

**Transferring Western Medical Professional Institutions to China –
Riding with Missions and Dismissing Native Medicine, 1807-1937:
Guangzhou, Shanghai, and Changsha**

A Dissertation

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Abstract

This dissertation examines the process of transferring Western medical ideas and practices to China. The British East India Company surgeons initiated this movement in 1807 and medical missionaries extended it from the 1830s into the 1930s. This account is based on data found in archival repositories in China, manuscript libraries in the United States, and reports in missionary and medical missionary publications. This study adds to the historiography on China's medical missionary study by demonstrating the medical and religious integrative trajectory from its beginning to its ending in China.

The results challenge assumptions about the nature and extent of a presumed modernity in this activity. Rather than asking what medical missionary efforts contributed to the broader missionary activity, this study investigated how medical practitioners were able to take advantage of the religious incursions. Careful analysis of local records indicates that the early foreign medical practitioners were typically in a nearly pre-professional state in terms of the skills they brought to China. Instead of bringing to China a firmly established and fully coherent Western medicine, these medical missionaries echoed medical trends in the West. Over time, they brought Western clinical institutions, the professional organizations, and increasingly advanced medical education. By the early twentieth century, the medical professionals gradually parted ways with their missionary sponsors.

Relying primarily on Western sources, this study identifies three groups of Chinese who studied Western medical practice. Up to the 1880s, Chinese received apprentice training in order to become assistants to medical missionaries and their influence largely remained local. From 1880 on, Western physicians introduced advanced medical education. Elite Chinese physicians with Western training officially organized themselves in the 1910s. In 1932, these well-positioned physicians took over the leadership of the Western medical profession when the foreign and Chinese medical associations merged. Significantly, in the 1910s, the first generation of modern medical historians emerged. They struggled to make senses of their native medicine, which had been overshadowed by rhetoric that privileged Western culture. Nonetheless, they brought Chinese medical history to the world stage. The epilogue describes the abrupt interruption caused by the Japanese invasion in 1937. The medical missionaries' movement in China ended when the majority of them left China, leaving a complex legacy.

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Introduction

With experience of training and working in both Western medicine and traditional Chinese medicine, I came to the United States seeking answers for several large questions: How is science defined? How does science relate to religion? What is traditional Chinese medicine in relation to Western medicine? Driven by my curiosity about these issues, I began to go to classes as soon as I was employed at the University of Minnesota. Classes and independent reading helped me focus my questions by investigating the history of Western medical missionaries who went to China in the nineteenth and early twentieth centuries and their relationship with the first generations of Chinese physicians who had Western training. Recent studies of this subject have been addressed in standard accounts of American modern China studies inaugurated by John Fairbank based on the writings of the missionaries and medical missionaries in China.

American Modern China Studies

John King Fairbank, who had been championing American modern China studies since the middle of the twentieth century, advocated that historians study the history of American missionaries in China in the 1970s. For Fairbank, there were at least two reasons, the availability of archival materials created by missionaries and their contributions as they worked to transform China from a traditional to modern nation.¹ In responding to Fairbank's call, historians have built a rich literature regarding

¹ John King Fairbank, "Introduction," ed. *The Missionary Enterprise in China and America* (Cambridge: Harvard University Press, 1974), 1-19.

missionaries' work in relationship to the dissemination of Western science, medicine, social concepts, institutions, technologies, and products into China. At the same time, scholars also have identified and challenged problems embedded in this tradition/modernity analytical framework, which has a strong progressive outlook. Three problems are most closely related to my project, namely: the inadequacy of Western centralism, the unclear distinction between cultural exchange and cultural imperialism, and the lack of Chinese voices. The Western centralism was the first to be challenged.

As early as in the early 1980s, Paul A. Cohen questioned the Western centered concepts, which he identified as creating polarities of the impact/response and the traditional/modern tensions, while also pointing to imperialism. He advocated a China-centered approach.² Cohen's article in Fairbank's edited book of 1974 had already displayed his research orientation.³ His approach attached more importance to interaction between missionaries and local people, the reciprocal influences between missionaries and Chinese society and culture, and the significance of Chinese converters and native Chinese churches to the evolution of Chinese Christianity. His approach represents a broader, multiple dimensional vision and reveals specific events and characters. Daniel H. Bays' book, *Christianity in China: from the Eighteenth Century to the Present*, simply presents the general missionary work.⁴ Yuet-wah Cheung produced an important scholarly work on medical missionaries in China, *Missionary Medicine in*

² Paul A. Cohen, *Discovering History in China: American Historical Writing on the Recent Chinese Past* (New York: Columbia University Press, 1984).

³ Paul A. Cohen, "Littoral and Hinterland in Nineteenth Century China: The 'Christian' Reformers," in *The Missionary Enterprise in China and America*, ed. John King Fairbank (Cambridge: Harvard University Press, 1974), 197-225.

⁴ Daniel H. Bays, *Christianity in China: From the Eighteenth Century to the Present* (Stanford: Stanford University Press, 1996).

China: A Study of Two Canadian Protestant Missions in China before 1937.⁵ It was not, however, a critical reevaluation of medical missionary work in relationship to the concept of cultural imperialism.

A more recent and younger generation of scholars have responded to the tension caused by describing medical missionaries as modernizers and also have been concerned with their role as the tools of imperialism. They questioned the usability of the phrase “cultural imperialism” that was legitimated by Fairbank’s colleagues who admitted that the missionary enterprise was an invasive force and one form of imperialism.⁶

Ryan Dunch in his article published in 2002 gives specific attention to mission education and medicine which he thinks were a subtle form of aggression.⁷ He points out that “For a very long period, U.S. imperialism laid greater stress than other imperialist countries on activities in the sphere of spiritual aggression, extending from religious to philanthropic and cultural undertakings.”⁸ He argues that missionaries who were involved in such undertakings were heavily invested in cross-cultural communication by the very nature of their endeavor and, in fact, engaged in cultural exchange. His arguments emphasize that in the context of globalization missionaries did not just transfer Western modernity to other places but also were products of this process.⁹

Dunch advocates more attention to the exchange processes as they related to

⁵ Yuet-wah Cheung, *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937* (Lanham: University Press of America, 1988).

⁶ Arthur Schlesinger Jr., "The Missionary Enterprise and Theories of Imperialism," in *The Missionary Enterprise in China and America*, ed. John King Fairbank (Cambridge: Harvard University Press, 1974), 336-373.

⁷ Ryan Dunch, "Beyond Cultural Imperialism: Cultural Theory, Christian Missions, and Global Modernity," *History and Theory* 41, no. 3 (2002): 301-325.

⁸ Dunch, "Beyond Cultural Imperialism," 314, 319.

⁹ Dunch, "Beyond Cultural Imperialism," 314, 319.

missionaries engaged in education and medicine and with their Chinese counterparts. However, pointing to the arguments of Dunch,¹⁰ Carol C. Chin suggests that “just because cultural transmitters are not necessarily cultural imperialists does not mean that they cannot be such.”¹¹ Chin points out that her study subjects, American Women missionaries in China, were “unabashed about trying to impose their culture on the Chinese and expressed little discomfort with either their privileged position in Chinese society or the implicit backing they enjoyed from the power of the U.S. government.”¹² Chin presents evidences to demonstrate that the early writings of missionaries in China actually built the mindset in the West and America that the Chinese were inherently inferior to Westerners and Americans in character, mentality, and capabilities.¹³ Chin’s work demonstrates the imperialist’s nature of the rhetoric that was created through the missionary enterprise. However, she does not give particular attention to how long the effect of this rhetoric has lasted.

This historically constructed stereotype of Chinese people, describing them as culturally arrogant, conservative, or reluctant to recognize the benefits of western science, overshadowed important scholarly work until the 2000s.¹⁴ Benjamin A. Elman has questioned these narratives recently and he advocates paying attention to how

¹⁰ For an example see Paul Harris, “Cultural Imperialism and American Protestant Missionaries: Collaboration and Dependency in Mid-Nineteenth Century China,” *Pacific Historical Review* 60 (August 1991): 309-338.

¹¹ Carol C. Chin, "Beneficent Imperialists: American Women Missionaries in China at the Turn of the Twentieth Century," *Diplomatic History* 27, no. 3 (2003): 327-352.

¹² Chin, "Beneficent Imperialists," 327.

¹³ Chin, "Beneficent Imperialists," 351.

¹⁴ For examples see Immanuel C. Y. Hsu, *The Rise of Modern China*, 6th edition (Oxford: Oxford University Press, 2000) and John King Fairbank, *China: A New History* (Cambridge: Belknap Press, 1994).

Chinese studied Western science and adapted it on their own terms.¹⁵ With his study on the relationship between Protestant missionaries and Chinese literati who worked together on translating Western scientific works, he demonstrates that Chinese thinkers actively engaged with western scientific learning.¹⁶ However, despite historiographical developments, one hidden assumption embedded in the modernization framework has not been questioned; that is, when the traditional China and the modern West are being contrasted, scholars typically assume an established Western modernity rather than a developing one.

Missionary History in Mainland China

Missionary history in China has two distinct phases. First before the Reform and Open-Door policies of the late 1970s and early 1980s, the dominating analytical framework was the cultural aggression theory which had been transferred directly from the political rhetoric of the 1920s when the Nationalist Movement surged. The representative work of this framework is Gu Changsheng's *Missionaries and Modern China*.¹⁷ Second, a new wave of investigation emphasizes the scholarly exchange between the West and China, and that has also affected missionary history has begun since the 1980s.

An early sign of the new phase of on missionary history, specifically on education, was the First International Symposium on the History of Pre-1949 Christian Universities

¹⁵ Benjamin A. Elman, *On their Own Terms: Science in China, 1500-1900* (Cambridge: Harvard University Press, 2005). Benjamin A. Elman, "Science and the Protestant Mission," in *A Cultural History of Modern Science in China* (Cambridge: Harvard University Press, 2006), 100-131.

¹⁶ Since the publication of John K. Fairbank's book of 1974,

¹⁷ 顾长声, *传教士与近代中国* (上海: 上海人民出版社, 1981), [Gu Changsheng, *Missionaries and Modern China*].

in China held at Wuhan University in 1989. The analytical framework reflects modernization theory.¹⁸ Representative of this approach is Wang Lixin's *American Missionaries and Modernization in the Late Qing Dynasty*.¹⁹ Wang, on the one hand, argues for the significant impact of missionaries' efforts, such as transferring scientific knowledge, modern values, and Western customs, on the modernization of China. On the other hand, he points out that what the American missionaries did was "in some aspects incompatible with the principal goal of Chinese modernizers." Wang observes that some work of the missionaries "went against the will of Chinese people and violated the sovereignty of China."²⁰ Wang had been following historiographical changes in the United States closely and his view over the phrase "cultural imperialism" was noted by the American scholar David Dunch.²¹

Wang used the phrase "cultural imperialism" differently than Dunch. In his article "'Cultural Aggression' and 'Cultural Imperialism': Two Paradigms for the Assessment of Activities of American Missionaries in China," Wang identifies the pros and cons of these two phrases.²² He criticizes the cultural aggression approach because the phrase was a political product of the revolutionary period and argues that a single political perspective is not sufficient for reaching a comprehensive assessment and understanding

¹⁸ 章开沅及林蔚, *中西文化与教会大学: 首届中国教会大学史学术研讨会论文集* (武汉: 湖北教育出版社, 1991), [Zhang Kaiyuan and Arthur Waldron, *Christian Universities and Chinese-Western Cultures: Selected Works of the First International Symposium on the History of Pre-1949 Christian Universities in China*].

¹⁹ 王立新, *美国传教士与晚清中国现代化* (天津: 天津人民出版社, 1997), [Wang Lixin, *American Missionaries and Modernization in the Late Qing Dynasty*].

²⁰ Wang, "Abstract," in *American Missionaries*, 1-2.

²¹ Dunch, "Beyond Cultural Imperialism," 316.

²² 王立新, "'文化侵略'与'文化帝国主义': 传教士在华活动两种评价辨析," *历史研究* no. 3 (2002): 98-109, 192, [Wang Lixin, "'Cultural Aggression' and 'Cultural Imperialism': Two Paradigms for the Assessment of Activities of American Missionaries in China," *Historical Research*]

of the complex social and cultural issues that were involved in missionary history in China. Wang appraises the cultural imperialism approach. He believes that this approach “opens a broader field of vision from the post-colonialist angle.” Challenging Dunch’s critique and challenge to the missionary efforts, Wang argues that Dunch’s approach “simplistically applies the paradigm to analyzing the cultural relationship” between missionaries and Chinese and thus undervalues “the ability of the Chinese cultural elite in maintaining their independence, boycotting cultural control and preserving their cultural identity.”²³ While following the recent phase of studies on missionary history in general and missionary history on education in particular, scholars also have focused on the study of medical missionaries’ contributions in China.

This newly established literature provides good coverage over the activities in specific locales as well as in the wider country.²⁴ Wang Lixin, in his article, “Changes in American Missionaries’ Attitudes toward Chinese Culture (1830-1932),”²⁵ argues that in the nineteenth century, when the missionary first arrived China, they held an uncompromising and essentially negative stance with regard to Chinese culture. Over time and through experience with Chinese practitioners and political changes in the early twentieth century missionaries shifted their view toward Chinese culture. Beginning in the 1920s, missionaries in China began to show their respect for and appreciation of Chinese culture. They even wanted to recruit Chinese cultural heritage to complement

²³ Wang, “‘Cultural Aggression’ and ‘Cultural Imperialism,’” 192.

²⁴ For an example see 李传斌, *条约特权制度下的医疗事业: 基督教在华医疗事业研究, 1835-1937* (长沙: 湖南人民出版社, 2010), [Li Chuanbin, *Medical Enterprise under the Treaty Privilege System: Study on Activities of Medical Missionaries in China, 1835-1937*].

²⁵ 王立新, “美国传教士对中国文化态度的演变,” *历史研究* no. 1 (2012): 69-82, 191, [Wang Lixin, “Changes in American Missionaries’ Attitudes toward Chinese Culture (1830-1932),” *Historical Research*].

and enrich the Christian tradition.²⁶ Researchers on history of medical missionary work in China also now identify changes among the missionaries.

Tao Feiya and Hu Cheng focus on this change among medical missionaries toward native medicine and toward herbal medicine.²⁷ Tao claims that medical missionaries changed from categorically rejecting or belittling native medicine to holding a certain degree of sympathy and even appreciation. In his estimation, the early medical missionaries believed native practitioners had no knowledge of anatomy, physiology, and hygiene; their medical theories and pharmacological theories were only guesswork and false conclusions; their ways of diagnosis were mostly absurd; and, with low standards and ethics of Chinese medical practitioners, there was also a lack of benevolent institutions for the care of the sick and afflicted. Basically, medical missionaries saw Chinese physicians as a byproduct of the ancient world, incompatible with the modern world. The medical missionaries thus legitimated their right to transfer Western medical ideas to China. In the 1910s and 1920s, with increasing access to local Chinese practitioners and their medical culture and the improvement of their own language skills, medical missionaries were able to see appreciate treatment methods and some useful drugs in Chinese medicine. Tao argues that, lacking understanding of the philosophies behind the native Chinese medicine, medical missionaries only paid attention to Chinese

²⁶ Wang, "Changes in American Missionaries' Attitudes," 191.

²⁷ 陶飞亚, "传教士中医观的变迁," *历史研究* no. 5 (2010): 60-79, [Tao Feiya, "Western Missionaries Change Heart in Relation to Traditional Chinese Medicine," *Historical Research*]. A similar English version of this article was published in 2012, see Tao Feiya, "The Evolution of European Missionaries' Views on Chinese Medicine," *Chinese Studies in History* 46, no. 2 (2012): 58-87. 胡成, "西洋医生与华人医药: 以在华基督教医疗传教士为中心 (1825-1916)," *中央研究院历史语言研究所集刊* 83, no. 3 (2012): 571-606, [Hu Cheng, "Western Doctors and Chinese Medicine: Protestant Medical Missionaries in China (1825-1916)," *Bulletin of the Institute of History and Philology Academia Sinica*].

medicinal materials and clinical practices. To be fair, the changes that Tao observes did happen. However, it did not change the medical missionaries' determination to establish a "new profession" in China.²⁸ Moreover, some research work on Chinese medicine he enlisted to demonstrate his view was done not by medical missionaries but by researchers at the Peking Union Medical College, an institution that the Rockefeller Foundation built for advancing scientific medicine in China.

