

Uptaking Race: Genre, MSG, and Chinese Dinner

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Uptaking Race

Genre, MSG, and Chinese Dinner

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Introduction: ‘Chinese Restaurant Syndrome’ as Rhetorical

Joshua J. Frye and Michael S. Bruner’s discussion of the intertwining of “discourse, materiality, and power” in food cultures and practices demonstrates how the everyday act of eating is always connected to higher rhetorical stakes than one’s morning oatmeal might imply (Frye and Bruner, 2012, 3). In the case of monosodium glutamate, or MSG, there is no clear scientific consensus that this substance is hazardous to one’s health. Yet many still believe that MSG is harmful and refuse to consume foods they believe contain it, particularly Chinese food, despite the fact that it is “odorless, colorless, and frequently consumed unconsciously” in foods like “tomatoes, meat, Parmesan cheese, [and] mushrooms” (Sand, 2005, 47; Williams and Woessner, 2009, 640). Although the unwillingness to consume MSG is posited as rooted in medical evidence, the discourses that surround the genesis of this object as a topic in the public sphere are racially inflected at best and racially prejudicial at most.

The controversy over MSG began with a single letter to the editor of the *New England Journal of Medicine (NEJM)* in 1968 written by a Dr. Ho Man Kwok. The letter outlines symptoms of “headache, a feeling of being flushed, being feverish” that occurred after eating food at a Chinese restaurant, with Kwok asking if there were other fellow readers interested in pursuing this line of study (Kwok, 1968, 796). In response, a number of medical officials rejoined with insider satire and sarcasm in genres as varied as letters, poetry, and faux case studies, all mocking both Kwok and the idea that MSG was harmful. Despite this initial disdain from the medical community, media outlets took up these conversations as

medical fact and reported on MSG as an inherently dangerous substance.

While there have been several studies that attempted to prove MSG is a universal cause of ‘Chinese Restaurant Syndrome,’ these studies are methodologically or otherwise flawed. The studies contained as few as 14 subjects, asked leading questions such as, “Do you think you get Chinese Restaurant Syndrome?” or were found to be not replicable by later studies (Ghadimi *et al.*, 1971; Reif-Lehrer, 1977; Allen *et al.*, 1987). Current nutritional research is focused on the potential *positives* of consuming MSG, such as increasing energy compensation from eating and nutrition intake balance for overweight individuals (Masic and Yeomans, 2014; Miyaki *et al.*, 2016). As with any edible substance, people can be allergic or sensitive to MSG, but there is no scientific evidence that it is a source of lasting harm—or a primarily Chinese ingredient. Yet the connection between MSG and Chinese food has remained mostly unquestioned in popular discourse. Because of this contradiction, we can better understand the rhetorical and ideological underpinnings of this discourse by bracketing the question of scientific merit and instead focusing on how MSG came to be so rhetorically wedded to Chinese food practices.

This controversy over a seemingly straightforward scientific issue demonstrates how the rhetorical process of genre uptake, which is a process of information *selection* and *interpretation*, can reproduce prejudicial attitudes and solidify them into seemingly commonsense beliefs. Following J. L. Austin’s speech act theory, Anne Freadman explains genre uptake as a “bidirectional relation that holds” between texts, the tension between the types of responses a text is supposed to engender and the actual response (Freadman, 2002, 40). Different genres and discourses call for different uptakes, but those calls can be heeded, rejected, or subverted by their audiences. After Kwok’s original letter, the satirical responses from the doctors identified MSG as both aligned with an Orientalized, dirty ‘Far East’ and as an ironic prop that amplified their own medical authority. As this story was rapidly taken up in newspapers, the doctors’ inside jokes were stripped of the markers of humor and recontextualized as laboratory tested facts. This process of double uptake, first by the doctors and then by the media, replicated historical prejudices against Chinese food and directly linked them to medical science; the threat of Chinese identity was distilled into an edible health hazard.

Uptake, as a “shaping of individual dispositions” toward experiences, is a means of aligning the textual and the material (Emmons, 2009, 149). In the creation of subjectivities that are

supposed to respond to the text in appropriate ways, there is a simultaneous creation of material, bodily practices that extend beyond these subjectivities and permeate the surrounding social webs. In other words, the selective process of uptake not only presents certain material pathways as more appealing than others but also reinforces certain identity performances as more or less favorable. To understand the uptake of MSG in American discourse, I first discuss the historical roots of Chinese otherness as it relates to food, tracing some of the ways in which it was rhetorically positioned as the contaminated foil to Western cuisine. I then analyze Kwok's original letter and the responses from the medical community, discussing how the community selectively took up certain aspects of Chinese food culture in order to maintain a separation between Chinese individuals and medical authorities. Finally, I trace how the journalistic uptakes of this discussion, in only taking up certain medical phrases and terms, reproduce the tacit racism of this boundary policing while avowing the neutrality of medical authority.

