

Social Role of Taiwanese Doctors and their “Clinical Notes”

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The historical origin of the social role of Taiwanese doctors is highly associated with Japanese colonialism from the end of the 19th Century to the end of World War II. They shaped their own identities along different lines. They developed their careers within the context of colonial politics. Yet, the social practices among Taiwanese doctors, especially outside of medical practices, must be emphasized in place of the extrapolation of the characteristics of colonial medicine.

Taiwanese intellectuals resisted Japanese colonisation through a variety of political and cultural activities in the 1920s and 1930s.¹ Physicians comprised a high percentage of these intellectuals. For example, in the Taiwanese Cultural Association (台灣文化協會), established in October 1921, there were twelve doctors among 47 core personnel.² Similarly, during the Petition Movement on Setting up a Taiwanese Parliament (台灣議會設置請願運動), a quarter of the important initiates were physicians.³ During the Security Police Incident (治警事件), six physicians were among the 18 individuals sued by the Japanese government.⁴ Most scholarly analyses emphasise, to some degree, the role of medical doctors in these political activities. However, few studies have been dedicated to the historical investigation of why these doctors devoted themselves to political and cultural activities. In addition, numerous scholarly articles and studies have focused on these doctors' achievements in producing literature that protested against

¹ For example, see Edward I-Te Chen, 'Formosan Political Movements under Japanese Colonial Rule, 1914-1937', *The Journal of Asian Studies*, 31/3 (May 1972), pp. 477-97.

² Bi-Chuan Yang, *Taiwanese Resistance under Japanese Colonisation: A History* (Banciao: Daw Shiang Publishing, 1996).

³ Wan-Yao Chou, *The Petition Movement for the Establishment of Taiwanese Parliament in the Japanese Colonial Times* (Taipei: Tzuli Publication, 1989).

⁴ After the application to form the 'Association for Attainment of Taiwan Parliament' was approved by Waseda Police Administration in Tokyo, it aroused the ire of Taiwan Governor's Office. When Chiang Wei-shui and the others returned to Taiwan, the Office mobilised a large force of policemen to arrest all of them for 'violating Security Police Law'. This event is now called the 'Security Police Incident'. For details of the arrested intellectuals, including doctors, see Yang, *Taiwanese Resistance under Japanese Colonisation: A History*.

the conditions of the oppressed and marginalised individuals in colonialist society. It has been asserted that literature was a unique strategy employed by Taiwanese doctors to defend against Japanese colonisation. By portraying the oppressed and marginalised people in society, the works of individuals such as Wu Xingrong (吳新榮, 1907-1967) and Lai He (賴和, 1894-1943) are credited as forming the zeitgeist of Taiwanese literature under the colonial rule of Japan.

While the socio-economic status of the local medical community rose in the 1920s, doctors also turned out to be important commentators. Many of them transcended the boundaries of the typical definition of their vocation, diagnosing not only ailing individuals but also a sick society. Doctors spoke up as commentators but also took actual political action, forming political parties and union groups. In 1921, Chiang Weishui (蔣渭水, 1890-1931), the founder of the Taiwan Cultural Association, the Taiwan People's Party, the Taiwan Workers League, and other important political organisations, publicly diagnosed the condition of Taiwan in his renowned essay, *Clinical Notes* (臨床講義). He likened Taiwan to a man suffering from symptoms of immorality, an impoverished spiritual life, superstition, poor hygiene, and other problems caused by 'intellectual malnutrition.' He prescribed 'maximum doses' of basic education and libraries to correct the bodily constitution of this diseased island.⁵ Chiang Weishui was later credited as the Sun Yat-Sen of Taiwan; his example inspired many physicians to involve themselves in political activities.