Hu Cheng investigates how medical missionaries secured the trust of indigenous patients in China by integrating some Chinese treatments and drugs into their toolbox. He argues that medical missionaries did so in the nineteenth century because, in terms of non-surgical treatments and skills, there was no major difference between Western doctors and indigenous doctors. In addition, Western medicines were expensive and difficult to obtain. Facing these challenges and wanting to win indigenous patients' trust, Western doctors had to adopt some Chinese medicines. Hu's study reveals a complex interrelationship at the time when medical and cultural systems from China and the West first met in China.²⁹

Tao Feiya and Wang Hao argue that the medical science community, the China Medical Missionary Association (CMMA), organized by medical missionaries in 1886, provided an example for later Chinese medical organizations.³⁰ The authors observe that the CMMA remained a foreign organization with limited cooperation with the Chinese

²⁸ See chapter 5 in Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921).

²⁹ Hu, "Western Doctors and Chinese Medicine," 606.

³⁰ 陶飞亚及王皓, "近代医学共同体的嬗变: 从博医会到中华医学会," *历史研究* no. 5 (2014): 79-97, [Tao Feiya and Wang Hao, "Evolution of the Modern Medicine Community: From the China Medical Missionary Association (CMMA) to Chinese Medical Association (CMA)," *Historical Research*].

physicians until 1910 when they reluctantly accepted Yan Fuqing, a Shanghainese and a Yale medical graduate, as a formal member. Because of insufficient resources and academic authority over the Chinese and the upsurge of nationalism among Chinese, the CMMA merged with a Chinese medical organization, the National Medical Association in 1932 and formed the Chinese Medical Association. Tao and Wang argue that this change not only allowed the new organization to inherit the professionalism and international feature of the CMMA but also allowed the new organization to be successful in cooperating with the Republican National Health Department. The authors emphasize the transformation from a foreign entity to a Chinese one, but they do not analyze the significance of CMMA in the overall history of the medical missionary efforts in China.³¹ They, moreover, are not sensitive to the split between the medical missionary body and its mission carrier and thus missed the changing relationship between the medical and religious groups.

Dissertation Outline

Regarding the relationship between missions and medical missionaries, this dissertation reverses the direction of the question. Instead of asking what medical missionaries' work meant to the missions and how medical work aided evangelical work, this dissertation asks that what the missions did for medical missionaries in the medical profession transfer processes. Moreover, in order to have a fuller view of medical knowledge exchange between the West and China, this dissertation also extends its research back to the activities of medical personnel of the British East India Company

³¹ Tao and Wang, "Evolution of the Modern Medicine Community," 191.

(BEIC). Thus, with a different viewing angle and a long-term framework, the history of medical missionary efforts in China displays a pattern that has been buried in archival materials and not fully revealed in secondary literature.

My study indicates that medical practitioners of the still developing Western modern medical profession found their sponsors for missionary expansion in China in an ad hoc and sometimes awkward relationship between two professions. Under the auspices of various mission societies, these medical missionaries echoed general rather than leading medical trends in the West, step by step. Thus, they transferred Western medical professional practices into China gradually, including the clinical institutions, the professional organizations, and the higher degree medical education. During the processes, the medical profession gradually parted with its sponsors, the mission societies, in part because the latter became incapable of financing scientific medicine.

The body of this dissertation constitutes six chapters. Each represents a stage of the Western medical profession transfer processes. The first chapter, “Before Missions, 1807-1838,” examines three surgeons’ experiences while the BEIC was still trading at Guangzhou and when modern Western medicine was emerging. With the increasing awareness of their professional identity, these surgeons’ activities changed from being strictly within the company’s plan to having some degree of individual agency. This was also a time when British began to push their political agendas into China with the support of their country’s large naval power. While initially the foreign surgeons reflected some degree of objectivity toward China, its people, and native medical practice, gradually the view became more patronizing toward a “benighted” people. This outlook would have an important impact on the incoming medical missionaries.

The second chapter, “Peter Parker and Imperialist Expansion, Guangzhou, 1834-1957,” depicts the relationship between medical missionaries and the Western imperialism. The first American medical missionary, Peter Parker, is a figure extensively studied for his early role in the missionary movement, medical knowledge transfer, and the America/China diplomatic relationship in China. Parker was sent to Guangzhou by the American Board of Commissioners for Foreign Mission. His service time was cut into two parts by the first Opium War. During the first period, he established an ophthalmic hospital. Together with the British surgeon and American missionary Elijah Coleman Bridgman, Parker established a funding organization, the Medical Missionary Society in China (MMS), which was mostly supported by foreign merchants in town and which was intended to support medical missionaries’ work that would attract Chinese people. After the war, Parker gradually moved towards diplomatic work. He held very negative views towards China and its medicine and participated in the imperialist actions of conquering China. The evolution of Parker’s career path demonstrates the inseparable relationship between medical missionaries and the Western imperial expansion from the 1830s to the 1850s.

The third chapter, “John Glasgow Kerr, Medical Institution Builder, Guangzhou, 1854-1901,” presents John G. Kerr’s forty-seven years’ medical missionary experiences in Guangzhou as a new stage of Western medical knowledge and practice transfer that mainly related to hospital building. Kerr served under the auspices of the American Presbyterian Board as a medical missionary and was already an experienced physician and surgeon when he came to China. His medical work, however, was supported by the MMS. With this advantage, Kerr could focus more of his energy towards medical

institution building although not without frictions with his mission board. He built a hospital with the model of the Bellevue Hospital in New York in mind, several dispensary extensions, a medical educational course, and an asylum for the insane. Kerr tirelessly served his Chinese patients and contributed a great deal in transferring Western medicine to China. However, he carried on the negative view towards Chinese culture and native medicine that had been established during the period of BEIC oversight.

The fourth chapter, “Higher Medical Education for Profession Building, 1866-1915,” narrates yet another stage of medical missionaries’ work, the building of medical profession societies and higher medical education in China. It examines, first, the American Protestant Episcopal Mission’s (APEM) work in Shanghai. Although the APEM Shanghai was a small mission operation, its converts were well-known in China. In 1880, with the foundation laid out by the APEM’s decades of work that relied significantly on a group of Chinese Christians who had educational experiences in the United States, a newly established Christian college, and the coming of Henry W. Boone, a senior physician, the mission’s medical work took off. Besides building a hospital, Boone and his colleagues organized the China Medical Missionary Association (CMMA) in 1886, published the association’s journal, the *China Medical Missionary Journal (CMMJ)* beginning in 1887, and promoted higher medical education. These efforts not only made the medical missionaries a relatively autonomous group within the evangelical movement but also developed institutions that went beyond the missionary societies’ sponsorship capacity. Second, this chapter examines the medical history research movement among Chinese scholars that was stimulated by the rise of patriotism after country’s failures in wars and these by scholars’ access to the Western medicine.

The fifth chapter, “Public Health in an Indigenization Process, Changsha, 1901-1927,” finds that the collaboration between Western medical physicians and Chinese local government and the entry of Western public health concepts and measures into China drove another wedge between the medical missionaries’ enterprise and their religious sponsors. The Yale Foreign Missionary Society’s medical work in Changsha, with an emphasis on Xiangya Medical School was the fruit of a collaboration between the Yale Mission and a Chinese Yuqun Educational Association that did not rely on mission support. In addition, public health projects by medical missionaries and other foreigners in China relied on the involvement of the government and the public at large. Significantly, important changes happened first to the medical missionary association’s journal in 1907 and then to the association in 1925 with the elimination of the word “missionary” from both. The explanation presented by medical missionaries for each time was to “help the journal find its way into the scientific world,” and to allow a wider international membership. The chapter concludes with an examination of the increasing Chinese scholarship on the history of native Chinese medicine alongside shifts in medical missionaries’ understanding about Chinese medicine.

Chapter 6, “Scientific Medicine Localized, Shanghai, 1927-1937,” researches the end stage of the history of medical missionary efforts in China. During this time period, with the support of the newly established Republican Government, Western-trained Chinese physicians began to establish new institutions, like the National Shanghai Medical School and Health Model District in rural China, according to these physicians’ understanding of Western medicine and China’s needs. The medical missionaries’ organization, the China Medical Association, merged with the Chinese physician’s

organization, the National Medical Association. In the new organization, the Chinese Medical Association, the medical missionaries yielded the leadership to Chinese physicians. The Chinese medical historians continued their search for understanding the relationship between Chinese medicine and Western medicine. Although they were not able to identify and easily compare their different philosophies of each medicine, some historians brought Chinese medicine to the world stage of history of medicine.

This dissertation ends with an epilogue because events studied in chapter 6 were all abruptly ended by Japanese invasion in 1937. This effectively marked the end of the medical missionaries' movement because by 1940 most of the medical missionaries had left China.

Chapter 1: Before Missions, 1807-1838

Trading companies became carriers for Western medical knowledge and practice to the wider world beginning from the Age of Discovery. The British East India Company (BEIC) played a role in Western medical knowledge transfer. It established a regular seasonal trading relationship with China at Guangzhou (Canton) in 1715 and set up a permanent Guangzhou factory in 1751.³² Qing China enforced a “single [port] trading relations” with all Western countries; the policy started in 1757 and lasted to 1842. It required not only that all maritime trade with the West be carried out exclusively at Guangzhou during the trading season, between one year’s August or September and next year’s February or March, through working with Qing emperor designated hong merchants, but also, during the off season, foreign merchants had to retreat to Macao where their family members had been residing.

From the beginning when the permanent factory was established at Guangzhou, a surgeon or two was on the staff.³³ The East India Company typically appointed surgeons to the ships of the fleets that sailed to the East. After factories were established and the number of the Company’s staff increased there, surgeons from the ships were employed on shore to take care of employees’ medical needs. The hiring of these surgeons was somewhat at hoc and without clear certification required, and many surgeons were also

³² Dirom Grey Crawford, *Roll of the Indian Medical Service, 1615-1930* (London: W. Thacker, 1930), 623.

³³ Crawford, *Roll*, 623. Also 苏精, “英国东印度公司与西医来华,” *珠海, 澳门与近代中西文化交流: 首届珠澳文化论坛论文集* (北京: 社会科学文献出版社, 2010), 46, [Su Jing, “British East India Company and Western Medicine to China,” in *First Symposium of Zhuhai and Macao Culture*]. Records of surgeons who worked at Guangzhou factory only started in 1775.

adventurers of different nationalities who arrived in the Company's service by "circuitous" routes.³⁴

The BEIC had three categories of medical officers: ship surgeons, factory surgeons, and military surgeons during its more than two hundred years' history. The organization of the military surgeons only started in 1764, in the midst of the French Wars. The status of medical men remained relatively low until 1788.³⁵ Among three categories of medical officers of the BEIC, only ship surgeons and factory surgeons came to Guangzhou (see appendix on page 297 for a list of seventeen BEIC surgeons).

Data in the list demonstrates a striking change over time in the qualifications of medical men. Among those medical men who came before 1800, all but one had no specified qualification descriptions. Initially a person who would want to become a ship surgeon had to be examined for his fitness for service. Until 1773 the Company appointed a board to examine candidates for appointments in an effort to be sure that all vacancies for surgeons would be licensed by this Board.³⁶ From 1745 up to 1800, it seems that the London College of Surgeons facilitated the process by granting levels of certification. These included an inferior diploma, or certificate, by which the applicant was certified as qualified for appointment as Hospital Mate or Surgeon's Mate in the Navy of Army, or an Indiaman, or as Assistant Surgeon to an Indian Presidency.³⁷ From 1800 to 1822 they granted, in addition to the diploma of Member of the Royal College of

³⁴ Malcolm C.C. Seton and Samuel Findlater Stewart, *The India Office* (London: G.P. Putnam's Sons, 1926), 213.

³⁵ Seton, *The India Office*, 213-219.

³⁶ Dirom Grey Crawford, *A History of the Indian Medical Service, 1600-1913* vol. 1 (London: W. Thacker, 1914), 497. The name of the Board was Board of Gentlemen of the Faculty of Known Ability in their Professions as well in Physic as Surgery.

³⁷ Crawford, *A History*, 509.

Surgeons (M.R.C.S.), a second diploma as Licentiate.³⁸ For passing this licensing procedure students were required to pass examinations on some specific subjects.³⁹

The last three full time medical men at the Guangzhou factory, Alexander Pearson (?-1836), John Livingstone (?-1829), and Thomas R. Colledge (1796-1879), however, all acquired certification before or after they started work at Guangzhou. Thus, the table presents a brief evolution of the BEIC medical men's qualifying certification which shows a significant change of the medical profession itself and in relationship to the imperial working environment. There was an ascending trend of surgeons' status within the BEIC during the late eighteenth and early nineteenth centuries, and this reflected how those medical men commanded more expertise for transferring advanced medical technology and knowledge.

The BEIC's Guangdong factory, 1715-1834, did not confine its activities within trade but also extended its interests into language study, collecting books in Chinese on various topics and samples of natural history, propagating what they learned through printing and publishing books and magazines, and, to a limited extent, introducing western medical practices during its last thirty years as a monopoly trading power in China. What the company and its medical personnel introduced, especially the method of

³⁸ Crawford, *A History*, 509. The London College has gone through the following forms: Corporation of Barber Surgeons (1540-1745); Corporation of Surgeons, London (1745-1800); Royal College of Surgeons, London (1800-22); Royal College of Surgeons, England, from 1822. They have given from time to time, the following diplomas: M.R.C.S., (Corporation), 1540-1800; M.R.C.S., London, 1800-22; M.R.C.S., England, 1822 to date. Certificate, Corporation of Surgeons, 1745-1800. Licentiate, L.R.C.S., London, 1800-22; Fellow, F.R.C.S., England, 1844 to date.

³⁹ Crawford, *A History*, 519. Subjects for examination included anatomy, physiology, surgery, and medicine, including therapeutics and diseases of women and children. Candidates who desired to do so might also take comparative anatomy, zoology, botany, and physics.

Jenner's vaccination and the most advanced ophthalmological surgical procedures, was quite significant. However, while previous historians offered reasons for why and how these techniques were introduced, they often overlooked the level of these techniques in their developing processes in the West and they often ignored how the changes transformed a vague division of labor to more clear distinctions among professionals. Surgeon General W. C. Maclean pointed out in his *Memories of a Long Life* that William Jardine and James Matheson, subsequent founders of the great business firm of Jardine and Matheson that traded in China, were both originally surgeons designated as Indiamen, although he could not conclusively prove Matheson's role,⁴⁰ William Jardine served as a surgeon mate and later a surgeon on various company ships from 1802 to 1816.⁴¹

Studying the last three BEIC medical men's experiences in Guangdong demonstrates that those roles became fixed largely due to the medical profession's development in the West. Actions taken by the three surgeons, who acquired M.D.s and who came on site after 1800, brought important new knowledge. They were first guided by institutional frameworks, then began to exploring ways to cope with the changing situations, and at last took initiative themselves to lead the direction of medical knowledge transfer. A close investigation of this period and these men will shed light on how three BEIC medical men, Alexander Pearson, John Livingston, and Thomas

⁴⁰ Quote from Crawford, *A History*, p. xxxix and 58.

⁴¹ For Jardine's years of service see Farrington, *Biographical Index*, 420; also, Dirom Grey Crawford, *A History*, 488–529. William Jardine was surgeon's mate of the *Brunswick* in 1802/03, surgeon of that ship in 1803/04, of *Glatton* in 1805-1814, of the *Windham* in 1815/16.

Colledge, influenced their followers, namely medical missionaries, and future medical practices in China.

In addition to the trend of medical professionalization in the West, a changing of power balance over trade between China and the West also had an impact on how Westerners understand Chinese reactions towards foreigners and the medical techniques and knowledge they brought to China. These three doctors' writings demonstrated a rhetorical change about their attitudes toward the Chinese people with whom they interacted. When reporting on the process of introducing Jenner's vaccination method into Macao and Guangzhou starting in 1805, Alexander Pearson differentiated Chinese reactions into groups of followers, supporters and antagonists. John Livingstone's published papers during 1820-1824 expressed appreciation of China's past technology but doubt on China's current development in science. While in 1838, when Thomas Richard Colledge advocated for bring medical missionaries into China, he used language that was general, sweeping, and derogatory by suggesting the Chinese doctors were prejudiced against Westerners and they were "backward" in terms of civilization. The following analysis also offers us an understanding of the position of the Western medical profession that was active in Guangdong in the early nineteenth century. The three doctors discussed here were initially sponsored by an international business company, and their activities were thus entangled with the economic and political history of the time.

