

# *Memento Morbi: Lam Qua's Paintings, Peter Parker's Patients*

Stephen Rachman

## I. A Face Withheld

From the shadows of an undefined space, a room featureless in its darkness, a shrouded, semirecumbent figure reluctantly presents itself to the viewer (figure 1). The nineteenth-century Cantonese artist known to westerners as Lam Qua (Guan Qiaochang), who painted this portrait in the late 1830s, chose a restricted palette. It is a study in black, brown, and dull, mellow flesh tones. A dim source provides the bare minimum of light necessary to discern the flowing folds of the figure's dark, unstructured garment and one or two bricks (or perhaps pillows) for support. This is a medical illustration, putatively made to aid in the understanding of the patient's condition, portraying two arms (one horribly diseased, one normal) and an obstructed view of the patient's face. The distinctive visual economy of Lam Qua's composition invites the viewer to compare the arms, the normal and the pathological, but no other information, not even the sex of the patient, can be determined.<sup>1</sup> The patient conceals his or her face with the good hand and arm, and the fingers splay from temple to temple across its features in a timeless gesture of grief and mortification. It may take several moments for the eye to orient itself, to be sure of what one is looking at, because the diseased hand scarcely looks like a hand at all. The growth takes on a life of its own. Fungoid, disklike protuberances give it a porcine appearance as if the patient held, improbable as it must seem, a pig-faced puppet. Then in the top far-left corner, one sees the trapped thumb and fingers, dangling like a helpless claw, crowded out by the tumor, establishing the basic visual sense of the painting.

Perhaps the most extraordinary of a remarkable series of at least 114 paintings made between 1836 and 1852 in Lam Qua's studio, it depicts one of the Chinese patients of a leading medical missionary, Rev. Dr. Peter Parker, an American Presbyterian minister and physi-

cian.<sup>2</sup> In late 1835, Parker opened the Ophthalmic Hospital in Canton (Guangzhou). He soon acquired a reputation as a surgeon of such skill that his eye infirmary became a general hospital in which he treated thousands of cases. Arguing that medicine could be the “handmaid of religious truth,” he offered free medical care as a way to bring the Chinese to God and held regular services in the hospital.<sup>3</sup> Among the thousands of patients were a number afflicted with mature tumors (as much as thirty-five years old), which Parker had Lam Qua, who was trained in both Western and Chinese styles of painting and maintained a busy studio very close to Parker’s hospital, paint in the days before photography.<sup>4</sup> When viewed in the context of Parker’s corresponding case notes, Lam Qua’s paintings become even more complex images of cultural confluence and exchange, of East and West, Orient and Occident, portraiture and clinical documentation, Christian and heathen, rich and poor.

In this essay, I will address the ways in which the clinical and aesthetic values of Lam Qua’s paintings are intimately bound up in that confluence, in the fragmented histories of patients, a cross-cultural collaboration between a doctor and a painter, and a period of momentous political and medical change. Analysis of these images, when linked to Parker’s case histories, reveals the collaboration and contestation of the Chinese and the American at a moment when notions of these terms were in embryonic stages of development.

Lam Qua’s portrait of a patient concealing her face stands as a rarity in the history of nineteenth-century painting and in the annals of medical representation. The conventions of modern clinical representation preserve anonymity by cropping the face or blacking out the eyes; here the patient obscures identity by withholding the gaze, the visage. Despite celebrated examples such as Rembrandt’s *Dr. Tulp’s Anatomy Lesson* and Thomas Eakins’s monumental portraits of the clinicians Samuel Gross and D. Hayes Agnew, oil paintings—with the exception of doctors’ portraits—of medical subjects are relatively rare, and portraits of patients with tumors of such size and deformity rarer still. When not employing photography, most medical illustration was and continues to be drawn. It categorizes by taxonomy and specimen. Western nineteenth-century images of the abject subjected to the gaze of science and made to sit for clinical purposes seldom reveal the sitter’s prerogative to hide from the artist, doctor, or lens of the recording instrument, from what Foucault might have called the eye of power.<sup>5</sup> In nineteenth-century scientific images of the criminal, diseased, mad, or enslaved, the objects of study do not withhold them-



FIGURE 1. Lam Qua, *Patient of Dr. Peter Parker (Leäng Yen)*, circa 1838. Oil on canvas, 24 x 18 in. Reproduced by permission of Yale University, Harvey Cushing/John Hay Whitney Medical Library (no. 5 in Peter Parker Collection).

selves. The faces that appear in Rogue's Galleries, Hugh Welch Diamond's photographs of the insane, J. T. Zealy's daguerreotypes of slaves, medical-record photographs of the gunshot wounds of Civil War soldiers, and even Jean-Martin Charcot's hysterics are all presented as more or less acquiescent objects of scientific attention.<sup>6</sup>

But the figure in Lam Qua's painting will not or cannot sit openly or stoically for this portrait. Rather, we see a starkly emotional drama in which the good hand performs an act of concealment while the bad hand is held up for all to see. The suffering is rendered anonymous and becomes emblematic of the raw, direct trauma of illness and the hidden quality of individual suffering despite the attempts of medicine to disclose it. The patient cannot confront what we can scarcely look at ourselves and, therefore, the significance of the image is suspended in a grotesque of beholding and withholding. The "grotesque," a term derived from the strange images found in Roman caves or "grottoes," has been conventionally understood as an incongruous or unnatural combination of the human, animal, or monstrous that provokes incon-

gruous or contradictory emotional reactions (e.g., fear and laughter). In *Rabelais and His World*, Mikhail Bakhtin described a comprehensive notion of “grotesque realism” that not only elicits those reactions in response to descriptions of the body and bodily functions but partakes of an infinite range of positive and negative earthly combinations, invoking both degradation and regeneration. In its distortion of the body, capacity for unregulated growth, and status as alien, yet connected tissue, a large tumor like the one visible in this painting visually confirms the ways in which growth, transformation, and the conjugation of many forms of bodily states produce the grotesque. But these paintings do not merely depict grotesque subject matter. They embody a cultural grotesque particular to Canton in the era they were produced.<sup>7</sup>

## II. Exchange and Circulation in Canton: Cultural Production of the Grotesque

When examined together, a striking complementarity appears in the careers of Parker and Lam Qua. Both were born in the early years of the nineteenth century and rose from relatively obscure origins to notoriety in both the East and the West. Parker was the first American medical missionary to gain wide cultural acceptance and respect for Western medicine and, to a lesser extent, Western religion in Canton; Lam Qua was the first Chinese portrait painter to be favorably exhibited in the West. Neither Parker nor Lam Qua was the first to ply his skills in his respective field, but both were much more effective than their predecessors at garnering publicity for their efforts. The acceleration of trade, trade hostilities, and print media in the 1830s and '40s allowed for much wider acclaim than was previously possible and consequently both were widely viewed in their day as pioneers who broke through longstanding cultural barriers. To some observers, neither Lam Qua nor Parker was the physical type normally associated with each chosen profession. Lam Qua's rotundity was not in keeping with stereotypical assumptions about lean and sensitive painters. Parker's large hands, coarsened by farm work, seemed indelicate for a gentleman surgeon, and casual observers were frequently surprised by their dexterity.<sup>8</sup> Parker took an evident interest in painting, and Lam Qua was reported to have been “a great lover of the medical profession, and regrets that he is too old to become a doctor himself.”<sup>9</sup>