In addition to their local political and cultural activities, during Japanese colonisation Taiwanese doctors endeavoured to connect Taiwan with international society. While the Japanese colonial government tried to demonstrate its authority and ability in the hope of being recognised as one of the great world powers, Taiwanese intellectuals lodged their complaints against the Japanese to the League of Nations. For example, to eliminate opium use among 169,000 smokers (at the time equivalent to 6% of the Taiwanese population) the Japanese government did not suddenly prohibit opium,

⁵ Source: Weishui Chiang, 'Clinical Notes', *Taiwan Literature English Translation Series*, 2007/20 (January 2007), pp. 125-28.

which would have created administrative difficulties. Rather, it strategically enforced a policy of gradual weaning by adopting a licensing system in line with Tu Cong-Ming's detoxification research. The Taiwan People's Party, however, led by Chaing Weishui, believed the licensing system to be a tactic that primarily benefitted the Japanese government financially, rather their targeted aim of opium dependence. On the 2nd of January 1930, the Taiwan People's Party sent a telegram to the League of Nations accusing the Japanese government of violating the terms of the International Opium Convention revised in Geneva in 1925. This move brought the League of Nations to Taiwan to investigate these issues in February 1930.⁶

Despite the significant contributions of Taiwanese doctors to political and cultural activities in Taiwan during this period, scholars have yet to fully analyze their contributions. The works of historian Chun-Kai Chen and sociologist Miriam MingCheng Lo have produced monographs in Chinese and English that deal with Taiwanese medicine as a profession and review core aspects of the field's professional, cultural, and political development. These aspects include the identity formation, social status, and historical roles of Taiwanese physicians during Japanese colonisation. Chen, for instance, points out that under Japanese colonial rule, two kinds of freelancers existed in Taiwan: doctors and lawyers.⁷ While the Japanese controlled most public sector and industrial institutions, physicians and lawyers were relatively less constrained and were free from the monitoring of police. According to Chen, in the 1920s Taiwanese doctors devoted themselves to anticolonial movements and were second to no other profession in their degree of participation in such movements. Through these movements, physicians could defend their dignity against the Japanese while also developing Chinese nationalism.⁸ However, Chen's research does not discuss how the factors that motivated these doctors may have formed the basis for their collective identity and mobilised them. Miriam Lo's *Doctors Within Borders* examines in detail how the

⁶ Chen-Yi Chu, 'The Background, Internationalisation and Historicization of Opium Issues', *Taiwan Medical World*, 49/10 (October 2006).

⁷ Chun-Kai Chen, *Studies on the Social Status of Taiwanese Doctors under Japanese Rules* (Graduate Institute of History Series; Taipei City: National Taiwan Normal University, 1992).

⁸ *Ibid.*

collective identity of Taiwanese doctors was formed under Japanese colonial rule.⁹ The title of Lo's monograph was inspired by the non-governmental organisation 'Doctors Without Borders,' and signifies the extent to which Taiwanese doctors were swallowed up by the Japanese Imperial structure in the early 1930s, losing their autonomy along the way and becoming doctors within the borders of the Japanese imperial regime. Lo argues that Taiwanese doctors' collective identity during Japanese colonisation reveals a blend of 'in-between' characteristics flanked by professionalism and by agents of the Imperialists. As 'national physicians' and 'medical modernists,' their collective identity was shaped by the social and cultural context they were situated in. From the early 1920s to the end of World War II, Taiwanese doctors' self-identity experienced three different phases: anti-colonial, demobilised, and assimilated. During the 1920s, a class of 'national physicians' was established through a range of anti-colonial activities. Between 1931 and 1936, the professional autonomy of Taiwanese doctors was demobilised by the colonial government of Japan through the expansion of Japanese Imperial medicine and the integration of medical institutions. Furthermore, the profession withdrew into a cultural sphere that the imperialists directly controlled. During World War II, medical modernism became the main source of Taiwanese doctors' identity. Doctors were successfully absorbed into the state machine by its assimilation policy. Lo's analysis effectively illustrates how idealism turned submissive within the autonomous Taiwanese medical profession during Japanese colonisation.