1.1 Implementing Jenner's Smallpox Vaccination Technique

It has been frequently noted that Alexander Pearson was the first one who introduced Jenner's smallpox vaccination method to China in 1805.⁴² In fact, the path of that introduction was much more complicated and came through an organized effort for the benefits of trading companies and Western empires. In 1803, two years prior to Alexander Pearson's arrival at the Guangdong factory, several efforts had been made for the introduction of Jenner's smallpox inoculation into China without success. First, the Governor-General in Council, Lord Wellesley, on June 8, 1803, wrote to the Guangzhou factory administrators and expressed his goal of having Jenner's vaccine inoculation introduced into China because the method had been working successfully in the British possessions in India.⁴³ However, before sending any of the vaccine to Guangzhou, he wished the Committee at Guangzhou factory to consult the principal mandarins. His correspondents at Guangzhou, namely the Selection Committee President of the time, James Drummond, and others had some reservation about bringing up this issue to officials of that province before there were some successful results of this new method. The Governor in Council at Bombay, Johnathan Duncan, in the meantime, on August 8 sent a supply of vaccine, with instructions for its use, to Guangzhou on October 2, 1803. With the help of Emperor-designated Chinese hong merchants,⁴⁴ several healthy

⁴² For a detailed reference list see 張嘉鳳, “十九世紀初牛痘的在地化: 以叻咭喇國新出種痘奇書, 西洋種痘論與引痘略為討論中心,” 中央研究院歷史語言研究所集刊 78, no. 4 (2007): 755-812, [Zhang Jiafeng, “The Localization of the Cowpox Vaccination in Early Nineteenth-Century China,” *Bulletin of the Institute of History and Philology Academia Sinica*].

⁴³ For the introduction of Jenner's method into the British settlements in India, see George Keir, *Account of the Introduction of the Cow Pox into India* (Bombay: Moroba Damotherjee, 1803). However, the introduction of the Jenner's method to native Indians was a slow process. See David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Delhi: University of California Press, 1993).

⁴⁴ Su, “British East India Company and Western Medicine to China,” 53. For more information about hong merchants see 梁嘉彬, *廣東十三行考: 鴉片戰前廣東國際貿易交通史考* (台中: 私立東海大學,

children were procured for experimenting. Unfortunately, the vaccine was beyond its effective date due to the length of passage.⁴⁵

Several reasons motivated the BEIC Guangzhou factory to promote Jenner's method in China beside orders that came from above. First, during the so called "Guangzhou (Canton) System Days," the Company was limited to trading only through a group of the hong merchants as well as only through the port of Guangzhou. On top of strict regulations implemented by the Qing government, the Company people at Guangzhou knew little Chinese.⁴⁶ Therefore, even though they agreed with their superiors and wanted to spread a new technique for preventing smallpox in the vicinity of Guangzhou as a way to impress Chinese government officials, they believed that it would take a positive demonstration rather than words to persuade them. As a matter of fact, even after Jenner's method had been successfully introduced into China, among foreigners as well as among local Chinese, for several years, according to the company's record, a notification to the Viceroy was not made until 1811.⁴⁷ Second, at this time, although the BEIC still had the monopoly in terms of trading in the East and still was the strongest Western power at Guangzhou, it had competitors. By the end of the eighteenth century, not only the American business men and several other European countries all engaged in trading at Guangzhou, but also various private British and India merchants (Parsee) were

1960.), [Liang Jiabin, *Study on Canton Thirteen Hong: History of International Trade and Transportation before the Opium War in Guangdong*] and Weng Eang Cheong, *The Hong Merchants of Canton: Chinese Merchants in Sino-Western Trade, 1684-1798* (Richmond, Surrey: Curzon, 1997).

⁴⁵ Hosea Ballou Morse, *The Chronicles of the East India Company, Trading to China 1635-1834*, Vol I-V (Cambridge: Harvard University Press, 1926), Vol II, 410.

⁴⁶ Susan Reed Stifler, "The Language Students of the East India Company's Canton Factory," *Journal of the North China Branch of the Royal Asiatic Society* 69 (1938): 46-82.

⁴⁷ Morse, *Chronicles*, Vol III, 170.

becoming a strong force because the Company's policy allowed its employees to do private trade on the side.⁴⁸ These various groups were also interested in vaccinations. Thus, the Guangzhou Committee financially supported its surgeons to perform smallpox vaccination on Chinese for free for years as a gesture to win the favor of Chinese as well as the competitions among foreign trading groups.

Nonetheless, the problem of getting viable vaccine needed to be resolved. After the BEIC failed several times in transporting live virus from India to Guangzhou, a Spanish doctor Francisco Xavier Balmis successfully brought some from South America to Asia. Balmis' American trip started as a Spanish national effort for combatting the disease that was shrinking its empire's population in Spanish America. After his success there, Balmis gathered twenty-six boys from Zacatecas to serve as vaccine carriers, all of whom were born after the major smallpox epidemic of 1797. Using this method, Balmis brought live smallpox vaccine around the world on the *Magallanes* with a nine-week voyage from Acapulco to Manila, arriving on April 15, 1805.⁴⁹ While Balmis was helping the government in Manila to establish a Central Vaccination Board and recuperating from the long trip himself, a captain Pedro Hewit arranged for the vaccination of the crew of his ship *Esperanza*, which sailed to Macao immediately afterwards.⁵⁰ It was a happy coincidence for Alexander Pearson that the first active

⁴⁸ 彭泽益, "清代广州体系时期中外商人之间的竞争," *历史研究* no. 5 (1992): 131-141, [Peng Zeyi, "Competition between Sino/Foreign Merchants during the Era of Guangzhou System in Qing Dynasty," *Historical Research*].

⁴⁹ Thomas B. Colvin, "Arms around the World: The Introduction of Smallpox Vaccine into the Philippines and Macao in 1805," *Review of Culture* no. 18 (2006): 71- 88.

⁵⁰ Recent scholarship casts doubt on whether Pedro Hewit was a Portuguese merchant, or if he was of Chinese origin. For more details see Isabel Morais, "Smallpox Vaccinations and the Portuguese in Macao," *Review of Culture* no. 18 (2006): 123, note 30. It is interesting that not only this first time but also in future years, Manila became a source for reliable smallpox vaccine

vaccine that arrived Macao on May 17, 1805, just a couple of months after Pearson joined the Guangzhou factory. Ordered by the President of the Selective Committee of the Guangzhou factory, James Drummond, Alexander Pearson, together with his Portuguese colleagues, began to vaccinate factory members and other Western residents at Macao. When trading season started, he brought this method to Guangzhou.

Pearson served as a surgeon on the BEIC ship *Arniston* during the years between 1794 and 1804. During this period, he also gained new credentials to advance his professional career. First, he became a member of the Royal College of Surgeons in 1801 and then received a M.D. from St. Andrews in 1805. On May 22, 1804 the Court appointed him as surgeon at the Guangdong factory at a salary of £700 a year and which would be increased to £1000 a year when James Crichton and Charles MacKinnon, two surgeons on site at the time, died or left. Pearson was promoted to the first surgeon with a salary of £1,200 a year in 1806. Another important rule was made with his appointment that, beginning with Pearson in February of 1805, surgeons at Guangzhou factory would not be allowed to engage in private trade.⁵¹ When trying to explain this restraint on the role of the medical employees, scholars mostly emphasize that earlier factory surgeons

for Guangzhou. See Morse, *The Chronicles of the East India Company*, III, 204.

⁵¹ Although Pearson has been widely hailed as the first one who introduced Jenner's method into China, his death year, from accounts to accounts, varied from the BEIC's record which is 1836. Pearson retired from the factory in 1832 after a service of twenty-six years there and died in England four years later in 1836. This confusion might be originated from K. Chimin Wong and Liande Wu, *History of Chinese Medicine: Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: The Mercury Press, 1936). The caption under a portrait between page 278 and 279, which recorded as Alex Pearson with birth and death years of 1780 and 1874, is still being copied by scholars today when noting him as the first surgeon who introduced Jenner's vaccination method to China. During those years Pearson was serving on *Arniston*, China was the ship's trading destination or one of its destinations. For the salary decision, see Farrington, *Catalogue*, 30-31. Crawford, *Roll*, 624 and Farrington, *Biographical Index*, 612.

Abraham Leslie and Charles Mackinnon had engaged in competitive trade with Chinese merchants.⁵² Few paid attention to the fact that new professional standards for physicians contributed to such a change.⁵³

Besides his work on smallpox prevention, Pearson's life in Guangzhou, as reflected in the factory archives, had other important dimensions. He was actively involved with Chinese language studies and participated in the second British Mission, the Amherst Mission, to Peking in 1816. Before the Opium War, the British government made three attempts to reach the emperors of the Qing dynasty with the goal of opening China for free trade with the West: the Macartney Mission in 1793, the Amherst Mission in 1816, and the Napier Mission in 1834. None of these missions was successful. The latter two groups did not even reach Beijing. Pearson was also included in a failed effort to establish a floating hospital for the Company in 1825.⁵⁴

Fortunately, Pearson, in 1832, on his way back to Britain after his 26 years' service at the Guangzhou factory, responded to an invitation from the editor of the newly created missionary magazine, *Chinese Repository*. He submitted several articles on his vaccination work to the journal that offer an important historical record and are a

⁵² About Leslie's case see Morse, *Chronicles*, Vol II, 33, 40, 46, 54, 66 and 85 and Paul A. van Dyke, *The Canton Trade: Life and Enterprise on the China Coast, 1700-1845* (Hong Kong University Press, 2005), 97-98. About Mackinnon's case see Morse, *Chronicles*, Vol II, 365; Su, "British East India Company and Western Medicine to China," 50, note 2; and Charles Mackinnon, *Mr. Mackinnon's Memorial to the Honorable Court of Directors of the Hon. East-India Company* (London: Printed by Lewis and Roden, 1806). Mackinnon was a second surgeon of the Guangzhou factory from 1799 to 1805.

⁵³ Crawford, *A History*, 509.

⁵⁴ Quote from Su, "British East India Company and Western Medicine to China," 62-65. The thought of building a floating hospital might be a reflection on the Seaman's Hospital built on Thames in London in 1821. See Eric Goldsmith and A. G. McBride, "Dreadnought Seamen's Hospital," *British Medical Journal* no. 1, (June 1976): 1511-1513.

frequently cited primary source for historians for the commencement, progress, and the state of medicine during early years in China.⁵⁵

The most interesting and important points Pearson made in his articles related to how Chinese received the new technique. In the Guangzhou area the smallpox annual epidemics, perhaps endemic in today's terms, would emerge in February each year and subside in early June. Pearson and his colleagues not only were conducting and superintending vaccination to Chinese people for free but also providing information of the method and its improving efficacy by sharing the Board's documents and the European accounts in local publications. Pearson noticed that some Chinese medical men who performed old style preventive methods and "native priests" were opposed the new practice.⁵⁶ However, employees of the Guangzhou factory and the hong merchants' community not only embraced this new technique quickly but offered support.

In fact, the cooperation in spreading the smallpox vaccination method between the Guangzhou factory and Guangzhou hong merchants started before Pearson joined the

⁵⁵ Alexander Pearson, "Report submitted to the Board of the National Vaccine Establishment, respecting the introduction of the practice of vaccine inoculation into China, A.D. 1805: its progress since that period, and its actual state. Dated Canton, February 18th, 1816," *Chinese Repository* 2 (1834), 35-41. This account includes a report dated February 18, 1816, and a summary of three subsequently written reports, the first was dated on March 19, 1821 with two others written after this one without exact dates. So far, no contemporary archival materials in Chinese are available. Local gazettes that scholars often cited for vaccination matters were not compiled at the early nineteenth century. For example, the compilation time of 南海县志 [*Nanhai County Gazette*], the most cited source, was compiled in 1835.

⁵⁶ "Native priests" is a phrase Pearson used in his reports. It is not clear exactly whom Pearson was talking about.

group.⁵⁷ As noted above, some smallpox vaccine and a book of instructions⁵⁸ first arrived Guangzhou from Bombay sent by Governor Duncan in 1803. Immediately, Drummond asked for help from hong merchants. A hong merchant Chunqua (刘德章, 章官) and his brother Cheequa procured a number of volunteers, including their own daughters and several other children. Unfortunately, the entire effort failed because the vaccine had already lost its efficacy.⁵⁹

The hong merchants supported translation of Pearson's pamphlet into Chinese, as 啖唎國新出種痘奇書. Pearson's report only mentioned that Sir George Staunton was responsible for the translation.⁶⁰ However, a recent work comparing his pamphlet, a work of a Chinese medical man, and works of Qiu Xi reveal that all reachable copies of his work were signed as "edited by James Drummond, approved by Alexander Pearson, translated by George Staunton, and written down by Gnewqua (郑崇谦, 会隆行)."⁶¹ The

⁵⁷ At the time, there were three categories of Chinese merchants acting in Guangzhou. Among them only hong merchants had the right to deal with foreign trade. The BEIC restricted themselves within the range of this regulation. The Guangzhou factory and hong merchants formed a relationship that seemed full of conflicts over the years, yet, often they were highly interdependent. The other two kinds of Chinese businessmen either opened shops at Guangzhou to supply daily needs for foreigners or brought goods from other provinces to Guangzhou for sale. For a brief understanding of the system and relationships among merchants, foreign as well as Chinese, see 彭泽益, "清代广东洋行制度的起源," *历史研究* 1 (1957): 1-24, and 30, [Peng Zeyi, "Origin of the Guangdong Hong System in Qing Dynasty," *Historical Research*].

⁵⁸ Keir, *Account of the Introduction of the Cow Pox into India*. George Keir was the surgeon who was in charge of smallpox vaccination at Bombay.

⁵⁹ Morse, *Chronicles*, Vol II, 410.

⁶⁰ On George Staunton's Chinese language skill, his experience at Guangzhou factory, and his impact on British/Sino relationship see 游博清, "小斯當東 (George Thomas Staunton, 1781-1859): 十九世紀的英國茶商, 使者與中國通" (新竹: 國立清華大學歷史研究所碩士論文, Thesis, 2004), [You Boqing, "George Thomas Staunton, 1781-1859: A Nineteenth Century British Tea Merchant, Emissary, and Sinologist"].

⁶¹ Zhang, "The Localization of the Cowpox Vaccination," 755-812. Various versions of Pearson's pamphlet could be found at The British Library, the Library of the School of Oriental and African Studies in London, the Yale Library in the United States, the Wellcome Library for the History of Medicine in London, and the Library of Cambridge University.

BEIC archive also recorded that Gnewqua “godfathered” this pamphlet.⁶² At the time, Gnewqua was an influential and rich hong merchant. With his help the pamphlet went through printing and distribution at a time when the Qing government restricted most contact between Chinese and foreigners. This leaves the question why Pearson omitted Gnewqua’s name in his 1816 report. It could be because Gnewqua’s hong went bankrupt in 1809 and he died in 1813 while in exile at Yili.⁶³

Collectively, principal members of the hong merchants had also established a philanthropic fund for inoculation for the poor.⁶⁴ Because many Chinese did not want to bring their children for vaccination during summer and early autumn months when they did not see the imminent danger of the disease, this fund furnished small premiums for those who came forward in these months for keeping vaccines active. With this fund, Chinese vaccinators conducted from fifteen to forty vaccinations every ninth day at the meeting hall of hong merchants.

In his reports, Pearson pointed out that for those Chinese vaccinators, mostly Guangzhou factory employees trained by Pearson, vaccination became a source of reputation and emolument, especially later when they practiced vaccination on their own.⁶⁵ Among them, A-he-qua, a star student of Pearson, had been engaged in the practice since 1806.⁶⁶ His quality of judgment, method, and perseverance made him

⁶² Morse, *Chronicles*, Vol III, 16. Morse also mentioned that there was a Chinese medical man.

⁶³ 彭澤益, “廣州洋貨十三行行商倡導對外洋牛痘法及荷蘭豆的引進與傳播,” *九州學刊* 4, no. 1 (1991): 73-83, [Peng Zeyi. “Introducing Smallpox Vaccination and Spreading Snow Pea by Guangzhou Thirteen Hong Merchants,” *Chinese Culture Quarterly*].

⁶⁴ Peng, “Introducing Smallpox Vaccination,” 73-83. Peng states that this fund started in 1810 but does not offer information about how long it lasted.

⁶⁵ *Chinese Repository* 2 (1834), 36-39.