Eating Chinese Food in America

Considering the historical linkages between Chinese food and racism in the U.S. gives an important context for tracing the trajectory of narratives that surrounded MSG. Food historian Ian Mosby's article "That Won Ton Soup Headache': The Chinese Restaurant Syndrome, MSG and the Making of American Food, 1968–1980," details how the history of this much-maligned substance runs parallel to racism against Chinese Americans. Mosby argues that the belief that MSG is a Chinese problem is the "product of a racialized discourse that framed much of the scientific, medical and popular discussion surrounding the condition" and is rooted in "certain longstanding fears and curiosities about an exoticised 'orient'" (Mosby, 2009, 134,149). The case of MSG is exemplary of how racist views can become intertwined with views of an otherwise amoral material substance. Even when the original context fades away, there are still ideological dangers in uncritically accepting these now naturalized conclusions. As Anis Bawarshi argues, the production and uptake of any text is a weld of "historical-material conditions and dynamics of agency and power that function between, hold together, and shape genre performances," which means that residues of ideological constructs like racism can be found in texts that claim neutrality (Bawarshi, 2016, 52).

The first statistically notable influx of Chinese and other Asian immigrants to America was during the California Gold Rush. An estimated 25,000 Chinese workers arrived in California in 1851. The white majority responded to this wave of immigration with both legal and non-legal forms of hostility (Roberts, 2002, 135-136). The popular cry of “California for Americans” and other anti-Chinese sentiments soon found traction as the claims for gold grew more competitive, actual sources of gold dried up, and fears of immigrants taking over the existing labor force grew.

Resentments of the Chinese population manifested in a variety of material ways, from public violence to housing segregation. Yet on a very basic level, the mistrust of Chinese immigrants manifested itself in anti-Chinese food rhetoric, often with ‘humorous’ or hyperbolic undertones. In 1877, the cartoonist George Frederick Keller drew on racist tropes of bizarre Chinese food in his satire of racial unity in his cartoon “Uncle Sam’s Thanksgiving Dinner” (Keller, 1877). Responding to an earlier illustration by the same name that depicted harmony between the different ethnic groups, Keller instead depicts individuals from several nations eating what was commonly understood as that group’s representative food to highlight their irreconcilable



Figure 1 “Uncle Sam’s Thanksgiving Dinner” by George Frederick Keller.

differences (see fig. 1). The Frenchman eats frog legs, the Native American chews on a deer leg, and the Chinese man spears a rat on a fork. Yet of the varied diners, only the Chinese man evokes expressions of disgust and horror from his fellow diners. Although there might be hope for other groups of immigrants to join America's citizenry, the Chinese man is placed firmly outside of acceptable social identifications, an exclusion shored up by assumptions about unclean objects in the early American context.

The fears of contamination that mark Western views of Chinese food can be seen clearly in a report that American writer Mark Twain wrote while reporting in the Chinese quarter of Virginia City, Nevada. Noting that his report was indicative of what "any" Chinese town in a Pacific coast town would be like, he describes the actions of the Chinese grocer as follows:

He had various kinds of colored and colorless wines and brandies, with unpronounceable names, imported from China in little crockery jugs, and which he offered to us in dainty little miniature wash-basins of porcelain. He offered us a mess of birds'-nests; also, small, neat sausages, of which we could have swallowed several yards if we had chosen to try, but we suspected that each link contained the corpse of a mouse, and therefore refrained (Twain, 1972, 373-374).

Twain's report is indicative of the sort of focus on hygiene that marks narratives about Chinese food. More than merely exotic, the Chinese food purveyor is clearly operating with a subpar standard of food hygiene, proffering unclean food sources that offend the senses and threaten the Westerner's bodily integrity.¹ Describing the sausages as containing 'corpses,' rather than the 'meat' that presumably makes up more palatable American sausages, Twain flags this interaction as simultaneously alluring and repulsive; the dainty porcelain and strange liquors are temptations that might lead to the consumption of the hidden corpses of rodents. There is an implicit understanding that one can only trust the Chinese cook or food purveyor so far with the fate of one's body.

Chinese food purveyors have responded to this perception in various ways. In the 20th century, there was a purposeful shift in Chinese restaurant offerings designed to cater to the American desire for "familiar-yet-exotic" foods throughout the 20th century

¹Roberts' *From China to Chinatown* offers a number of examples of this fear of eating 'unclean' animals, such as rats or dogs, as they were written about and discussed by Western authors.

(Cheng, 2011, 201). Popular hybrid Chinese-American foods that are often thought of as typically Chinese, such as chop suey and fortune cookies, emerged from this self-regulating awareness (Barbas, 2003; Gabaccia, 1998, 102-103). Recent fusion restaurants are part of this line of consciously modifying food heritage in order to strategically appeal to the particular ideological configurations of Western eating.² The Chinese cook must continually self-disclose.

This fraught history is still visible in the rhetoric surrounding Chinese food and MSG. In the original letter and responses in the *NEJM* that started this controversy, the uptake is heavily weighted toward elements related to Dr. Kwok's Chinese identity, rather than to actual scientific discussion. This fact demonstrates the residue of the historical view of Chinese as a radically divergent other. As Casey Kelly summarizes, "To remain exotic, a foreign culture must be continually tethered to a feeling of strangeness and disease that cannot be assimilated into the norm" (Kelly, 2014, 52). To ensure that Western authority of science and medicine shines all the brighter, the doctors could not take up themes where they would be on an equal playing field with Dr. Kwok, such as medicine or research. Instead, the chosen uptakes delegitimize his identity as a medical professional and amplify discussion of his racial identity as an assumed negative.