Another critique of the relationship between Japanese Imperialism and the suppressed autonomy of Taiwanese medical professionals was presented by sociologist Yung-Wen Yeh. Yeh uses the framework of corporatism to depict a situation in which no division exists between the state authority and the oppressed society. Yeh analyses the subtle relationship between the two forces, concluding that the medico-political relationship in pre-war Taiwan was not only full of antagonism but also entailed a great deal of compromise between the state in power and medical professionals. This conflict was

⁹ Ming-Cheng Miriam Lo, *Doctors Within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan* (Colonialisms; Berkeley, Calif.; London: University of California Press, 2002)

enforced by the governmental rules laid down in Taiwan.¹⁰ According to Yeh, by training native medical professionals in Taiwan, the Japanese attempted to replace the traditional gentry with these doctors while also developing their agents of social control. The colonisers' intentions and activities, however, produced an unexpected outcome. Through elite medical education, physicians obtained and further built their collective will to resist colonial oppression. In combination with an already-honed desire to resist, their training encouraged physicians to further reflect on the systematic exploitation of the Taiwanese people by Japanese colonisation. Furthermore, the situation prompted speculations within society regarding the government's intentions.¹¹

The participation of Taiwanese physicians in both medical and socio-political activities continued to a certain degree in the post-World War II period. Physicians were confronted by an even more 'silent period' in which the KMT suppressed speech using strict regulations. Given the chilling effect of colonial politics, and the suppression of advocacy for benevolent and just causes, how did these physicians continue to speak out about the suffering civilians—who were in the meantime restrained by the political situation? In fact, from the 1930s to the end of World War II, some Taiwanese medical doctors became submissive to the Japanese Emperor as a result of the public demobilisation policy. Many of them withdrew from the active roles they had engaged in during the short-lived Taiwanese Cultural Association, in which they had publicly and heartily intervened in state affairs. Instead, they turned their attention exclusively to literary issues. Wu Xinrong (吳新榮), who withdrew from politics to engage in pure medical service and claimed that 'medicine is my wife; literature, my mistress,' is one critical example.¹²

Despite the 'silenced and compartmentalised' identity of Taiwanese doctors, more scholars have been writing more on their experiences. Historians are paying more attention to many of these physicians' own writings where criticism of political authorities

¹⁰ Yun-Wen Yeh, *History of Taiwanese Medical Services: Medico-Political Relationships* (Taipei: Hung Yeh, 2006).

¹¹ *Ibid.*

¹² Lo, *Doctors Within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan*. p. 107

is evident in the depiction of the weak and the poor in society. Taiwanese physicians who worked in this mode, including Lai He and Wu Xinrong, often used a rich, realistic mode to communicate their resistance in the form of poetry or fictional accounts.¹³ Although doctors were demobilised from maintaining a public presence in politics, the number of articles they contributed to literary periodicals did not decrease.¹⁴ Their contributions to literature (and to protest through literature) in Taiwan during the Japanese occupation has been regarded as analogous to the contributions made by Lu Xun in China.

From the 1970s onwards, along with the democratisation of Taiwanese society, more physicians began to engage in contentious politics. They contributed both in terms of the sheer number of participants and their capacity for producing theories relevant to their social practices. For example, psychiatrist Yung-Hsing Chen (陳永興, 1950-) provided financial and editorial support for the Taiwan Literature Magazine (Taiwan Wenyi, 台灣文藝), a journal dedicated to pure literature during the White Terror period. Chen publicly claimed that 'Taiwan was sick.' Chen emphasised that Taiwanese illnesses were illnesses of the 'heart', and his prescription for Taiwanese illnesses was the promotion of 'social service' and 'cultural movement'.¹⁵ In 1986, Chen published *Clinical Notes, the Second Volume*, in response to Chiang Weishui's work of 1921. Chen diagnosed 'political neurosis' among those who had lived through the government's oppression and suffered from 'low mood, agitation, deterioration of memory, anxiety and irritation for more than thirty years'.¹⁶ The consequent 2.28 Peace and Justice Movement realised Chen's ideal of psychotherapy for the Taiwanese people's collective unconsciousness. According to A-Chin Hsiao, Yung-Hsing Chen's

¹³ Chien-Chung Chen, *Studies on Lai He's Literature and Thoughts* (Kaohsiung: Chunhui, 2004). Hui-Cheng Lin, *Studies on Wu Xinrong: The Intellectual History of a Taiwanese Intellectual* (Tainan: Tainan County Government, 2005).