⁶⁶ His Chinese name is 邱熹, and he remains the most well-known of all the Chinese vaccinators of that time.

well-known into the 1820s.⁶⁷ Qiuxi developed smallpox vaccination into a profitable family business as he explained this new method within the framework of Chinese medical theory and thus gained access and support from local gentries and officials.⁶⁸ In 1817, the next year after Pearson's first report, Qiuxi published his own version of Jenner's smallpox vaccination, *Yindoulue* (引痘略), a method as well as an explanation. It included an extensive collection of poems and commentaries on his work by people of high class and those whose children received vaccination service from him. *Yindoulue* was reprinted more than fifty times in the next fifty years, mostly by local gentries and officials who followed Qiuxi's method to combat serious smallpox breakouts at various provinces outside Guangdong, in which Guangzhou is located. The prefaces of those editions offered today's historians valuable written materials about the history of smallpox prevention at a time when Jenner's method coexisted with methods that had been long practiced in China.⁶⁹

Pearson observed in his report that these Chinese vaccinators, even without central government involvement, pushed the Jenner's method into adjoining provinces, such as Jiangxi, Jiangnan, and Fujian provinces and thus contested existing Chinese methods of combating the disease. Pearson's fair evaluation of Chinese positive responses on

⁶⁷ *Chinese Repository* 2 (1834), 39-41.

⁶⁸ Qiu xi's work has been extensively researched. The following is an incomplete list. 余新忠, "清代江南种痘事业探论," *清史研究* no. 2 (2003): 28-37, [Yu Xinzhong, "A Preliminary Study of Vaccination in Jiangnan during the Qing Dynasty," *Study in Qing History*]. 董少新, "论邱熹与牛痘在华之传播," *广东社会科学* no. 1 (2007): 134-140, [Dong Shaoxin, "On Qiuxi and the Dissemination of Smallpox Vaccination in China," *Journal of Guangdong Social Science*]. Angela Ki Che. Leung, "The Business of Vaccination in Nineteenth-century Canton," *Late Imperial China* 29, no. 1S (2008): 7-39.

⁶⁹ 廖育群, "牛痘法在近代中国的传播," *中国科技史杂志* 2 (1988): 36-44, [Liao Yuqun, "Dissemination of Smallpox Vaccination in Modern China," *Chinese Journal for the History of Science and Technology*].

smallpox vaccination technique reflected that there was not a crystalized negative rhetoric about Chinese practitioners, their culture, and their view towards Westerners in the 1820s. Pearson's report on vaccination in 1816 reflected an even and cooperative relationship between foreigners and Chinese business and medical men. He left China in December 1832 and died in London in 1836.

Two years after Pearson came to Guangzhou, Robert Morrison (1782-1834), the first British Protestant missionary to China in 1807, arrived. His language skills led to an interpreter's position with the BEIC.⁷⁰ Morrison was born to a farmer family in Morpeth, England and later moved to Newcastle. He started to attend the High Bridge Presbyterian Church at age sixteen. After he felt God calling him into a life of mission services, he left home London to study at Hoxton Academy in 1803 for studies of Bible, theology, English grammar and composition, various languages, logic, rhetoric, history and geology. In the middle of 1804, the London Missionary Society (LMS) appointed him as a missionary. He then transferred to the Missionary Academy at Gosport to prepare himself for going abroad. By the end of 1805, his missionary destiny was identified as China. In the last year before his departure, he studied math, physics, astronomy, medicine and Chinese.⁷¹

⁷⁰ Regarding the difficulties of the BEIC, see Stifler, "The Language Students." Earlier James Flint, who worked for the Guangzhou Factory had been perhaps the first to grasp more sophisticated Chinese language skills. For more details about his experiences and the event that led to the strict Guangzhou System, see Edward L. Farmer, "James Flint versus the Canton Interest (1755-1760)," *Papers on China* 17 (1963): 38-66 and 郭廷以, 编辑. *近代中国史* Vol. I. (臺灣: 商務印書館, 1963), 565-588, [Guo Tingyi, *History of Modern China*]. George Thomas Staunton also had advanced language skills, see George Thomas Staunton, *Memoirs of the Chief Incidents of the Public Life of Sir George Thomas Staunton, Bart., Hon. DCL of Oxford: One of the King's Commissioners to the Court of Peking, and Afterwards for Some Time Member of Parliament for South Hampshire* (London: L. Booth, 1856).

⁷¹ Robert Morrison, *A Parting Memorial* (London: Simpkin and Marshall, 1826), 109; E. A.

Morrison's preparation could be considered hasty, and his journey to China encountered difficulties. In order to avoid any reason to irritate countries it traded with, the BEIC did not allow missionaries on board its ships. Morrison and another two British missionaries who were going to India had to travel by way of America. They left Britain on January 31, 1807. Morrison arrived in Macao on September 4 the same year. This detour, however, gained him an American passport that, in turn, gave Morrison the opportunity to stay with BEIC's Factory at Guangzhou.⁷² LMS ordered Morrison to continue his six months of Chinese study first, and then turn to Bible translation and lexicon compilation. Morrison worked diligently. By the middle of 1809, he had demonstrated to the BEIC that his language capacity could help the factory superintendent to resolve diplomatic clashes with the Qing government.⁷³ Thus, the Guangzhou Factory appointed Morrison to the post of translator. In 1810, to improve Guangzhou Factory's employees Chinese, Morrison started a training course. Pearson started to learn Chinese from Morrison even before the course begun. By 1816, Pearson, while still acting as surgeon, became one of the factory employees who participated as Morrison's official interpreter aid on the Amherst mission.⁷⁴

Morrison, *Memoirs of the Life and Labours of Robert Morrison, DD: With Critical Notices of His Chinese Works... and an Appendix Containing Original Documents* Vol. I (London: Longman, Orme, Brown, and Longmans, 1839), 52-54. For more detailed description of his Chinese language study and teaching, see 苏精, *中国, 开门! 马礼逊及相关人物研究* (香港: 香港基督教中国宗教文化研究社, 2005), 19-20, 36, 41-64, [Su Jing. *Open Up, China! Study on Robert Morrison and his Circle*].

⁷² Su, *Open Up, China!* 25-34.

⁷³ The clash came when British troops attempted to enter Macao in 1808. See Shantha Hariharan, "Macao and the English East India Company in the Early Nineteenth Century: Resistance and Confrontation." *Portuguese Studies* 23 (2007): 135-152.

⁷⁴ Stifler, "The Language Students," 56, 65.

Joining the Guangdong Factory, with burdens of an interpreter and a language teacher, Morrison not only continuously worked hard on his Bible translation and lexicon compilation but also was actively involved with evangelical tasks. After visiting ships anchored at Whampoa, Morrison advocated ‘bettering the morals, &c. of sailors in China,’ in September 1822. He suggested building a floating chapel as well as a floating hospital.⁷⁵ At this time the factory leaders were concerned with health conditions of sailors on the company’s ships, but their negotiations with the Qing officials reached non positive results.⁷⁶ While Morrison became an integral part of the foreign merchant’s community,⁷⁷ he befriended John Livingstone and helped Livingstone’s exploration on various topics.

1.2 Making One’s Life Useful

Unlike Alexander Pearson before him and Thomas Richard Colledge after him, John Livingstone’s name was not clearly linked to any well-known medical services of the BEIC surgeons in Guangzhou and surrounding areas. Among the three, Livingstone, a second surgeon of the Guangzhou factory from 1808 to 1827, left rather complicated records that demonstrated confusing conditions at the time when a medical profession was forming in the West. He was first employed as a surgeon’s mate on the company ship *Phoenix* in 1790/1. Subsequently, he worked as a ship surgeon for the company on *Lord Thurlow*, *Cirencester*, *Coutts*, and *Marquis Wellesley*, between 1792 and 1808.⁷⁸

⁷⁵ The idea of a floating hospital did not come from nowhere. In 1821 in England the first floating hospital for seamen was built on Thames. See Goldsmith, “Dreadnought Seamen’s Hospital,” 1511-1513.

⁷⁶ Su, “British East India Company and Western Medicine to China,” 62-65.

⁷⁷ Morrison, *Parting*, 367-371.

⁷⁸ For all the ships Livingstone served, except *Phoenix* and *Marquis Wellesley*, China was the ships’ trading destination or one of their destinations. See Farrington, *Catalogue*, 124-5, 139-140,

He received an appointment to serve at the company's Guangzhou factory in 1807 and joined in 1808. He received his M.D. degree from Marischal College in Aberdeen in 1821.⁷⁹ Throughout his time in China, he was a second surgeon and spent most of his time at Macao.

His name was referred to in publications in relationship to the company or missionaries without many specifics. One thing that distinguishes him from the other two surgeons is that he left a number of journal publications. His production pattern in this regard was in a "burst" fashion. Although his essays appeared in journals between 1819 and 1824, he wrote them between 1818 and 1822, nothing earlier, nothing later. Considering that he received his M.D. in 1821, it would be an informed guess that these papers might had something to do with getting his degree.

Nonetheless, reading through these essays he sent out to various newly established magazines, a vague picture emerges that indicate his activities, motives, and his associates. His major interests were in natural history and medical care related issues. Collecting local information of all kinds intended to contribute to new knowledge was a common activity of British adventurers of that time. Several BEIC employees were engaged as well.⁸⁰ Some of them, including Livingstone, were contributors to Sir Joseph Banks' botanic collection as were the Duncan brothers, both were surgeons to the

410, 441, and 505.

⁷⁹ It is not clear how he achieved this while he was in China.

⁸⁰ Charles WJ. Withers, "Geography, Natural History and the Eighteenth-century Enlightenment: Putting the World in Place," in *History Workshop Journal* (Oxford: Oxford University Press, 1995), 136-163.

Factory, David Lance, a superintendent of the Factory, and John Reeves, the Tea Inspector of the Factory, to name a few.⁸¹

Livingstone's publications offered, in 1818, a detailed description of the Chinese processes for preparing and cultivating plants. This interest in Chinese botany led to his appointment as a Corresponding Members of the Horticultural Society of London in 1820.⁸² In offering the Society his observations, Livingstone hoped that there could be something new or important in his observation and that would indicate his "willingness to be useful." Despite working hard, however, his subsequent publications revealed that Livingstone's attention was diffuse and without significant results. He tried to devise a hygrometer using pure sulphuric acid and distilled water,⁸³ which would be as sensible as Kater's Hygrometer,⁸⁴ he claimed. He also sought to survey a hot spring about fifteen miles of the north/west of Macao with the help of Portuguese residents in order to understand its origins and function.⁸⁵

⁸¹ Warren R. Dawson, ed., *The Banks Letters: A Calendar of the Manuscript Correspondence of Sir Joseph Banks* (London: Printed by Order of the Trustees of the British Museum, 1958), 280-283, 520-521, and 695-6.

⁸² John Livingstone, "Account of a Method of Ripening Seeds in a Wet Season; with Some Notices of the Cultivation of Certain Vegetables and Plants in China," *Transactions of the Horticultural Society of London* 1 (1820): 183-186. Although being published in 1820, the article was written in 1818.

⁸³ John Livingstone, "Account of an Improved Hygrometer," *Edinburgh Philosophical Journal* 1 (1819): 116-117.

⁸⁴ Regarding Kater's Hygrometer, see A. and C. Black, *The Encyclopaedia Britannica: Or, Dictionary of Arts, Sciences, and General Literature*, 12 (1842), 112.

⁸⁵ John Livingstone, "Account of the Thermal Springs of Yom-Mack," *Edinburgh Philosophical Journal* 6, (Oct. 1821 – April 1822): 156-161. At the time the British did not have access to the area where the spring was located. Livingstone waited for two years to get an opportunity to visit the spring with two Portuguese clergymen, who could go there legally. His friend, John Reeves, the tea inspector, also went along.

Botany, however received the most attention. He described a dwarfing tree skill⁸⁶ and general conditions of Chinese agriculture and horticulture for Western audiences.⁸⁷ His last two papers revealed how Livingstone chose his topics and how he evaluated Chinese agriculture and science. In 1822, Livingstone invoked contents in Lord Bacon's *Sylva Sykarum* and *Natural History* to support his interests in the skill of cultivating dwarf trees in China. He noted that Francis Bacon learned the Chinese "art of printing, the composition of gunpowder, the polarity of the needle, the management of the silk-worm, and the dwarfing of, at least, Mulberry trees" through the Polo family. Livingstone believed that the dwarfing skill had something to do with physiology. To study it would be helpful to extend Westerners' understanding regarding "the laws of organic life" and to give human "a clear explanation of the process of nature." In 1824, Livingstone disagreed with the *Encyclopedia Britannica*'s comment that "Chinese agriculture is distinguished and encouraged by the Court beyond all other sciences." First, he believed that, among Chinese, literature was placed above agriculture. Second, he observed that, from high antiquity, Chinese ignored all the principles that have been established on a scientific foundation in the West.⁸⁸

It seems that, however, Livingstone was keen on the circulation of material objects to the West.⁸⁹ His paper on the difficulties in the transportation of plants from China to

⁸⁶ John Livingstone, "Account of the Method of Dwarfing Trees and Shrubs, as Practiced by the Chinese, including their Plan of Propagation from Branches," *Transactions of the Horticultural Society of London* 2 (1822): 224-231.

⁸⁷ John Livingstone, "On the State of Chinese Horticulture and Agriculture; with an Account of Several Esculent Vegetables Used in China," *Transactions of the Horticultural Society of London* 2 (1824): 49-56.

⁸⁸ Livingstone, "Dwarfing Trees and Shrubs," 224-225. Livingstone, "Chinese Horticulture and Agriculture," 49.

⁸⁹ Fa-ti Fan, "Science in Cultural Borderlands: Methodological Reflections on the Study of

England was printed in two different journals, *The Indo-Chinese Gleaner*⁹⁰ and *Transactions of the Horticultural Society of London*.⁹¹ Livingstone cited the works of Engelbert Kempfer, Carl Peter Thunberg, Juan Louraro, and Pehr Osbeck. They introduced to Europe botanical knowledge of Japan, Cochi-china, and Guangzhou, respectively. Nonetheless, he thought that a more important thing was to bring the actual plants to the West, which had not been done very successfully.⁹²

Livingstone's interests in material objects transmission might also have been triggered by William Kerr, who was sent from the Royal Gardens at Kew with the purpose of collecting new specimens from China and was on the same ship.⁹³ However, his efforts to send plants to Britain with the help of his friends ran into difficulties and failed for various reasons, such as lack of care and adequate watering during the passage or sitting on a dock after surviving the long trip and thus rotting while waiting for customs procedures. For each living Chinese plant that Livingstone sent, the cost

Science, European Imperialism, and Cultural Encounter," *East Asian Science, Technology and Society: An International Journal* 1, no. 2 (2007): 213-231; Fa-ti Fan, "Circulating Material Objects: The International Controversy over Antiquities and Fossils in Twentieth-century China," in *The Circulation of Knowledge between Britain, India and China*, ed. Bernard V. Lightman, Gordon McOuat, and Larry Stewart (Leiden, Boston: Brill, 2013), 209-236.

⁹⁰ John Livingstone, "To the Rev. R. Morrison, D. D. Canton, Macao, 12th Feb. 1819," *Indo-Chinese Gleaner* no. 9 (1819): 122-124; Robert Morrison, "To John Livingstone, Esq., Guangzhou, China, Feb. 16th, 1819," *Indo-Chinese Gleaner* no. 9 (1819): 124-126; "Livingstone's letter to the Horticultural Society of London," *Indo-Chinese Gleaner* no. 9 (1819): 126-131.

⁹¹ John Livingstone, "Observations on the Difficulties Which Have Existed in the Transportation of Plants from China to England, and Suggestions for Obviating them," *Transactions of the Horticultural Society of London* 1 (1820): 421-429.

⁹² It seems that this was a topic of considerable interest at the time, see Marianne Klemun, "Live Plants of the Way: Ship, Island, Botanical Garden, Paradise and Container as Systemic Flexible Connected Spaces in between," *Journal of History of Science and Technology* 5, spring 2012, http://www.johost.eu/vol5_spring_2012/marianne_klemun_2.htm.

⁹³ Dawson, *The Banks Letters*, 10, 11, 275, 296, 430, 477, 486-487, 520, 576, 689, 784, 785, and 786. William Kerr, plant collector and botanist, died 1814.

mounted up to more than £330. Besides making suggestions to the Society, Livingstone also corresponded with missionaries to encourage botanical studies. Around 1818/1819, Robert Morrison, and his friend, William Milne, founded a school in Malacca, the Anglo-Chinese College. They included a botanic garden in their school plan. Livingstone wrote to Morrison and suggested that the school should make effort to instruct Chinese with the skills to become assistants for future gardeners that the Kew would send. Although he liked Livingstone's idea, Morrison had to disappoint Livingstone because he had prioritized his attention on evangelizing China.⁹⁴

As a medical man at the Factory, Livingstone also wrote about the BEIC Board's efforts to spread the Jenner Smallpox vaccination technique to other parts of world, even during the two decades while the efficacy and safety of the technique were still debated in England. Livingstone, as a partner of Alexander Pearson in the effort of executing vaccinations, witnessed that the success of Jenner's technique in Guangzhou and Macao.⁹⁵ Livingstone left an important article, "Treatment of Certain Diseases by Chinese Doctors."⁹⁶ This is the only record remaining today about the short-lived dispensary at Macao, opened by Robert Morrison with his own money and which lasted only a couple of months in 1820. The dispensary has subsequently been widely claimed by scholars as a significant missionary contribution to modern medical knowledge transfer to China.

