies,” and these insects love to rest on human food. Wang Laosan finally realizes that he got sick from the cut melon that he had eaten in the city, whose sweet scent must have attracted flies. After patiently listening to Li Hua’s continued lecture on preventive measures (including both vaccines and staying warm while sleeping), proper identification, treatments to avoid (scraping, or *guasha*, and popular medicines such as *rendan* and *shaqiwan*), and the only treatment known to be effective (saline drip), Wang announces that he learned a lot and is looking forward to the next discussion with his learned neighbor.¹⁰² Thus ends the long disquisition, just in time for the next story to introduce its two characters, “Mr. Today who breaks superstitions, and Mr. Ancient the stubborn old man.”¹⁰³

Collectively these stories suggest that no matter how hard they worked to empower villagers, Rural Reconstruction activists and other reform-minded intellectuals retained a sense of moral superiority, fully in keeping with NLM politics (whether or not they would have professed allegiance thereto). This stemmed primarily from their belief that as educated people they had something valuable that they must urgently impart to their rural beneficiaries. Chen Zhiqian expressed this sentiment well when he explained in his memoir that “scholars are a special class, but . . . with this respected status, went the responsibility, as educated men, of working for the good of the common people.”¹⁰⁴ Although reformers like Chen and Zhou aimed to improve villagers’ morale and self-respect, they in fact sometimes propagated a didacticism that disempowered rural Chinese for their lack of a specific kind of knowledge and value set. They had genuine sympathy and concern for the plight of their poor countrymen and women, but in their political naïveté they condensed the problems to poverty and ignorance, with little structural analysis of the root causes. It would be anachronistic to blame them

for their innocence. Coming of age in the post–October Revolution era of global optimism about ending socioeconomic privations, when the fledgling Communist Party of China offered only one version of the story, most people in this generation lacked the political savvy to understand the structural inequality that poor farmers faced. Nor did they know what would occur during the Cold War, when capitalists took up the cause of rural development for their own, often with disastrous consequences for the communities ostensibly served.¹⁰⁵ Despite their shortcomings, the Mass Education and Rural Reconstruction movements created a cadre of highly educated young adults who had privilege but cared deeply about those who did not. That their genuine concern so readily mutated into pedantry may appear tragically naive today but made perfect sense in their own hour of national crisis. It also accorded with the political structure in which they worked. In the two model counties of Dingxian in Hebei and Zouping in Shandong Province, the Nationalist state mandated the transfer of power over “county government, including police and courts,” to the Rural Reconstructionists.¹⁰⁶ Even the sincerest effort to empower villagers rooted itself in the politics of taking power.

ROMANCE OF THE NATION: NEW FORMS OF MALE–FEMALE INTIMACY

A sense of national urgency monopolized much of women’s emotional labor, including that of the women who did not join the military as soldiers or nurses but worked in support positions. These women sewed and washed military uniforms, sent medical kits to soldiers, wrote letters to help illiterate soldiers communicate with their families, raised government bond monies to fund the military, and volunteered to comfort hospitalized soldiers with entertaining music and art performances. Women and girls performed this work by the thousands, often in prominent settings and with public recognition.¹⁰⁷ In so doing they followed Song Meiling’s prominent modeling of such activities as a woman’s proper war-time contribution that prioritized the needs of the nation. They also followed a script prevalent in romantic literature dating from the late 1920s, which “enacted [citizenship] again and again in the romantic motif of falling in love with and marrying *any* of one’s fellow citizens regardless of genealogy or social station” and constructed love as “a linguistic and cultural resource mobilized and mobilizable by the project of modernity.”¹⁰⁸ One way such literature mobilized love argued for “the postponement of love and the subordination of sexual relationships to the revolutionary agenda.”¹⁰⁹ Operating between Song Meiling’s model of national motherhood and literary models of deferred romance, young women could experience physical and emotional intimacy with male strangers without endangering their virtue; on the contrary, they demonstrated their profound love of nation through such closeness.