Perhaps more interestingly, Parker and Lam Qua traveled in similar social and political orbits. Of course, they had a number of direct personal connections, but they seemed to share a wide and overlapping circle of acquaintances. Lam Qua produced a number of portraits of Howqua, a powerful merchant who instrumentally provided a commercial space for Parker's hospital at 3 Hog Lane. Accounts and memoirs of Western visitors who had dealings with Lam Qua and which provide the most detailed accounts of him invariably mention Parker. No doubt this had everything to do with the claustrophobic environment of the foreign factory sector of Canton, adjacent to the old walled city. For the bulk of their acquaintance, both Parker and Lam Qua labored in this factory district, a settlement small enough to be measured in footsteps by its pent-up foreign occupants: two hundred and seventy paces from one end to the other along the riverfront and a mere fifty from the shore to the shops and factories, or *hongs*, as they were called. Their workplaces became favored destinations, sites of brisk traffic and frequent visits. Not only did they live and work in or adjacent to factories, they both came to oversee factories, as it were (Parker in his hospital treating one hundred patients a day, Lam Qua in his studio), using the methods of manufacturing and employing teams of assistants to handle the demand for their services. Both were well connected among their own countrymen, but, ultimately, it was their mutual ability to attract friends and admirers among foreign populations that drew them together.

By 1835, when Parker opened the Ophthalmic Hospital in Canton (originally he intended to specialize in eye disease), Lam Qua was already the city's preeminent export painter.<sup>10</sup> According to slightly varied accounts by foreign visitors, his studio on New China Street advertised, in the midst of Chinese characters, "Lam-qua, English and Chinese Painter," or "Handsome-face Painter." He sold portraits to a mixed clientele in the "English fashion" or, at a 20 percent discount, in the "China fashion."<sup>11</sup> He was thought to be "a great portrait painter among the Chinese" and the finest Chinese painter by westerners.<sup>12</sup> His paintings were exhibited at the Royal Academy in London and in France, New York, Boston, and Philadelphia.<sup>13</sup> In the late 1860s, the English photographer John Thomson, who was undertaking his well-known study of China, wrote admiringly of Lam Qua, "Lumqua [*sic*] produced a number of excellent works in oil, which are still copied by the painters in Hong Kong and Canton. Had he lived in any other country he would have been the founder of a school of painting."<sup>14</sup>

Though the details are contradictory, Lam Qua had been influenced by a distinguished English painter of the China coast, George



FIGURES 2 & 3. Reprinted from Paul Emile Daurand Forgues [Old Nick, pseud.], *La Chine Ouverte* (Paris: H. Fournier, 1845), 56. Exterior and interior of Lam Qua's studio. Figure 3 is supposed to be Lam Qua himself although Lam Qua reportedly painted standing up. Here we are meant to see the amalgam of Chinese and European techniques as he sits with Western palette and easel but holds the brush in the Chinese manner.

Chinnery, who arrived in Macao in the mid-1820s with a more flamboyant mode of portraiture.<sup>15</sup> Lam Qua soon assimilated Chinnery's style into his own. Eventually the two had a falling out, probably due to the fact the Lam Qua could undercut Chinnery's business by offering, as Patrick Conner has explained, "the novelty of an accomplished work in the Western style by a Chinese artist—and at a fraction of the price."<sup>16</sup> It is not surprising to find friction in these relations and not just for business reasons; the subtlety and distinction of Western fine arts traditions were a matter of considerable cultural pride and bias. On the one hand, westerners like Chinnery obviously wished to expose the Chinese to European art forms and influence them; on the other hand, these skills were perceived as a mark of cultural superiority. A French critic, de la Vollée, suggested that Lam Qua was "out of his element



before an [*sic*] European countenance" and liable to "*China-fy*" Anglo-American faces (albeit with inadvertent originality).<sup>17</sup>

But the rise of Lam Qua and several other artists as genuinely accomplished masters of English portraiture indicated otherwise—these qualities were indeed transferable—and signaled an intensification of cultural and commercial competition that marked the second half of the 1830s and the period of the opium wars. In fact, the way Lam Qua wedded the mass production of images to the production of unique likenesses of Western faces astonished visitors. Typically, Western observers in Canton were deeply preoccupied with comparing Chinese and Western technology, knowledge, and modes of production. They were especially sensitive to the spectacle of Chinese artisans cranking out conventional landscapes for the Western market. Describing this part of Lam Qua's workshop, a French observer wrote, "There is no art in this. It is purely a mechanical operation." This line of thought quickly extended to all of Chinese culture.<sup>18</sup> Through the lens of cultural condescension, the modernity of the "picture business" in Canton was (mis)understood by many Western visitors as another sign of Chinese backwardness. The desire for reassurance of the superiority of Western artistry and the mentality that produced it easily obscured the flexibility and assimilative power of Lam Qua's art operations. Western visitors continually sought to memorialize themselves in oil, to bring back souvenirs of Canton and the Chinese, and Lam Qua accommodated all of these demands with a surprisingly modern mixture of mass production and personal artistry. His studio was, in a manner of speaking, another kind of grotesque, tailored to the nineteenth-century Occidental mentality, combining factory models of production with the romantic notion of the autonomous individual artist.

Commerce in Canton also produced a linguistic grotesquerie fundamental to the work of Parker and Lam Qua. Because of the scarcity of translators or multilingual speakers, all who did business there resorted to a pidgin language (pidgin derives from a Cantonese pronunciation of business or "pidginness"). Rooted in Chinese syntax and phraseology and absorbing words from Portuguese and Indian as well as English and Chinese dialects, this commercial patter had to be picked up on the fly by Western speakers. Cantonese businesses kept handwritten phrase books of the jargon and it was "deemed one of the first steps to the acquisition of English, to copy out one of these manuscripts."<sup>19</sup> Non-English speakers were frequently confounded. English speakers felt simultaneously amused and degraded by having to listen to and speak this pidgin language and saw it as another sign of Chinese resistance

and hostility.<sup>20</sup> If the grotesque, as I have suggested above, provokes alienation via incongruous or contradictory reactions such as fear and laughter, then Canton elicited this response in foreign visitors linguistically via Pidgin English. The proliferation in the 1830s and '40s of the translation of the Chinese *yi* as "barbarian" and the surprising number of Western memoirs in which visitors refer to themselves by the epithet *Fan-Kwae* or *Fan-Qui*, or "foreign devils," indicate to some extent the degree to which westerners registered their alienation.<sup>21</sup>

Peter Parker established the Ophthalmic Hospital in the midst of this commercial and linguistic hotbed. He believed that the hospital could genuinely facilitate "social and friendly intercourse" between Chinese and foreigners, diffuse knowledge of Euro-American arts and sciences, and, above all, replace "pitiable superstitions" with the gospel truth. As he saw it, the key to reaching the "millions of this partially civilized yet 'mysterious' and idolatrous empire" was that his work must be entirely without fee, free from any form of "pecuniary remuneration." At all times, his motive "must appear to be one of *disinterested benevolence*."<sup>22</sup> A sign was placed over the entrance to the hospital that read *P'u Ai I Yuan* (Hospital of Universal Love).