Kwok or 'Crock'?

The controversy over MSG began with a single letter to a flagship medical journal, as I have already noted. On April 4, 1968, Dr. Robert Ho Man Kwok wrote to the *NEJM* about a potential new area of food-related research. His letter, in which he described what he tentatively labeled "Chinese-Restaurant Syndrome," was printed in the "Correspondence" section of the journal (Kwok, 1968, 796). Himself Chinese, Kwok details a range of physical symptoms that he only experiences when eating at Chinese restaurants in America that specialized in "Northern Chinese food." He notes symptoms of "numbness at the back of the neck," along with "general weakness

²Cheng describes a dinner with three friends at an upscale Chinese restaurant in New York that promised an authentic eating experience. Although the recipes might very well have had authentic Chinese roots, each member of the dinner party received a duck leg of their own, the choicest part of the duck that would typically be served to higher status members of those present. This 'four-legged duck' illustrates that, although taste is only one part of the authenticity equation, it is often the main lens through which authenticity is perceived.

and palpitation” (Kwok, 1968, 796). He claims not to be alone in this, stating that several of his Chinese friends also experienced these symptoms. Kwok gives several potential reasons for the symptoms he describes, such as the soy sauce used or the presence of large amounts of cooking wine. Only then does he ruminate on the high presence of sodium in Chinese restaurant food, noting “the high dissociation constant of the organic salt, monosodium glutamate, may make the symptoms more acute” (Kwok, 1968, 796). He concludes by calling for more research into this potential syndrome.

The Correspondence section of the *NEJM* is fairly well known in the medical community for its tongue-in-cheek discussions of outlier cases described in medical jargon, exaggerated for humorous effect. Kathryn Montgomery Hunter identifies these missives as “comic syndrome letter[s],” a satirical medical genre often printed alongside the more serious inquiries that gently mocks “the straightforward letters published regularly in each issue and, beyond them, the status of knowledge in medicine” (Hunter, 1990, 241).³ No matter the obviousness of the humor, these anecdotes are marked by “the lavish use of as many of the conventions and phrases of scientific reportage as can be crammed into one or two short paragraphs—and all for a topic distinguished either by the absurdity of its etiology or by its triviality” (Hunter, 1990, 240). Humor is found through amplification of medical discourse and values. The many responses to Kwok structurally align with the “comic syndrome letter” genre, yet these particular responses exceed the typical level of hyperbole and sarcasm in their drawing on racist commonplaces. Although Kwok includes scientific hypotheses about what might be causing these symptoms, the responders largely ignore these and instead focus their uptakes on aspects of Chinese identity.

What passes for humor in the responses to Kwok not only polices the boundaries of medical research, but also the boundaries of acceptable racial identities. The issue immediately following Kwok’s letter, published on July 11, 1968, contains a range of

³ A November 9, 1981 article in the *Wall Street Journal* (*WSJ*), “Strange Syndromes Become Contagious in Medical Journal” (Reiman, 1981, 1), discusses the history of the *NEJM* Correspondence section as a place for doctors to write in with humorous syndromes that only a hypochondriac would find convincing, such as “jogger’s nipples” and “musher’s knee.” The then editor, Arnold S. Reiman, is quoted as saying, “Some of the items are trivial but amusing. It’s nice to lighten up the pages of the journal with an occasional touch of humor” (Reiman, 1981, 1).

responses to his original query that all mark clear boundaries of belonging in the medical community through insider humor. Lawrence Prelli points out that marking the ‘insiders’ and ‘outsiders’ to the scientific community is a common tactic in scientific communities. Scientists “draw sharp contrasts between themselves and ‘nonscientists’ to enhance their intellectual status and authority vis-à-vis the ‘outgroups’,” drawing the boundaries in ways that are most sympathetic to their particular views and values (Prelli, 1997, 91). However, the responses to Kwok’s letter move beyond the *topoi* of “accuracy, consistency, scope, simplicity, and fruitfulness” used in the scientific community and instead challenge the legitimacy of Kwok’s identity through the use of racial stereotypes (Prelli, 1997, 99).⁴

In one of the responses, William C. Porter Jr., M.D. openly espouses his disbelief in both Kwok’s message and identity, claiming that the original letter was a clever gag designed to amuse the journal’s readership. He puns on Kwok’s name throughout, arguing that “certainly he is Dr. Human Crock’ and demanding that the *NEJM* reveal the “original author of the imaginary Ho Man Kwok.” He supports this call for finding out the ‘real’ author by stating “some of your less ‘crocky’ readers would like to congratulate him along with yourselves as the perpetrators of such pertinent good humor.” Porter’s punning on Kwok’s name simultaneously questions Kwok’s identity as a legitimate author and rejects identities that do not align with Anglo-Saxon naming practices. (Kwok’s first name of Robert is summarily ignored.) Two possible interpretations emerge from analyzing Porter’s response. The first is that Porter views the medical community and Chinese individuals as mutually exclusive, thus responding to Kwok’s perceived intrusion with denigration. A perhaps more insidious interpretation is that Porter Jr. is attempting to call out what he

