

Fracturing, fixing and healing bodies in the films of Fruit Chan

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Abstract

This article explores the treatment of the issues of disability and healing in the films of Hong Kong's independent filmmaker, Fruit Chan, between the years 1997 and 2004. These films include: *Made in Hong Kong*, *Little Cheung*, *Longest Summer*, *Hollywood Hong-Kong*, *Durian Durian*, *Public Toilet* and *Dumplings*. Distinguished by his efforts to forefront subaltern subjects in the city, Chan's films highlight the complexities of the relationship between social marginality and disability, as well as the medical market and healing cultures. By contrasting diverse forms of healing in his highly hybridized and transnational vernacular medical marketplace, Chan's films are instrumental in displaying the underlying tensions of bio-politics on screen.

The film is about. . . growing old, sickness and death. It is about how Asian people are always in search of some magic portions or elixir of life to make them better.

(Berry 2005: 480) (Fruit Chan on his film *Public Toilet*)

Keywords: Fruit Chan, Hong Kong cinema, healing cultures, alternative medicine, medical marketplace.

Introduction: 'Asian healings'

In the transnational healing landscapes of filmmaker Fruit Chan, unlicensed female medical practitioners in derelict housing estates in Hong Kong, shamans in Northern China and baths in the sacred Ganges river in India have been featured.¹ Scholarly discussions of Hong Kong cinema have, however, dwelt mainly on the identity politics of the handover to Chinese rule in 1997 (Teo 2002: 179–180). In contrast, critical discussions of big-screen representations of the city's bio-cultures remain peripheral. Chan's independent films made between 1997 and 2004 have, however, reflected a conscious

¹ Born in Guangdong province in 1959, Fruit Chan moved to Hong Kong a decade later and served as an assistant director in the 1980s. The first film he directed, *Finale in Blood* (1993), was considered a critical success but a box-office failure. *Made in Hong Kong*, released in 1997, was his debut as an independent director in the industry.

effort to examine Hong Kong society through the lens of medicine. This article explores the treatment in his films of clinical and social disabilities within a crippling social hierarchy. It seeks to contextualize the volatile cocktail of modern surgical and vernacular medical practices featured in repairing and healing these traumatized bodies. Apart from offering new perspectives on the study of Hong Kong cinema, this article shows how Chan's feature films can provide more nuanced insights into the socio-cultural narratives of healing practices.

The discussion of Chan's films will be spread over four sections. The first deals with the unproblematic idealization of the indispensability of modern medical practitioners in Hong Kong's popular film and television dramas. However, as the second section will elaborate, such ideal conditions were non-existent for the vulnerable underclass in Chan's Darwinian world with little to buffer them against the realities of diseases and disabilities. The crushing impact of these disabilities is paramount in underscoring the significance of the healing cultures featured in these narratives. Usually entailing the use of non-mainstream alternative practices, these medical encounters involve either short-term repairs to physical injuries or more holistic treatments for terminal diseases. The former will be expanded on in the third section in relation to Chan's horrifying portrayals of commercialized and hybridized medical markets in *Hollywood Hong-Kong* (2002) and *Dumplings* (2004). These productions bring to the fore the process whereby the myths of biomedical sciences and healing traditions are simultaneously deployed in the context of the unregulated medical subculture. Last, this discussion will shift to Chan's more optimistic search for transnational healing practices in *Public Toilet* (2003), which showcases a more culturally borderless healing landscape.

Healing hands? Medicine in Hong Kong cinema

Beyond their clinical functions, health and medicine reflect broader sociopolitical characteristics of the healing cultures (Crawford 1984). In this respect, popular media such as films and television have been pivotal in scrutinizing the socio-cultural construction of medical discourses. Cohen and Shafer observe the tendency for television dramas to idealize the medical profession to reflect viewers' perceptions and expectations where:

The physician personifies every quality a patient should want: brilliant diagnostic abilities, an unlimited fund of knowledge in all medical sub-specialities, and Hollywood style good looks. In a world of time and economic pressures, these doctors are able to address every concern and comfort nearly everyone around them (2004: 211).

In the same way, modern medicine has occupied a privileged position in Hong Kong's screen culture. However, the idealization of the territory's medical dramas has also been

premised upon the historical ideas of the doctor as the political avant-garde, as well as the personification of scientific progress (Ho 2001). Film, in particular, serves to dramatize this ideal where doctors epitomize enlightened benevolence in contrast to either ignorant or obstinate patients.

The prevalence of these notions is reflected in the television drama series, *Healing Hands* (妙手仁心), which spanned three seasons for almost a decade.² Television drama series with similar themes included *The Last Breakthrough* (天涯侠医 2004), which featured Hong Kong medical volunteers in Africa and portrayed the city's scientific and economic parity with the Western world. These ideals have also been extended to television serial dramas in Hong Kong pertaining to the context of Court Medicine in Imperial China like *War and Beauty* (金枝欲孽 2004) and *The Herbalist Manual* (本草药王 2005). Like their counterparts in modern hospitals, enlightened physicians of a more historically distant era have been shown to struggle against superstition and conservatism. Among the more popular mythological figures represented on the city's screens are Hua Tuo (神医华陀), known to have performed surgery during the Han Dynasty, and Wong Fei Hong (黄飞鸿), the Kung Fu master-cum-physician during the Qing Dynasty. Collectively, these productions have centred the performative aspects of medical discourses on the indispensability of the professionalized medical practitioner to the healing process. However, this relationship tends to reduce those outside the profession to passivity. It is within this context that Chan's films have offered a refreshing problematization of the doctor– patient relationship from the subaltern and vernacular perspectives.