In a city utterly dedicated to getting and spending, gratuitous care raised suspicion among the hong merchants. They assumed that Parker must have some ulterior motive and placed him under surveillance, planting a spy (who worked as a linguist) in the hospital.<sup>23</sup> Of course, his motive was to gain influence and converts, but there was nothing particularly devious about it. In 1836, Parker declared, "We cannot suppose the fond parent will remain insensible to the obligations of gratitude when he returns to his home, or fail to speak there of the *excluded foreigner* who had gratuitously restored his child to the blessings of health. We conceive there cannot be a more direct avenue to influence than will be presented in this department."<sup>24</sup>

In 1872, nearing the end of his career, Parker assessed his success. He reflected on his work at the hospital, but he remembered as well his part in negotiating the United States' first treaty with China in the mid-1840s. He claimed that during one of the negotiations over the lease of land for building sites in the treaty ports, a Chinese deputy minister "whose father and mother had been my patients" suggested that "temples of worship" be included in the list. Parker had removed polyps from the nose of the father, and he believed that the son's deep gratitude had inspired him to permit Western churches in China. Surgical success thus served as the "entering wedge" in the treaty and promised to make possible the evangelization of China. Parker asserted



that the minister offered this provision "knowing the gratification it would afford me."<sup>25</sup> Such was Parker's faith in the power of filial gratitude and his medical mission. In Parker's theory, gratitude for bodies cured was a path to the Chinese souls he wished to save.

In practice, the hospital gave Parker unprecedented access to the Chinese body of all ages and classes, male and female, from near and far. Originally, Parker intended to treat primarily eye diseases such as blindness (which was reportedly very widespread) and secondarily, the deaf and dumb; one hears the aura of Christ at Bethesda in this decision: to make the blind see, the deaf hear, the mute speak. An early case note from November 1835 reveals Parker ministering to Akeen, a thirty-one-year-old blind merchant, telling him (through an interpreter) "of the world in which he may see, though never again on earth; that in heaven none are blind, none deaf, none sick."<sup>26</sup> One might wonder in just what way Parker's *joss pidgin* (religious service) was lost in translation, but while Parker was urging admittance to the celestial infirmary, hundreds of Chinese were lining up for admittance to his earthly one. In his first year, he received over two thousand and one hundred patients with cataracts and a host of eye complaints, tumors, abscesses, cancer, goiters, bladder stones, scoliosis, hepatitis, pneumonia, impetigo, ulcers, and "opium mania." Each day, patients would line up by the hundreds, a porter would issue them numbered bamboo tickets, and the doctor would see as many as he could. The ferocious demand for his services could scarcely be met and like a line worker coping with a ruthless speedup, Parker worked himself into a state of exhaustion.

Nor would the gratitude he inspired always come in what he deemed theologically acceptable forms. Grateful patients frequently kowtowed to him and he was at pains to pull them from the floor; one patient even requested a painting of Parker to which he might offer daily prayers. But the cases came before him in an endless, inundating stream, compelling him to revise his medical/spiritual agenda. The encounters were intense and complex and it was the pressure of this onslaught that inspired Parker's collaboration with Lam Qua. Exactly why Parker requested that Lam Qua paint these portraits is not entirely clear.<sup>27</sup> Lam Qua was the uncle of Kwan A-to, Parker's first Chinese pupil in Western surgery, and it has been remarked that the paintings were made as tokens of gratitude for Parker's effort and skill, which he plied without remuneration. Lam Qua is reported to have said "that as there is no charge for 'cutting,' [pidgin for surgery] he can make none for painting."<sup>28</sup> This reciprocity, however, is complicated by the fact that

Parker's ledgers for 1851 show that twenty-five dollars were paid for "Lamqua [*sic*] paintings of tumors."<sup>29</sup>

The enormous size of the tumors and the surgical challenges they presented warranted illustration. They simply had to be seen to be believed. Parker probably planned to donate them to the Anatomical Museum of the Medical Missionary Society in China, a group formed in the late 1830s to institutionalize the medical-missionary approach exemplified by Parker and his English and American colleagues, but that museum never came about.<sup>30</sup> He did, however, deposit a set of portraits at Guy's Hospital in London, which may have been an expression of the original plan.<sup>31</sup> Upon his return to the United States in 1840–1, Parker used the paintings on at least one occasion to illustrate his lectures before medical audiences as a way to advertise his work, raise funds for the hospital, and recruit young missionary doctors.<sup>32</sup>

The paintings functioned for Parker as visual testimonials to his medical skill and to the nature of the Chinese as he found them. He selected patients to be painted on a principle similar to the one he used to cull the cases worth reporting from the thousands that came through the hospital doors. Some cases were chosen, as he wrote in 1848, "for their interest in a surgical point of view, others illustrating different shades of the character of the Chinese."<sup>33</sup> Like the many scrolls of tribute that grateful Chinese patients would frequently bestow on Parker, the paintings emphasized the magnitude of the task he had accomplished.<sup>34</sup> In a portrait commemorating Parker's work at the hospital and his instruction of Kwan A-to, Lam Qua bestowed upon Parker his own scroll as it were, painting it on the wall behind the doctor (figure 4). The paintings may have served as visual proof of the necessity of devoting the majority of his time to medical care instead of evangelizing. Parker's relations with his religious sponsors, the American Board of Commissioners for Foreign Missions, grew tense because of the board's concern that Parker was spending too much time healing bodies; by 1847 the board would sever its connections with Parker over this issue.<sup>35</sup> The paintings must have served as a form of spiritual compensation for the doctor who took no fees, a way of taking and maintaining possession of his patients. "God has signally smiled upon efforts to benefit the body," Parker noted in his journal for March 1843. "It was from the bended knee in one room that I went to take the knife in another. God heard the petition offered."<sup>36</sup>

From chapel to table, from prayer to cutting, the doctor moved, and he saw surgical outcomes (at least the positive ones) in providential terms. Many of the paintings were, indirectly, the mementos of an-



FIGURE 4. Lam Qua, *Dr. Peter Parker with his Student Kwan A-to*, circa 1840s. Oil on canvas, 25.5 x 20.5 in. Courtesy of Peter Parker V. The scroll in the upper-right corner is addressed to Dr. Parker, who "through the magic of his hands, restores youthful health, and gives longevity and life for the benefit of the people." The high commissioner Kíying bestowed this scroll.

swered prayers, visual analogues for his entire missionary enterprise. Grotesque fusings of diseased bodies and the strivings of a missionary doctor, Lam Qua's paintings become, as my title is intended to suggest, *memento morbi*, tokens of disease and cure.