⁴The *WSJ* article that explicitly discusses the ‘comic syndrome letter’ genre frames MSG as a dangerous outlier in its very organizational structure. In a paragraph separate from the other fictitious syndromes, the threat of MSG is amplified with the opening sentence, “Sometimes, the reports aren’t as trivial as they first seem.” There follows a summary of the MSG debate that misreports Kwok as saying his wife was the one with the headaches, and the tone shifts from comic relief to serious reporting. The descriptor ‘Chinese’ is mentioned three times in conjunction with the “possible ill effects of eating monosodium glutamate,” concluding on a somber note about how the chemical was later removed from baby foods. There is no mention made of the various foods not typically considered Chinese, such as Parmesan cheese and sun-dried tomatoes, which contain large amounts of MSG; this substance and its ability to harm are framed strictly as Chinese.

sees as racist behavior on the part of another member of the *NEJM* community who he suspects is using a racist pseudonym. Even though the second possibility is better intended, a rhetorical audience still has to grapple with how this response is triggered by the name Dr. Ho Man Kwok. If we suppose that Porter sees the letter and suspects it is a fellow doctor being racist because the last name rhymes with ‘crock’, this very assumption contains a high level of unexamined bias that orders the world according to English rhyming schemes. In both cases, the actual person of Robert Ho Man Kwok is delegitimized, either as someone not part of the medical community or as a mask for the ‘real’ doctor attempting who is tricking his colleagues. The move to instant suspicion of Kwok’s name, however benevolent the intention, refuses legitimacy to a Chinese individual.

Even as Kwok’s Chinese identity is figured as worthy of suspicion, there is a simultaneous reliance on cultural stereotypes as props in the deployment of humor. Bawarshi discusses how the uncertainty of genre uptakes means that they can be

rhizomatic and difficult to control, especially in the public sphere where the mechanisms for their regulation and distribution are more diffuse—managed less by meta-genres, genres, and forms of apprenticeship and more by political, ideological, and religious attachments, subjectivity, access to media, forms of intimidation, and the power of individuals to shape discursive events (Bawarshi, 2016, 51).

The rhizomatic residue of racism against Chinese in the US operates on two levels in these uptakes. It prevents the doctors from taking Kwok’s identity seriously because of the association with Chinese identity, yet it also triggers a series of discursive explorations that are overly focused on negative stereotypes of Chinese culture. Such selective uptakes maintain a version of Chinese identity that is mostly defined via aesthetics. For example, responders eschew the typical letter format and respond with limericks and sonnets. In these genres, the writers demonstrate their familiarity with medical discourse, a high enough level to deploy it in rhyme, and familiarity with artistic written genres associated with Western literary traditions.

A medical student submitted the following limerick to the July 11, 1968 Correspondence:

My thanks to this great periodical
For its studies on food so methodical.
Now my clams are full steamed,
And my Chinese Food screened.
And my appetite, oh well, much less prodigal.

In the July 17, 1969 issue Richard N. Evans, a third year Tufts medical student, wrote the following poem after his “second florid patient with buzzing in his ears and egg foo yung on his shirt.”

*. . . And Two from Column B
or
Yee Hong Guey Again An Hour Later*

Mourn, Sweet and Sour, your lost charisma
‘Midst painful jaw and flushed platysma
Of etiology once inscrutable
Your syndrome now is irrefutable
(Not mushrooms, nor tetrodoxin –
No more than bagels with their lox in.)
Great havoc does your whim create
With excess sodium glutamate
Your gustation’s ginger-peachy
Though less digestible than the lichee
What allergen – some vile miasma?
I’d sooner you than bronchial asthma.

In both the limerick and the poem, reliance on insider knowledge, as manifested in medical jargon and reference to diseases, is deployed in service of “deflating egos and providing social criticism,” policing contributions to the journal’s discourse via tacit codes of racialized humor (Gring-Pemble and Watson, 2003, 136). Despite referring to how MSG is found in foods not typically found in Chinese cuisine, such as smoked salmon, these works explicitly frame the issue as tied to that racial category; the poem strains with connections between Chinese food and MSG, starting with the title “Yee Hong Guey” and weaving in references to sweet and sour pork and lichee.

At first glance, choosing to respond to Kwok in poetic form might seem ideologically neutral, albeit arbitrary, but the selection of these genres enables a supposedly positive focus on the elements of Chinese identity that are not threatening to white identities: aesthetics, style, and meal ingredients. This narrowed selection supports a claim of positive racial relations, or at least not overtly

discriminatory ones, while avoiding discussion of how such references rely on stereotypical identities.