⁹⁴ Robert Morrison, "To John Livingstone," 124-126; "Livingstone's letter," 126-131.

⁹⁵ "Extract of a Letter from John Livingstone, Esq. one of the Hon. Company's surgeons in China, dated Macao, the 25th of March, 1820, to Joseph Hume," *New Monthly Magazine, and Universal Register* 14 (1820): 677.

⁹⁶ John Livingstone, "Treatment of Certain Diseases by Chinese Doctors," *Indo-Chinese Gleaner* no. 15 (January 1821): 5-8.

Although he resided in Macao for twelve years, Livingstone still could not converse with Chinese people and could not read Morrison's Chinese Medical Library of more than 800 volumes.⁹⁷ Fortunately, with Morrison's help, he was able to see ten to fifteen patients daily and observed directly the work of a Chinese physician and an apothecary hired by Morrison. In his article, although admitting good results of the Chinese physician's work, he casted doubt on the current system of Chinese medicine,

"I have long entertained an opinion that, upwards of two thousand years ago, the Chinese were greater proficient in medicine than any of the nations of the West; yet, while but few improvements have been introduced, an abundant crop of errors, similar to the astrological medicine of Europe, has been allowed to spring up, in the highest degree ridiculous, and which has greatly deteriorated every department. This remains unchanged; yet, I am happy to add, these errors do not seem to impede its usefulness in the hands of a discreet, able man."⁹⁸

Livingstone's last publication reported a rare case, a Chinese *Lusus Naturæ*, to the West.⁹⁹ It referred to a sixteen years old boy who had an appendage of a child-like figure, however without a head, that attached in the front of his body. Considering that "even slight deviations from nature" would arouse excitement of the Western public, Livingstone certainly wanted to be the first one to report such an "extraordinary" *lusus* case. Obviously, among Western residents at Guangzhou and Macao, he was not the only one who thought about it this way. Four publications relating to this particular case are found in two magazines on two continents.

⁹⁷ Up to now, no manuscript on Chinese medicine by Morrison has been found. However, in the same volume of *The Gleaner*, before Livingstone's essay, there is piece titled "Chinese Theory of Medicine", which belongs to a four parts series that has no byline. It is likely to be Morrison because he was the main contributor to *The Indo-Chinese Gleaner*.

⁹⁸ John Livingstone, "Treatment of Certain Diseases by Chinese Doctors," *Indo-Chinese Gleaner*, no. 15 (January 1821): 8.

⁹⁹ John Livingstone, "An Account of a *Lusus Naturæ*," *Philadelphia journal of the Medical and Physical Sciences* 2 (1821): 148-153.

Detained by other matters, Livingstone was not able to investigate this case firsthand. However, noting that this “very extraordinary and interesting monster” would excite the attention of the public, he wrote his article based on measuring a model of the boy that a Chinese modeler had made from memory. Although the artisan had carefully observed the subject, he did not pay as close attention to exact scale or proportion as the Westerners usually did. After verifying the measurements with those who had firsthand access to the case such as Lieut.-General Wood, and several Western medical men, Livingstone sent his descriptive article to *The Edinburgh Philosophical Journal*,¹⁰⁰ which turned out to be inaccurate data and received criticism from various corners.¹⁰¹ A big blow to Livingstone was from Dr. John Kearsley Mitchell,¹⁰² an American ship surgeon who was at Guangzhou while the *Lusus Naturæ* exhibited in that area. Mitchell sent a copy of Livingstone’s paper to *The Philadelphia Medical and Physical Sciences*.¹⁰³ As a first-hand observer, Mitchell communicated with the editor of the magazine, Nathaniel Chapman, and wrote an article that targeted two defects and errors in Livingstone’s article. This corrective essay appeared on the next volume.¹⁰⁴ A third

¹⁰⁰ John Livingstone, “Account of a Chinese *Lusus Naturæ*,” *Edinburgh Philosophical Journal* 5 (1821): 132-137.

¹⁰¹ Mr. Thomas, a traveler, claimed that he saw the subject three times. He pointed out some inaccuracies in Livingstone’s measurement. He pointed out that a Mr. Gomes, one of Livingstone’s informants, did not understand Chinese, and therefore misunderstood the interpreter. Thomas believed that a picture he submitted to the magazine better represented the case than Livingstone’s models. See *Asiatic Journal and Monthly Register for British and Foreign India, China, and Australia*, 12 (1821): 143.

¹⁰² John K. Mitchell was later a professor of chemistry in Philadelphia. To learn more about him, see Samuel Austin Allibone, *A Critical Dictionary of English Literature and British and American Authors: Living and Deceased, from the Earliest Accounts to the Latter Half of the Nineteenth Century*, Vol II (Philadelphia: J.B. Lippincott Company, 1897), 1227.

¹⁰³ Livingstone, “An Account of a *Lusus Naturæ*,” 148-153.

¹⁰⁴ John K. Mitchell, “An Account of a Monster,” *Philadelphia Journal of the Medical and Physical Sciences* 3 (1821): 78-86.

article was written by Livingstone, and it is not clear whether or not Livingstone was aware of Mitchell's paper.¹⁰⁵ He also asked another local artisan to produce two models of this Eastern curiosity.¹⁰⁶

These multiple publications revealed animosity between the two medical reporters. They also reveal that Mitchell's writing style was more aligned with the growing professional standards in medical writing style by the nineteenth century. His article focused on the subject's medical characteristics, analyzed other doctors' observations, and presented a table and a drawing. Mitchell thought that without a postmortem anatomical examination no significant physiological deduction could be derived. Livingstone, on the other hand, made conjectures about the internal condition of the body, such as the blood vessel distribution and kidney function of the unusual appendage. Moreover, he also tried to apply the "theory of Monstrous Productions" to guess how this *lusus* became such.

Altogether, Livingstone's essays reflect a single medical man living in the exotic East, who experienced enormous pressure brought by a fast-changing professional world, and who struggled to find a way to advance his career. He encountered help and competition within a contemporary network of foreigners in the small world in Guangzhou and Macao. His report about A-ke demonstrated the complex network of foreigners including Lieut-General Wood; EIC employees including the printer; doctors

¹⁰⁵ John Livingstone, "Additional Observations on the Chinese *Lusus Naturæ*," *Edinburgh Philosophical Journal* 7 (1822): 216-218.

¹⁰⁶ In a letter to Sir Joseph Banks on January 8th, 1821, John Reeves reported that Livingstone had made two models of the subject, one for the East India Museum and one for that of Edinburgh. See Dawson, *The Banks Letters*, 696; Simon S. Brook, "Chinese Curiosi: 19th Century Examples of the East-West Titration," *Journal of the Royal Society of Medicine* 78, no. 11 (1985): 946.

such as Pearson, surgeons of ships, missionaries, and Portuguese churchmen.

Unfortunately, Livingstone died in 1829 while on board the *Waterloo* on the passage back to China from his two-year furlough so it is unclear how his activities might have enhanced his future career.¹⁰⁷ He was replaced by an energetic young surgeon, Thomas R. Colledge. His performance drew a concluding punctuation for the BEIC's medical men as well as opened a new chapter for medical knowledge exchange between cultures.

1.3 Establishing Professional Identity

Thomas Richardson Colledge is one of the most resounding names in the history of medical missionaries in China. However, he had never been a missionary. He was, first, a surgeon to the BEIC, and then, after the BEIC's monopoly on trade in the Far East ended, a surgeon to Lord Napier, the first military officer that the British Government sent to be the Chief Superintendent of Trade at Guangzhou. Two things made Colledge dear to the medical missionaries in their early days in China. First, he opened an Ophthalmic Infirmary in Macao from 1827 to 1832, which was often praised as an example of Western medical professionals' philanthropic intentions. Second, he was the first one to suggest organizing the Medical Missionary Society in China, which helped medical missionaries to sustain their work, especially in Guangzhou, for several decades. In order to understand Colledge's motives and why his actions were remembered in the way they were and to find out how Colledge engaged in the transfer of Western medical profession to China, this section will reexamine Colledge's decade-long medical activities in Guangzhou and Macao.

¹⁰⁷ Farrington, *Biographical Index*, 479.

Colledge was born on June 11, 1796 in Northampton, England. He attended the well-respected independent Rugby School for three years. At age fifteen, Colledge left home to serve an apprenticeship for five years at the Leicester Infirmary. Following the apprentice path to a medical career, he then proceeded to London to work under Sir Astley Cooper at the United Borough Hospitals (Guy's and St Thomas's).¹⁰⁸

Colledge's first professional appointment was in 1819 on one of the East India Company's ships, *General Harris*. The story goes that when a doctor who supposed to fill the ship surgeon position had failed to report for duty, Sir Astley Cooper confidently recommended one of his favorite students, Colledge, to the post.¹⁰⁹ It is unclear why, if he was favored by Cooper, Colledge was not able to stay in one of the hospitals under the umbrella of Cooper's power, like others those who were within the core of Cooper's surgical circle.¹¹⁰ The record of medical services of the British East India Company show that Colledge was a young man of caliber, stamina, and ambition, a young man who eagerly wanted to make a living and to leave a mark on the world. In 1819 when he first joined the BEIC, he was already a member of the recently chartered Royal Colleges of

¹⁰⁸ K. Chimin Wong, *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 1-3. S. Taylor, "Thomas Richardson Colledge FRCS, 1796-1879," *Annals of the Royal College of Surgeons of England* 64 (1982): 266-267. J. C. Thomson, "Thomas Richardson Colledge, M.D., F.R.S.E. Forty Years President of the 'medical Missionary Society in China,'" *China Medical Missionary Journal* 11, no. 2 (1888): 41-46. Louis Fu, "The Protestant Medical Missions to China: Dr. Thomas Richardson Colledge (1706-1879) and the Founding of the Macao Ophthalmic Hospital," *Journal of Medical Biography* 21 (2013): 118-123. James G. Ravin, "Thomas Colledge: A Pioneering British Eye Surgeon in China," *Archive of Ophthalmology* 119 (October 2001): 1530-1532.

¹⁰⁹ Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), 36-37.

¹¹⁰ M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press 1978), about Cooper see 41,76, 85, 144-151, 207, and 311. To have a brief understanding of Cooper's status in British surgical history see I. M. Rutkow, "Astley Paston Cooper (1768-1841)," *Hernia* 1, no. 4 (1997): 201-203.

Surgeons of Great Britain and Ireland (MRCS). Prior to that in 1817 he received a Certificate of Corporation of Surgeons (CCS) and in 1818 a Licensure of the Society of Apothecaries (LSA).¹¹¹

Colledge's pursuit of various licenses reflected significant changes in the medical field in England between the 1780s and the 1830s. The Industrial Revolution had intensified change in the country that became increasingly complex, modern, urban, and industrial. One effect was that the British population underwent changes in occupational categories and class even as governments and other institutions centralized. The medical profession began to emerge in something like the form which we know it today.¹¹²

Between 1819 and 1826, Colledge served as surgeon mate on *General Harris* and later ship surgeon on *Abercrombie Robinson*. Typically Guangzhou was the destination or one of the destinations of these ships' trading routes.¹¹³ In 1826, arriving at Guangzhou on *Abercrombie Robinson*, Colledge received a cordial invitation for him to join the factory from the factory Select Committee because John Livingstone was about to leave on a health furlough.¹¹⁴ By this time the rule that surgeons could not get involved with trading business had been firmly established. Appointed as a second

¹¹¹ Crawford, *Roll*, 624.

¹¹² Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984).

¹¹³ For where ships that Colledge served docked see Crawford, *Roll*, 624; Farrington, *Biographical Index*, 163; Farrington, *Catalogue*, 1 Bombay and China, (1825/6), 265-6, (1818/9, China; 1820/1, Madras and China; 1823/4, St Helena, Benkulen and China).

¹¹⁴ EIC/G12/236, pp. 143-144, "8 September 1826"; p. 233, "21 October 1826"; p. 238, "22 October 1826", quoted from Su, "British East India Company and Western Medicine to China," 69.

surgeon, Colledge received a salary of £1000/year plus \$1000 table allowance at Macao in 1827. He served in this position for five years.¹¹⁵

During trading seasons the second surgeons of the factory were to stay at Macao to take care of medical issues among families of the BEIC factory members because women and children were not allowed to enter the city of Guangzhou. In 1828, the company's staff numbered about twenty-five, with four Select Committee members, five supercargoes, seven writers, and five salaried staff – including a chaplain, a translator, two surgeons and a tea inspector, and four others.¹¹⁶ With this relatively small staff, many without accompanying families, the demands on Colledge were not high. Without a family and in his early thirties, he had time for other activities that could offset the boredom of life at Macao. Colledge, in addition to serving other foreigners at Macao¹¹⁷ and on his own initiative, started an Ophthalmic Infirmary there in 1827. He addressed the infirmities of indigent natives and apparently paid for needed medicines with his own money. Colledge had kept this Infirmary going for five years until he moved up to the first surgeon position.¹¹⁸

¹¹⁵ Morse, *The Chronicles*, 146.

¹¹⁶ Morse, *The Chronicles*, 164-165.

¹¹⁷ Eliza A. Morrison, *Memoirs of the Life*, Vol I, 206-207, 212, 226.

¹¹⁸ A Philanthropist, *A Brief Account of an Ophthalmic Institution, during the Years 1827, 28, 29, 30, 31 and 1832, at Macao* (Canton: [publisher not specified], 1834). This is a pamphlet, easily accessible online. It is generally believed that the compiler of this *Brief Account* is Anders Ljungstedt (1759-1835), a Swedish merchant, diplomat, and historian. “Anders Ljungstedt,” Wikipedia, last edited May 3, 2019, https://en.wikipedia.org/wiki/Anders_Ljungstedt. Ljungstedt left at least one book on Portuguese settlements in China, which was published in 1836, posthumously. In it he rejected the Portuguese claim that the Ming dynasty had formally ceded sovereignty over Macau.

The only information found about the infirmary comes from publications first printed in 1834 in the *Chinese Recorder*,¹¹⁹ a missionary magazine established in 1832 by Elijah Coleman Bridgman (1801-1861). He was an American missionary sent by the American Board of Commissioners for Foreign Missions (ABCFM). He arrived at Guangzhou in 1830 and was well-known for his “simple, pious, and judicious” character.¹²⁰ This newly available publication focused on Westerners’ history, contributions, and problems within that limited space of Guangzhou and Macao. It came about at a transitional time when the BEIC was concluding its business at Guangzhou and direct British national control over trade between the two countries was looming.

The *Chinese Recorder* published information on Colledge’s eye clinic and other actions that the editor considered important: notes of the editor of *Chinese Recorder*; Colledge’s description of his eye clinic, written in October 1832 when he was concluding the clinic; a testimony written by W. H. C. Plowden who was then chief for all affairs at Macao in 1834; comments by “a philanthropist” including the case of Hoo Loo. Its appendices included thankyou letters; an accounting with lists of subscribers each year; and a letter from Colledge to Lord Napier, the first Chief Superintendent of Trade at Guangzhou arguing for a floating hospital for sick seamen on the river near Whampoa. The information relating to the eye clinic, Hoo Loo’s case, and the experiment with a floating hospital are particularly important for understanding the Chinese-Western medical relationship.

¹¹⁹ *Chinese Repository* 3 (December 1834): 271-276.

¹²⁰ “Elijah Coleman Bridgman,” Wikipedia, last edited May 6, 2019, https://en.wikipedia.org/wiki/Elijah_Coleman_Bridgman.

Colledge sketched his five years' work on the eye clinic in a short eight-paragraph summary. Starting in 1928, Colledge praised his sponsors as coming from a "more civilized and Christian land" and willing "to assist alleviating bodily infirmity for Chinese when their country almost had no charitable institutions."¹²¹ Colledge rented two houses that could accommodate about forty patients who needed care after treatment. He individually helped more than 4,000 patients during those five years. He claimed that many were restored to sight, and others relieved from almost hopeless blindness or relieved from other maladies. He emphasized that he intended to establish a regular clinic to serve patient of all kinds of diseases, but he found that eye diseases were particularly prevalent. However, at the end of his summary, Colledge complained that foreigners at Guangzhou did not receive respect while repeating that they were coming from "enlightened nation(s)."¹²²

He also recounted praise by his foreigner friends, merchants, missionaries, and the leadership of the BEIC and British councils. The "anonymous philanthropist" commented that the "unparalleled utility and importance" of the "Ophthalmic Institution" and the Westerners' benevolence actions for doing "good for the sake of good alone" demonstrated "the virtues attendant on civilization." He observed that medical efforts and successes, more effective than declamations upon Western

¹²¹ The steadiest monetary support Colledge received came from chaplain Rev. GH Vachell's sacramental collections. The BEIC covered the medical expenses of the Infirmary on several occasions. Other supporting individuals were his company peers, hong merchants, and private merchants from America, Britain, and Parsees from India. See Philanthropist, *Brief Account*, 40-51.