Contours of disability

Yau Ka-Fai acknowledges Chan's output as part of the 'new Hong Kong cinema', and as

not just a simplistic thematization of Hong Kong films in the 1980s under the 1997 anxiety or a visualization of the formation of Hong Kong's cultural identity. It specifies the multifarious and contesting features, market dynamics and politics within the complex and suggestive process, not only of the formation of a Hong Kong subject, but also of the flux and discrepancy within Hong Kong's own subjectivity.

(Yau 2001: 548)

Dwelling on the 'failed, vanished, and the underrepresented' (Yau 2001: 543), Chan's 'Third Cinema' has served as a vital platform in questioning Hong Kong society.³ These

² The first instalment of *Healing Hands* was aired in 1998 and the second and third series were broadcast in 2000 and 2005 respectively due to popular demand.

³ In this respect, Fruit Chan's production falls under the category of 'Social Realist' and 'New Wave Cinema' in Hong Kong, which focuses on the themes of localism and the legacy of 'little people' (Gan, 2005: 25–42; Wong: 2005: 229–230).

portrayals represent ‘a powerful statement against the failure of mainstream society to reckon with its self-deception, arrogance, and arguably a penchant for burying unpleasant memories in the form of a collective amnesia’ (Lee 2005: 275). Since featuring violence in juvenile delinquency (with Sam Lee playing the role of Chung Chau) in *Made in Hong Kong* in 1997, Chan has gone on to direct seven films in different categories highlighting the problems of social minorities. Although *Little Cheung* (1999) features the relationship between a child, his grandmother and a Filipino foreign domestic worker, *Longest Summer* in 1998 touches on disenfranchised middle-age Hong Kong ex-military servicemen on the eve of the colony’s handover to China. Represented by Ga Yin, these men struggled to maintain their dignity in a world which privileged youth over experience. *Hollywood Hong-Kong*, conversely, featured a family of highly obese butchers (Elder Chi and his two sons), while *Durian Durian* (2000) narrates the sojourns of Yan, a mainland Chinese prostitute, in Hong Kong. Chan’s film, *Public Toilet* (2003), adopted a highly transnational setting in which he explored the different cultures of sanitation and hygiene as well as the efforts of his subjects to seek alternative medical remedies outside their own national confines. Perhaps, his biggest commercial success has been *Dumplings* in 2004 (and his shorter version in *Three Extremes* in 2004) involving highly prominent artistes like Bai Ling as Mei, and Tony Leung Kar Fai and Miriam Yeung, as Mr and Mrs Li. Unlike the use of amateurs in his previous productions, the well-known actors were cast in roles that depict them as part of an illegal network in the trade and culture of consuming aborted fetuses as potent health supplements.

Chan has used disability as a tool in identifying the under-represented and the brutalities of under-representation. As he mentions: ‘The discrepancy between the rich and poor has always been an issue in Hong Kong, but the problem was swept under the carpet during the economic boom. After the financial crisis, the bubble burst for the middle class. All of a sudden, people notice that Hong Kong is crawling with poor people’ (Dissanyake 2007). Theorizing the social identities of disability, Murphy (1995: 140) notes: ‘The greatest impediment to a person taking full part in his society is not his physical flaws, but rather the issue of myths, fears and misunderstanding that the society attaches to them’. In some respects, Chan’s Hong Kong seems to reflect more of the dismal social and urban landscape of colonial Hong Kong in a bygone world instead of a glittering metropolis. He has also positioned disability as arising not just from medical factors, but from a particular social context as well, one which Pun Li regards as ‘post-1997’s City of Sadness’ (Pun 2005: 164–165).

Mainstream films have often widened the gulf between actual and screen disabilities by presenting this issue as one of ‘sick’ individuals overcoming personal, emotional and physical impairments rather than addressing broader social stigmas and marginalities (Norton 1994: 3–4). However, in Chan’s world, people belonging to the ‘wrong’ end of the social

spectrum are not only just the physically and intellectually handicapped but also children, teenagers, middle-aged men, mainland Chinese prostitutes and Indian and Filipino migrant workers. Collectively, their experiences have been increasingly acknowledged by scholars as the non-clinically disabled, or those who are socially crippled from the mainstream because of their nationality, ethnicity, gender and age (Albrecht and Verbrugge 2000; Hugh and Paterson 2004). In spite of their differences, Chan's films demonstrate the sensitivity of treating disability not singularly as a clinical dysfunction, but in terms of what Priestley (2005: 382–383) describes as the commonality behind the biophysical and embodied realities presented by different forms of impairments.

