Curiosity or Cure?

Chinese Medicine and American Orientalism in Progressive Era California and Oregon

Students of Oregon’s history may be well acquainted with the story of Ing Hay, purveyor of Kam Wah Chung & Co., a Chinese apothecary in the town of John Day. From 1887 to 1948, Kam Wah Chung & Co. served both Chinese and Euro-American patrons hailing from eastern Oregon, southern Washington, and parts of Idaho. Doc Hay — as he was known to patients — diagnosed illnesses, dispensed herbs, and sold sundry goods imported from China. Hay was one of many Chinese doctors who began immigrating to the United States with the first waves of their countrymen during the 1850s. Most Chinese immigrant enclaves had at least one person acting as the community doctor, whether self-taught or formally trained, and their status as merchants protected them from the Chinese Exclusion Act of 1882 that barred immigration by laborers.¹

Taking a page from Horatio Alger, biographers of Chinese immigrant doctors tend to depict them as men who surmounted anti-Asian racism to become leaders in their communities, respected by their Euro-American neighbors, and financially successful.² Recent scholarship by historians Haiming Liu and William M. Bowen, for example, has drawn together disparate local histories of individual practitioners to suggest commonalities in their experiences and the significance of Chinese apothecaries to Asian American history. As Liu summarizes: “By examining the history of herbal medicine in America we learn to appreciate the open, engaged, and cosmopolitan nature of Chinese American life.”³ Liu and Bowen note that Chinese herbalists tended to be among the best-educated of the immigrants and the most likely to forge ties with Euro-American and other non-Chinese neighbors and patients. As a result, Chinese doctors were often able to avoid the worst of racist exploitation and oppression. Their extraordinary experiences provide the counterpoint to the dominant narrative of anti-Chinese racism and exclusion in United States history.⁴

Yet a simple triumph-over-adversity narrative does not tell us much about the actual strategies that Chinese doctors deployed to secure allies in a hostile environment and stave off the most energetic campaigns against them during the Progressive Era. Beginning in the 1890s and accelerating during the first decades of the twentieth century, the American Medical Association (AMA) joined forces with state and local governments to drive unlicensed doctors — including Chinese herbalists — out of business.⁵ Between 1915 and 1929, Ing Hay was the target of a series of indictments for practicing medicine without a license. (Each time, with the help of sympathetic jurists, the charges were dismissed.)⁶ Focusing on California and Oregon, two of the states with the largest Chinese immigrant populations during the late nineteenth and early twentieth centuries, this article examines representa-
tions of Chinese medicine during a period of increasing regulatory scrutiny and asks how such representations differentiated “regular” from “irregular” medicine. It argues that Chinese doctors made the practice of irregular medicine a central component of their appeal to white patients. Ironically, then, Chinese doctors found themselves defending their practices in the very language used to attack them.

The AMA-government partnership to crack down on irregular doctors was, in many ways, a continuation of the AMA’s long-standing mission. Since its founding in 1847, the organization had endeavored to discredit what it deemed unscientific medical practices through various strategies, including penalizing its members for collaborating with irregular doctors. As a private and voluntary association, the AMA had limited coercive power, but the political culture of the Progressive Era, with its impulse toward bureaucracy, created opportunities for the AMA to extend its reach. A widening acceptance for the germ theory of disease, which had yielded advancements for regular doctors in surgery and the containment of infectious diseases, lent justification to the regulatory movement. Beginning in the 1890s, state medical boards composed of AMA-approved physicians administered mandatory licensing exams that focused on recent medical science and pharmacology. At the same time, new laws empowered states and counties to impose fines and jail time on doctors practicing without a license. The 1910 publication of the Carnegie Foundation for the Advancement of Teaching’s Flexner Report, a survey of medical education in America, helped legitimate and galvanize the AMA’s mission to standardize a science-based medical curriculum. The foundation inspected and scored 155 American and Canadian medical schools, both orthodox and unorthodox, reserving the report’s most scathing criticisms for eclectic, homeopathic, and osteopathic institutions. In response, numerous medical schools closed, merged, or reorganized to reduce the number of students and elevate the requirements for admission, training, and graduation.

AMA physicians pursued an aggressive campaign against irregular doctors because there was so little popular consensus about whether “scientific” medicine was actually superior to other practices. Across the public, faith in science competed with a host of other preferences and fears. Despite real improvements in science-based medicine and surgery, early-twentieth-century patients still associated regular doctors with harsh emetics and risky operations. Irregular doctors tended toward less invasive procedures and often prescribed herbal medicines similar to the homegrown remedies many patients already found familiar. Hay’s Euro-American patients often came to him after their self-fashioned treatments failed. When seeking help for her daughter’s infected finger, for example, Mrs. Fred Deardorff wrote: “I have been using flax seed poultis [sic] and white of egg but without much results.” Another of Hay’s patients, Mrs. M.J. Baker of Burns, Oregon, suffered from...
a tumor on the left side of her neck. She wrote, beseeching him to treat it with herbs: “I would be so glad if you could reduce that as the dr [sic] are wanting to cut it out and I have such a dread of the knife.”