Thousands of educated young women who wrote letters for soldiers during the war adopted a powerful stance vis-à-vis the unlettered men and produced new intimacies between themselves and people previously deemed strangers. Literacy represented power in a society that considered writing (*wen*) the foundation of culture (*wenhua*) and civilization (*wenming*). The power to connect people separated by war had in fact been the foundation of the Mass Education Movement. When its founder, Yan Yangchu, interacted with Chinese laborers for the first time in his life while working in France as part of China's work-study movement in World War I, the largely illiterate workers begged this Yale University graduate to write letters home for them. Yan obliged, but then took the bolder move to teach them how to read and ultimately spearheaded the MEM in 1923.¹¹⁰ As a measure of letters' importance during the War of Resistance, China maintained no less than three separate postal services during the war that fractured its territory.¹¹¹

Beginning in December 1937, high school girl students in Hubei wrote letters for soldiers by decree of the provincial government.¹¹² Volunteering across the country from 1944 to 1946, women in the New Life Movement Friends to Wounded Soldiers Society wrote over sixty-five thousand letters for soldiers, and over twenty-two thousand letters for new recruits.¹¹³ While we can only imagine the details that these letters contained, the emotional power that they possessed to connect people—soldiers to their distant family members, and volunteer letter writers to soldiers—is palpable. Qing, a young college student who in 1939 volunteered with several of her classmates to comfort soldiers in a village in Guangxi Province, told her story of the role that these letters played in fostering friendship between the soldiers and volunteers. Though her group had brought towels, needles, and thread, Qing reported that none of the soldiers had any torn clothing that needed mending, nor did they want the towels. Notwithstanding the students' missionary zeal, initially the soldiers also failed to respond to the daily propaganda plays and nightly meetings designed to incite anti-Japanese sentiment. The soldiers did make use of the four hundred mosquito nets, however, pleasing Qing, who ardently wanted the soldiers to know that people on the home front cared for them and wished to protect them from the predations of malaria-carrying mosquitoes.¹¹⁴

In contrast to the lukewarm or even cold reception of other offerings, many of the soldiers greatly treasured the letters that the college students wrote for them. Inside the third ward, which like the others held about a hundred patients, the soldiers surrounded Qing and her fellow volunteers each day, begging them to "write a letter for me too, teacher!"¹¹⁵ The soldiers' common appellation for the students, *xiansheng*, literally means "first born" and at the time was an honorific title for a person with education or status. The "teacher/first born" title succinctly expressed the power of writing to connect these homesick soldiers to their loved ones back home, and the uneducated soldiers to the college students; were it not for the war, these soldiers and students would have had few opportunities to interact

with and learn to respect one another. As the soldiers dictated their letters, the students learned intimate details of their lives and gained a new understanding of the heartbreak and hardships that the young men had to endure. Since most soldiers came from poor rural backgrounds, this understanding undoubtedly led to a greater appreciation for village culture and the hardiness of villagers among the children of the privileged urban class.

Scenes like the one depicted in figure 11 occurred around the country, tens of thousands of times each year throughout the war, and transcended social divides. Since girls of all but the most elite families had only recently gained access to formal education, the young women who could so deftly wield the brush on behalf of men were almost certainly of the urban middle class, while the vast majority of soldiers came from poor villages. While in normal circumstances members of these two populations would have had few occasions to meet and even fewer occasions in which to share intimate personal details, the war placed them in close quarters and made each dependent on the other: the soldiers for the volunteers' service, and the volunteers for a population to serve and thereby gain personal fulfillment and social recognition.

The photograph also clearly shows how new forms of male–female closeness in wartime settings allowed people momentarily to cross the artificial boundaries between certain social categories while simultaneously reifying heteronormative interpretations of gender. The union of the female volunteer and male soldier—two young, attractive people with no chaperone—in this small space speaks volumes about the social changes wrought by the war. Abandoning gender propriety in these extraordinary times, the two breach social code in order to strengthen their nation's ability to fight the enemy. Yet they remain unequal in their affection. The supine soldier stares directly into the camera lens in a moment of vulnerable exposure, his face fully recognizable and his identity laid bare. In contrast, the young woman's posture with her back to the camera affords her anonymity, while her bobbed hair, close-fitting cotton *qipao*, and ability to write mark her as a “new woman.” Her willingness to volunteer in the hospital marks her a new woman of the war years, leveraging her social privilege on behalf of those less fortunate in service of a national cause. No bourgeois stain on her character, in this setting her privilege and education allow her to perform a sacred duty for the nation. She supplies the soldier with emotional relief—an afternoon with a pretty young woman who appears to care for him, and a letter to cherished family members that will ease their worries about his whereabouts and condition. Having received this relief, the soldier can more readily return to battle. The letter writer creates an intimacy with the convalescing soldier, not for the sake of romance itself, but for the romance of the nation.