The character subjected to the most graphic form of violence is Lung, the intellectually subnormal friend of Chung Chau in *Made in Hong Kong*. Seemingly abandoned by his parents, Lung frequently tags along with the more sympathetic Chung Chau for companionship and protection. When the latter is not by his side, he is violently bullied and exploited. In one instance, Lung is viciously dragged into a public toilet by a group of youths, still attired in their school uniforms, and forced to masturbate in their presence. When Chung Chau is in a coma after being fatally stabbed, Lung is made to peddle narcotics by the former's gang boss. Failing to smuggle the goods, he is mercilessly shot by outraged gang members. Other characters in Chan's films suffer less dramatic, but more routine manifestations of their medical and social disabilities. Chung Chau's girlfriend, Ping, is forced to stop schooling and confined largely to home by her kidney disorder. To make matters worse, she has to endure the constant harassment of debt collectors, both from banks and the semi-legal finance companies from which her mother had borrowed heavily. The display of an external artificial urinary tract attached to a dialysis solution bag, reveals the cruel loss of Ping's youthful and innocent appearance.

Even people portrayed as apparently healthy in Chan's films are seen to experience restrictions, exploitation and confinement seemingly no different from medical disabilities. Little Cheung's friend, Fan, the daughter of an illegal Chinese immigrant cannot lead the life of a normal child when she has to consciously evade police patrols even though most were not specifically targeted at her. Eventually, together with several South Asian migrant workers, she and her family are discovered and marched away into police vans for deportation. Ga Yin and his fellow soldiers are also socially disabled after their military unit was decommissioned. As 'Chinese serving the British Army on Chinese soil', these men in *The Longest Summer* are past their prime, and find themselves socially and occupationally crippled in post-1997 Hong Kong. For the residents of the squatter colony in Tai Hom village in *Hollywood Hong-Kong* moving out seems to be an unthinkable option even though the district is linked to the rest of the 'outside world' by one underpass. In the case of *Dumplings*, despite looking physically and financially attractive, the former soap star Mrs Li continues to feel insecure next to her rich husband's nubile girlfriends. In this respect,

age is seen by Mrs Li as another crippling factor. For all these cases, the professional medical rehabilitative and counselling services that would have otherwise been available in mainstream medical dramas are unavailable and unthinkable. Effectively, as in the tragic case of Lung, Chan's 'disabled' characters are left to fend for themselves and search for their own cures and therapies.

'Believe in Science not Jesus': horrifying and bastardizing medical sciences and traditions

In the case of predominantly ethnic Chinese societies, scholarly debates on medical ethics are often framed alongside the tensions between traditional Chinese Medicine and modern Western science. This divide has unfortunately reduced the understanding of healing cultures into simplistic binaries that significantly fail to recognize the hybridization and evolution of medical practices, particularly on the vernacular level (Farquhar 2002; Cochran 2006; Zhang 2007). As depicted in Chan's films, the biomedical cultures have been defined generally in terms of underground clinical practices (*Hollywood Hong-Kong, Dumplings*) as well as foreign alternative healing cultures (*Public Toilet*).

With its sensationalist reporting of the transaction of organ parts, Seale, Dixon-Woods and Kirk have posited the media as playing a more pertinent role than either the medical fraternity or social sciences in framing the issues of the 'commodification of body parts' (Seale, Dixon-Woods and Kirk 2006). Hence, it is possible that the premises for Chan's stories were appropriated from media stories on the casual access of kidney transplants and abortion services in mainland China. To a large extent, his medical marketplace has also been the result of the obviation of mainstream public institutions for the underclass in particular. A combination of poor access to public health resources, grievances with treatment procedures and processes, as well as fears of its associated stigmas have propelled them towards the medical subculture. In contrast to the glamorized mainstream television drama serials, Chan presents a more disturbing picture of modern healthcare.

To begin with, hospital facilities and services seem geographically and socially unreachable for the residents of the squatter colony in *Hollywood Hong-Kong*. Where subjects have access to these institutions, the experience becomes portrayed as stifling. For Ping, her sanctuary in the hospital is an isolated staircase where she often smokes. A grimmer image of the hospital is depicted in *Public Toilet* where Dong Dong's grandmother appears to be restricted more by the supporting tubes plugged into her body than by her terminal illness. The dehumanizing effects of these machines are perhaps seen in the instances where her bowels needed to be cleared by a mechanized bucket system. The elderly woman occasionally sneaks out from her ward to seek solace in the communal spaces of the public toilet and the public parks to participate in group singing sessions. *Dumplings*, on the other

hand, features corrupt hospital staff in Mainland China liberally involved in not just abortions, but trading in discarded embryos.⁴

Additionally, there appears to be little faith in these institutions on the part of the subjects, as they feel let down by the miraculous claims of medical sciences. While consoling Ping on her plight, Chung Chau dismisses the claims of modern medicine thus: 'doctors these days cannot be trusted' in their diagnosis. Similarly, when he is in a critical condition after being viciously stabbed, Ping's mother becomes angered that her daughter cannot obtain the kidneys from Chung Chau though he had earlier consented. Another reason for Chan's characters' disinclination to use public hospitals is the fear of public monitoring. In *Hollywood, Hong-Kong* after having his arm hacked off (pertaining to an incident of blackmail for having sex with a minor), Siu Fu's instinctive response was not to call emergency services, but to look for Dr Liu, a mainland Chinese doctor around the neighbourhood with seemingly questionable professional medical credentials. In the same light, the mother in *Dumplings* would rather risk her pregnant teenage daughter's life with the unlicensed medical services of Mei, than have a hospital perform an overdue abortion. The shame of an offspring resulting from an incestuous relationship would have been considered too enormous to be exposed in a public institution.