### III. Likeness and Representation

How then is the cultural grotesque manifested in Lam Qua's paintings of Parker's patients? Sander Gilman argues:

In Lam Qua's paintings the patient becomes an extension of the pathology . . . much as the English country gentlemen in [Sir

Thomas] Lawrence's paintings become representative of a class or an attitude toward life. In Lam Qua's paintings the patient "vanishes" since the patient becomes the perceived object shared between the physician-missionary, Peter Parker, who is lecturing about them, and his Western audience. . . . The patient bears a double stigma—first, the sign of pathology, and second, the sign of barbarism, his Chinese identity.<sup>37</sup>

But this view unnecessarily conflates Lam Qua's paintings with their presumed Western reception, suggesting that because a Chinese artist paints in a Western mode, the meaning of painting and all of its effects are wholly subsumed under that system. It suggests that under the discursive field of Western science, Parker's patients become little more than their diseases and evidence of the Chinese heathen. While it is certainly true that paintings did function in a missionary discourse that trafficked in notions of cultural superiority and inferiority, I propose that we consider these paintings in terms that more accurately account for their resonance and power.

"I am indebted to Lam Qua," Parker explained in his case notes on Lew Akin, a young girl on whom he operated in April 1837, "who has taken an admirable likeness of the little girl and a good representation of the tumor."<sup>38</sup> Lam Qua's paintings achieve their complexity and power, in part, because of the duality to which Parker alludes. These images are indeed at once likenesses and representations. In the best examples, the sensitivity with which the admirable likeness of an individual is delineated contrasts against the details of the true representation of the tumors. Parker's distinction is an interesting one. In all probability, he uses *likeness* in the old, conventional sense as a term of resemblance appropriate to portraiture (of persons), and *representation* as a term of resemblance appropriate to objects, a usage connoting graphic realism—likeness for people, representation for things. But it is also a distinction that is useful to help understand the power of these images and how medical imaging functions.

The difference between likeness and representation signifies not so much different modes of painting per se as it does different ways of seeing. The likeness is the visual category in which one seeks to recognize the particularity of an individual: features, symmetry, marks of identification. For Parker, these images of former patients (*memento morbi*) whom he could recognize by sight must have retained a personal value and served as a memory aid. Also, he had personal knowledge of the fidelity of any given likeness that Lam Qua produced. But

because these individuals are unknown to us, their likeness functions on a different level of identification—a way of seeing the broader categories of the normative human, the male or female, the old or young, beautiful or plain, or perhaps the ethnic/racial category of the Chinese.<sup>39</sup> We also attend to the aspect of the face and eyes for any expressive or affective signs.

The representation functions as a visual category in which one observes objects by type or classification, be it medical or some other system. It stands for some part of the body or some kind of growth, the pathological or non-normative. Lam Qua's images frequently invoke in the viewer a kind of gestalt where the eye and the mind travel between the likeness and the representation, the normal and the pathological, the subject and the object. For this reason, I suggest, the tumor often appears as the patient's prop, as a musician might pose with his cello, while the eye of the beholder shuttles between these two ways of seeing.<sup>40</sup> In the case of Woo Kinshing, "aged 49, a fisherman from Shihszetow, near the Bogue," a ten-year-old tumor had "attained a very great magnitude resembling in figure a tenor viol." Because the shape and size of Woo Kinshing's tumor resembles a familiar object, a cello or "tenor viol" as Parker calls it, Lam Qua's image raises another issue of pathological representation latent in many images (figure 5). What happens to the status of the tumor when it resembles an ordinary nonpathological object? In Woo Kinshing's case, the suggestion of the cello is reinforced by the coincidence of it being positioned more or less where a cellist might play it. The tumor becomes a prop; in fact, Woo Kinshing would rest on it like a mattress. The indirection or redirection of the pathological gaze toward some other object frequently produces a ludicrous effect, and a kind of "tumor humor" emerges. Referring to the tumor as the patient's "old companion" and calling Woo Kinshing at several points "the old gentleman" (though he was only forty-nine), a lighter tone enters Parker's case history, especially given how difficult the surgery proved to be.<sup>41</sup>

In the case of Kwan Meiurh, we see a middle-aged woman, "a silk embroiderer," with "a preternatural development of the left mamma" (figure 6). Parker reported that a Chinese physician "applied to it a succession of plasters. Soon after the integument ulcerated and the gland protruded." The woman was in agony. Parker reported that "she was much emaciated and the breast, one third as large as her head, came down as low as the umbilicus." The dignified stoicism of Kwan Meiurh's portrait is consistent with Parker's account of the case. Though the operation was without anesthetic, the patient hardly made a sound.

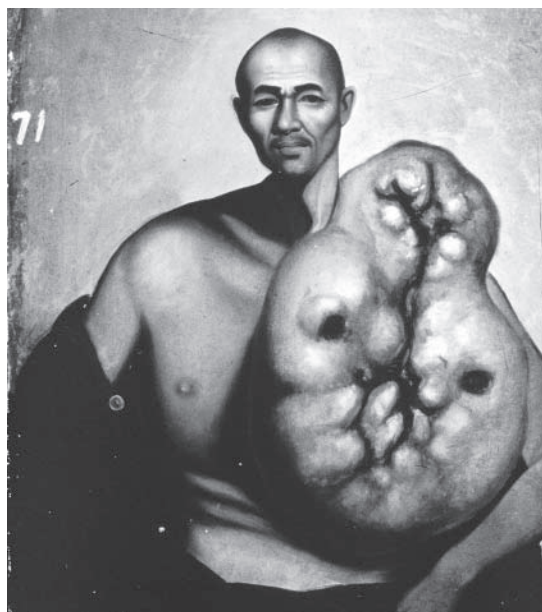


FIGURE 5. Lam Qua, *Patient of Dr. Peter Parker* (Woo Kinshing), circa 1838. Oil on canvas, 24 x 18 in. Reproduced by permission of Yale University, Harvey Cushing/John Hay Whitney Medical Library (no. 71 in Peter Parker Collection).