Hay’s patients may have found his approach more regular and familiar, while surgery and other scientific practices were more irregular and scary.

During the Progressive Era, Chinese doctors became useful subjects for American writers seeking to explain the differences between regular and irregular medicine. By their own admission, Chinese doctors were trained in ancient healing arts that bore little resemblance to modern, scientific medicine. Although health practices in China varied from drug therapy to acupuncture to mystical healing, practitioners in the United States tended to focus on diagnosis by pulse (or pulsology) and herbal remedies.

Thus, Chinese medicine became a perfect foil to the AMA-sanctioned scientific medicine.

Descriptions of Chinese medicine drew on American Orientalist ideas and attitudes. American Orientalism was a popular discourse that developed in the context of trade and diplomatic relations between the United States and China over the course of the nineteenth century and that linked unequal power relations between West and East to the presumed racial inferiority of Asian races. American perceptions of Asians as backwards and barba-

rous, decadent and effeminate, served as justification for exclusionary and discriminatory practices and policies. For white Americans who believed Chinese were racially inferior, it was no stretch to impose the same stereotypes onto Chinese herbal remedies. Attacks on Chinese medicine ridiculed the practice as anti-modern or unscientific and, at best, suited only to serve women’s medical problems.

Yet, American Orientalism’s presumption of Asian racial inferiority went hand-in-hand with an attraction to East Asian arts, material culture, and philosophy. As historian Henry Yu noted in Thinking Orientals, Asians in America “have been both valued and denigrated for what was assumed to be different about them.”

While the American elite had a long history of collecting Chinese and Japanese objects and studying eastern religions, by the end of the nineteenth century, the American fascination with “Orientalia” had become a more widespread cultural phenomenon. Chinese and Japanese consumer goods were now available to mass markets through mail-order catalogs and department stores. At the same time, world fairs and travelling shows popularized “Oriental” arts, ideas, and religions.

The contradiction embedded within American Orientalist discourse—that Asian exoticism made the race both inferior and desirable—created an opportunity for Chinese doctors in the United States. For patients who distrusted modern medical science, the doctors realized, Chinese medicine’s perceived otherness could be a mark of superiority to western or regular doctors’ practices. Letters to Hay and other Chinese herbalists from non-Chinese patients often reflected the hope that their remedies might succeed where non-Chinese doctors had failed.

It thus could be advantageous for Chinese doctors to adopt the discourse of American Orientalism and use it to their advantage. Uncertainties about modern medical science and American Orientalist attitudes formed both the basis of attacks on Chinese medicine as well as its defense.

Portrayals of Chinese medicine by non-Chinese writers did double duty. They were, at the surface, studies of an exotic culture, and they reinforced racist assumptions about Chinese immigrants. More fundamentally, they reflected anxieties and uncertainties, particularly about modern medical science. An 1869 Overland Monthly article, “Medical Art in the Chinese Quarter,” introduced Chinese medicine to readers so as to instruct them in the very latest in regular medical science. Written by Rev. A.W. Loomis, a former missionary to China and frequent contributor to the magazine on matters related to Chinese immigrant life and culture in San Francisco, the article described Chinese medicine as based more in mysticism than scientific evidence:
So much study by so many learned men on one subject; so many thousands — yea, millions — of life-times spent in this study since the days of Noah until now, it might reasonably be supposed ought to have brought this science in China to a high state of perfection; but such is not the fact. . . . There still remains a higher veneration for ancient than for modern discoveries, and the more smoky, thumb-worn, and worm-eaten a doctor’s library appears, the more reverence, other things being equal, will usually be accorded to his opinions.

According to Loomis, superstition prevented Chinese doctors from acquiring knowledge of anatomy or chemistry. Internal organs, nerves, and vessels, the author claimed, were “terra incognita” to doctors whose veneration for the intact human body prevented them from dissecting even post-mortem. Loomis described the Chinese theory of anatomical correspondences and channels well enough to explain the basis of pulsology, but he summarily dismissed the practice as insufficient for diagnosis: “None but quacks . . . pretend to trust entirely to the pulse.” Disparaging pulsology provided an opportunity for Loomis to educate readers on modern medical diagnosis: “The regular faculty speak of four methods by which the diagnosis must be obtained, viz.: 1st. By observation . . . 2d. By hearing . . . 3d. By questions . . . and 4th. The pulse.” Loomis concluded his expose of Chinese medical arts by cautioning readers against forsaking “the new theories and freshly discovered medicines of the young nations of the West, for the theories which wise men of the East in the ages long ago invented.” Even Chinese immigrants to San Francisco, he claimed, once introduced to the “American” science of medicine, preferred regular doctors for treatment.