In most Hong Kong productions, this category of unlicensed medical men is represented by traditional osteopaths and herbalists as well as by uncertified dental surgeons. Although they are often seen to provide services to the lower social strata, the standard of care appears professionally and morally questionable.⁵ Similarly, in her study of Chan's films, Wong casually dismisses these practices as quack surgery (Wong 2005: 234). However, the medical subculture in these films deserves a more sensitive scrutiny. To a large extent, Chan uses the services, claims and urban legends stemming from these practitioners as a projection of the fears and hopes of their clients. These themes first surfaced in *Made in Hong Kong* where Ping's mother, frustrated by the seemingly futile wait through the legal channels in obtaining a kidney transplant for her daughter, tells the doctor that she could

⁴ The narratives from *Dumplings* could have been adapted from periodical media accounts in Hong Kong of the alleged practice in Southern China on the eating of fetuses whose placenta are considered to enhance physical beauty and the body parts, which can be obtained illegally from hospitals, are supposedly much sought-after delicacies (*Epoch Times*, 29 March 2007).

⁵ A notable exception was in the Hong Kong segment of the transnational production *Three Extremes II* by Peter Ho-Sun Chan (2002). With the choice of prominent artistes of Hong Kong cinema like Eric Tsang and Leon Lai, the production gave the unlicensed medical traditions and practices a more benign face. A critical precedent comes in the examination of the entangled socio-cultural themes of memories, community and identity in the Hong Kong section of the collaborative film *Three*. Tsang, a single father and a jaded police officer moved into a decaying public housing apartment with his son. He becomes suspicious of one of his neighbours, a mainland Chinese doctor played by Leon Lai who is seen throwing away garbage bags of herbal leaves every day at the rubbish point. He soon finds out that the Lai has been trying to keep the corpse of his wife in his apartment, believing that with the right recipes he will be able to resurrect her to life. The latter is eventually killed by an oncoming car after trying to prevent his wife from taken away by the authorities.

easily buy one from Mainland China. Ping's mother's spontaneous reactions reveal a public attitude, namely that the advances in biomedical sciences and surgery are perceived as a mere commercial transaction of replaceable body parts (Morris 1998: 16–17). Although hastily chastized by the doctor, her remarks perhaps heralded a wider exploration of the medical marketplace in Chan's films.

This idea was developed in *Hollywood Hong-Kong*, where such willing doctors are represented by Dr Liu, who came from China. Keen to be identified in her white doctor's outfit, she seems apparently well acquainted with the rhetoric of Western biomedical knowledge. Claiming expertise about the latest cloning techniques from America, she requests the principal breeding sow from the obese butcher, Mr Chi, to be experimented upon for her genome project, involving the artificial insemination of rabbit semen to enable surrogate pregnancy. As Dr Liu explains, the success of the experiment would enable the mammal to carry a human ovary so that 'this sow could in no time be your mother'. This, to her, would translate into a commercially lucrative scientific breakthrough. She is turned down by the butcher, who finds her proposal to be unbearably cruel and unnatural, and Chan leaves the validity of the physician's claims open to discussion.

Writing on popular concepts of health, Mildred Blaxter observes, 'lay people have been taught to think, at least in part, in biomedical terms. Nor is modern medicine entirely wedded in practice, to a narrowly defined biomedical science' (Blaxter 2001: 184). In a way, Dr Liu's claims suggest a more complex intermixing of lay and expert notions of modern medicine, blurring in turn the boundaries between professionalism and quackery, religion and science. In trying to convince the butcher Chi to hand over his sow, Dr Liu warns him of the perils of ignoring scientific progress: 'you may not believe in Jesus, but you have to believe in science'. Moreover, in assuring Siu Fu about her confidence in reattaching his arm, sent to Dr Liu's clinic in an icebox by Butcher Chi's youngest son who discovered it on the translucent zinc roof of his home, the Chinese doctor boasts that she was known as the 'magician' in her homeland. Distinguishing herself from Hong Kong's modern hospitals, which she felt were only able to control bleeding, Dr Liu claimed knowledge of her family's medical secret in blocking both pain and blood.