Less comic responses to Kwok's original letter maintain a similarly narrow focus on superficial aspects of ethnic identity. The July 11 1968 issue of *NEJM* contains an authoritative "Note from the Editor" briefly summarizing the responses to Kwok's letter and overall conclusions. Remarking on the apparent "legion of hitherto silent sufferers," the Note also lists other potential names for this syndrome that readers had suggested: "'the martini syndrome,' 'the malt syndrome,' 'pizza palate' or—both lyrical and precise—'Chinese temples'" (*NEJM*, July 11, 1968).

This list of potential names demonstrates how members of the journal audience were not uniformly convinced of the ethnic character of MSG, which naturally occurs in foods attached to other ethnic traditions, such as Parmesan cheese. Yet the editor ultimately summarizes the various contributions with the label "post-cyn-sib" syndrome or, roughly, 'after-eating-Chinese' syndrome. In using medical discourse to create an absurdly technical name for the syndrome, the editor is both mocking the issue and fusing this mockery to Chinese eating practices. Even if this was an ironic joke on the editor's part, this move shifts the conversation from a more neutral discussion of food sensitivities toward an understanding of this substance as something negative, worthy of a cautionary medical label, and imbued with an empirically traceable ethnic root.

Throughout the Note, the editor's projected persona is one of gentle bemusement at the wide-ranging responses. A great deal of hyperbole is used, amplifying the supposed symptoms as a means of highlighting the supposed silliness of the MSG-as-Menace suggestion.

Early on, the editor waxes poetic:

Many, apparently, have been sitting all tingling and tormented but not saying anything, each utterly sure that he alone was wretched, and never dreaming that that contented-looking co-consumer of bird's nest soup likewise was in agony. Even husband and wife wanted to spare each other. 'It may be significant' writes one couple 'to note that although we have both felt the symptoms described in the *New York Times* article of May 19 for some time, neither had mentioned it to each other' (*NEJM*, July 11, 1968).

In this mocking discussion, the dish chosen to stand in for Chinese cuisine is bird's nest soup. Considered a delicacy, perhaps by some even an aphrodisiac, this lone dish is entrusted with the metonymic weight of Chinese food identity. Giving primary emphasis to such an 'exotic' example—consider if the editor had used fried rice, for example—represents the quotidian act of eating Chinese food as subtly deviant. As Anjali Vats points out, racial tourism “permits interaction with difference without social, political, or economic obligation while, consistent with post-racial ideologies, recognizing difference for its *exoticness and novelty instead of its continued material significance*” (Vats, 2014, 114, my italics). This perspective obliterates the rich material histories of dishes like bird's nest soup and enables the rhetorical construction of Chinese food as an outlandish object with a tinge of the perilous.

Beyond maintaining tacit boundaries between the medical and the non-medical, uptaking MSG as an object for ridicule allows the doctors to amplify the aspects of medical culture that grant them the most authority. The most lengthy and detailed response, by Herbert Schaumburg, M.D. and Robert Byck, M.D., opens with, “To suppress the mounting hysteria and prevent the wholesale slaughter of Chinese-restaurant owners, we feel impelled to present a preliminary communication on the etiology, psychopathology, and clinical pharmacology of the variously misnamed post-sino-cibal syndrome (Chinese-restaurant syndrome)” (Schaumburg and Byck, 1968, 105). This sentence is a compressed instance of the shifting between discourse recognizable to those in the medical field, presumably the *NEJM's* main audience, and hyperbolic satire. Although one might read the first phrase as performed in self-mocking irony that recognizes the rocky history of Chinese-American relations, what is more notable than possible intent is how the concept of 'Chinese' is depicted. References to Chinese bracket this sentence, the first time as a descriptor of restaurants and the second as a now medicalized syndrome. Throughout the rest of their letter, Schaumburg and Byck tag between these two points of reference, transforming Chinese cooking into a medical, rather than cultural, issue.

Tagging between Chinese cooking and medicine—they state that this issue has been known “to experienced allergists and Chinese-restaurant owners”—and using hyperbolic medical discourse posits MSG as a simultaneously trivial issue, one that can be addressed with a humorous letter, and as a problem that can only be solved by the application of high-level medical knowledge. Schaumburg and Byck draw on the complex terminology found in medical discourse as the basis for their hyperbole, describing the symptoms of

“syncope, tachycardia, lacrimation” and nausea as all contributing to “anxiety and fear of face loss (pseudopostsinocibaldefaciation)” (Schaumburg and Byck, 1968, 105). Interpreting this label reveals a layer of insider terminology that continues the mockery of this supposed syndrome; “syncope” is fainting, “tachycardia” is rapid heartbeat, and “lacrimation” is the flow of tears. Although physicians might use these terms for these bodily actions, in this context the use of these terms is a mechanism that distances the issue from the realm of ‘ordinary’ food practices. Following the use of this elaborate jargon with a portmanteau like ‘pseudopostsinocibaldefaciation’ highlights the perceived absurdity of these reactions, but it also maintains a focus on the medical as the most relevant topic. The ungainliness of this term⁵ forecloses consideration of the lived experience of eating something with MSG and focuses instead on it as a medical, rather than a culinary, substance.