Although other late-nineteenth-century accounts did not make such overt comparisons with regular medicine, they repeated the notion that Chinese medicine was more a curiosity than a science. The intent may have been to entertain a non-Chinese audience of readers, but the effect was to emphasize the arcane and exotic, reinforcing American Orientalist attitudes. The apothecary, with its jumble of jars containing mysterious ingredients, featured prominently in late-nineteenth-century travel accounts to Chinese ethnic enclaves. The Chinese formulary was especially interesting to writers touring Chinatown in the late nineteenth century.

In 1875, Lippincott’s Magazine published a description of Chinese medicine in San Francisco as part of a “stroll” through Chinatown. The author, J.W. Ames, professed no special knowledge of Chinese culture and engaged a policeman to escort him through the darker byways, into restaurants, opium dens, and the apothecary of famed physician Li Po T'ai. Ames seemed at first taken aback by the banality of the shop’s appearance, which looked to him like any other drugstore with its drawers and jars, but once the policeman opened a drawer for Ames’s inspection, the difference was apparent: “[The drawer] is divided into four equal compartments, one containing partially charred bones of lions and tigers; another dried bugs . . . a third, some lentil-like seeds; and the fourth, small fragments of bark.” The presumptuous officer continued opening drawers with no indicated permission from the shopkeeper while Ames marveled at their contents: rhinoceros-horn shavings, elephant’s skin, and gallipots — quaint little earthen vessels with red labels in character — contain such sovereign remedies as alligator’s gall, ass’s glue, the flesh of dogs, and many other specifics that a scientific mind alone could appreciate. “Later, gazing upon medical charts of the human body with bemusement, Ames remarked on the visual depiction of the Chinese theory of channels: “something not greatly unlike viscera were plentifully arranged in regular rows of parallels and generously piled up almost to the chin. For such an internal economy no doubt the mixed tigers’ bones and tumblebugs are tonic and effectual.” He also noted the work of Tai’s apprentice, “naked to the waist . . . compounding some witch’s brew.” Ames

The above image from about 1900 shows one of the many apothecaries in San Francisco’s Chinatown. The herbalists behind the counter filled prescriptions by selecting from hundreds of herbs contained in the many containers and drawers lining the walls. This image was featured on a postcard, suggesting the popularity of visiting such a shop on a tour of Chinatown in the early twentieth century.
reported that he left the shop, not with courteous thanks, but with a cry of terror: "We closed the door with a bang and ran howling to the open air."

The fascination with the Chinese formulary continued into the early twentieth century. In 1903, when the San Francisco Chronicle shadowed Hop Lee as he hunted for and processed horned toads for his pharmacy, the reporter described the interior of a "typical" Chinese druggist: "If one takes the trouble or has the impertinence to peek into the shanties in the Chinese quarters of either San Francisco or Los Angeles, he will invariably discover what at first glance appears to be a collection of preserved fruit, but which on closer inspection proves to be canned toads, centipedes, rattlesnakes, worms, scorpions, and bugs."

In 1907, the Los Angeles Times cautioned its readers: "Those who make wry faces at swallowing a blue mass or castor oil may find relief in knowing what the sick Chinaman swallows." The reporter went on to list Chinese materia medica derived from minerals, vegetables, animals, and even the human body.

Articles about Chinese doctors often dwelled on their perceived connection to a criminal underworld. Real and imagined connections between Chinese herbs and death-by-poisoning made for exciting newspaper copy and confirmed stereotypes that associated Chinese with barbarity. In 1883, the New York Times published an article on a "Coroners' Manual" that outlined Chinese methods of murder and suicide by poison: "The commonest poisons are said to be opium, arsenic, and certain noxious essences derived from herbs. But besides these other things are taken by suicides and given by murderers to cause death."

The article went on to describe a special "Golden Silkworm . . . reared by miscreants" in the southern provinces and the preferred method of suicide among wealthy Chinese men — swallowing gold or silver to effect suffocation or internal bleeding. San Francisco's Daily Call attributed the murder of Chinatown doctor Ng See Poy to so-called "Chinese highbinders," a secret society of Chinese American assassins, blackmailers, and assorted criminals.

Reports of unpalatable ingredients and dubious morality did not seem to diminish the popularity of Chinese medicine, which continued to attract Euro-American patients, much to the consternation of its critics. How could something so barbaric, so retrograde, appeal to civilized Americans? English-language newspapers found their answer in American Orientalist stereotypes: If Chinese doctors were innately deviant, so must be their patients. When Louis Potter, a prominent New York sculptor, died in Seattle in 1912, the coroner identified the culprit as poison extracted from peach trees and prescribed by a Chinese doctor. Articles about Potter's death lingered over the "mystical" details of Chinese medicine. "Potter," the reporter lamented, "apparently had great faith in his oriental physician." The article went on to describe the state of the body: "Dr. Snyder [the coroner] said that in addition to the abrasions of the skin into which the oriental herbs were

Mortars and pestles were used to prepare herbal remedies at Kam Wah Chung & Co. (The photo was taken after the building was made a historic landmark and restored in the 1970s.)