¹⁴ See the appendix of Chao-Wen Wang, 'The Taiwanese Learned Societies in Late Japanese Colonial Times, 1940-1945', (National Tsinghua University, 1991).

¹⁵ Yung-Hsing Chen, 'Examining Taiwan Society and Taiwanese from Medical and Cultural Perspectives', *Reflections on Berkeley* (Taipei: Tzuli Evening News, 1986), pp. 137-54.

¹⁶ Yun-Wen Yeh, 'On the Relationship between Medical Care and Politics in the Democratic Development of Taiwan', *Taiwan Democracy Quarterly*, 2/4 (December 2005), pp. 99-126.

approach transformed the 2.28 Incident from a historical taboo to a public issue for the first time.¹⁷

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¹⁷ Hsiao, *Return to Reality: Political and Cultural Change in 1970s Taiwan and the Post-war Generation*. p. 59

Clinical Notes¹⁸

Weishui Chiang (蔣渭水)

Translated from Japanese to Chinese by Peng Fengxian

Translated by Steven L. Riep

Prepared for the patient named Taiwan

Name: Island of Taiwan Gender: Male

Age: Since moving to current place of residence, twenty-seven years

Place of origin: Taiwan District, Fujian Province, Republic of China

Present address: The Government-General of Taiwan, Empire of Greater Japan

Occupation: Prime strategic point guard for world peace

Lineage: Obvious lineal ties to the bloodline of the Yellow Emperor, Duke Zhou, Confucius, and Mencius

Talents: As noted above, the descendant of sages and worthies, strong and healthy with a natural endowment of wisdom

Past medical history: In his childhood, during the time of Zheng Chenggong, the patient was strong in stature, keen of mind, strongwilled, lofty in moral character, and nimble of action. Since the Qing Dynasty, after having been poisoned by political policies, he grew weaker by the day; his will deteriorated, his character grew despicable, and his moral integrity became increasingly debased. After relocating to the Japanese Empire, he received unsound medical care and, although there was some improvement, after about two hundred years of slow poisoning, it has been difficult to successfully treat him with drug therapy.

¹⁸ Weishui Chiang, 'Clinical Notes', *Taiwan Literature English Translation Series*, 2007/20 (January 2007), 125-28. Originally published on 30 November 1921 in *Taiwan Wenhua Xiehui Huibao* [Bulletin of the Taiwan Cultural Association].

Current symptoms: Moral values decayed, sense of humanity spoiled, excessive desire for material goods, lacking spirituality, customs polluted, submerged in superstition, thick-headed and stubborn, completely lacking in basic hygiene, shallow in knowledge, no sense of a long-range plan, concerned only with seeking short-term profit, degenerate and indolent, corrupt, debased, neglected, vain, lacking in modesty and a sense of shame, exhausted and slack in all four limbs, overcome by inertia, dejected in spirit, and no vitality to speak of.

Patient's complaint: Neck pain, dizziness, and hunger pains. For the most part this is an accurate assessment of the patient. During the examination it was discovered that, commensurate with his size, he had quite a large head, which presumably would indicate a strong capacity for reasoning. Several questions were posed to test his general knowledge, but his answers showed that he failed to grasp the main points of the questions, indicating that the patient is either foolish or mentally retarded. Although he has a large skull, its contents are suspect, and he seems to lack sufficient intelligence. When he was asked more challenging questions about philosophy, arithmetic, science, and world affairs, he became dizzy.

