## **Exhibition**

## Revealing the hidden roots of modern China

Think of 19th-century China, and what comes to mind? Probably the midcentury opium wars between China and Europe and the cession of Hong Kong to the UK; maybe the Boxer Rebellion of 1899 against foreign imperialism; and perhaps the Dowager Empress Cixi, who ruthlessly controlled the Chinese imperial government for almost 50 years. Yet many other fresh perspectives can be found in the British Museum's China's Hidden Century exhibition. A global first, it arises from a 4-year research project involving more than 100 scholars from China and 19 other countries.

The exhibition ranges from the 1796 accession of the sixth emperor of the Qing (Manchu) dynasty, Jiaqing, to the 1912 abdication of the dynasty's eleventh and final Chinese emperor, Xuantong (also known as Puyi) after the 1911 Xinhai Revolution, and the foundation of the Republic of China by Sun Yat-sen in 1912. Multiple objects on display include: two gigantic, dragon-decorated, cloisonné vases from Buckingham Palace, presented by Puyi to King George V and Queen Mary of England for their 1911 coronation; ornately embroidered silk textiles worn by emperors and courtiers; an astonishing palm-andrice-fibre raincoat and bamboo hat worn by fishermen and farmers; military weapons such as swords and muskets; and a well-used mahjong set missing four tiles. Such objects, combined with landscape paintings, calligraphic manuscripts, and enigmatic human portraits, describe many parts of Chinese society, rich and poorincluding medicine. Bilingual audio commentaries dramatise lives from emperor to ordinary citizen, such as Cixi's comment on Queen Victoria of Britain: "I have often thought that I am the cleverest woman that ever lived...I have heard much about Queen Victoria...her life was not half as eventful as mine". The overall aim is to reveal this unfamiliar period to museum visitors, including those from China.

"The full complexity of the influences on medicine in 19th-century China is probably best understood via the opium wars, in which economics, politics, and religion—both global and national—were fiendishly entwined."

The hitherto-hidden connections between 19th-century and presentday China suggested by the exhibition are openly discussed in the fascinating, lavishly illustrated, exhibition book, China's Hidden Century: 1796-1912, edited by Jessica Harrison-Hall, head of the museum's China Section, and Julia Lovell, Professor of Modern Chinese History and Literature at Birkbeck College, University of London, UK. As Lovell explains: "Many of the experiences and outcomes of China's 'long 19th century' have defined the country's preoccupations since: how to combine the values of the deep Chinese past with the powerful technologies, polities and cultures of rival states; how to design a legitimate, constitutional state able to draw on the country's resources to respond to domestic and international threats; and how to bridge tensions between nationalism and ethnic diversity, between centre and provinces, and between women and patriarchal norms. For much of this period, China's destination was in doubt, but the journey that it undertook was remarkable."

Objects relating to health and medicine illuminate those preoccupations. For example, an 1890s photograph introduces Ida Kahn, the first Chinese woman to become a doctor trained in western medicine in the USA (at the University of Michigan) and in the UK (at the London School



of Hygiene & Tropical Medicine). Born Kang Cheng in the treaty port of Jiujiang in 1873 and the sixth girl in her family, she was given up for adoption by her parents. Her father's employer, Gertrude Howe, an American board member of the Women's Foreign Missionary Society of the Methodist Episcopal Church, adopted and renamed the baby. From a young age, Kahn learned English; worked as a translator for foreign doctors; became a Christian; and left China to obtain a medical degree from the University of Michigan. Returning to China in 1896, she opened a dispensary and treated patients from all ranks of society. But during the Boxer Rebellion Chinese Christians were persecuted, and Kahn took refuge in Japan. After she returned to China, the government asked her to establish a hospital in Nanchang, provided it was not Christian. She refused and instead raised money from American friends and her church to found the Nanchang Women and Children's Hospital—later renamed the Ida Kahn Hospital.