A postcard from the early 1900s depicts the interior of a "Chinese Drugstore" in San Francisco's Chinatown.
rubbed and a strong plaster applied, Potter apparently had been taking a strong medicine. . . . Six large bottles of the black fluid had been consumed in eight days. The Coroner has not determined the nature of the concoction.\textsuperscript{24} The intrigue was only compounded by the presence of a “mysterious companion,” a woman who would not divulge her identity but who admitted that she was not the sculptor’s wife: “The Coroner described the woman as ‘apparently highly intellectual.’”\textsuperscript{26} Newspapers covering the Potter death subtly intimated a link between dangerous Chinese medicine and a dissolute lifestyle of artists and “intellectuals.” The implication was that unwholesome and unconventional characters patronized Chinese doctors.

Attacks on Chinese doctors often became attacks on their female clientele, reflecting common anxieties about independent women during the Progressive Era. During the first decades of the twentieth century, American women — especially among the white middle class — achieved greater education and professional prominence. That pattern held true in both California and Oregon, where women’s increasing role in public affairs was evident not only among middle-class women, who helped lead the fight for equal suffrage in California in 1911 and in Oregon in 1912, but also among working-class women, who participated in major strikes of textile workers, restaurant workers, telephone operators, and glove makers.\textsuperscript{29} Women’s visibility and power sparked the creation of anti-suffrage leagues and other anti-feminist organizations, all united by fears that women’s rights to self-assertion in political, economic, and personal affairs would subvert traditional male authority.\textsuperscript{30}

Female patronage of Chinese doctors seemed like evidence of that subversive trend. In 1907, the Los Angeles Times reported contemptuously on women’s affinity for Chinese doctors:

The oriental “healer” business has increased wonderfully in Los Angeles in the last three years. Chinese “physicians” who formerly were barely able to make a living, came here and waxed fat and rich. The places conducted by some of these smooth-tongued Celestials have been patronized largely by women. They seem to find something “romantic” in visiting the yellow quacks and having a “doctor” with long finger nails, a little round, black cap, with a red topknot, and loose, flowing robes, “prescribe” for their ills.\textsuperscript{31}

The Los Angeles Times’ depiction of the apothecary managed to mock both Chinese physicians and their white, female patients. Chinese doctors were foppish and effeminate, and their patients were fools. Decadence and luxury hinted at something nefarious and duplicitous: “Most of these places are beautifully furnished with oriental draperies, teak-wood furniture, Chinese porcelains, and other fittings calculated to create an impression of culture and wealth.”\textsuperscript{32} Female patients were, in effect, entranced by Chinese doctors.

The article implied that this susceptibility revealed their innate feminine weakness and irrationality and their inability to make sound decisions for their health care.

After a wave of arrests of Chinese doctors practicing medicine without a license in Los Angeles County, coverage of the trials became opportunities for newspapers to underscore the exoticism and gendered deviance of the “irregular” physicians. The Los Angeles Times reported the arrest and arraignment of Tom Leung, “the millionaire Chinese doctor” and proprietor of the Leung Herb Company of Los Angeles. The article lingered over the details of Leung’s appearance (“faultlessly dressed, wearing a frock coat and silk hat”) and soberly noted: “Women have been used to get evidence.”\textsuperscript{34} When Leung was arrested yet again a few years later, the same newspaper lavished attention on the “fancy costumes” worn by Leung and his fellow physicians: “The Chinese were arrayed in robes of wonderful richness, and the appointments of the rooms carried the impression of Oriental mystery.”\textsuperscript{35} In a 1907 sting operation conducted by the Los Angeles Police Department, a “woman detective” went undercover to get evidence that G.S. Chan was prescribing medicine without a license. The detective became more of a curiosity for the newspaper than the Chinese herbalist, who turned out to be far less exotic than the spectators attending the trial hoped he would be. Chan arrived in court “attired in garments of the latest fashion. . . . The spectators looked for the long, plaited hair and swishy clothes and were . . . disappointed.” Bessie K. Hall, the undercover detective, however, happily provided salacious detail for the newspaper, which reported that she “was married in Bakersfield but has not been living with her husband for some years past.”\textsuperscript{36} Extraneous information about dress and marital status became a kind of rhetorical shorthand that allowed writers to convey the gender and racial deviance of Chinese physicians and their patients.