Like Dr Liu's practices, the medical market featured in *Dumplings* represents an interchangeable and hybridized identity between modernity and historicity. Mei is not just a trained obstetrician whose qualifications in China are unrecognized in Hong Kong. To a large extent, she, as well as Dr Liu, is part of the burgeoning migration of mainland women to Taiwan and Hong Kong, who have in turn been portrayed as threats and contaminations to the local society (Shu 1998: 289). With her strong grasp of both modern midwifery and Chinese medical traditions, Mei's practice epitomizes the folk and urban legends about the medical marketplace. In a way, her justifications for consuming 'human'

dumplings seem founded upon the long historical and cultural legacies of cannibalism in China, alongside the folk beliefs in the potency of the human foetus. After eavesdropping accidentally on Mrs Li's telephone conversation with Mei, Mr Li becomes intrigued with the latter's trade. Having routinely consumed animal embryos in a belief that it would maintain his youthfulness and sexual potency, Mr Li approaches Mei for her dumplings. Upon sensing his slight reservation in consuming the cooked human dumplings, she reminds Mr Li of the acceptable presence of cannibalism within China's history and culture.

According to her, human flesh and organs have been admissible ingredients for medical recipes in traditional herbal manuals like the *Compendium of Materia Medica* (本草纲目). She also cites the case of Yi Ya, a reputable imperial chef in ancient China who butchered his own son for the emperor, who was growing tired of animal meat. Mei goes on to highlight the traces of cannibalism in Chinese literature and fables of the virtues of sacrificing one's own flesh for starving parents, as well as feasting on enemies in stories like 'Water Margins' (水浒传) and Yue Fei's poem's 'Entirely Red River' (满江红). She also invokes the prevalence of the consumption of human flesh in China caused by the deprivations and hardships from the Sino-Japanese conflict to the Cultural Revolution.⁶ In scrutinizing Chan's emphasis on food in his films, Wong underlines the importance of food in allowing for the manifestation of base desires driven by the appetite of the senses and by self-preservation at the expense of others' lives (Wong 2005: 231).

The most convincing aspect of Mei's claims, however, is her surprisingly youthful complexion for a woman supposedly in her 60s, as indicated by the displays of personal mementoes dating back to the Cultural Revolution. The framing of her dumplings simultaneously as medico-cultural products runs parallel with Featherstone's (2007: 35–36) description of the 'new tastemakers' in postmodern consumer culture engaged in the production of new pedagogies and guides to living and lifestyles. In Mei's case, it is a matter of using new bottles for old wines to market her dumplings to a secretive niche of wealthy clientele.

This disturbing subculture facilitates the highly unequal commodification of the body in an increasingly deregulated global market that privileges high-income societies at the expense of their low-income counterparts (Turner 2004: 123; Plummer 2005). In this case, Mei's services connected but different layers of the social hierarchy, ranging from the

⁶ Cannibalism has been extensively theorized and historicized by scholars keen to understand the broader political and socio-cultural significance of these practices and occurrences. For more details of reference to human anatomy as medical recipes, see Cooper and Sivin (1973); for socio-cultural discussion on the portrayal of cannibalism see: T'ien (1988), Lewis (1990), Graff (1993), Zheng (1996), and ter Haar (2006); For themes of cannibalism as a utilitarian necessity during periods of turbulence, see: Chong (1985), Sutton (1995), Kolb (1996), and Yue (1999).

highly privileged housewife to the sexually vulnerable minor. Proffering more than merely medical provisions, she helps rationalize the social expectations regarding the male desire for youth that her female clients were confronted with. For the neglected and lonely Mrs Li chasing the elusive antidote for eternal youth, Mei's dumplings offer hope and confidence in regaining her husband's affections. Similarly, while expressing strong reservations, Mei carries out an illegal abortion for a 5-month pregnant teenager and helps mitigate the shame of incest where the girl's mother did not know whether she would have 'a daughter or a granddaughter'.

Nonetheless, this unlicensed midwife also profits from the insecurities of these two groups of women by selling the aborted male foetus as dumplings for Mrs Li who was demanding more potent 'ingredients' for faster effects. To a certain degree, Mei's medical practices resonate with Susan Sontag's discussion on gender, youth, beauty and ageing. Although causing anxieties to both sexes, she observes that the politics of ageing imply a humiliating process of gradual sexual disqualification (Sontag 2004: 373). As such, women are seen to be more involved in taking pains to keep their faces and bodies from ageing. In this respect, Mei's trade is founded upon the patriarchal sexual and reproductive politics of her social environment. Without the preference for males, there would not have been a high supply of aborted female foetus to satisfy the demands from wealthy women desperately wanting to fight against time; time which favours their younger female competitors for their straying husbands. As Mrs Li comments: 'Men in their 20s, 40s or 60s will always adore women in their [early] 20s'.

In the case of *Dumplings* as well as *Hollywood Hong-Kong*, the medical market resembles a convenient anatomical workshop for repairing 'Cartesian bodies'; bodies that are susceptible to mechanical interventions that can be repaired, surgically removed or technologically supplemented in relative isolation (Leder 2004: 85). In highlighting the illusions of biomedicine, Paul Farmer observes:

never before [have] the fruits of basic science been so readily translated into life promoting technologies. Headlines abound with news of sequencing the entire human genome, of effective organ transplants, of new drug development. Every affliction, even many of the indignities of normal ageing, must have a response. . . (2003: 161)

To a large extent, both Dr Liu and Mei are portrayed to be trying to make this promise more readily accessible to the poor or more convenient to the rich. Furthermore, while their experiments and practices may seem outlandish, they also suggest the fetishization of body parts by biomedical science (Lock 2001). The belief in this respect of the potential of the pig to be impregnated with a human baby and the rejuvenating potential of aborted human foetuses in both films are fetishes created by a mixture of urban legends and biomedical theories. But what is more important to remember here is the marginal status of

Dr Liu and Mei. Although clearly portrayed as professionally trained doctors from pre-reform China, it is evident that their qualifications would not be recognized in Hong Kong. As such, they had to be involved in trades in which more privileged registered medical practitioners, would not be morally or professionally inclined to carry out their practices in such apparently crude ways.