¹²² Thomas Richardson Colledge, "A Summary of the Ophthalmic Infirmary, Macao, October 1832," in Philanthropist, *Brief Account*, 11-13.

superiority, carried “conviction to the Chinese mind of the high state of improvement of English arts and sciences.”¹²³

Bridgman, editor of the *Chinese Repository*, highly praised the “extensive usefulness” of Colledge’s “deeds of charity” and “acts of benevolence” for providing direct evidences of “the intelligence, practical skill, and kind feelings of those who come to their shores from afar” to their fellow-men, namely Chinese, who in Western eyes were generally in poverty and distress. Bridgeman argued that foreigners of his day were doing honorable commerce and exercising Christian charity. These foreigners were no longer reckless and cruel adventurers who first came to the Far East two centuries earlier. Bridgeman appealed to his own countrymen to come to the East to follow Colledge’s example.

Plowden, President of the Select Committee of the Guangzhou factory, also testified about the significances of Colledge’s hospital as part of the BEIC’s operations. He endorsed Colledge’s point that British should be known in China not just as merchants and adventurers, but also as philanthropists including Colledge’s hospital, the first institution in China for the relief of the indigent natives.¹²⁴

Despite all these laudatory words, the story in one letter to Colledge from his patients, the only one that was not related eye conditions, was more revealing. A Chinese man, Tsae Yë, on his way home was knocked down and his arm was broken by a ship captain of the British East India Company out riding a horse for amusement. Colledge happened to be on the scene, immediately reset Tsae Yë’s arm, and took him home.

¹²³ Philanthropist, *Brief Account*, 8.

¹²⁴ Philanthropist, *Brief Account*, 13-15.

After a month Tsae Yë's arm was healed. As the philanthropist commented, by rescuing injured Tsae Yë, Colledge saved much trouble and expenses for the captain and BEIC. This action allowed for a smoother relationship between the foreign merchants and the Chinese local government.¹²⁵ Recounting this story demonstrates the value of the journal in educating foreigners living in Guangzhou and Macao and some sponsors elsewhere about how to build positive relationships.

Colledge's judgement about the prevalent of eye diseases and the availability of ophthalmic and charitable practices in his region cannot be generalized to all of China.¹²⁶ It does raise the question about whether there were any other scientific reasons for Colledge to focus on eye diseases.

In the first half of the nineteenth century, concerns for eye diseases had led to a new specialty field in Britain. Ophthalmology, a term widely used only after 1850, was becoming a recognized medical field.¹²⁷ Perhaps because it was new, those who

¹²⁵ Philanthropist, *Brief Account*, 8. Unfortunately, there is no information about the date of this accident.

¹²⁶ Chao Wang, "Watchful Hands: The Tacit Dimension of Surgical Needling in Late Imperial Chinese Ophthalmology" (PowerPoint presentation, American Association for the History of Medicine, Minneapolis, MN, April 30, 2016); for the history of Ming and Qing China charitable organizations see 梁其姿, *施善与教化: 明清的慈善组织* (台北: 联经出版社, 1997), [Leung, Angela Ki Che, *Philanthropic Organizations in Ming and Qing China*] and 夫马进, *中国善会善堂史研究* 翻译, 伍跃, 杨文信及张学峰 (上海: 商务印书馆, 2005), [Fumajin. *Study on History of China's Charity Societies and Halls*, trans. Wu Yue, Yang Wenxin and Zhang Xuefeng]. The original edition of this book in Japanese was published in 1997.

¹²⁷ Mary Wilson Carpenter, "A Cultural History of Ophthalmology in Nineteenth-Century Britain," *BRANCH: Britain, Representation and Nineteenth-Century History*, ed. Dino Franco Felluga. Extension of Romanticism and Victorianism on the Net. Web, accessed May 5th, 2018. http://www.branchcollective.org/?ps_articles=mary-wilson-carpenter-a-cultural-history-of-ophthalmology-in-nineteenth-century-britain. George Rosen, *The Specialization of Medicine with Particular Reference to Ophthalmology* (New York: Froben Press, 1944). Luke Davidson, "SSHM Prize Essay: 'Identities Ascertained': British Ophthalmology in the First Half of the Nineteenth Century," *Social History of Medicine* 9, no. 3 (1996): 313-333.

specialized on eye diseases were still looked down upon as practicing quackery but there were also opportunities for innovation. As a diligent student in surgery, Colledge focused on two eye problems, cataract and Egypt ophthalmia, that were receiving attention first in Europe and then in Britain. Cataracts produced a condition that interrupted people's lives forever. The ancients' method of "couching" had been used to resolve cataracts.¹²⁸ This method was straight-forward. The operator would insert a lancet or needle into the clouded lens and then push the lens down or backwards into the vitreous body of the eye. Although a quick solution, the lens could come back to its original position in weeks, months or years after the operation.

A new surgical procedure had been developed in 1752 by a French Surgeon, Jacques Deval (1696-1792) through which the clouded lenses were entirely extracted by cutting an opening at the edge of the cornea. Prior to the invention of stitches, the patient had to lie quietly in a darkened room for weeks to let the incision grow back together after the operation. Without making much publicity, the British general surgeons had begun practicing this method in the early part of the nineteenth century, including Colledge's mentor, Sir Astley Cooper.¹²⁹ Perhaps working with some of Colledge's patients who rested a few weeks in his infirmary after treatment, it is possible that Colledge practiced this new line of surgical procedure.

Another disease that had much responsibility for galvanizing British general surgeons' interests in studying the eye and its ailments was Egyptian Ophthalmia.¹³⁰

¹²⁸ Chi-Chao Chan, "Couching for Cataract in China," *Survey of Ophthalmology* 55, no. 4 (2010): 393-398.

¹²⁹ Rosen, *Specialization of Medicine*, 59.

¹³⁰ About the disease see Max Meyerhof, "A Short History of Ophthalmia during the Egyptian Campaigns of 1798-1807," *British Journal of Ophthalmology* 16, no. 3 (1932): 129-152.

Luke Davidson's analysis of the relationship between this disease and the specialization is very helpful for us to understand the service and the establishment of an Ophthalmic Infirmary at Macao. The sizable epidemic of Egyptian Ophthalmia was important to Britain because of its military, political, and economic implications for its military. Surgeons studied not only the pathology of the disease but also its anatomy and treatment and produced more than twenty publications before 1820.¹³¹ Because of the disease caused the loss of working capacity of soldiers, sailors, and the urban poor, two charitable eye hospitals appeared in 1805, the Royal Infirmary for the Diseases of the Eye¹³² and London Eye Infirmary.¹³³ Between 1808 and 1889 there were about fifty-two eye related hospitals established.¹³⁴

Influenced by Cooper, Colledge was both confident and careful about his reputation in establishing his infirmary. In the 1820s, an ophthalmic specialist might still be considered a quack. Therefore, in Colledge's summary about his clinic, he emphasized that his first intention was to be a general practitioner. He was also careful to point out that technological advancement made it possible to practice eye surgery independently.¹³⁵ Colledge's set of surgical instruments appeared clearly in George Chinnery's *Portrait of Thomas Colledge in His Study*.¹³⁶

¹³¹ Davidson, "Identities Ascertained," 315, note 11.

¹³² *Plan of the Royal Infirmary for the Diseases of the Eye, Instituted 1805* (London: B.R. Howlett, 1805).

¹³³ E. Treacher Collins, *The History and Traditions of the Moorfields Eye Hospital* (London: Lewis, 1929), 16.

¹³⁴ The London Eye Infirmary was established by John Cunningham Saunders (1773-1810) upon the advice of Astley Cooper. See Davidson, 'Identities Ascertained,' 320 and 323.

¹³⁵ Rosen, *Specialization of Medicine*, ch. 3.

¹³⁶ This engraving appeared in almost every single article on Colledge. See Taylor, "Thomas Richardson Colledge," 266-267; Ravin, "Thomas Colledge," 1530-1532.

The infirmary was publicized at a time when Westerners had crowded Guangzhou and Macao with increasing number of private traders as well as newly arrived missionaries; when the Western trading framework had been changing because of the dissolution of the BEIC; and when the British power was becoming more confident in its ability to expand its interest into China as well as other parts of the world.¹³⁷ Foreigners in the little corner of China wanted a rhetorical change in how Chinese imagined and portrayed Westerners. The Ophthalmic Infirmary in Macao fitted well with this effort of creating a myth of self-invited Western philanthropy. While Colledge's genuine eye specialist practice exaggerated his imagination of a comprehensive Western superiority in medicine and surgery, his other recorded medical exploration proved otherwise.

Colledge was puzzled by a case of Hoo Loo who had an extremely rare large tumor that was external and also internal.¹³⁸ Colledge wrote to William Baynes, president of the Select Committee, on November 13th, 1830, requesting Hoo Loo be sent to England for surgical treatment under the care of Sir Astley Cooper.¹³⁹ Colledge considered this

¹³⁷ Anthony Webster, "The Political Economy of Trade Liberalization: The East India Company Charter Act of 1813," *Economic History Review* 49, no. 3 (1990): 404-419. Reşat Kasaba, "Treaties and Friendships: British Imperialism, the Ottoman Empire, and China in the Nineteenth Century," *Journal of World History* 4, no. 2 (1993): 215-241. Mary Poovey, "The Limits of the Universal Knowledge Project: British India and the East Indiamen," *Critical Inquiry* 31, no. 1 (2004): 183-202. Jon Miller and Gregory Stanczak, "Redeeming, Ruling, and Reaping: British Missionary Societies, the East India Company, and the India-to-China Opium Trade," *Journal for the Scientific Study of Religion* 48, no. 2 (2009): 332-352.

¹³⁸ A retrospective diagnosis for Hoo Loo's case would be elephantiasis scroti. The modern scientific medical name for elephantiasis is lymphatic filariasis. This is a disease mostly seen in tropical and sub-tropical areas, and which can lead to permanent disability. To learn more about this disease see "lymphatic filariasis," World Health Organization, last modified May 12, 2019, <http://www.who.int/news-room/fact-sheets/detail/lymphatic-filariasis>. The management of elephantiasis scroti has continuously been in discussion in the medical field world widely. For example, Nestor Torio-Padron et al, "Treatment of Male Genital Lymphedema: An Integrated Concept," *Journal of Plastic, Reconstructive and Aesthetic Surgery* 68 (2015): 262-268.

¹³⁹ Philanthropist, *A Brief Account*, 18.

an important case of which would be of interest to colleagues abroad and about which he had insufficient expertise. At the same time, he also wanted to broaden his knowledge and see how those superior surgical hands would deal with a condition seldom seen.

While no leave was granted to Colledge, the Guangzhou factory furnished Hoo Loo's passage to England. Arriving in London, in the third week of March in 1831, he was admitted into Luke's Ward, Guy's Hospital. The arrival of a Chinese subject with a large tumor, a medical anomaly, who sought treatment in England was made sensationally known to the public as well as to the medical professionals. He was visited in the hospital by a great number of persons of all ranks before the operation took place on April 9, 1831.¹⁴⁰

A detailed report of this fatal operation by Aston Key and assisted by Astley Cooper and Callaway at Guy's Hospital was accompanied by heated discussions.¹⁴¹ Articles in the *Lancet* and other medical journals demonstrate that an Asian sub-tropical case stimulated interest in possible surgical solutions. A W. Simpson, a witness of the Hoo Loo operation, identified the case elephantiasis of the scrotum, but thought neither

¹⁴⁰ Hoo Loo's arriving in Britain caused enormous sensation and the fatal surgical procedure which happened in front of a huge crowd has never been forgotten. Scholars have not emphasized the medical significance of the case but rather on the public response to this case in Britain: Brook, "Chinese Curiosi," 945-948; Stephen Rachman, "The Lonesome Death of Hoo Loo: English Surgery and Chinese Identity in the 1830s," Session 15, The "'Other' Body," in Todd L. Savitt, "American Association for the History of Medicine: Report of the Seventy-eighth Annual Meeting," *Bulletin of the History of Medicine* 79, no. 3 (2005): 544-564; Meegan Kennedy, "'Poor Hoo Loo': Sentiment, Stoicism, and the Grotesque in British Imperial Medicine," in *Victorian Freaks: The Social Context of Freakery in Britain*, ed. Marlene Tromp (Columbus: The Ohio State University Press, 2008), 79-113; Bill Edwards, "Chinese Tumors," *Journal of Visual Communication in Medicine* 34, no. 2 (June 2011): 83.

¹⁴¹ "Guy's Hospital [Report]: Removal of a Tumour Fifty-Six Pounds in Weight, Extending from Beneath the Umbilicus to the Anterior Border of the Anus," *Lancet* 16, no. 398 (1831): 86-89. This report was reprinted in several contemporary major medical journals worldwide.

reason nor experience could sanction Hoo Loo's operation.¹⁴² Others, however, thought this example furnished an important and instructive lesson to future surgeons.¹⁴³ In responding to Simpson's comments, Dr. J. M. Titley¹⁴⁴ reported his similar, however successful, case of removing a large size tumor from a black person in the island of St. Kitts in 1813. Titley further listed a total of fifteen cases, including several others operated by surgeons Robert Liston of Edinburgh, a doctor Wells of Marycabo, and Jacques Mathieu Delpech in Montpellier. Out of these fifteen cases, three were fatal, fatalities caused by first, the size of the tumor, second, the patient's leprous constitution, third, in Hoo Loo's case, an operation before the public. Surgeon Hugh Fraser supported Titley by noting cases in Gibraltar and Jamaica. Fraser claimed that for his cases, the size of the growth was quite like Hoo Loo's. Instead of removing the whole mass with major surgery all at once, by using setons and gradual processes of excision, sloughing, and suppuration during a period of five months, Fraser was able to downsize the growths to the size of a pineapple and the patient could actively be in the labor force thereafter.¹⁴⁵

The French Professor of Montpellier, Delpech, who dealt with a case as mentioned above, also joined the aftermath discussion.¹⁴⁶ Delpech expressed several points in his

¹⁴² W. Simpson, "To the Editor of *The Lancet*: The Operation on Hoo Loo," *Lancet* 16, no. 399 (April 23, 1831): 110-111. In this article, Simpson claimed that the Delpech's case, although the patient survived the surgical procedure, he died several weeks later.

¹⁴³ Court of King's Bench, "Hoo Loo," *Lancet* 16, no. 399 (April 23, 1831):121.

¹⁴⁴ J. M. Titley, "Remarks on the Operation on Hoo Loo, and on the Removal of Tumours in Scrotal Elephantiasis," *Lancet* 16, no. 401 (May 7, 1831): 171-172.

¹⁴⁵ Hugh Fraser, "A Scrotal Tumour, of Great Magnitude, Cured by Repeated Incisions, Made into its Substance, and by Setons," *Lancet* 16, no. 405 (June 4, 1831): 297-298. One of these cases was recorded in the 23rd volume of *Edinburgh Medical and Surgical Journal*. This journal was published from 1805 through 1855.

¹⁴⁶ Jacques Mathieu Delpech, "A letter Addressed to Sir Astley Cooper, Bart.: On the Operation Lately Performed at Guy's Hospital on Hoo Loo," *Lancet* 16, no. 409 (July 2, 1831): 439-440.

public letter to Cooper published in *Lancet*. First, he believed that all endeavors of the profession of “curing art” should be published for further discussion, whatever may be the result. Second, Scrotal Elephantiasis was a disease not only existing in Asia and America but also in some countries in Europe. Third, based on his own study, he found that this disease did not have an adverse effect on the function of genital organs. Fourth, Delpech presented his observation that the incurable skin should be ablated but the genital organs should be generally preserved. He was astonished by the cutting of the privy parts of Hoo Loo. Delpech believed that the causes of Hoo Loo’s death were probably hemorrhage or the passage of a volume of air through a great vein to the heart. He did not think that pain would have led to the fatal end.