Chinese medicine did have some defenders in the English-language press, but they also tended to rely on the well-rehearsed tropes of American Orientalist discourse. In an 1899 article for Lippincott’s Magazine, William Tisdale decried journalists who described Chinese physicians in terms more befitting a haunted house than a place of business:

Newspaper writers in search of a sensation . . . thread narrow alleys and climb dark stairways to find him in his secluded den, and relate thrilling stories of wrinkled mummies who felt their quickly-beating pulses and wrote prescriptions for sharks’ fins, or spiders’ eggs, or dried toads and lizards. These fairy tales go the rounds and are read by thousands who shudder at their imaginary horrors.\textsuperscript{37}

Tisdale was careful to distinguish trained Chinese physicians from pretend- ers, and he spoke highly of diagnosis by pulse: “Whether it is based on some
form of chicanery or upon science, it is certainly successful.” Yet, even as Tisdale commended Chinese medicine for its efficacy, he could not resist embellishing his praise with references to the mystical and supernatural. The ability to diagnose by pulse, he claimed, was “analogous to the sixth sense which the blind sometimes possess.” Tisdale’s article alternated between describing the apothecary as an ordinary, American doctor’s office and lingering on the most exotic details of the doctor’s costume and herbal formulary, indicating a fundamental uncertainty about how to extol the virtues of Chinese medicine: Did it work because it was like American medicine or because it was not? Tisdale’s ambivalence was reflected in how he excerpted his interviews with white patients. He included the full gamut of responses, from those who “freely assert that the Chinese system of medicine is more rational” than regular medicine to those who marveled at what “these degraded heathen can do with their herbs, which our own doctors with all their skill and knowledge cannot.” Tisdale found ways to promote Chinese medicine by both denying and affirming its racial otherness. Defenders of Chinese medicine, thus, could use the vocabulary of American Orientalism to signal its distance from modern medical practice and its more dubious innovations.

In addition to court proceedings and newspaper interviews, Chinese doctors in California and Oregon spoke publicly for their own practices through printed advertisements, where they had the most control over their message. Doctors could convey the nature of their work through self-selected words and images. Typically, advertisements underscored the effectiveness and safety of Chinese herbal remedies. Most advertisements featured a photograph of the physician, usually wearing distinctly Chinese garb but sometimes dressed in a western coat and tie. Many included fawning testimonials from white patients recounting near-miraculous cures through the application of herbal remedies.

In short- and long-form advertisements, Chinese doctors consciously employed and reinterpreted racist stereotypes used by their attackers. Li Wing, for example, published in 1902 The Science of Oriental Medicine, Diet, and Hygiene, a 326-page advertisement for his Chinese pharmacy in Los Angeles, the Foo & Wing Herb Company. Using the word science in its title, The Science of Oriental Medicine aimed to dispel the stereotypes that Chinese medicine was behind the times and its doctors barbaric, but it did so in an unexpected way: The book embraced backwardness and barbarism as virtues, not weaknesses. The Science of Oriental Medicine introduced readers to the Oriental system of medicine, including how its general principles and treatments compared to American medicine. According to Li, the “science” of The Science of Oriental Medicine was based on ancient and seemingly inhumane

practices. Counter to prevailing myths that the Chinese did not understand how the human body worked, *The Science of Oriental Medicine* insisted that their anatomical knowledge was superior to that of regular, American doctors because Chinese doctors dissected live humans, not cadavers:

When the Chinese commenced to study medicine they went at once to the root of different questions involved by practicing vivisection. Thousands of condemned criminals were taken and cut to pieces for the benefit of the living. In this way the functions of the vital organs such as the kidneys, the liver, the stomach, the spleen, and the heart were studied in the living person. The intensely important questions involved in the digestion of foods were determined as well as the effects of different drugs. These investigations, made while the man was still alive, were a thousand times more thorough and reliable than the guesswork which civilized physicians have practiced for many years by cutting up the bodies of dead men, when heat, motion, and life are gone and death has destroyed every function.

In reality, Chinese doctors probably did not perform vivisections on condemned criminals or anyone else; early Chinese medical texts, like non-Chinese medical texts of the same era, relied on postmortem analysis of internal organs. Nevertheless, the effect of such an anecdote might have been both shocking and comforting for potential white patients. Chinese doctors, supposedly racially inclined toward barbarity, had used their unsavory predilection for the advancement of medical science. They could, therefore, comprehend what civility and morality prevented regular, Euro-American doctors from comprehending: how medications actually worked on the living body.

Similarly, advertisements for Chinese doctors played on racist assumptions about their effeminacy. Where critics of Chinese medicine saw gender deviance, Chinese doctors saw business opportunities and deliberately targeted female patients in their advertisements. In the case of doctors and brothers T. Foo Yuen and T. Leung in Los Angeles, most early-twentieth-century advertisements they published in the *Los Angeles Times* showed a doctor in traditional Chinese garb, seated and practicing diagnosis by pulse (pulsology) on a white male patient. The drawing reproduced a photograph originally printed in *The Science of Oriental Medicine, Diet, and Hygiene*. There is no hint of impropriety in the relationship between
examples of Kam Wah Chung & Co.'s business cards, featuring "Dorothy" and "Clara," were intended to appeal to the apothecary's Euro-American, female clientele.