Farquhar has, however, warned against making casual judgments on the clinical accuracy of such practices, given that the ‘marvellous complexity’ of Chinese medicine’s evolving trends cannot be reduced to a ‘single or correct or pure form’. Anthropologically speaking, the open-endedness and uncertainty in which all healing and clinical encounters take place produces dilemmas (Farquhar 1994: 224). Nonetheless, in mirroring the false promises of ‘anatomization’ of mainstream medicine, Fruit Chan is quick to underline not just the limitations, but the grotesque and unnatural realities of treating the body as replaceable and saleable parts.⁷ With the wrong arm being stitched back to his body, Siu Fu’s problems did not appear to be alleviated by the apparently clumsy surgery. Similarly, Mei’s provisions neither contain the sexual tensions of the working class family, nor do they salvage the drifting marriage of their upper-class counterparts. On the contrary, she ends up having a hasty sexual encounter with Mr Li who is also eager to try out the dumplings to improve his virility. In the end, the teenager on whom Mei performed her abortion dies from excessive bleeding. Her father is subsequently hacked to death by her anguished mother. This case focuses the authorities’ attention on Mei, so much so that she can no longer operate discreetly from her apartment. Without these services, Mrs Li is left with the option of buying the foetus inside her husband’s pregnant mistress, and eventually, performing her own abortion in the final act of self-cannibalization.⁸

It may seem here that the apparently bizarre practices of Dr Liu and Mei echo the horrors of ungodly experiments and unnatural outcomes in the tradition of films like *Dr Evil* and *Dr Frankenstein* (Su 2007: 158–159). Either because of outlandish surgery techniques or chemicals, overtly ambitious and eccentric doctors strike fear on screen by kidnapping hapless victims for experiments and creating uncontrollable freaks (Frayling 2005). The current trend in medical horror films has, however, been focused more on the

⁷ The effects of anatomical exchanges have also been featured in another Hong Kong horror film by the Pang brothers, *The Eye??*, in which Mun (Angelica Lee) begins to see ghosts and spirits after regaining her sight from a risky but groundbreaking corneal transplant operation. She also realizes that she has been actually seeing another woman’s image instead of hers in front of the mirror. Mun’s search for the identity of the original owner of the cornea brings her to Northern Thailand where she finds that she had inherited a set of eyes with unusual visual senses.

⁸ Mrs Li is seen to be giving strict and detailed instructions to the obstetrician (who has been probably handsomely rewarded to perform an illegal operation in a hospital that viewers would suspect to be located in China) to extract the foetus from Mr Li’s pregnant mistress. She insists against any attempts to induce a miscarriage or use of drugs even if the woman is in her second trimester. Li also instructs the doctor to use only a catheter and prostaglandin to simulate contraction in order for the foetus to be ‘pure and wholesome’ after the abortion. Dismissing the doctor’s warning that this process would inevitably cause great pain for the mother, Mrs Li also demands to witness the whole operation personally.

cover-ups of 'accidents' in highly classified and exorbitant scientific projects undertaken by public institutions, private corporations and organized terrorist groups (Pappas 2003).

Nonetheless, the markers of fear and horror in *Hollywood Hong-Kong* and *Dumplings* do not follow those of mainstream Hollywood films. To begin with, neither Dr Liu nor Mei are the physically obvious personifications of horror with their inconspicuous appearance. In fact, in the opening of *Dumplings*, Mei is seen passing through Hong Kong customs almost smoothly before an officer (probably out of habit) asks her to put her seemingly innocuous food tin (in which the human foetuses are stored) through the X-ray scanner. In the same manner, Dr Liu is seen in her neighbourhood as an ordinary mainland Chinese medical practitioner. In addition, Chan's exhibitions of gore in these two productions have also been comparatively discreet and subtle. In *Dumplings*, the uncontrolled blood-letting of the teenage girl after the abortion stains the seat of a public bus, provoking the disgust of a hapless male passenger who had the back of his pants stained with what he misunderstands as menstrual blood (traditionally associated with ill fortune). Ironically, a more serene moment comes in the scene of the girl's mother resting by the door of her apartment with a meat cleaver at hand while her blood-stained husband is lying motionlessly in the house as two frantic policemen rush in. In the background, a black-and-white photo portrait of their daughter overlooks the scene, thereby giving a momentary but terrifying impression that justice has been served.