"The composed and confiding manner in which she came to the operation," he observed, "could not escape the notice of the gentlemen who were present. Apparently no child ever lay in the arms of its parent with more confidence of safety, than this woman lay upon the operation table under the knife of a foreigner."<sup>42</sup> Parker's obvious admiration for the patient extended beyond her high tolerance for pain (a characteristic of Chinese patients that continually inspired awe in Parker and his colleagues). He was pleased with her matter-of-fact attitude toward the necessity of the operation, her sense of the relative pain of surgery vis-à-vis the disease, and her, according to his account, childlike trust in his surgical power. Lam Qua appears to have brilliantly captured Kwan Meiurh's stately strength in the tension between the face and the growth, a comparison invited by the comment about the growth's size with respect to the patient's head. While Parker's paternalism is fully on display (he seems to veritably revel in her confidence in him), it also elicits an expression of his own distance from





FIGURE 6. Lam Qua, *Patient of Dr. Peter Parker (Kwan Meiurh)*, circa 1838. Oil on canvas, 24 x 18 in. Reproduced by permission of Yale University, Harvey Cushing/John Hay Whitney Medical Library (no. 29 in Peter Parker Collection).

her as a surgeon and an outsider. She is almost too confident, too trusting “under the knife of a foreigner.” Parker’s sense of the patient’s “deliverance” is the only hint of religiosity in the account. He directs his real animus against what he perceived as the quackery and maltreatment that the patient suffered at the hands of traditional Chinese practitioners. In complex ways, therefore, the grotesque is organized and reorganized by the case histories and the images, producing powerful and contradictory effects by shuttling between these two modalities.

#### IV. Leäng Yen

Let us return to the image of the withheld face of the Chinese patient, this time supplying a case history that corresponds to it. The person in this painting matches Parker’s description of Leäng Yen, a thirty-four-year-old woman from the neighborhood of Hwate, who first

visited the Canton Hospital in the fall of 1838.<sup>43</sup> During the previous October, she stopped menstruating and noticed a swelling in her right arm near the wrist. It had been neither remarkably painful nor especially bloody, but it had grown very rapidly. By the time she ventured to the hospital it was the size of a log measuring nineteen inches in circumference. Parker observed that her complexion had taken on a sickly pale-yellow hue. Fluid had built up, the swelling was considerable in her right arm, and her pulse was weak and fast. Her appetite was good; too good, in fact, for the doctor thought it was “morbid,” driven by her condition. He admitted her as his 5,721st case (in just under three years), put her on blue pill (a mercury-based compound commonly given for hypochondria, depression, constipation, etc.), colocyath (a purgative), and a few grains of opium at night to help her sleep.

Parker believed that she had an osteo-medullary sarcoma, a cancerous growth that appeared to originate in the bone and bone marrow. He felt sure he would have to amputate as soon as possible, but he had never performed an amputation on a Chinese woman before. As with all his serious cases, he consulted his English and American colleagues, most likely Dr. R. H. Cox and William Jardine, the latter being a former ship's surgeon and leading partner in the prominent English trading firm Jardine Matheson. Dr. Guilbert, of the French frigate *L'Artemise*, happened to be in port, and he too was consulted. The doctors stood by the patient discussing her case in English so she would not understand, but one of them made some gesture, perhaps a cutting motion, and Leäng Yen surmised what the doctors proposed. She was completely against it. But unable to confront the medical men directly, she told someone else that “she would sooner die than submit to the operation” (576). The doctors explained to her that they felt that she badly needed the operation, that it “would not be extremely painful” (this occurred before the introduction of anesthesia), and that she would soon die without it (577). Leäng Yen replied that she would be utterly helpless without her right hand. She conceded that it was better to lose a limb than the whole body, but she still felt at odds with the procedure. After a few days, she left the hospital and went home.

About three weeks later she returned to the hospital with her husband. She seemed to be in better health—Parker attributed this to the medication he had placed her on—but the tumor had grown even larger with fungoid protrusions. Once again the doctors proposed to amputate, and this time both she and her husband consented. However, since this was such an extraordinary undertaking, Leäng Yen's husband

felt that he had best consult with his wife's family. He returned home and found that the family approved of the doctor's recommendation, but he then fell sick and could not travel. He wrote to Parker, giving his unqualified consent. When Leäng Yen learned that her husband would not be with her for the operation, she grew anxious. She was afraid that if he were not present and something went wrong, preventing her full recovery, he "might decline to support her" (577). She was assured that "if he deserted her, she should be provided for," and the operation was scheduled for December 5, 1838 (577). All was in readiness on that morning, but when the doctor met with his patient he learned that she had changed her mind again. According to Parker, "with a toss of her head" she shouted, 'No cutting! No cutting!' and holding up two fingers she added, 'Give 200 dollars and you may'" (577).

Thwarted and disconcerted by the complete breakdown in communication between doctor and patient—especially Leäng Yen's sense of the doctor's motives—Parker endeavored to explain that he was not "anxious to mutilate her" and that he would not "give her price to do it" (577). He wondered how she could fail to realize that she had been provided food and a female servant to attend to her every need for her own benefit. Parker felt that, in her refusal, she was an "exception to all that have ever yet visited the hospital" (577). In the face of this, Leäng Yen backed away from her demand, saying that someone else had suggested to her that the two hundred dollars "would make her independent of her husband for support" (577). Parker wrote to the husband of these difficulties, and in a few days, despite his illness, the husband returned to the hospital and apologized on behalf of his wife, explaining "that it was not the Chinese custom to expect the physician to pay for healing his patient" (577). Leäng Yen also "seemed ashamed for her ingratitude" (577). All parties were at last whole-heartedly agreed that the amputation was desirable.

Once more, Parker obtained from his patient the "usual indemnity" that he would not be liable if the patient should die. He felt this was all the more necessary because Leäng Yen had grown feeble during these protracted negotiations. Her pulse was alarmingly high because the tumor was exerting great vascular pressure. The operation was slated for Wednesday, December 12. Two days prior, a doctor visited the patient and expressed the opinion that "she would not live to see the day," and that she was "just able to be lifted from the bed to the table" (577). Parker's case notes record that "an opiate was administered half an hour before the time of the operation, also five grains of blue pill, and ten of ext. of rhubarb" (578). The arm was removed above the

elbow. Leäng Yen, once determined to go through with the procedure, was openly contemptuous of the pain involved: "At the moment of sawing the bone [she] inquired when that part of the process would take place" (578). The operation was a success and Parker noted another ironic detail: the operation had been performed in his quiet hospital "during the time of the attempted execution of an opium dealer, and the consequent riot, in front of the factories" (578).

Examination of the removed forearm revealed disease in the marrow of the radius and ulna. Parker found the tumor to be generally surrounded by a bony plate composed of "a mass of matter the consistency of brain" (578). This substance had protruded through holes in the plate and "expanded itself like a mushroom" (578). Leäng Yen's condition stabilized after the amputation. The wound healed without infection and her only bodily difficulties appeared to be digestive. Five days after the operation, Parker discovered her devouring an oily bowl of sausages "even without rice" (578). When Parker scolded her, she "was much displeased and quite lost her temper" (578). By January 10, 1839, she was well enough to return home, but "she preferred remaining still longer where everything was provided for her" (578). Nine days later her husband returned to the hospital to collect her and she "was discharged in excellent spirits" with the prospect of life and health (578). "The opportunity," Parker concludes, "was improved in impressing upon them their obligations to the living God, and author of all their mercies" (579).