...the male Chinese doctor and female white patient. Whereas in the original ad, the male patient and doctor's faces were slightly turned in, suggesting the possibility of making eye contact, the female patient and her doctor connect only at the wrist. The woman's face is tilted toward her doctor, but the doctor looks out toward the viewer and unquestionably does not meet her gaze. Diagnosis by pulse required no disrobing, no intimate touching, and — as this particular ad suggested — not even locking eyes.

Business cards from the 1910s advertising Kam Wah Chung & Co. likewise appealed to female clientele and their desires. In the advertisements, Kam Wah Chung & Co. was not just selling "medical herbs, groceries, Chinese goods and general merchandise"; it also was selling a vision of modern femininity. Each card portrays a white woman: "Lillian" dressed for a game of golf, "Clara" posing in a fur-trimmed coat, "Dorothy" gaily ice skating, and "Margaret" looking regal in finely draped robes and upswept hair. These were not images of the eastern Oregon ranching and farm wives who patronized Kam Wah Chung & Co., but perhaps representations of what they aspired to be. It is difficult to determine how successful these images were at drawing women to Chinese medicine, but we can tell from patient letters that Hay likely served more female patients than male. Perhaps such images of sophistication and affluence appealed to Hay's non-Chinese clientele, who tended to come from eastern Oregon merchant, farming, and ranching families with some wealth. Some of his patients had descended from the most prominent pioneers of Grant County and its neighboring counties, including the Deardorffs, the Keerins, the Van Bibbers, and one-time Mayor of Burns, Oregon, J.C. Welcome, among others. The middling status of these non-Chinese patients is not surprising; the initial visit and diagnosis cost $25, and patients typically paid anywhere between $7.50 and $15.00 for a supply of medicine to last them two weeks.

In longer form advertisements, both Li Wing in Los Angeles and C. Gee Wo in Portland spoke directly to female patients through promotional books. Their depiction of femininity was much narrower than that of Kam Wah Chung & Co.'s business cards and conformed more closely to the old-fashioned Victorian ideal of "true womanhood," which identified domesticity (along with piety, purity, and submissiveness) as the source of women's social power and moral authority. While a woman might express her domesticity as a wife, daughter, or sister, the mother was the ultimate manifestation of Victorian femininity. In advertisements targeting English-speaking clientele, Wing and Wo appealed to that tradition by highlighting Chinese medicine's capacity to restore fertility to women.

Li's *The Science of Oriental Medicine* included a chapter specifically addressing "The Diseases of Women" in which he decried gynecological surgeries as "a fad pure and simple." *The Science of Oriental Medicine* emphasized herbs' capacity to defend natural womanhood against "modern ways of life." Wing attributed women's ailments — such as excessive food, alcohol, and parties; "overwork" and anxiety; and the use of contraceptives, which *The Science of Oriental Medicine* called "various perversions of marriage." Chinese herbs, Wing claimed, were "particularly adapted" to counter the poisonous effects of modern living and modern medicine.

Wo's *Things Chinese*, a hundred-page book that publicized his office and herb shop in downtown Portland, similarly denounced modern birth control and other forms of interventionist medicine for their detrimental effects on women's health: "Why is it that the women of the twentieth century are not strong, healthy, and robust as the women of the first part of the nineteenth..."
century? And why not mothers of a large family of strong, rosy-cheeked, and healthy children, as their mothers and grandmothers had been before them? The answer, according to Wo, was modern medicine's tendency to "unsex" women by encouraging them to interrupt menses, seek abortions, or otherwise alter their reproductive systems. Wo declared that his herbal remedies could strengthen women's organs, eliminating menstrual pains and tumors and restoring fertility.

Advertisements for Chinese medicine also frequently played on seeming contradictions, combining characteristics derived from American Orientalism with their opposite. In the discussion of vivisection, for example, readers of The Science of Oriental Medicine learned in later pages that the "condemned criminals" had voted to submit to live vivisection. What might have seemed barbaric was in fact democratic. More commonly, advertisements portrayed Chinese herbal remedies as both modern (based on science) and old-fashioned (based on ancient folkways). In The Science of Oriental Medicine, Wing cited "an exhaustive study" from Berkeley chemistry professor Walter C. Blasdale on the medicinal benefits of Chinese vegetables: "He believes that many of these will ultimately become of general use and of great value to American and European nations." Wing asserted that the knowledge of those healing vegetables was "ancient" but also confirmed by modern science. In The Science of Oriental Medicine, Wing claimed that herbal remedies were "founded upon a complete understanding of Nature's laws. Americans carry their theories of science to extremes and get too far away from the simple, fundamental facts upon which health depends." Wo insisted that his prescriptions were "nature's own remedies, and contain no poisonous minerals or drugs." As in many literary traditions, nature could be an antidote to modernity.