With the discovery of the nature of Scrotal Elephantiasis still lying in the future, the discussion about Hoo Loo’s case did not change medical practices, although his death must have scared away potential candidates on the waiting list in Macao. No more cases were sent. This outcome, however, does not seem to have had an impact on subscriptions’ to Colledge’s Ophthalmic Infirmary. Colledge led the infirmary until Alexander Pearson’s retirement in 1832 when he was promoted to surgeon at the factory and his salary was increased to £1300. With this change, he would have to go to Guangzhou during trading seasons. His infirmary then came to an end. Later, when the BEIC was dissolved in 1834, Colledge was employed by the British government as a surgeon to the consulate at Guangzhou.

As soon as he was appointed first surgeon to the consulate at Guangzhou, Colledge suggested to Lord Napier the need of a floating hospital for British seamen at Whampoa

anchorage, the intermediate way station between Macao and Guangzhou.¹⁴⁷ He reasoned that due to the prevalent exposure of British seamen to malaria at Whampoa Reach, where the laws of the Chinese empire did not permit the residence of any foreigner on shore, a floating hospital should be available for giving immediate medical attention to cases that occurred as seamen moved about the region. Colledge was not just voicing his own idea. The editor of the *Chinese Repository*, Bridgman, had presented a similar notion, noting the health conditions of about 6,300 seamen typically at port during trading seasons.¹⁴⁸

Napier immediately started on this project but could not complete it.¹⁴⁹ He was dispatched to China by the British Parliament in an effort to expand British trade as well as to establish formal diplomatic protocols. Being a navy officer all his career, without any business or diplomatic experience, he did not observe previously existing rules at Guangzhou. The result was a failed mission, and he lost his own life.¹⁵⁰

Eventually a hospital was put in place by George B. Robinson, Napier's successor, the second Chief Superintendent of Trade at Guangzhou. Robinson cooperated with his assistant, Charles Elliot, who was in charge of negotiating with the local Qing government. A groups of private foreign merchants led by William Jardine took

¹⁴⁷ Philanthropist, *Brief Account*, Appendix, Letter to Lord Napier.

¹⁴⁸ "Hospitals for Seamen: A Plan for a Floating Hospital at Whampoa," *Chinese Repository* 3, (December 1834): 373-378.

¹⁴⁹ "Dr. Alexander Anderson, Hong Kong's First Colonial Surgeon," Hong Kong's First, last edited January 1, 2013, <http://hongkongfirst.blogspot.com/2013/01/dr-alexander-anderson-hong-kongs-first.html>. *The Chinese Repository*, 3 (1834), 375.

¹⁵⁰ For recent discussion about Napier mission, Napier affair, or Napier fizzle, see Shuo Wang, "The Napier Affair of 1834. The Loyalty of a Chinese Merchant in an Early Sino-Western Confrontation," in *Faces of Communities: Social Ties between Trust, Loyalty and Conflict*, ed. Sabrina Feickert, Anna Haut, and Kathrin Sharaf (Göttingen: V & R Unipress, 2014), 153-171.

responsibility for organizing a British Seamen's Hospital Society and to raise funds for buying a ship and drawing up operating regulations.¹⁵¹ The hospital was established on a remodeled Danish ship *Baker's* in 1836 and its name was changed to *Hope* after the completion. However, in the petition Elliot sent to the local government about its position, he only stated that this was a damaged ship and was not seaworthy. The hospital was fully functioning in 1836. However, in 1837, when the local government observed the prolonged stay of the ship on the river, Chinese officials sent several edicts to order the ship to leave if it was capable of seafaring or to be disassembled if it was damaged beyond restoration. In fact, the ship had not received the expected number of patients, and even worse, and it was surrounded by opium smuggling ships. As a result, the floating hospital was moved before the 1838 trading season.¹⁵² It seems that such a floating hospital was not needed as urgently as Colledge anticipated. The whole process was more or less like a trial to test the possibility for increasing trade at a time when British economic and military power was expanding fast.¹⁵³

The whole process of building and then dismantling this floating hospital had been under the control of British government representatives and foreign merchants. Colledge

¹⁵¹ *Canton Register*, February 17, 1835, 19-20; *Canton Register*, June 16 and 23, 1835, 93 and 98; *Canton Register*, September 27, 1836, 160-162; "Hospital for Seamen: First Report of the British Seaman's Hospital Society in China; with the General Rules of the Institution," *Chinese Repository* 5 (October 1836): 274-278; *Chinese Repository* 7 (1839), 477-480.

¹⁵² 佐佐木正哉, *鴉片戰爭前中英交涉文書* (东京: 岩南堂书店, 1937), 105-106, 111-112, 114-115, 129-135, and 143-146, [Zuozuomuzhengzai. *Negotiation Records between Qing China and Britain before the Opium War*]. *Chinese Repository* 7, (1839), 480-484. "Whampoa Hospital Ship," *Canton Register*, June 26, 1838, 7-8.

¹⁵³ Gao Hao, "Prelude to the Opium War? British Reactions to the 'Napier Fizzle' and Attitudes towards China in the Mid Eighteen-thirties," *Historical Research* 87, no. 237 (2014): 491-509; and 吴义雄, "权力与体制: 义律与 1834-1839 年的中英关系," *历史研究* 1 (2007): 63-87, [Wu Yixiong, "Power and System: Napier and the Sino/British Relationship, 1834-1839," *Historical Research*].

had been only responsible for taking care of critical seamen's cases at Macao. However, when Napier fell ill in Guangzhou, he went up there to take care Napier's health. Napier arrived Macao on July 15, 1834 and died there on October 11, the same year. During these short several months, this inexperienced and imprudent former officer caused the first armed conflict between Britain and Qing China at Bogue on September 9, and business deal stalled as a result. Bearing pressure from the conflict and being unable to adapt to the hot weather in Guangzhou, Napier fell ill in Guangzhou. It took five days, from September 21 to 26, for Colledge to escort Napier back to Macao. Colledge argued with hong merchants regarding the speed of the trip. Colledge thought the slowness of the trip was caused by Chinese governmental overelaborate formalities. He even blamed these as reasons for Napier's death.¹⁵⁴

The exchange between Colledge and hong merchants, revealed the surgeon's self-consciousness about his profession. After reading the translation of a Memorial from the Viceroy of Guangzhou to the Qing emperor, Colledge wrote an open letter to two hong merchants, Howqua and Mowqua. They were the intermediaries in the aftermath of the Napier Affair. Colledge protested vehemently that these two hong merchants insulted him by representing him as a "private merchant," arguing that they had known him both personally and professionally for many years and were perfectly aware that Colledge had not in any manner engaged in trade. Colledge stated that he was Napier's medical attendant and that the merchants distorted his role, especially because he valued the distinction between professional men and merchants.¹⁵⁵

¹⁵⁴ *Chinese Repository*, 3 (1834), 281, 283, and 348.

¹⁵⁵ Thomas R. Colledge, "To Howqua and Mowqua," *Canton Register*, October 28, 1834, 171-172.

There is little record of Colledge, after 1834 until 1838, when Colledge left China for good. He left Macao for Britain in May of 1838, alone, without any reason or plans specified.¹⁵⁶ His wife and a single child, three others having died in infancy in Macao, followed him to Britain a year later.¹⁵⁷ Colledge quickly strengthened his professional status and acquired a M.D. from King's College, Aberdeen, Scotland, in 1839. He subsequently became a fellow of the Royal College of Physicians, Edinburgh, and a Fellow of the Royal Society of Edinburgh, and a Fellow of the Royal College of Surgeons, England. He then stayed the rest of his life in Cheltenham, England, and practiced medicine.¹⁵⁸

When the BEIC first distinguished medical tasks from the trading activities, modern medical standards were being formulated in the West. These three physicians demonstrate something of that development even while stationed abroad. Alexander Pearson followed institutional orders even as he helped spread Edward Jenner's vaccination method in China. John Livingstone, who had limited assignments and with

¹⁵⁶ *Canton Register*, May 15, 1838, 81.

¹⁵⁷ *Asiatic Journal and Monthly Register for British India and its Dependencies*, 29 (May-August 1839), 339. Katherine Hillard, ed. *My Mother's Journal: A Young Lady's Diary of Five Years Spent in Manila, Macao, and Cape of Good Hope, from 1829-1834* (Boston: George H. Ellis, 1900), 171. This memoir tells that Colledge married Caroline Shillaber, a daughter of an American family living in Macao and a patient of his in 1833. Moreover, the lifestyle of foreigners at Macao also tells why Robert Morrison complained that the BEIC's employees enjoyed luxury life there. Teixeira, Manuel, *The Protestant Cemeteries of Macau* (Macao: Direcção dos Serviços de Turismo de Macau, 1997), quoted from Louis Fu, "The Protestant Medical Missions to China: Dr. Thomas Richardson Colledge (1796-1879) and the Founding of the Macao Ophthalmic Hospital," *Journal of Medical Biography* 21, no. 2 (2013): note 20.

¹⁵⁸ Frances Mary Colledge Martin, "Thomas Richardson Colledge, born 1797, died 1879," *Obituary* (Royal College of Surgeons of England, 1880). George Clement Boase, "Thomas Richardson Colledge," *Dictionary of National Biography 1885-1900*, 11, last edited January 29, 2011, [https://en.wikisource.org/w/index.php?title=Colledge,_Thomas_Richardson_\(DNB00\)&oldid=2337387](https://en.wikisource.org/w/index.php?title=Colledge,_Thomas_Richardson_(DNB00)&oldid=2337387).

minimal medical experience, used his location in China to explore a wide range of topics that might advance his career. Unfortunately, before demonstrating any significant results from his natural history and medical efforts, his future was cut short by death.

Thomas Richardson Colledge, among the three, had the best professional preparation and distinguished himself by his medical practice. While a second surgeon or a first surgeon to the BEIC and the British Trade Superintendent, Colledge stuck to medical work only. His dedication and successes helped to ease tensions between foreign traders and the Qing China authorities at various levels. Colledge gained support from individual and institutional foreign merchants as well as Chinese ones. Nonetheless, he was frustrated that his medical profession was not more recognized. At a time when the power of imperialist authority surged and was challenged, Colledge believed that philanthropic medical work could help to diminish the “prejudice” held by “ignorant Chinese,” and furthermore help them recognize Western “enlightened civilization.” This opinion, then, as will be demonstrated in the next chapter, was held by sponsors who sent medical missionaries to China.

Colledge’s connection with the next medical group that came from the West to China was direct. He was the first one who advocated the formation of the Medical Missionary Society in China (MMS) with the goal of establishing a Western medical profession in China through these missions. Although he left China in 1838, Colledge was recognized as president of the organization from its onset in 1838 to the end of his life in 1879. Because his role is transitional, his effort in that area will be detailed in next chapter.

Chapter 2: Peter Parker and Imperialist Expansion, Guangzhou, 1834-1857

Medical missionary efforts worldwide, and in China in particular, have been extensively studied in recent decades. This momentum in the United States was probably first stimulated by John King Fairbank's edited work on the missionary enterprise in 1974.¹⁵⁹ Then, Yuet-wah Cheung's book on two Canadian Protestant missions' medical work in China published in 1988 increased scholars' zeal for analyzing medical missionaries' history there.¹⁶⁰ In China, the First Conference on the Study of Missionary Universities History, held in Wuhan in 1989, was the definitive starting point for an upsurge of studies since last decades of the twentieth century till now.¹⁶¹ Hundreds of works have come to address the contributions that medical missionaries made over more than a hundred years in China in supplying needed health service. However, one historiographical question is still in discussion, how to balance a description of this medical missionaries' work between "tools of imperialism" and "modernizers?"¹⁶²

The present study finds that at the initial stage, medical missionaries in China shared three characteristics with the BEIC medical professionals. First, restrained by the Late

¹⁵⁹ John King Fairbank, ed. *The Missionary Enterprise in China and America* (Cambridge: Harvard University Press, 1974).

¹⁶⁰ Yuet-wah Cheung, *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937* (Lanham: University Press of America, 1988).

¹⁶¹ 章开沅及林蔚, *中西文化与教会大学: 首届中国教会大学史学术研讨会论文集* (武汉: 湖北教育出版社, 1991), [Zhang Kaiyuan and Arthur Waldron, *Christian Universities and Chinese-Western Cultures: Selected Works of the First International Symposium on the History of Pre-1949 Christian Universities in China*].

¹⁶² If we read closely the *American Historical Review* Roundtable discussion about "modernity" in the June 2011 issue, questions would gush out from historians who held different views on theories of modernization. "Introduction, Historians and the Question of "Modernity," *American Historical Review* 116, no. 3 (June 2011): 631-637.

Qing government's regulations and in empathy with Western traders, especially those private merchants who gained prominent power in the 1830s,¹⁶³ medical personnel of the BEIC began to use provocative language: the Chinese were "ignorant" in medicine and "prejudiced" towards foreigners and their advanced sciences. This rhetoric would be maintained by generations of medical missionaries at least until the end of the nineteenth century.¹⁶⁴ Second, continuously, the medical missionaries had been bringing into the China the most advance medical practices/techniques and knowledge as soon as they were publicly available in the West. And third, scientific medicine, as a newly forging profession that was in a process of gaining substantial power in the West, when migrating into a strange and "hostile" land at this point in time, depended on sponsors to survive.

Western medical professionals and religious missions met at Guangzhou, a bridgehead for Western economic and political expansion. Its special position formed a concentrated complex of close contacts between various levels of Qing government officials and foreigners, including merchants, missionaries undercover, and international diplomatic representatives. Under these circumstances, Guangzhou also became a jumping-off point for medical missionary enterprise after the Opium War.

Peter Parker (1804-1888), the first formal medical missionary to Guangzhou, has been widely researched in relation to Western medical knowledge transfer into China. In addition, because his later position as a diplomat connected him with the signing of

¹⁶³ Hosea Ballou Morse, *The Chronicles of the East India Company, Trading to China 1635-1834*, Vol I-V (Cambridge: Harvard University Press, 1926), Vol IV, 342-368.

¹⁶⁴ J G Kerr, "Medical Missionary in Relation to the Medical Profession," *China Medical Missionary Journal* 4, no. 3, (1890): 87-99.

Wangxia Treaty, the first treaty between the United States and China, he was also a focus for scholars on political relationship between the United States' policy towards China. Moreover, in the height of Western expansion, a myth that "Parker opened the gates of China with a lancet, when European cannon could not heave a single bar" was created.¹⁶⁵ The following discussion traces his experiences starting from his decision to become a missionary, to his interests moving more towards medical practice, and finally to his becoming an indisputable part of the Western imperialist effort.

2.1 Aiming at Mission Work Abroad

Parker was born to a farmers' family in Framingham, Massachusetts. His parents were devout followers of the strong Puritan tradition prevalent in New England at that time. At age seventeen Parker felt the call for religious service. However, before he received his pastor David Kellogg's recommendation, he entered Day's Academy in Wrentham in March of 1826 and later Framingham Academy for preparatory training. In the fall of 1827, he switched to Amherst College. In seeking yet a higher form of education, Parker went to Yale in 1830 because it offered abundant opportunities for religious development and activity.¹⁶⁶

In the spring of 1831, the most important experience for Parker on campus was the visit of Rufus Anderson (1769-1880), a board member of the American Board of Commissioners for Foreign Missions (ABCFM) to Yale. This was a chance for Parker to

¹⁶⁵ Elias Root Beadle, *The Sacredness of the Medical Profession: A Sermon Delivered Before the Students of Jefferson Medical College and the Medical Department of the University of Pennsylvania, Sabbath Evening, November 19th, 1865* (Philadelphia: James S. Claxton, 1865), 22.

¹⁶⁶ Edward Vose Gulick, *Peter Parker and the Opening of China* No. 3 (Cambridge: Harvard University Press, 1974), 1-8.

contact the Board and also to open a foreign mission career path for him. He sent his application for a foreign mission position to ABCFM in the later part of 1831.¹⁶⁷ With the future mission work in mind, Parker began his graduate study on theology and medicine at Yale in the middle of October of the same year. Ordinarily, each subject required at least two years of study. With extracurricular activities on the side, Parker planned to get both subjects done in about two years. In October 1833, with his graduation preparation in sight, the ABCFM formally accepted Parker's application and appointed him missionary to the general field of China.¹⁶⁸

In January 1834 Parker planned to take his medical examination in early March. At this point, Parker often felt guilty because his interests had moved more towards medicine than religion.¹⁶⁹ This hurry to take his exam had raised questions in some people's mind about Parker's competence in medicine.¹⁷⁰ However, it was a meeting D. W. C. Olyphant that had spurred this decision. Olyphant was an American merchant who had spent several years in Guangzhou. He was planning on sailing for China on his own ship *Morrison* in May or June of the year. He offered Parker a free passage.¹⁷¹

¹⁶⁷ Gulick, *Peter Parker*, 8-11.

¹⁶⁸ Gulick, *Peter Parker*, 12-16.