Yet his arms and legs are well-developed, due, perhaps, to excessive hard labour. Further examination of his abdomen revealed it to be small and sunken, with the surface covered by row upon row of wrinkles shaped by the intestinal walls, which look exactly like the stretch marks on women who have just given birth. This characteristic is presumably attributed to the Great War that began in Europe in 1916 [sic. 1914]. The patient reports that for a time his abdomen expanded, but last summer's news of peace talks led to a bout of intestinal flu that worsened and became dysentery, which caused the abdomen to contract.

Diagnosis: A mentally retarded child of world culture

Aetiology: Poor intellectual nutrition

Course of Illness: Contracted a long-term chronic illness

Prognosis: Because the patient's basic constitution is good, if given proper medical treatment, he should recover quickly. If, however, the wrong treatment is given or proper treatment is delayed, the disease will attack the vital organs and will likely lead to death.

Treatment: Causal treatment will provide a radical cure.

Prescription: Normal school education: maximum dose; supplementary education: maximum dose; kindergarten: maximum dose; library: maximum dose; newspaper reading club: maximum dose.

If the treatment regimen outlined above is commenced immediately as instructed, a full recovery can be expected in twenty years. Other effective medications are omitted.

Clinical Notes No. 2¹⁹

Yung-Hsing Chen (陳永興)

Translated by Harry Yi-Jui Wu

Patient: Non-KMT [Dang-uai] individuals

Name: Tong-oa-e [Romanised Taiwanese]

Gender: Male or Female

Age: Old or Young

Address: Everywhere on Taiwan Island

Occupation: Democratic movement

¹⁹ Yung-Hsing Chen, 'Clinical Notes No. 2', in Yung-Hsing Chen (ed.), *Contemplation in Berkley* (Taipei: Tzuli Evening News, 1982), 113-18.

Chief Complaint: low mood; agitation; poor memory; feeling anxious for the past thirty years, aggravated for the past half year.

Body Nature: Obviously inherited with qualified body constitutions of Taiwanese prophets, such as Lin Xiantang, Tsai Huiju, Chiang Weishui, Tsai Shigu, Lai He... and other anti-Japanese forerunners.

Past Medical History: These patients were still children when World War II ended and remained youths during the immediate post-war period. Due to their poor economic status, bad environment, and poor nutrition, they grew more slowly than normal people. An unknown disease caused massive casualties. Luckily, surviving individuals have inherited the body constitutions of their ancestors. They were good looking, loud in voice, eloquent in speech, decent in morals, and bold in wills. They were able to learn from the examples of ancestors. They were beloved by local elders and siblings. They grew up to be sympathetic, caring, and ready to stand up for others. Their spirits were full of democracy, freedom, justice, and human rights. They were zealous for the common good. They used to call themselves ‘independent from any political parties’, and in every election devoted themselves to supporting heroic but tragic characters. While speaking out for the general public, they used to break taboos of speech. They were lucky enough to be elected as representatives and then played their roles in a challenging situation, battling against heavy odds. They were called ‘cannons,’ ‘mortars,’ and ‘king-kongs’. In reality, they felt as desperate as dogs barking at passing trains. Once they fell from election or were pressed to stand down as administrators, they felt frustrated. Some of them spent their lives behind bars. Some became depressed to the point of death. Some went abroad and never returned. Such stories were often heard one after another. They were the best examples of miserable lives.