Nature also helped Wing and Wo combat sensationalist descriptions of Chinese apothecaries packed with desiccated animal and human body parts. In Things Chinese, Wo repeatedly described his ingredients as "roots, bark, herbs, vegetables, and flowers," nothing strange or noxious. Indeed, most of the Chinese physician's formulary at this time likely would have been medicinal herbs and vegetables with rarer, more expensive ingredients such as deer antler and tiger's bone used only sparingly. Wing explained that Chinese herbs were essentially common vegetables, and consuming them was as natural as eating regular food.

Now compare the use of these substances as medicines with the use of minerals or local applications of mechanical devices. We can understand how a vegetable substance which
is in the nature of a food can be taken into the blood and carried to the weakened portion of the body which needs special feeding and will there render the necessary assistance. But we cannot understand anything of the sort in reference to a mineral which is indigestible or to a poison which is injurious to a well person. Here is the whole difference in the methods of treatment in a nutshell.41

Wo described how Chinese herbs were harvested wild and then tended in farmyards “in the same manner as a gardener tends to his choicest flowers.”42 Such pastoral images aimed to diminish the exoticism of Chinese herbal remedies. In contrast to the simple cultivation of medicinal herb gardens, the derivation of regular medicine from minerals and metals might have seemed strange and potentially dangerous to potential patients.

Thus, in print advertisements, Chinese doctors crafted an image of Chinese medicine as based on an ancient science, with herbal remedies that were simultaneously familiar and exotic, natural and strange. Where popular stereotypes denigrated the Chinese by associating them with femininity, Chinese doctors highlighted their close connection with women and special knowledge of their ailments. Such was the source of Chinese medicine’s efficacy, Chinese doctors’ authority, and their superiority to the so-called regular medicine.

Biographies of Chinese doctors quite rightly marvel at the ability of some individuals to form long-standing and successful businesses in the United States. Ing Hay, Li Po Tai, and others weathered economic depressions, anti-Chinese violence, and other ordeals. They did so not by overcoming racism but rather finding ways to use it to their advantage. American Orientalist tropes of backwardness, barbarity, and effeminacy furnished Chinese doctors and their patients with a common language. Although it took some rhetorical effort to transform flaws into features, the ability to speak to and attract white patients helped Chinese doctors survive and prosper, even in an era of increased regulatory scrutiny and prosecution for practicing irregular medicine.

Yet, the reliance of Chinese doctors on American Orientalist thinking was a devil’s bargain. Chinese doctors capitalized on their perceived exoticism, but in doing so, they limited themselves and their practices to the margins of American medicine. With very few exceptions, Chinese herbalists did not acquire medical licenses; nor did state boards create alternative examinations for Chinese doctors as they did for other irregular practitioners such as homeopaths, chiropractors, and osteopaths.43 By conforming to American Orientalist expectations, Chinese doctors helped cement their medicine’s marginal status for generations to come.

During the 1970s, improved foreign relations with China combined with the countercultural embrace of eastern philosophies and renewed American public interest in Chinese medicine, particularly acupuncture. Whereas acupuncture had traditionally served as preventive medicine for poor and rural populations unable to afford other treatments, during the 1970s and increasingly during the 1980s, acupuncture became a hallmark of what anthropologist Mei Zhan has called “hip, middle-class, cosmopolitan lifestyles that emphasize overall well-being and mind-body health.”44 During the 1980s and 1990s, schools for Oriental medicine began to open across the United States, with Portland, Oregon, becoming home to two major training centers, the Oregon College of Oriental Medicine, founded in 1983, and a new program in classical Chinese medicine initiated in 1992 at the National College of Natural Medicine.45 In the 1990s, Chinese medicine received a further boost when Congress decided to exempt herbal remedies from Food and Drug Administration (FDA) regulation despite pressure from the AMA. Around the same time, the National Institutes of Health established a permanent office for the study of “alternative medicine,” including traditionally Chinese practices.46 Since its American renaissance in the 1970s, Chinese medicine has been the subject of increasing interest among American medical researchers and doctors. It remains to be seen if this attention will lead to greater acceptance for Chinese medicine in mainstream health care. That acceptance will have to overcome a long historical campaign to define Chinese medicine in opposition to regular medicine, a campaign in which Chinese doctors played a significant part.