Letter writing produced emotional intimacy, but medical care required physical intimacy as well. Medical work brought women into entirely new positions and unprecedented proximity with men to whom they bore no familial relations.



FIGURE 11. A young woman writing a letter for an illiterate soldier convalescing in hospital. LOT 11511-2, WAAMD #410, U.S. Library of Congress, Prints and Photographs Division.

Female nurses' and doctors' regular access to male bodies in mobile vaccination tents, medical wards, hospitals, and clinics changed the way that men and women interacted with one another in public and produced scenes in which onlookers witnessed new modes of performing gender. Figure 12 clearly demonstrates the singularity of such moments in wartime society. The patient's nervousness about the nurse's proximity to his naked chest reflects his anxiety that he could be perceived as improper if he shows any signs of enjoying or desiring the closeness. The nurse's poise and the precision of her movements show a contrasting calm that bespeaks pride in her own professional prestige, and confidence in her medical training. The nurse's stance indicates a status difference between the two that troubles traditional gender roles even as it affirms the woman as caretaker.

LITERARY REFLECTIONS OF GENDER TROUBLE: BA JIN'S *WARD FOUR*

Female nurses and one idealized female physician, Dr. Yang, feature centrally in famed author Ba Jin's (1904–2005) semiautobiographical novel *Ward Four* (*Disi*



FIGURE 12. Nurse treating a man's bare chest. Box 75, folder "ABMAC no. 3." ABMAC Records. Rare Book and Manuscript Library. Columbia University.

bingshi), one of three novels that he wrote during the war and first published in 1946.¹¹⁶ The book takes the form of a diary penned by a twenty-three-year-old man from June 1 to June 18, 1944, when he enters the third-class ward of a hospital with a gallbladder infection and encounters much more than physical suffering within its walls. Ba Jin depicts the callous hospital ward, whose name recalls death, as a microcosm of a society pushed to the very brink of survival. He underscores this vulnerability by refusing to name his main character and referring to other patients by bed number: "bed six woke up," "bed eight giggled."¹¹⁷

Dr. Yang serves as the diarist's angelic savior and "the only example of an idealistic doctor in the novel."¹¹⁸ Her wisdom, kindness, and beauty give the young man hope in his darkest hour. Ba Jin self-reportedly created Dr. Yang as a combination of real and fictive components: "her charming smile and her dedication to her profession are based on two different doctors" he knew during his own hospitalization in Guiyang, but "her mind and spirit are totally made up." Nonetheless, the hospitalized Ba Jin "did consider the doctors as saviors," and the author notably selects the female rather than the male physician to embody this role.¹¹⁹

Dr. Yang also serves as the amanuensis of the anarchist Ba Jin, who, during his time in the lower-class hospital ward in Guiyang, felt appalled at the uneven distribution of medical services. The only chink in the armor of his idealized

physician shows after one of her poor inpatients dies because he cannot afford full treatment. After this Dr. Yang admits, “[S]ometimes I feel like changing my profession and doing something else. I wish I’d never studied medicine.” The main character tries to cheer her up by declaring, “Why? Isn’t it a wonderful thing to be a doctor? A profession that saves lives and saves the world!” Dr. Yang responds, “You’re looking at it like a child. . . . Even if I study medicine to the limits of my ability, that doesn’t mean I can actually save people. I’m no match for money. People with no money can’t benefit from my efforts.”¹²⁰ This pessimistic view of wartime health services pointed to deep inequality in the social structure that permeated medical spaces. Within this context, it is all the more salient that Ba Jin selected a woman as heroine of his dark novel. Dr. Yang represented the thousands of women whose work partially alleviated this inequality not only because they were the most affordable and numerous staff members in health organizations, but also because they communicated a meaningful message of care through their emotional labor.

These factors made women’s medical work quite memorable. Recalling his hospital experience seventeen years after the fact, Ba wrote, “I feel I could still see clearly even with my eyes closed the setting and the daily life of patients, as well as the facial expressions and language of several doctors and nurses.”¹²¹ As argued above, facial expressions, choice of words, and tone of voice are all central facets of emotional labor, and their memorability to patients—whether positive or negative—delineates the distinctive nature of work that entailed intimate exchanges between people living through their most vulnerable moments and the people trained to help them through the ordeal. Ba Jin’s experience is likely to have been much less positive, since he continued this passage with the claim that he was “not willing to remember these people and my experiences there for long,” even though “these impressions are too deeply left in my memories to be easily erased.”¹²² Ba had a profound and personal recognition of the value of genuine care in a hospital ward. Plagued by memories of his own painful experience, he gave his fictional self a savior—a woman who held fast to the emotional work of her profession and felt existential pain when that alone did not suffice to counteract social injustice.