At some point in the preoperative part of her stay at the hospital, Parker most likely had Lam Qua paint Leäng Yen. The tumor described in the case notes closely resembles this image, especially with its mushroomlike protrusions and the swelling on the right side of the body (note the differences in the two arms). The feebleness of the patient and the shame Parker records her feeling in the negotiations over the operation supply a plausible context for the pose Lam Qua chose to paint (or perhaps, in which the patient consented to be painted), altering the painting's potential significance—what it was possibly intended to memorialize and the range of meanings we might ascribe to it. Reading the image anonymously, Larissa N. Heinrich suggests that "by concealing the identity of the patient, the painting still conveys a strong message about the curability of Chinese culture. . . . [T]he true nature of Chinese identity, the painting seems to say, is merely waiting for the art of Parker's scalpel to describe."<sup>44</sup> Once identified, the image no longer addresses the generic issues of healing, cure, and identity. Amputation, after all, would hardly restore the right

hand to perfection and would certainly not yield any final revelations about Leäng Yen's identity as Chinese. Rather, the painting portrays a patient withholding herself and resisting the system of exchange that undergirds Parker's hospital mission on almost every level. We recognize the empathy of Lam Qua's artistry, which is strikingly different in tone than the vexed superciliousness of Parker's report.

Leäng Yen does not withhold her identity precisely (for the tumor still allows for identification, and Parker would presumably know the patient in question); rather she withholds her gaze, her likeness, while proffering her representation. Though she is, according to Parker, "the first Chinese female . . . at least in modern times to submit to amputation of her right arm," she will not present herself directly to Lam Qua's canvas as a subject of medical scrutiny.<sup>45</sup> Even as Parker relates it from his viewpoint, the case is riddled with incidents of mutual misunderstanding and tension. The patient surmises the diagnosis and treatment across the barrier of language and over and against the attempts of the medical men to conceal it. The life-saving nature of the operation is construed by the patient as a commercial or mercenary enterprise—like almost all other foreign operations in Canton. While it is unclear in which language these exchanges took place, the grotesque comedy emerges in Pidgin English with Leäng Yen shouting "No cutting!" and bargaining for the arm. Suddenly, the saintly doctor is misconstrued as a ghoul, a body-snatching anatomizer—oddly evocative of contemporaneous fears of modern medicine expressed in Western countries—and his Hospital of Universal Love from which all remuneration was to be banished is taken for a place of haggling and barter just like any other Canton hong.<sup>46</sup>

Parker is convinced that his patient is gaming the system of the hospital, maximizing her stay. Leäng Yen feels trapped and at risk of spousal abandonment. Caught out in her attempt to obtain financial independence by selling herself for what she perceived of as medical experimentation and then ashamed at the appearance of her own ingratitude, she is cornered by her husband into an operation she dreads. A hungry, noncompliant patient, she eats with gusto "oily sausages." With an uncanny, almost novelistic sense of setting, the operation takes place in the midst of one of the early Canton riots that touched off the opium wars—a struggle that emblemized the chaos, coercion, and rancor of Chinese and Western relations. In the language of his case notes, Parker tries to distinguish the quiet of his surgical theater from the turmoil of the streets, suggesting that his model of foreign relations is superior.

But the conflict between Leäng Yen and himself suggests that the distinction—while well-taken in general—cannot be so neatly drawn. In cultural terms, this painting is inevitably about the Chinese-Western relations that Peter Parker forged in the 1830s and '40s, mediated through the diseased body of a woman who felt trapped in a patriarchal society and was desperately in need of an operation that could only be performed by a well-meaning but equally patriarchal doctor. In the context of the case, it is this grotesque matrix of deeply human despair captured at a profound moment of crisis that Lam Qua's image conveys.

### V. Memento Morbi

In both Lam Qua's portrait and in Parker's case notes, Leäng Yen occupies several middle grounds that are in many ways emblematic of differentials encompassed by what I am calling *memento morbi*. A woman in the masculine world of the factory district of Canton, she was captured between revealing and withholding, charity and commerce, and diagnosis and operation. Parker, too, occupied his own middle ground between the material and the spiritual, body and soul, and disease and health, as it were. And Lam Qua, as well, occupied a middle ground. He was a Chinese artist, as Michael Sullivan remarked of his landscapes, who by adopting "a Western technique, . . . also adopts a Western vision," a vision not quite possible through the generalized techniques of Chinese styles.<sup>47</sup> In the grotesque and human tension between likeness and representation, he portrayed the Chinese through Western ways of seeing.

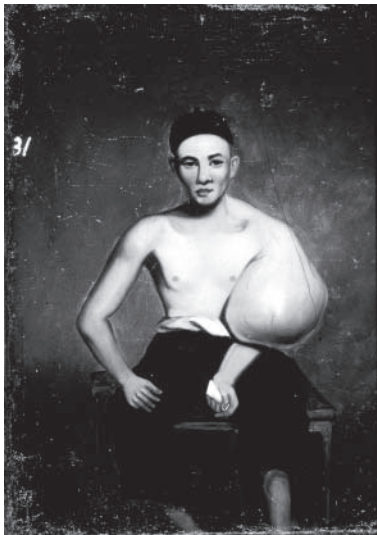
As the use of Cantonese Pidgin English by Lam Qua, Parker, and his patients was inevitably susceptible to linguistic distortion, so the triangle of patient, doctor, and artist that is partially revealed in these paintings was fraught with the misconstrued meanings of cross-cultural negotiation. For the sitters, these paintings signify an additional encumbrance: the burden of one's mortality, growing from the side of one's face, hand, or chest, recorded for the glum significance of medical history. It is a representational process by which one becomes part of a doctor's collection. But in the instance of Leäng Yen's portrait, the anonymity of human suffering becomes something else. In the splayed hand that covers the face, we see the burden of the representation of disease expressed as a refusal to yield her likeness. And a final detail of Lam Qua's portrait emerges as we faintly discern Leäng Yen's eye,



perhaps peeking out from behind that hand; the likeness, as it were, not wholly blinding itself to the very process it resists.

As the significance of these portraits sits at the busy intersection of medicine, history, and culture, they also traffic in meanings circumscribed by artistic practices. Oil painting on canvas is in general a laborious, time-consuming process. In generic terms, portraiture often entails multiple sittings and perhaps sketches and studies in a formal, frequently monumentalizing set of procedures. Despite Lam Qua's obvious skill, the medium was not well suited to capturing the radical transformations of Parker's surgery and the cellular minutia of gross pathology. Lam Qua's studio, with its divisions of labor, was undoubtedly capable of quickly producing images, but this meant that the images had to be of necessity stereotypical.<sup>48</sup> While oil on canvas was perhaps the best that early nineteenth-century technology had to offer, it is important to keep in mind that, if the paintings were to be used primarily in a pathological museum, then the typical midrange viewpoint they provide could be improved upon. But what is lost in close-up medical scrutiny is gained in the tension of likeness and representation inherent in these paintings. Lam Qua's portraits of Parker's patients are anything but stereotypical; they capture patients in relation to their condition in a moment of preoperative stasis, or, as in the case of Leäng Yen, crisis. We are compelled to value Lam Qua's portraits for the way a painstaking medium is made to yield to the urgency of disease and the fears of impending surgery and possible death.