NOTES

3. Haiming Liu, “Chinese Herbalists in America,” in Chinese American Transna-
7. Historians use the terms regular, western, allopathic, or orthodox medicine to define a set of practices sanctioned by professional associations of doctors and public health institutions, state licensing boards, and major medical schools. Terms such as irregular or alternative medicine define other practices. These terms are problematic and ahistorical. At the end of the nineteenth and beginning of the twentieth centuries, American medicine was a mosaic of allopaths and homeopaths, emergent practices of osteopathy, naturopathy, and chiropractic, distributors of proprietary drugs and devices, and faith healers. Nonetheless, the distinction between “regular” doctors and “irregular” doctors was apparent to their patients even if it was not well defined, and for the historian, such terms become impossible to avoid. For a survey of “alternative” medicine and its interactions with “regular” or “orthodox medicine” from the eighteenth century to the near present, see James C. Whorton, Nature Cures: The History of Alternative Medicine in America (Oxford: Oxford University Press, 2002).
14. Mrs. Fred Deardorff to Ing Hay, n.d., Kam Wah Chung Papers [microform], reel 2, Oregon Historical Research Library, Portland [hereafter Kam Wah Chung Papers].
15. Mrs. M.J. Baker to Ing Hay, November 3, 1911, Kam Wah Chung Papers, reel 1. See also James F. Draplan to Ing Hay, October 8, n.d., Kam Wah Chung Papers, reel 2.
21. For examples of letters from white patients to Ing Hay, see Ethel Carter to Ing Hay, May 19, 1906; P.A. Harbusto to Ing Hay, November 9, 1907; Alvia W. Peters to Ing Hay and Lung On, December 29, 1930; Dorcas Breeding to Ing Hay, May 16, 1941 and Mrs. Albert Morse to Ing Hay, December 21, 1941; Kam Wah Chung Papers, reels 1 and 2.
32. Nancy F. Cott, The Grounding of Modern Feminism (New Haven, Conn./ Yale University Press, 1987), 44.
34. Ibid.
35. “In a Frock Coat and High Hat,” Los Angeles Times, March 10, 1908.
38. Ibid., 414.
39. Ibid.
40. Ibid., 16.

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Ing Hay was photographed as a young man in Baker City, Oregon, shortly after he emigrated from TVIOUS County in China’s Kwangtung Province. (Courtesy of Kam Wah Chung Museum.)
41. For one example, see images on pages 280 and 281. There are also two examples from Los Angeles-area physicians reproduced in Bowen, “The Five Eras of Chinese Medicine in California,” 182–85.


43. Ibid., 8–9.

44. Unschuld, Medicine in China, 78.

45. Classified Ad 21 — No Title, Los Angeles Times, March 2, 1904; Display Ad 230 — No Title, Los Angeles Times, November 17, 1912; ProQuest Historical Newspapers: Los Angeles Times (1881–1987).


47. Although Ing Hay was essentially the family doctor in many instances, prescribing and sending medicines for the different ailments of husband, wives, children, and grandparents in the same family, an analysis of patient letters suggests that he treated more women than men. I chose a sample of 117 letters based on the following three criteria: The sample roughly approximated the sex distribution of the entire collection of 249 letters (55 percent male and 45 percent female); I could easily identify both the name and sex of the letter writer and eliminate double counting; letters primarily concerned medical issues and had clear and substantive information about the patients and their treatment. From the data, we can observe that male and female patients wrote to Kam Wah Chung in roughly equal numbers. In both groups, roughly two thirds of the letter writers were themselves patients. The letters from non-patients are arguably more suggestive of the ratio of male to female patients under Ing Hay’s care. Thirty percent of male letter writers were not patients but were writing on behalf of their family members. Among these writers, two thirds of them were writing for female family members only, usually a wife or mother, sometimes a daughter. About the same percentage of female letter writers who were not patients wrote on behalf of family members (26.5 percent). As with their male counterparts, these letters tended to address the needs of female family members (14 percent vs. 9 percent). This suggests that even though male and female letter writers are about equally represented in the collection, women constituted the majority of Ing Hay’s patients. Kam Wah Chung Papers, reels 1 and 2.


49. The “Cult of True Womanhood” is a nineteenth-century phrase first revived in historical scholarship by Barbara Welter, “The Cult of True Womanhood, 1820–1860,” American Quarterly, 18:2 (Summer 1966): 152. See also Elizabeth Jameson, “Women as Workers, Women as Civilians: True Womanhood in the American West,” in The Women’s West, ed. Susan Armitage and Elizabeth Jameson (Norman: University of Oklahoma Press, 1984). The doctors’ emphasis on motherhood was undeniably out of touch with the “New Woman” of the 1920s. In the wake of the Nineteenth Amendment, a new icon of white femininity had burst onto the scene. Sexually liberated, empowered by the right to vote, and often depicted in a “flapper” costume, the “New Woman” seemed omnipresent in popular media. It is difficult to say whether Chinese doctors’ emphasis on “true womanhood” attracted or repelled the “New Woman” due to the absence of first-person accounts. The “New Woman” of the 1920s did not wholly replace Victorian “true womanhood,” with its emphasis on sexual purity and pious domesticity. See Ellen Carol DuBois and Lynn Dumenil, Through Women’s Eyes: An American History with Documents (Boston: Bedford/St. Martins, 2005), 483.


52. Ibid., 150.

53. Ibid.

54. Ibid.


56. Wing, The Science of Oriental Medicine, 143.

57. Ibid., 70.


60. Unschuld, Medicine in China, 223.


63. Ibid., 28–30, 38–40.