Kahn did not, however, oppose Chinese medicine. Two intriguing objects accompany her photograph. There is an exquisite Chinese manu-



Ida Kahn (1873-1931)



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## **Perspectives**



Medicine chest, China 1890-1910

script from the British Library, dated from 1850-90, that describes poisonous and medicinal plants, including a disturbing image of devil's tonque (Amorphophallus konjac), also known as konjac, voodoo lily, or snake palm, still used in China. Beside this is an unknown Chinese doctor's wooden travelling medicine chest, dated 1890-1910, filled with ointments, powdered plants, dried insects, lizards, and seahorses, along with written charms to speed recovery—each stored in a separate compartment, some packed with cottonwool. It offers eloquent testimony to the enduring popularity of Chinese medicine—which acquired its formal modern designation, traditional Chinese medicine (TCM), not in the 19th century or earlier but from Communist Party propagandists writing after 1949 (although Mao Zedong chose not to use its prescriptions). TCM is still practised throughout China today along with biomedicine. Notably, a share of the 2015 Nobel Prize in Physiology or Medicine was awarded to Tu Youyou of the China Academy of Traditional Chinese Medicine for her research involving sweet wormwood and artemisinin that led to advances in the treatment of malaria.

The exhibition book discusses aspects of Chinese medicine in this period, pre-TCM. An 1890s attempt to integrate it with western biomedicine led to the organisation of the School of Converging Chinese and Western Medicine, but this was abandoned after the 1910–11 outbreak of pneumonic plague in Manchuria, in which western public health measures, including

quarantine and face masks, worked effectively. A key contributor was a Chinese migrant from Malaysia, Wu Lien Teh (Wu Liande), who studied medicine at the University of Cambridge, UK, from 1896-the first person of Chinese descent to study medicine there-and established the North Manchurian Plague Prevention Service in 1911. Wu and his colleagues identified the plague bacillus and were "at the cutting edge of global pandemic medicine in the early 1910s", notes the book. China has continued to generate important medical research, including during the COVID-19 pandemic.

The full complexity of the influences on medicine in 19th-century China is probably best understood via the opium wars, in which economics, politics, and religion—both global and national-were fiendishly entwined. Opium supplied to people in China from its source in colonial India was hugely profitable to the imperial British economy. But this trade also benefited Chinese merchants. For example, opium syndicates from Chaoyang in Liaoning province pushed the British out of the drug trade in inland China. Yet the Chinese syndicates also invested in creating banks, factories, schools, and hospitals and "contributed a phenomenal amount of disaster relief to a home region constantly beset by natural calamities", according to the Qing historian Melissa Macauley. "Their financial support of the needy outstripped the support that any Chinese state managed to provide prior to 1949."

Additional beneficiaries of the trade were foreign Christian missionaries and doctors employed by missions working both in tandem with, and in opposition to, Chinese doctors. The missions could raise money from their supporters back home by appealing on behalf of the users of opium; Chinese detoxification centres were often run by foreign missionaries. Indeed, as the book highlights, "the geographical spread of Christianity maps closely onto the patterns of the spread of

opium consumption". According to one observer of British anti-opium activities: "How strange it was, that the country which sends the poison should also send the antidote." The missionaries regarded conversion to Christianity as a way to resolve the opium problem. Yet some of their doctors prescribed European anti-opium pills, so-called "Jesus opium", which contained morphine and seemed to create its own kind of addiction.

Such medical entanglements indicate the conflicting spectrum of behaviour among 19th-century Chinese and British colonial actors. Hence the fierce debate provoked in Victorian Britain by the first opium war declared in 1839. According to Lovell, "the British prowar party-mostly opium traderslaunched a campaign to demonize China in public opinion". Yet future Prime Minister William Gladstone called the war, in Parliament: "a war more unjust in its origin, a war more calculated in its progress to cover this country with permanent disgrace, I do not know". Thus, the exhibition does not lend itself to generalisations—nor should it. Consider two other objects: a 19th-century Chinese glazed stoneware model of a subservient foreigner with a hollow top hat intended as a urinal and a British portrait painting of a delightful Chinese dog, the first Pekingese to be transported to the UK. The stolen dog (thought to have belonged to the Qing emperor) came from the Summer Palace in Peking, which was looted and burned in the second opium war in 1856-60. The dog was presented to Queen Victoria in 1861 by its soldier-collector as "Looty". Such items, resonant with colonial conflict, are two of the many gems in this original, absorbing, if complicated, exhibition, about a period that has often been viewed as one of Chinese decay and defeat but can now be seen as having laid certain of the foundations of modern China's global contemporary influence.

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