Similarly, the pressure for beds in Parker's hospital mandated that postoperative convalescence should take no longer than necessary. (This would be the administrative rationale for Parker's irritation at Leäng Yen's tarrying during her recovery.) It is likely that for these reasons Lam Qua only produced one before-and-after sequence for Parker, that of the laborer Po Ashing who had his right arm amputated at the Canton Hospital in 1838 (figures 7 and 8). When time or circumstance permitted, Lam Qua produced portraits of patients with the accoutrements of the studio, as in the case of Po Ashing's postoperative portrait—he is posed in a landscape. But other images, like Leäng Yen's and some hastily rendered portraits were obviously composed with greater speed and in less artistically favorable conditions (probably at the hospital). In this way, the artistry of Lam Qua emerges under medical pressure. Parker and Lam Qua shared a common burden of serving the masses that would daily stream through hospital and studio one at a time. Cutting and painting find their ultimate equivalency in these images and in the lives and cases of the individuals they



FIGURES 7 AND 8. Lam Qua, *Patient of Dr. Peter Parker (Po Ashing)*, circa 1838. Oil on canvas, 24 x 18 in. Reproduced by permission of Yale University, Harvey Cushing/John Hay Whitney Medical Library (nos. 31 and 32 in Peter Parker Collection).

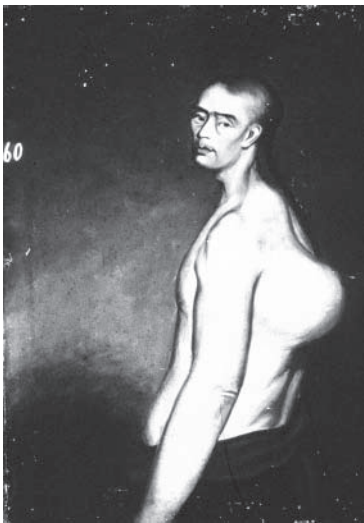


FIGURE 9. Lam Qua, *Unknown Patient of Dr. Peter Parker*, n.d. Oil on canvas, 24 x 18 in. Reproduced by permission of Yale University, Harvey Cushing/John Hay Whitney Medical Library (no. 60 in Peter Parker Collection).

represent. Like Parker's surgical skill, Lam Qua's art under the pressure of medical mortality reveals itself to be what art always inevitably must be, a race against time.

## NOTES

1. On the sex of this hitherto unidentified patient, see Larissa N. Heinrich, "Handmaids to the Gospel: Lam Qua's Medical Portraiture," in *Tokens of Exchange: The Problem of Translation in Global Circulations*, ed. Lydia H. Liu (Durham, NC: Duke University Press, 1999), 239–75, 272–3. Curatorial notes that inventory the collection at Yale are more equivocal, suggesting that the figure could be either male or female. Peter Josyph reproduced this image in the catalog that accompanied the only exhibition of the paintings with the gender-neutral title "Patient of Peter Parker, by Lam Qua." See Josyph, *From Yale to Canton: The Transcultural Challenge of Lam Qua and Peter Parker* [Exhibition catalog] (Smithtown, NY: Smithtown Township Arts Council, 1992), 5, 9. I will argue in this essay that the patient is a female patient named Leäng Yen.

2. While rarely seen by the public or scholars, the bulk of the paintings (eighty-six) are housed in the Peter Parker Collection in the secured storage of the Yale University Medical Historical Library and twenty-three hang in the Gordon Museum, part of Guy's Hospital in London. Four belong to Cornell University and one to the Peabody Essex Museum in Salem, Mass.

3. Thomas Colledge, Peter Parker, and Elijah C. Bridgman, "Suggestions for the Formation of a Medical Missionary Society Offered to the Consideration of all Christian Nations, More Especially to the Kindred Nations of England and the United States of America" (Canton: Medical Missionary Society in China, 1836): 8. This strategy paralleled that of seventeenth-century Jesuits who used Western astronomy for the same purpose. See Jonathan D. Spence, *To Change China: Western Advisers in China 1620–1960* (New York: Penguin Books, 1969), 34–5.

4. Osmond Tiffany, *The Canton Chinese, or the American's Sojourn in the Celestial Empire* (Boston: James Monroe, 1849), 85.

5. On perception and power, see Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1979), 200–1. On seeing and medicine, see Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. Alan M. Sheridan Smith (New York: Vintage Books, 1975), 107–24.

6. While not well known in general these are some of the more significant examples of nineteenth-century medical and scientific representation. On Rogue's Galleries, see Marmaduke B. Sampson, *Rationale of Crime, and Its Appropriate Treatment*, ed. Eliza Farnham (New York: D. Appleton, 1846). On Hugh Welch Diamond, see Sander L. Gilman ed., *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography* (New York: Brunner/Mazel, 1976). For a discussion of Zealy's Studies, see Alan Trachtenberg, *Reading American Photographs: Images as History Mathew Brady to Walker Evans* (New York: Hill and Wang, 1989), 52–60. On medical photography, see Stanley B. Burns, *A Morning's Work: Medical Photographs from the Burns Archive and Collection, 1843–1939* (Santa Fe, NM: Twin Palms, 1998).

7. Mikhail Bakhtin, *Rabelais and His World*, trans. Helene Iswolsky (Cambridge: MIT Press, 1968), esp. 19–58 and 303–67. By "cultural grotesque" I wish to emphasize the ways in which the execution, circumstances of production, and potential meanings of Lam Qua's paintings document surprising cultural confluence.

8. Edward V. Gulick, *Peter Parker and the Opening of China* (Cambridge: Harvard University Press, 1973), 146. Gulick remarks on Parker's surgical skill despite having

large farmer's hands. On Lam Qua, see Rebecca Kinsman Munroe, "Life in Macao in the 1840s. Letters of Rebecca Chase Kinsman to her family in Salem," *Essex Institute Historical Collections* 86 (1950): 39.

9. From an 1837 letter by Parker quoted in George B. Stevens, *The Life, Letters, and Journals of the Rev. and Hon. Peter Parker, M.D., Missionary, Physician, and Diplomatist, The Father of Medical Missions and Founder of the Ophthalmic Hospital in Canton* (Boston: Congregational Sunday-School and Publishing Society, 1896), 132–3.

10. The most authoritative accounts of Lam Qua's career are Patrick Conner, "Lamqua: Western and Chinese Painter," *Arts of Asia* 29, no. 2 (1999): 46–64; and Carl L. Crossman, *The Decorative Arts of the China Trade* (Woodbridge, England: Antique Collector's Club, 1991), 72–105.