Within the novel Dr. Yang exemplifies a woman whose mark of excellence lies primarily in the way she performs the emotional labor her job requires of her. Her advice to the hospitalized young man to “become kinder and purer” and “more useful to others” restores his hope in humanity after he has witnessed so many fellow patients die pitiful deaths, abandoned by their family members and forsaken by a society that granted the poor neither services nor sympathy.¹²³ The women who provide palpable care for their patients stand above the fray in this bleak setting. One patient underscores the view of nurses as embodiments of classic feminine virtue by declaring that “if you want a wife, get a nurse, if you ask me. They’re caring and considerate . . . and nurses have an even temper.”¹²⁴ All of the

characteristics that make women good nurses, and good nurses desirable wives, have to do with emotional labor: being caring and considerate, and controlling one's temper.

Yet Dr. Yang also exhibits mannerisms that transcend traditional notions of femininity. Struggling to contain this powerful woman in a single figure, Ba Jin describes her as possessing both "masculine" and "feminine" qualities. His choice illuminates both the limitations of language to describe the shifts in gender roles that occurred in wartime medicine and the failure of imagination to comprehend the profundity of those changes. Dr. Yang's embodiment of the "feminine" qualities of magnanimous kindness and virtuous service recalls the role of Song Meiling in leading women's social activism. As if further mirroring the First Lady, Ba Jin crafts Dr. Yang as a strong leader who "walk[s] like a carefree man" and commands authority within the ward.¹²⁵ The author resorts to orthodox gender norms in an attempt to contain his own creation's transgression, delineating professional competence as masculine and self-effacing sacrifice as feminine.

Ba Jin's fixation on Dr. Yang's deft combination of seemingly dichotomous characteristics abandons his main character to a fantasy of self-improvement through adopting her gender-bending traits—a task that the patient dreams will allow him to escape the inhumanity of war. The book ends with the most direct expression of his obsessive fascination with his physician. When he describes his last encounter with Dr. Yang, he writes in his diary, "I could feel the blood drain from my face; my heart was beating wildly. . . . I looked up just as she reached the door. Her white hospital gown flickered briefly and was gone, gone forever."¹²⁶ The patient must now make his way alone in the world, without his angel.

Not all of the male patients in the story have the same response to female authority; most feel threatened rather than fascinated. Ba Jin sympathetically portrays the male patients' struggles to accept women's medical power and reflects men's anxiety about their uncontrollable vulnerability in the medical ward. Both male orderlies and female nurses attend daily to the physical needs of the all-male patients, including intimate procedures such as emptying bedpans and sponge-bathing the invalid. Most patients experience discomfort at losing their virile able-bodiedness and respond by attempting to regain authority. In order to ease their distress at their inability to perform the role of the dominant and capable man, they constantly tease and heckle the nurses to the extent that it becomes one of their only forms of entertainment. They try to resolve the ever-present tension between themselves as incapacitated patients and the young women as competent nurses through such statements as "Today I'm going to let Nurse Hu give me a shave"—a semantic overturning of the power dynamic that allows the disempowered man to imagine himself in charge of his own body.¹²⁷

Constant though it is, their jovial banter can only momentarily reverse the gender inversion, and no one even attempts to perform it with doctors. To highlight this tension as a central feature of the ward, Ba Jin sets the first interaction between the

main character and his savior Dr. Yang in a moment of extreme vulnerability: he has to bare his chest to his male doctor Feng in the presence of Dr. Yang during morning rounds.

[Doctor Feng had] already “looked” in the clinic but he said he wanted to “look” again. This time there was a young (she couldn’t have been more than twenty-five) woman doctor standing beside me, and I was embarrassed about exposing my abdomen in front of her. But I couldn’t disobey my doctor’s orders, so I reached down and lifted up my clothes (sweater, shirt, undershirt) for him. He leaned over and began to probe, thump, and listen.¹²⁸

Dr. Yang’s power to embarrass the main character is embedded in her gender and in the gender differential between herself and her charges. The need to expose their flesh in front of unfamiliar women rendered the male patients completely defenseless. Physical nudity underscored the social vulnerability that men, incapable of taking care of their own bodily needs, experienced when reliant on others.