As Kimberly Emmons argues, the process of uptake is not only one of paired texts but also of paired identities. More specifically, as individuals interact with texts, they are also interacting with prescribed expectations of understanding and reacting. The ways of reading and responding in the process of uptake are also ways of identifying with the ideological assumptions of the text. Particularly in the case of what Emmons calls “discursive uptake,” where “key phrases rather than patterns of social organization or discursive form are taken up in new situations,” the phrases selected for uptake frame the speaker, not only the content, as a particular kind of political subject (Emmons, 2009, 140). Schaumburg and Byck’s uptake of MSG as a medical issue enables them to be simultaneously self-aware of the staged quality of medical terms like ‘pseudopostsinocibaldefaciation’ and reassured of the rightness of one’s place in an intellectual community that can interpret such arcane word blends. Such wordplay necessarily places Chinese identities in opposition to the clever doctors. The Chinese, as purveyors of the material in question, thereupon move from the realm of equals to one of suspicion and potential contagion. The doctors farcically conclude that, “As many as eight episodes a day” of Chinese-restaurant syndrome “can be survived (personal experience),” ostensibly clearing Chinese restaurant owners of blame. Yet the continued reliance on medical discourse necessarily depicts these restaurant owners as part and parcel of the experience to be survived; no longer just people, they are providers of a sensory experience for adrenaline-seeking foodies.

⁵ Roughly “false-after-eating-Chinese-mutation.”

Migration and Ratification

What is rhetorically unusual about the case of MSG is the widespread uptake of its strange combination of satire and medical study in other medical contexts, unquestioningly ratifying these discussions as legitimate medical evidence without at all parsing the race-based motivations for the original humor. In the August 24, 1968 issue of the *British Medical Journal (BMJ)*, an article titled “Kwok’s Quease” performs a brief summary of the original letter and disciplinary reactions. After citing Schaumburg and Byck’s letter and another from the same issue of *NEJM*, the authors of this article reference Schaumburg and Byck’s line about survival, noting. “Since Schaumburg points out that as many as eight episodes a day can be survived there seems to be no case for genetic counseling” (“Kwok’s Quease,” 1968, 447).⁶ The medical jargon Schaumburg and Byck used to describe the symptoms (such as lacrimation and syncope) is incorporated without quotation marks, masking the original satiric intent by presenting these symptoms as part of a definition so official as to not need citations. Here, the “place and function” of the satirical report overrides the meaning of the content (Freadman, 1994, 59). Although the discursive moves are hyperbolic, the overall structure conforms to the genre of a ‘medical report’ and therefore authorizes the micro-level discursive moves made within.

The year following the original debate in the *NEJM*, Schaumburg, Byck, and two other doctors, Robert Gerstl and Jan H. Mashman, conducted an actual pharmacological study of MSG and its effects. Administering MSG both orally and intravenously to 56 patients, they conclude, “MSG can produce undesirable effects in the amounts used in the preparation of widely consumed foods” (Schaumburg *et al.*, 1969, 828). Although they note that MSG is present in a number of “widely consumed” foods, not just Chinese dishes, the label of Chinese-Restaurant-Syndrome is continually used in successive articles on MSG. In later texts in the medical literature, including a letter to the *Journal of American Medical Association* in 1984 and a literature review in the *Annals of Emergency Medicine (AEM)*, Schaumburg and Byck’s satirical

⁶Reading through this brief summary of Kwok’s letter and the responses, it appears that Kwok’s and Schaumburg’s medical peers at the *BMJ* summarized these texts fairly literally. It is not until the reference to “no need for genetic counseling” in the very last line that the *BMJ*’s editors appear to acknowledge the satire.

letter and pharmacological study are footnoted with equal frequency, ratifying the legitimacy of both via their association with each other. The *AEM* review covers a range of views on MSG, noting that more recent studies had failed to find the same results as Schaumburg and Byck. This finding is framed as a lack of experimental replication, however, and not as a reason to reconsider the original study and its assumptions (Zautcke *et al.*, 1986, 1212).

Again, we see the tight welding of genre expectations, assumed identities, and textual authority. Although Schaumburg and Byck's original letter to the *NEJM* was clearly satirical, the power of their status as doctors, demonstrated in their hyperbolic command of medical discourse, has now superseded further attention to the ideological attachments in their writing. In short, although originally stylized to bring a few laughs to fellow doctors, laughs that necessitated racially stunted views of Chinese culture, the accumulated letters' forms surpass these stylistic intentions, leading to the authoritative dissemination of their satire as legitimate medical information.

Blaming the Chinese

The finely honed use of humor and medical discourse that we have followed perhaps explains how the topic of MSG, treated with such disdain by its original audience of doctors, came to be taken up as widely dangerous and assuredly exotic in the mainstream press. Jeanne Fahnestock demonstrates how the shift in genre from scientific report to popular article also produces a shift in mood from reporting to praise or blame, from forensic to epideictic discourse (Fahnestock, 1998, 333-334). The uptake of MSG in the popular press follows this shift to the epideictic. What is notable here is how the shift to blaming MSG for potential health ramifications, an expected aspect of the epideictic, which deals with praise and blame, is made possible by a racialized view of MSG as a harmful object. Kimberly Emmons clarifies how uptake can result in ideological transference, defining genre uptake as "the subject's selection and translation of forms of discourse (*and the impositions of power those forms imply*) into new speech situations" (Emmons, 2009, 139, my italics). If we take seriously the idea that genres are "social actions" and not unwavering structures, those involved in each action/interaction will emphasize different ideological perspectives based on which features and content they select for uptake (Miller, 1984). A genre "may provide the necessary conditions for this action, but by no means its sufficient conditions"