The disturbing element in *Hollywood Hong-Kong* and *Dumplings* is the portrayal of a culture whereby the disposability and consumption of human body parts is able to displace the 'intactness' of individual anatomies. Furthermore, unlike the commonly featured coerced and unwitting subjects of 'insane doctors', the subjects are all willing participants in Dr Liu's and Mei's treatments. In fact, as a sign of her reliance on the foetus trade, Mrs Li becomes so desperate for more 'dumplings' that she is willing to 'write any number on her cheque book' as long as Mei agrees.

Perhaps, the most chilling aspect of Chan's productions lies in the way in which such violent acts of disembodiment take place. One striking example is the manner in which Mei prepares her dumplings. From the sounds of the meat cleaver pounding on the chopping board, the pressing of the dough as well as the boiling of the dumplings, Mrs Li had assumed on her first visit that Mei's preparation methods were not uncommon. It is only upon taking the first few bites that she finds the dumplings to be unusually bony. As dumplings are a familiar part of Chinese cuisine, the thought of the possibility of consuming minced human meat in ordinary circumstances would be revolting. Despite the shocking topics covered in his films, it would be too limiting to casually label all Chan's productions as horror and violence. This is because the filmmaker has also demonstrated a willingness to showcase a more benign face of healing.

‘Seek the Cure in the Heart, not the Herb on the Mountains’: transnationalizing alternative medicine

Despite the seeming hopelessness they face, Chan’s characters do desire to transcend the vicious cycle of poverty and marginality. At one extreme was death or suicide, as seen in Chung Chau’s case in *Made in Hong Kong*. Having avenged the killing of Lung, he shoots himself besides Ping’s grave to end the spiralling violence. At a less drastic level, amnesia, both selective and clinical, has been used by Chan’s subjects to extricate themselves from emotional and social burdens. In the case of *The Longest Summer*, Ga Yin, after recovering from being shot by a teenager in the head, is shown to be subsequently oblivious of the episode associated with the brutal transition following his retirement from the British military. The amnesia of Qin Yan in *Durian Durian* was, however, more selective as she tries to forget her sojourns into Hong Kong as a sex worker through seemingly mundane activities in her hometown in Northeast China (Gan 2005).

In this respect, the medical market has also become Chan’s medium for his characters to claim more dignified and pluralistic spaces. This theme is given central consideration in *Public Toilet*. Chan inverts the associations of washrooms with filth, transforming them into community spaces, particularly in the context of Beijing. For Dong Dong, the otherwise nondescript public toilet in his neighbourhood is the place where he was born, abandoned and later adopted, as well as a community meeting point. The facility is contrasted sharply with criminalized space of the public toilets in New York City, as well as the claustrophobic mobile latrine cubicle in South Korea.

The importance in *Public Toilet* lies in various characters’ quests for alternative medical treatments outside their own geo-cultural localities. This includes two Hong Kong-born ethnic Indian youths (Raheel Habib and Ahmad Khale) who bring their terminally ill father to the Ganges, a young Hong Kong woman consulting a spirit medium in northern China about her mother’s critical condition, and two Chinese nationals going from South Korea to India, seeking possible remedies for their terminally ill loved ones. Such kinds of explorations may be considered to be part of the ‘postmodern illness’ of the increasing recognition of the limitations of biomedicine on the one hand, and the uncertainties over its alternatives on the other (Morris 1998: 73).

The discussion of alternative medicine, however, has been predominantly set against the binaries between Western evidence-based biomedical sciences and postmodern non-Western traditional/spiritual holistic healing cultures (Mannion and Small 1999; Cant and Sharma 2000; Rayner and Easthope 2001). In a way, Chan’s portrayal of the vernacular medical marketplace reflects a more dynamic interaction between different societies. This flow, however, highlights the conflicting outcomes between the universalizing and

hybridizing nature of capitalist exchanges. On the global level, identity politics appears to be a disconcerting outcome of postmodernity where ‘it is hard not to recognize that there are now a whole range of competing cultures, idioms and ways of doing things, which the hybridizing, transgressive, promiscuous nature of capitalism has itself helped to bring into being [. . .]’ (Eagleton 1986: 39). However, when compared with *Dumplings and Hollywood Hong-Kong*, the postmodernity in the medical markets in *Public Toilet* appears to be significantly more benign and less exploitative. Instead of being deliberately placed in sinister urban recesses, practitioners in *Public Toilet* are filmed in the actual places of their trades in more openly legitimate environments. In addition, rather than merely ‘fixing’ the body, these players seem to promise more holistic treatments and practical advice. Instead of promising miracles, these healers have refrained from easy solutions that Norton describes as ‘divine intervention and technological achievements’ bridging both alternative and mainstream medicine (Norton 1994: 295).

To the subjects in *Public Toilet* it is not the outcome, but the hope and promises engendered by the belief in a remedy, however distant, that matter. Tony is told by an Indian holy man that travelling to search for a cure is a more important process than the cure itself. Quick to rebut the notions of Indian spirituality, he adds:

You are sufferers from the material world’s complete emptiness and the pain of debt. As Indians, we are the same. We are suffering from the pressure, from the responsibility of country and of people. I believe everyone who lives in that situation will have the same situation of life. I am sorry, I suggest you keep moving. I respect what you are doing. If you cannot find the cure in India, you can try Arabia or even Rome or Egypt. Can you walk...? Walking is a very common thing in our life. Not only when walking or going out, we have to walk. Most people, including the wise men or non religious people, they walk in the same routine. Come and go, follow their own ways, we call this kind of behaviour a religious behaviour, which can cure sickness and cure indigestion. Sometimes, walking can also help to meet new friends.