When they grew older, realising that it was never going to be possible to foster democracy simply with brawn rather than brain, some of them published magazines in an effort to waken the public. They advocated ideas about human rights. They gathered to form a political opposition party, but in vain. Frustrations came in droves and led to

their ruin. Their courage was recovered only after a long period of resting. Now the international situation has changed (Taiwan was expelled from the United Nations and lost numerous political allies). Recent times have also seen changes in internal affairs. Opposition movements gradually regained their vitality. 'Dang-uai' individuals began to reappear in the streets. Numerous kinds of magazines came into being, and the flags and flyers at election time were novel and touching. Books were published to convey the patients' ideals and ambitions. They became better at organising themselves and better at propaganda. Democratic movements have entered the phase of 'a new age created by the young generation.' In the mass movements of people arriving in droves, limitations and obstacles did not deter our patients from achieving even higher goals. Barriers to information and other forms of frustration merely fuelled their passion to bravely carry on. Some hoisted the torches of human rights. Others sang out songs from their hearts. Some lit up the flame of democracy. Some cheered while weeping. Some began to see light and hope. Meanwhile, however, some of them began to feel unlucky and anxious. Some thought of dreadful past experiences, and some smelled messages of danger. Some spread their warnings and cautions. Some wept or cried softly. Nevertheless, democratic movements were surging. How could they dismiss them?

Unfortunately, bad luck fell on them again. Thunder woke those who were asleep. Some either escaped or wept behind doors. Sickened bodies were left uncared for, their faces haggard. They lost weight and their eyes were sunken. They would probably die young. Who knew when there would be another shock, like a cold-blooded devil that kills? This blow was an unprecedented catastrophe. It carried away their will and courage to survive. Rationality and hope in the human world seemed gone. Their hearts were broken. The ailment has taken everything away, leaving the patient unable to recover in health.

Present Illness: Surviving the catastrophe, the dang-uai was short of breath. Wretched and exhausted, they suffered from low mood caused by the exploitation of vitality. They often showed sorrow, agitation, and tears. They lost interest in themselves and the people around them. They felt uneasy and bewildered about the future and

lacked a sense of safety. They feared that someone was going to harm them. They experienced anxiety, fear, horror, withdrawal, loneliness, psychomotor retardation, loss of appetite, unstable sleep, nightmares, and terrors. After a period of suffering, they were blessed by Heaven and cared for by their siblings. They recovered their vigour at approximately 20% to 30% of their previous customary levels. They became more outgoing and cried less. But in the past few months their memory has deteriorated. They cannot remember how they experienced extreme torment. They have become bad tempered, irritable, impulsive, and impatient. They have also become self-righteous, arrogant, and paranoid about rumours and possible betrayal by their friends. They are influenced by emotions in their handling of everyday situations. They feel jealous of their rivals in many affairs. They flaunt their superiority and exhibit power without temperance. These behaviours run contrary to the patient's own pure and humble nature, as if they have become someone else. They are not mindful of their own future or that of their comrades. Those who still care about their own situation are waiting to recover their vitality and confidence. They want to cooperate with others. They are so worried and agonised about the above symptoms that they have come for medical help.

Diagnosis: Political Neurosis

Aetiology: Long-term ill adjustment to the political environment

Course of illness: chronic, accumulated over the past months and years.

Prognosis: Because of their strong constitutions, if the patients are given suitable treatment in time, a good prognosis is expected. On the contrary, if left uncared for, ignored, or punished, their symptoms will be aggravated. Delayed therapy will result in terminal illness and an unthinkable outcome!

Prescription: On the one hand, to treat the fundamental causes of the disease, the unsatisfactory environment should be improved. On the other hand, the patients need long-term support, courage, assistance, and guidance to mature their personalities and

help them to adapt to their environment. If their symptoms have already affected their daily life and work, sedatives should be given. Medication should be augmented with in-depth and active psychoanalytic psychotherapy, so that they can comprehend and face their own unconscious complexes, release their discontents or impulses, and purge their anxiety and fears. This psychotherapy will not only ameliorate their superficial symptoms but will also help them to explore underlying problems, overcome their own obstacles, and grow healthier and more active personalities. Hopefully, the treatment will exempt them from the agony of illness, so that they can pursue their ideals and goals worth fighting for!

Psychiatrist

Yung-Hsing Chen

15 July, 1982