(Freadman, 2012, 557). This is how a conversational correspondence section in a medical journal can be transformed into a humorous playground for those within its social circle. With the structural features aligning to the bare minimum genre expectations, the latent ideological biases have room to expand to the maximum, perhaps offensive limit. The stakes are raised even higher, however, when these loosely tethered genres are themselves taken up into other rhetorical situations without acknowledgement of how genres have shifted or expanded to accomplish different social functions. Uptake is therefore not only a selective translation of content into a new form but also a transfer of ideologically tinted ways of enacting relationships and identities.

As the letters in the *NEJM* are taken up in popular news outlets, a noticeable shift in tone and affect ensues. Instead of insider satire, the letters are selectively quoted and framed in ways to emphasize the menace of MSG. The article “Chinese Food Make You Crazy? MSG is No. 1 Suspect” opens with the following florid description of exotic eating and bodily experience. We see both the typified racist commonplaces of ‘foreign food equals contagion’ and the implication that ‘foreign contagion is sexually transgressive:’

A business executive orders shrimp with lobster sauce at his favorite Chinese restaurant, eats it with gusto and chopsticks, and within 20 minutes gets dizzy, nauseous, feels the onset of a blinding headache, and fears he may be having a heart attack. A magazine editor sits down to an order of moo shu pork, takes a few delicate bites, and suddenly feels a ‘burning, a tightness, a numbness’ in her upper arms, throat, neck, and face. She also has an irresistible urge to take off all her clothes, which she manages to resist (Kleiman, Oct 29, 1979).

Two major structural points mark the discourse that surrounds MSG in these popular sources. A strong causal link is forged between Chinese cooking practices and MSG, even if there are also occasional mentions of MSG in non-Chinese foods, and continual uptakes of certain aspects of the *NEJM* Correspondence discussion are solicited from audience members. Although the original discussion in the medical community was controversial, prompting mockery as well as more serious research, the journalistic uptake glides over a still ongoing process of exploration and disagreement, instead presenting this information as emerging from a unified medical community that is convinced of the harm of MSG. This smoothing over of contextual differences allows a historically consistent narrative of Chinese food culture as ‘other’ without direct reference to racist narratives. Positioning the various scientists’ satirical voices as serious evidence exemplifies the material

consequences that accompany the translative and selective exercise of genre uptake.

In analyzing the news articles published after the discussion in the *NEJM*, we find repeated patterns in which doctors are quoted (usually Schaumburg and Byck) and in which information about links between Chinese food and MSG is foregrounded. Throughout the news articles, the information from the satirical *NEJM* letters is presented as accepted scientific fact, shifting the focus to the elaborate descriptions of bodily ills supposedly caused by MSG. To begin, the misguided understanding of MSG as a uniquely Chinese cooking substance is used prominently as a framing device, most notably in the article headlines. From the more innocuous headlines of “‘Chinese Restaurant Syndrome’ Puzzles Doctors” and “Relief May be in Sight for Those Who Suffer From Chinese Cooking,” to the more extreme “Whatever It Is or Isn’t – Please Pass the Chop Suey,” “Four Scientists Find Chinese Food Fans Can Avoid Suffering,” and “Chinese Food Make you Crazy? MSG is No. 1 Suspect,” the framing surpasses correlational links between MSG and Chinese-Restaurant Syndrome and directly portrays Chinese food as a potentially harmful character. The original *NEJM* conversation is whittled down to a cluster of particular statements that retain the focus on race and ethnicity, resulting in a glut of headlines that ignore the racist assumptions that sanction joking about MSG in such a prolonged manner. With the markers of insider humor gone, the journalistic uptakes present an image of MSG as inherently connected to racial causes in a scientific way, manifesting fears of MSG and Chinese-ness as scientifically provable facts rather than as indications of normative biases that need to be questioned.

The apparent acceptance of racist attitudes in this articles, such as using broken English in the ‘Chinese Food Make You Crazy?’ headline, can be explained by considering how the translation process of uptake from medical texts to non-medical texts contains tacit expectations of performance and audience reception. Genres are deeply connected to the social contexts in which they are originally formed, and the discourse deemed appropriate to them reflects the dominant ideologies of those original contexts, determined by what Freadman calls “ceremonials,” the “ritualized sequence[s] in a formalized space and time, enacted by fit persons to effect a certain outcome” (Freadman, 2002, 44). Ceremonials are necessarily arbitrary in the choice of rituals and fit, which leaves them vulnerable to outside intentions. As Freadman states, it “is at boundaries drawn by ceremonial and jurisdictional regulations that translation is least automatic and most open to mistake or even to

abuse” (Freadman, 2002, 44). For readers of newspaper articles about medical information, the expectation is that the information presented will be factual. Because of the expectations attached to the identities of those quoted in these texts—are not doctors non-humorous individuals who dole out serious scientific information?—the doctors’ discussion of MSG is presented as serious debate rather than as insider frivolity, with the original humorous tonalities entirely stripped away. The loosely translated uptakes that surround MSG, in their adherence to expectations of the roles of doctors as medical/scientific authorities, prevent a more complex grappling with how humor and race intersected in the original *NEJM* discussion. The past ceremonial of the medical field grants the miscontextualized quotations their *ethos*.