Following the Guru’s speech, Chan actually adopts a less reverent perspective on alternative medicine in *Public Toilet*. Upon locating a supposedly reputable medical practitioner in South Korea who presents himself as an authority in Traditional Chinese Medicine to Koreans, Tony is reprimanded by him that terminal illnesses would not exist if the miraculous claims of Korean ginseng were true. This view is shared by another commuter on the bus in China who tells a Korean that accounts of miraculous herbs only exist in martial-arts novels. In the same light, after hearing from Sam about his girlfriend’s search for alternative healing for her mother (ironically in his hometown in northern China), Dong Dong is reminded of a popular idiom: ‘Seek the Cure in the Heart, not the herb on the Mountains’.

In addition, vernacular healing in Chan's films stands out distinctively from the mainstream in terms of accessibility, mobility and affordability. Unlike the fixed locations of the huge central medical establishments, the featured practitioners operate within more mobile and transient contexts. Dr Liu's clinic/operating theatre was seen to be generally spartan while Mei's 'laboratory' is little different from an ordinary home. In *Public Toilet*, the subjects find their 'treatments' not in hospitals, but in more public spaces like the Ganges River where millions undertake their spiritual baths in search for cures and miracles. Moreover, clients in *Public Toilet* do not seem to incur substantial expenses for the services of these practitioners. In spite of spending hours stitching back Siu Fu's amputated arm in the middle of the night, remuneration does not seem to be at the forefront of Dr Liu's mind. Similarly, even as Mei expends substantial efforts in performing the abortion on the teenage girl, there is little indication of any exorbitant fees involved.

Another unique characteristic of the healers in Chan's productions is the highly personalized nature of the practitioners' expertise and services. The development of medical expertise in conventional modern hospitals is highly structured around the imparting of institutionalized knowledge quantified and aided by state-of-the-art technology (Reiser 1978). This is contrasted with the cottage nature of Chan's more 'chaotic' and unregulated medical market, whereby the professional credentials of the practitioners are not the primary consideration for their clients. From the slums and decaying housing estates in Hong Kong to the mountains and rivers of Northeast China and Northern India, Chan weaves this transient medical subculture into his exploration of the subaltern healing cultures. What is featured in this respect is the 'postmodern plural coding' (Jencks 2007: 52) which fuses the apparently pre-modern spiritual advice of the Indian guru to the hypermodern futuristic claims of genetic engineering by Dr Liu. Such uncertain codes of the 'continuation of modernism and its transcendence' (Jencks 2007: 52) are crucial in opening up the possibilities for film to reflect more organic healing cultures.

Conclusion: 'The Repressive and Productive'

Heavily weighed down by the spectre and angst of 1997, Hong Kong cinema has been frequently been described as postmodern in the sense that:

One can sense the wound caused by the incompleteness of the utopian Modernist project while the post-modern present seems inalienably here – if by postmodern, we refer to the meshing of high and low cultures as well as to the multicultural character of lived experience in the contemporary metropolis.

(Chan 2000: 145)

Postmodernism in the context of Hong Kong Cinema has been frequently

discussed alongside the more symbolic cultural discourses of identity with a major emphasis on the transitional tensions of 1997 (Teo 2002). In this respect, the cultural ambiguity of the former British colony has been given overwhelming attention in academic debates on Hong Kong films. By focusing on an imagined and symbolic Hong Kong, these discourses have threatened to overshadow its lived experiences. In this respect, Fruit Chan has used several of his films to frame such narratives through explorations of disability, medical sciences and healing cultures. By highlighting the vicious cycle between poverty, marginality and socio-clinical disabilities of an otherwise forgotten underclass, Chan's 'postmodern' characters have been a stubborn rebuke to Hong Kong's 'modernist' triumphant narratives. As the trends of his films have indicated, the experiences of disability do not belong only to those who are medically handicapped, but to those whose bodies were placed in the 'wrong' social measurements of age, class, sex and nationality.

In the same way, the well-equipped hospitals staffed by highly proficient and empathetic medical professionals featured on television dramas are also absent in Chan's Darwinian reel world. What is presented brings to the fore a culturally uncertain and morally ambiguous postmodern and transnational medical bazaar of unlicensed surgeons within the dilapidated neighbourhoods, as well as shamans in more distant lands. The trans-Asian journeys around Hong Kong, India, South Korea and China highlight other aspects of a more pluralistic experience by his subaltern subjects. Through his films, Chan has been able to map out the interactions between medicine and transnational capitalism and subaltern subjects in the performative arena. In this respect, he is able to meaningfully balance the portrayal of both the 'repressive' and 'productive' notions of bio-power by impressing on the plurality of possibilities within the doctor-patient relationship (Lupton 1997: 101); a relationship that need not necessarily be confined to the modern clinic.

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