11. For overviews, see Conner, 58; and Crossman, 77–80. For specific accounts, see M. de la Vollée, "Art in China," *Bulletin of the American Art Union* (October 1850): 118–9; Paul Emile Daurand Forgues [Old Nick, pseud.], *La Chine Ouverte* (Paris: H. Fournier, 1845), 56; and William Fane de Salis, *Reminiscences of Travels in China and India in 1848* (London: Waterlow and Sons, 1892), 12. For another account, see Joachim Hounau [Georges Bell], *Voyage en Chine du Capitaine Montfort avec un résumé historique des événements des dix dernières années* (Paris: Librairie Nouvelle, 1860), 92–107; and C. Toogood Downing, *The Fan-Qui in China, 1836–7* (London: H. Colburn, 1838), 2:91–117.

12. Munroe, 39.

13. Algernon Graves, *The Royal Academy of Arts: A Complete Dictionary of Contributors and their Work from its Foundation* (London: H. Graves, 1905–06), 4:361; Conner, 61; Crossman, 81–3; and Mary Bartlett Cowdrey, *American Academy of Fine Arts and American Art-Union: Exhibition Record 1816–18529* (New York: New York Historical Society, 1953), 220.

14. John Thomson, *China and Its People in Early Photographs: An Unabridged Reprint of the Classic 1873–4 Work* (New York: Dover Publications, 1982), 1: Plate IV.

15. A story was widely maintained that Lam Qua had been a houseboy and learned Western painting under Chinnery's tutelage, but Chinnery always denied this. Lam Qua may have come from a family of artists (his brother, who went by the name of Tingqua, also had a successful studio specializing in miniatures and sketches). For a summary of views see Conner, 49–54; and Crossman, 72–104.

16. Conner, 57.

17. M. de la Vollée, 119. This was expressed subtly, even in positive reports such as Rebecca Chase Kinsman's comment, "Would that I could give you an idea of the artist 'Lamqua'—A more perfect contrast to our [Salem portrait painter, Charles] Osgood can hardly be imagined. He is very *fat* and no one could imagine on looking at him, that he possessed a spark of genius, though he has in reality a great deal" (Munroe, 39). Because the corpulent Lam Qua did not conform to Kinsman's romantic ideal of the lean, intense painter, his genius was not readily perceived.

18. *Ibid.* See, also, Fitch W. Taylor, *A Voyage around the World* (New York: D. Appleton, 1848), 2:166. This volume reproduces many of the stock views and portraits of the emperor that Lam Qua's studio sold in great numbers.

19. "Jargon Spoken at Canton," *Chinese Repository* (January 1836): 432–3. All subsequent references to this monthly will be noted as CR.

20. *Ibid.*, 433.

21. On *yi* see, Lydia H. Liu, "Legislating the Universal: The Circulation of International Law in the Nineteenth Century," in Liu, *Tokens of Exchange: The Problem of Translation in Global Circulations*, 127–64, esp. 131–5. Examples of *Fan-Kwae* include William Hunter, *The "Fan-Kwae," at Canton before Treaty Days, 1825–1844* (Shanghai: Kelly and Walsh, 1911). See also the American Downing and the French Paul Emile Daurand Forgues who, by styling himself as "Old Nick," embraces this devilish moniker.

22. Colledge et al., 3–5 (italics in original).
23. Gulick, 57–8.
24. Colledge et al., 6 (italics in original).
25. Stevens, 328–9.
26. CR (February 1836): 466.
27. Parker only mentions the paintings once in his case notes (CR May 1837: 39). William Lockhart, an English medical missionary and colleague of Parker, suggests that Lam Qua painted them “to show his appreciation of the value of the Canton hospital to his countrymen.” Lockhart, *The Medical Missionary in China: A Narrative of Twenty Years’ Experience* (London: Hurst and Blackett, 1861), 171.
28. CR (May 1837): 39. “Cutting” would be in this case Pidgin English for surgery, hence Parker’s use of quotations marks.
29. “Minutes of Two Annual Meetings of the Medical Missionary Society in China” (Canton, 1852): 38.
30. Article six of the regulations indicates that the “museum of natural and morbid anatomy” would include “paintings of extraordinary diseases, &c.” “Medical Missionary Society: Regulations and Resolutions,” CR (May 1838): 34.
31. Lockhart, 171. Lockhart erroneously reports that the portraits in general first show “the malady from which they suffered, and then the appearance after the patient was cured.” There is only one instance in the collection of a before-and-after sequence, namely that of Po Ashing, which is in the collection at Guy’s and doubtless inspired the comment. However, by giving the impression of a whole series of pre- and postoperative images, Lockhart gives the collection a more coherent medical rationale than the series actually possesses.
32. Josyph, 5, claims that Parker displayed these paintings widely during his travels in 1840–1, but I have found less evidence of this. For one account of Parker exhibiting the paintings, see *Boston Medical and Surgical Journal* 24, no. 9 (1841): 177.
33. CR (March 1848): 133.
34. Parker’s hospital reports are dotted with these testimonials. For example, here is Parker’s translation of a scroll: “Sie Kienhang of the Province of Kwangsi, presents his respects the very benevolent Dr. Parker and moved by polite attention, addresses to him the following sentiments:  
 ‘One book of healing wisdom he to regions far imparts,  
 And thousand verdant orange trees by the fountain’s side he plants.’”  
 Parker, *Report of the Ophthalmic Hospital at Canton for the years 1850 and 1851* (Canton, 1852), 26–7.
35. Gulick, 125–43.
36. Stevens, 236–7.
37. Sander L. Gilman, “Lam Qua and the Development of a Westernized Medical Iconography in China,” *Medical History* 30, no. 1 (1986): 57–69, 65.
38. CR (May 1837): 38–9.
39. For example, in some of the curatorial annotations in the collection there are notes on whether or not a particular face looks Chinese.
40. Not a prop that becomes the appurtenance of class identity, as Gilman might have it, but as a part of the body that has become a thing apart.
41. CR (June 1838): 99–102.
42. Ibid., 103–5.
43. The following is derived from Parker’s case notes CR (March 1839): 576–9. Subsequent references are cited parenthetically in the text.
44. Heinrich, 273. For a similar comment on a painting of a different patient see Spence, 44.
45. Parker does not mention this in the case but in his introduction to the quarterly report. CR (March 1839): 569.

46. During this same period, great concern was expressed in Great Britain and America over the use of bodies for medical teaching, research, and experimentation, especially in the wake of the public outrage at the discovery of the crimes of William Burke and William Hare in 1827, who sold the corpses of the people they murdered to an anatomist. See Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Mankind* (New York: W. W. Norton, 1999), esp. 317–8.

47. Michael Sullivan, *The Meeting of Eastern and Western Art* (Berkeley: University of California Press, 1989), 86.

48. The record offers some indication of Lam Qua's commitment to the mass production of stereotypical images. When it came to landscapes of Canton, Lam Qua was not particularly interested in keeping his images current. In 1850, an English observer complained that Lam Qua's studio indifferently continued to churn out views of Canton that contained the English hong, which had burned down during the opium wars. See de la Vollée, 119.