Schaumburg and Byck’s satirical letter is the one most egregiously misquoted in the migration between genres. Their comments on MSG are quoted and referenced in several articles in the *Los Angeles Times*, the *New York Times*, and the aforementioned piece in the *WSJ*. The *WSJ* article relies heavily on the letter, repeatedly quoting it and referring to the “researchers” and their study. Organizationally, quotes from Schaumburg and Byck are interspersed with paraphrases of the serious study by the pharmacology students from the same issue. Combining this study with Schaumburg and Byck’s erases awareness of the tension between attempts at satire and attempts at actual research. For example, the article refers to the pharmacology students’ efforts, stating, “They reproduced the symptoms by feeding CRS ‘victims’ amounts of monosodium glutamate in tomato juice or dilute broth” (Gottschalk, Jr., 1968, 20). The hyperbolic label of “victims” is not a quote from the pharmacology students in their *NEJM* letter but a quote from Schaumburg and Byck. Their use of the term “victims” is then quoted again in the same article with fuller context. We read, “Drs. Schaumburg and Byck write that they must give their thanks to ‘the untold number of victims who have called us in the middle of the night.’” This immediately follows a quotation about the “legion of hitherto silent sufferers,” originally found in the bemused “Note from the Editor” but not referenced here (*NEJM*, July 11, 1968). By drawing on the more hyperbolic aspects of each of these letters, removing contextual cues for the original satire, and highlighting their medical authority, these uptakes produce a *pathos*-laden image of MSG as irrevocably harmful. When framed as serious rather than humorous, the purported harm is amplified because of the excited nature of the chosen quotations.

While an astute reader might realize that the selected quotations are ironic, the act of quoting Schaumburg and Byck repeatedly is

nonetheless a convention of recognizing authority, shoring up the “dispositions and subjective orientations” of those quoted as authorities and those reading as their audience (Emmons, 2009, 135). Schaumburg and Byck are first introduced with full credentials, as “professors at the Albert Einstein College of Medicine in New York City.” Their identity is confirmed repeatedly, with each writer referenced in terms of their position in the scientific community (“two independent teams of researchers”), their profession (“the doctors”), and their work (“their research” and the “doctors’ findings”). The social position of those speaking about this subject is increasingly endorsed, transforming any potential objections to the use of racial stereotypes into affronts to these speakers’ authority. This sleight of hand is not the result of any one author’s intentions but a consequence of the translation of information that marks genre uptake, a translation that can serve to perpetuate pejorative views unless confronted in ways more direct than we see here.

The lacquering of social hierarchies and cultural capital in the process of genre uptake is not only seen in news articles. A similar trajectory of information assimilation and acceptance occurs in authoritative medical sources. The already mentioned “Kwok’s Quease” in the *BMJ* doffs its hat to the use of humor in the *NEJM* debate with its brief but snarky title. Yet, even though the humor is marked in the title, the rest of the article draws on the satirical discussions and the serious pharmacological study with equal weight. The references from both are incorporated directly into the text without quotation marks. Only Kwok’s original term of “Chinese Restaurant Syndrome” is placed in quotes, a move that renders the overall negative view of MSG as encyclopedic and confirmed.

A Final Takeaway

In her discussion of the performance of race, Kelly E. Happe defines race as “the result of the iteration of bodily norms that become unquestionable by persons whose interests are served, consciously or not, by failing to question race’s status as common sense” (Happe, 2013, 133). Despite the superficial genetic differences between individuals from different geographic locations as distant as Africa and Asia, understandings of racial difference continue in no small part because of the continued performance of racial ideologies that have accumulated the sheen of ‘common sense.’ Differences between races are shored up not primarily through

overt violence, but through ongoing adherence to common sense behaviors.

The case of MSG demonstrates how ideological baggage, such as racist attitudes toward a certain ethnic group, do not have to be a dominant part of a community's discourse to be taken up and incorporated into what counts as common sense in other contexts. Genres are social actions, but they are also structures with fundamental insecurities. Whatever uptakes genres invite, there is always the potential to incline genres toward ideologically nuanced purposes, however offensive those might be. Genre theorists are invested in finding avenues for subversion in uptake, often in relation to teaching, but there has been less discussion about the full implications of that powerful flexibility as it relates to those with ends we do not find palatable. As Eileen Schell points out, "We need to understand how racialized tropes are being adopted/adapted to elide/hide racism and allow it to emerge under new terms and in new contexts" (Schell, 2015, 3). To realize how genre uptake can perpetuate tacitly coded racist behavior across contexts is to realize the limits of personal intention as a guard against racist ideologies.

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