At the same time, as if reflecting the image in figure 12, this first encounter hints at the productive tension born of social difference. Precisely because of their distinct identities as man and woman, patient and doctor, the two yearn to reach for each other across the social divides. Ba Jin makes this tension last. Immediately following the examination of the patient’s bare chest, Dr. Yang and Dr. Feng speak to one another in English—a tactic that the physicians in the novel regularly use to exclude the patients from their dialogue and which reflects the class hierarchy of medical relationships. Ba Jin carefully presents these social distinctions between patient and physician, but their presence only increases the main character’s ardor for Dr. Yang. For him, because her distinctiveness places her out of reach, it renders her wholly desirable, hinting at one possible reason for the compliance of lower-class men with caring women in wartime China.

CONCLUSION

China’s geographic, religious, linguistic, cultural, class, and ethnic diversities had the power to put fellow Chinese at odds with each other, literally unable to comprehend one another’s languages or enter each other’s social worlds. Some women, in place to shape a new medical workforce, quickly learned that they could not let these barriers stand; they had to cultivate the trust of their charges in order to heal them. Accordingly, female nurses under Zhou Meiyu’s leadership received specific training to communicate their trustworthiness by being the first to offer gendered intimacy. This emotional labor required that they communicate care through touch, facial expression, and tone of voice. Working at the front lines of demand to nurture refugees, orphans, and soldiers, women not only saved countless lives

but also created the emotional ties that bound people together as members of a national collective. Their role as prominently visible representatives of humanitarian work made them not unlike today's female "etiquette volunteers" (*liyi zhiyuan*) who greet guests at major national events and represent China as a "civilized nation" through their docility, attractiveness, and modeling of Confucian virtue.¹²⁹ The role of women in anchoring national tradition and representing the nation long predated and long survives the war.¹³⁰

Just as Florence Nightingale did not unseat British sociocultural norms in a single historical event, Zhou Meiyu and others only began their work in wartime China. She and her colleagues continued to train nurses and fight for their social recognition in postwar Taiwan for decades. Nonetheless, the War of Resistance created a variety of coalescing forces that allowed for rapid change in women's social roles. First, the war put so many people on the move, as both soldiers and refugees, that it produced new spaces for social encounters between strangers of different social status, region, and sex. The mobilization of the population also created an unprecedented concentration of highly educated individuals in the southwestern provinces, where they created medical institutions in which women of a lower social class could work. Second, women overwhelmingly occupied the lower rungs of these institutions and assumed roles that placed them on the front lines of medical response and squarely in the public eye. Third, prominent female leaders like Song Meiling, He Xiangning, and Xie Bingying called for women to contribute to the war effort through "feminine" caretaking work, modeled how to do it, and established the charitable organizations that provided the framework for its conduct. Fourth, unlike men, who authored and enforced punitive regulations that people resisted, women delivered services that people welcomed.

Most importantly, women learned how to perform the emotional labor that made them the most effective deliverers of state-sponsored medical work and granted them the power to fashion a national community out of docile bodies and to transform hearts. Throughout the war, many women played in public a role for which they had long received recognition in the private space of the home: that of the respected caregiver. As they worked in organizations designed to fulfill the mission of the state, these women leveraged their respectability to school people in "proper" modes of behavior that affirmed middle-class values. Best expressed in the New Life Movement, which took middle-class values as a universal standard against which to measure all Chinese, these hygienic behaviors became a marker of citizenship itself. Since they promoted better health, and therefore attracted the interest of well-meaning activists and public health workers, these behavioral standards gained sufficient momentum to become the means by which poor people could gain the status of "worthwhile citizen" in the eyes of their social superiors. Yet little progress could be made unless poor people reached for the services proffered, either in the manner of characters in didactic stories who proclaimed

themselves saved by scientific medicine or asked their neighbors for long lectures, or in the manner of actual people who served dinner to public health nurses or willingly submitted to a vaccination shot. Through myriad interactions between and among health workers and patients, the war brought people of different sex, social status, and home province together in unprecedented encounters in which people reached for each other. This multitude of brief relationships, made all the more memorable for their birth at the razor's edge between life and death, wove delicate bonds that interlaced the eastern and western, northern and southern regions of a vast country into a new social fabric.