¹⁶⁹ Gulick, *Peter Parker*, 18.

¹⁷⁰ Kenneth S. Latourette, "Peter Parker: Missionary and Diplomat," *Yale Journal of Biology and Medicine* 8, no. 3 (1936): 243-248. Charles Roland, and Jack D. Key, "Was Peter Parker a Competent Physician?" *Mayo Clinic Proceedings* 53, no. 2 (1978): 27. It has not been clarified why Peter Parker had never practiced medicine in the United States. See Gulick's rebuttal in Gulick, *Peter Parker*, 19.

¹⁷¹ Not much material could be found on D. W. C. Olyphant. However, sources suggest he was the only merchant of that time who did not get involved with opium trade. About the important role Olyphant played in missionary work in China, see "The Death of D. W. C. Olyphant," *China Repository* 20, no. 7 (1851): 509-511.

Although Parker did not receive an advanced theology degree, mainly due to the limited time he had before he went to China, he was ordained as a missionary at Philadelphia on May 16, 1834.¹⁷² Now with a medical degree and some elaborate instructions for field work from the ABCFM, on June 1, 1834,¹⁷³ Peter Parker was ready to go. On June 3, 1834, at New York, he boarded the *Morrison* for China.

2.2 Practicing Medicine

Beginning at Singapore

Parker reached Guangzhou, China on October 26, 1834. The time of his arrival could not have been worse. While the *Morrison* was sailing, its passengers received sad news in succession, the death of Robert Morrison in August and of Napier just two weeks before the *Morrison* arrived at Guangzhou. Immediately after landing, the first thing Parker and his companions had to face was the aftermath of the Napier Affair. The restraint on missionaries was further tightened up. Liang Fa, Morrison's first convert and also the first Chinese preacher, had to escape the city just prior to Parker's landing.¹⁷⁴ The handful of veteran pioneer protestant missionaries, Elijah Coleman Bridgman, Samuel Wells Williams (1812-1884), and Karl Friedrich August Gützlaff (1803-1851), who was of Prussian origin and considered the most experienced Protestant missionary, all felt terror and uncertainty.¹⁷⁵ Because the missionary work was hindered even more

¹⁷² Alexander Wylie, *Memorials of Protestant Missionaries to the Chinese: Giving a List of Their Publications, and Obituary Notices of the Deceased. With copious indexes* (Shanghai: American Presbyterian Mission Press, 1867), 81-84.

¹⁷³ Gulick, *Peter Parker*, 20.

¹⁷⁴ 麦沾恩 (新西兰), *中华最早的布道者——梁发*, 胡簪云译 (上海: 广学会, 1932), 67-68, [Maizhanen, *Liangfa: The First Chinese Sermonizer*, trans. Hu Zanyun].

¹⁷⁵ 颜宜葳, “伯驾在新加坡的医疗活动与早期教会医院的建立动因,” *中国科技史杂志* 34, no. 2 (2013): 159-172, [Yan Yiwei, “Peter Parker's Medical Activities in Singapore and the Possible Motivation for the Establishment of Early Mission Hospitals,” *Chinese Journal for the History of*

than previously under the Qing authority, these veteran evangelical pioneers seriously considered establishing their operation somewhere other than Guangzhou to escape from the reach of Qing government.¹⁷⁶ Persuaded or even ordered by Gützlaff, after a brief respite at Macao, Peter Parker got on board of the *Fort William*, sailed back to Singapore on December 23, and arrived on the last day of 1834.¹⁷⁷

Thus, Peter Parker began his mission work first at Singapore. Being stationed at an underdeveloped port area, he undertook four aspects of work that the ABCFM instructed him to do: to learn the Chinese language, to get acquainted with the Chinese and their customs, to balance work on relieving the bodily distresses of the people, and to preach the Word of life and train native assistants.¹⁷⁸ Parker found it difficult to balance his time and energy between evangelizing and medicine.¹⁷⁹ The source of his struggle came because of the encouraging results of medical service he offered to the needy. Parker joined Ira Tracy, also a missionary appointee of the ABCFM, who had arrived in Singapore a year before to establish a printing facility for the Board in South Asia.¹⁸⁰ On the second day of his arrival, while he and Tracy were attending the services given at the English Episcopal church, and, even before Parker handed out the first tract prepared by Tracy, he received his first patient.¹⁸¹

Science and Technology].

¹⁷⁶ Frederick Wells Williams, *The Life and Letters of Samuel Wells Williams, LL.D.* (New York and London: G. P. Putnam's Sons, 1889), 76.

¹⁷⁷ George Barker Stevens, and William Fisher Markwick, *The Life, Letters, and Journals of the Rev. and Hon. Peter Parker* (Boston and Chicago: Congregational Sunday-school and Publishing Society, 1896), 107-108.

¹⁷⁸ Stevens, *The Life*, 82-83.

¹⁷⁹ Stevens, *The Life*, 115-116.

¹⁸⁰ David Chug, "Ira Tracy, 1806-1875," *Chinese Southern Diaspora Studies* 5 (2011/2012): 209-213.

¹⁸¹ Stevens, *The Life*, 108-109.

Parker's residence soon became a hospital and dispensary mainly for Chinese patients.¹⁸² The enormous need for medical care among local poor and the fact that medical service drew Chinese people closer to Westerners compelled Parker and Tracy to establish a dispensary in February in 1835. Doctor Dan B. Bradley, another ABCFM appointee, arrived Singapore on January 11, 1835 but left for Siam in July the same year. While there he served the dispensary, especially during Parker's absence between March and June when the latter visited Malacca for language study.¹⁸³

The home base of the ABCFM, although it recorded the existence of the dispensary in Singapore in positive terms, did not make any move to continue this project.¹⁸⁴ After Parker went back to Guangzhou with his Chinese assistant on August 20, 1835, no reinforcing medical missionaries were sent to Singapore to aid Ira Tracy. He, without much medical training, was now sustaining the dispensary alone. The institution disappeared quietly.¹⁸⁵ His experiences on this Singapore detour intrigued Parker, as a new medical doctor without much internship experiences, to start a similar project after he returned to Guangzhou in October 1835.¹⁸⁶

¹⁸² The Editor, "Mission to China," *Foreign Missionary Chronicle* 3, no. 11 (1835): 174.

¹⁸³ D. B. Bradley, "Reminiscences of the Oldest Living Missionary to the Siamese," in *Bangkok Calendar* (Bangkok: American Missionary Association, 1866), 74-97.

¹⁸⁴ American Board of Commissioners for Foreign Missions, "Mission to China," in *Report of the American Board of Commissioners for Foreign Missions, Read at the Twenty-Sixth Annual Meeting Baltimore, Sept. 9-11, 1835* (Boston: Crocker & Brewster, 1835): 71-72. American Board of Commissioners for Foreign Missions, "Mission to Singapore," in *Report of the American Board of Commissioners for Foreign Missions, Read at the Twenty-Eighth Annual Meeting Newark, N.J., Sept. 14-16, 1836* (Boston: Crocker & Brewster, 1836), 74-76.

¹⁸⁵ Ira Tracy, "To the Editor of the Singapore Free Press," *Singapore Free Press & Mercantile Advertiser*, January 7, 1836, 1. Quoted from Yan Yiwei, "Peter Parker's Medical Activities in Singapore," 163.

¹⁸⁶ The kind of medical and surgical skills Peter Parker practiced and the kind of sicknesses he saw at his Singapore dispensary is generally vague. Stevens only used general words, such as, sick, medical and surgical services, to describe Parker's medical practice at Singapore, see Stevens, *The life*, 106-117. However, according to Gulick, additional records exist in Parker's

Organizing the Medical Missionary Society in China

Parker established his Ophthalmic Hospital in November 1835 at Guangzhou. His hospital was largely supported by the local foreigner community and some hong merchants. As soon as Parker began his work, Thomas R. Colledge suggested that they recruit more medical practitioners to join the missionary enterprise.¹⁸⁷ Colledge learned from his own practice that medical and surgical services could shorten the distance between Chinese and foreigners emotionally and that gave Westerners the opportunity to “enlighten and reform” this “benighted race.”¹⁸⁸ As a member of a growing medical profession in Britain, Colledge saw the potential of missionaries to sponsor a medical profession in China. Colledge emphasized that medicine and the ministry were two professions and should be kept separate. While he was praising Peter Parker for “having qualified himself to labor in this great field both as a physician and minister of gospel,” he insisted on that this kind of combination should not be looked at as a “general rule.” He said, “what I propose shall interfere with the views of no religious sect; let the two professions remain entirely distinct, and thus let them pursue their separate paths towards the attainment of the same great end.”¹⁸⁹

In December of 1836, three authors – Colledge, Peter Parker, and Elijah Coleman Bridgman – offered a new suggestion.¹⁹⁰ After a year of discussion among their small

personal journal. See Gulick, *Peter Parker*, 291, note 43.

¹⁸⁷ Thomas Richard Colledge, “Suggestions with Regard to Employing Medical Practitioners as Missionaries to China,” *Chinese Repository* 4, no. 8 (1835): 386-389.

¹⁸⁸ Colledge, “Suggestions,” 388.

¹⁸⁹ Colledge, “Suggestions,” 388-389.

¹⁹⁰ T. R. Colledge, Peter Parker, and E. C. Bridgman, “Suggestions for the Formation of a Medical Missionary Society, Offered to the Consideration of All Christian Nations, More Especially to the Kindred Nations of England and the United States of America,” *Chinese Repository* 5, no. 8 (1836): 370 – 373.

foreigner community at Guangzhou and Macao, they wanted to set a new agenda. At that point in time, almost all the home mission boards only sent missionaries with medical specialty abroad for the benefit of the health of other evangelizers. The three authors proposed a new organization, the Medical Missionary Society in China (MMSC), which would be funded by subscriptions mostly coming from their local merchants' community. The main goal of this society was to assist incoming medical missionaries to get information, to have time for language study, and to be supported to provide service immediately upon their arrival. It wanted the coming physicians to be masters of their profession, to be judicious men with genuine piety ready to endure hardships, and to be willing to make personal sacrifices.

This plan did not mention keeping the medical and religious professions apart. With the two ophthalmic precedents in mind, the authors wanted to build a general medical practice system by adding several departments for medical services: a surgical department, a department for the ear, a department for cutaneous affections, a department for diseases of females, and a department for diseases of children. In addition to all of these, they also thought about training assistants and apothecaries.

Having identified medical considerations, the article concluded with a strong missionary emphasis. It argued that “to revolutionize the intellectual and moral world” and “to waken the dormant mind of China,” a high value should be placed upon medical truth in order to seek “its introduction with good hope of it becoming the handmaid of religious truth.”¹⁹¹ The support for making “medical truth” as the handmaid of the

¹⁹¹ Colledge, Parker, and Bridgman, “Suggestions for the Formation,” 372.

religious truth was the underlying philosophy of the body/soul separation.¹⁹² These statements strengthened the enlightenment rhetoric created earlier by the BEIC medical men. It seems that a relationship between medicine and mission was crystalized.

While analyzing the reasons of the formation of MMSC, its structure and its limited function, and its wane, most studies focused on the relationship between the two professions, the conflict between them, and the uneven reception of Western medicine and religion in China.¹⁹³ Few studies have looked at how medical professionalization in the West influenced the integration of medicine and religion in Guangzhou. This study suggests that an arising profession with little power, represented here by Colledge, was perhaps being used by religious organizations but it also took advantage of the situation.

¹⁹² Although there is no room for further discussion, it would be necessary to point out that this philosophical dualism has had no place in native Chinese medicine. The differences between Chinese ways of thinking in its medicine and the West have long been recognized. However, most of scholars apply Thomas Kuhn's notion of incommensurability. For examples see, Douglas Allchin, "Points East and West: Acupuncture and Comparative Philosophy of Science," *Philosophy of Science* 63 (1996): S107-S115. Paul Thagard and Robert Zhu, "Acupuncture, Incommensurability, and Conceptual Change," In *Intentional Conceptual Change*, ed. Gale M. Sinatra and Paul R. Pintrich (Mahwah, N.J.: 2003), 87-109. Robert N. St. Clair, Walter E. Rodríguez, Andrew M. Roberts, and Irving G. Joshua, "Intercultural Incommensurability and the Globalization of Chinese Medicine: The Case of Acupuncture," *Journal of Comparative Asian Development* 5, no. 1 (2006): 171-183. Keekok Lee's book published recently seeks a deeper understanding of philosophies of Chinese medicine. See Keekok Lee, *The Philosophical Foundations of Classical Chinese Medicine* (Lanham, Boulder, New York, London: Lexington Books, 2017). However, it was Roger T. Ames who gave the clearest description about the distinct differences between Western mainstream dualist view and Chinese philosophy, which he observed as process thinking. See: 胡治洪及丁四新, "辨异观同论中西: 安乐哲教授访谈录," *中国哲学* 卷 no. 4 (2006): 112-119, [Hu Zhihong, and Ding Sixin, "Discussion on Differences and Similarities between China and the West: An Interview with Professor Roger T. Ames," *History of Chinese Philosophy*].

¹⁹³ For example: Theron Kue-Hing Young, "A Conflict of Professions: The Medical Missionary in China, 1835-1890," *Bulletin of the History of Medicine* 47, no. 3 (1973): 250-272; Jessie Gregory Lutz, ed. *Christian Missions in China: Evangelists of What?* (Boston: DC Heath, 1965), vii.

Not yet strong enough to influence China as an independent force, the Western medical professionals depended on the mission bodies for further development in a strange land.

Even though the MMSC did not assemble for a meeting during 1839 after its initial meeting in November 1838,¹⁹⁴ the news of its existence went out and new physicians were sent to China. William Lockhart was sent by the London Missionary Society in 1839, Benjamin Hobson by the same Society in early 1840, in the same year William Diver was sent by the ABCFM, and James Curtis Hepburn was sent by the Presbyterian Board in 1841. When the foreign merchants were still largely based in Guangzhou and subscribed to the MMSC actively, the MMSC supported these newcomers' medical service at Zhoushan, Shanghai, Ningpo, Amoy, and Hong Kong for limited periods at different times.¹⁹⁵ The most important facility supported by the MMSC was Parker's eye hospital in its first twenty years or so.

Practicing Medicine before the Opium War

Parker's hospital was in a house at factory no. 7 in Fung Ta hong on San Tao Lan Street (also known as Hog Lane), with a rental for \$500 per year from Howqua, who also repaired the house before Parker moved in.¹⁹⁶ Between 1835 and 1851, Parker left sixteen reports that reveal his medical practice as well as his thoughts on Chinese culture and its native medicine. Among these reports, ten were written before the Opium War. Although as a founder of the MMSC, Parker often claimed his practice had been

¹⁹⁴ Peter Parker, "Reports of the Medical Missionary Society: Tenth Report of the Ophthalmic Hospital, Canton, being for the Year 1839," *Chinese Repository* 8, no. 12 (1840): 624-639.

¹⁹⁵ "Missionary Hospital in China: Report of the Chinese Hospital at Shanghai for 1848, and of the Medical Missionary Society in China (at Hong Kong), for the Year 1848," *Chinese Repository* 18, no. 9 (1849): 505-514.

¹⁹⁶ Peter Parker, "Ophthalmic Hospital at Canton: First Quarterly Report, from the 4th of November 1835 to the 4th of February 1836," *Chinese Repository* 4, no. 10 (1836): 461-473.

diffusing “sciences of Europe and America,” historians recognized otherwise.¹⁹⁷ His first ten reports displayed his patient selection criteria, his treatment methods, his collaborators, and the range of his medication warehouse.

Parker’s service was selective. Taking these assumptions that originated from Colledge’s observations of the region around Macao seriously, Parker believed that diseases of the eye were “the most common in China” and that “the native practitioners are most impotent to cure” eye diseases.¹⁹⁸ Parker named his institution an Ophthalmic Hospital.¹⁹⁹ However, this intention was soon broken. After a year of practice, Parker found that the types of diseases in his miscellaneous category already exceeded that in the eye disease category.²⁰⁰ Given his limited facilities, Parker’s service to the needy remained selective.

While he first set his hospital up for ophthalmic diseases, Parker did not serve all those who came for treatment. He turned away those who were aged, with ill-health, or had other significant issues. In fact, he treated about 5 in every 8 patients. In addition, Parker also did not see patients who required physicians rather than a surgeon, such as cough, fever, or any other diseases of that nature.²⁰¹ On top of these selective criteria, after experiences accumulated, Parker also turned away a large number of applicants as incurable without enrolling them. Those patients were diagnosed having aneurisms,

¹⁹⁷ Gulick commented that what Parker learned from medical school only represented knowledge that was transitioning from antique and the modern. Gulick, “Peter Parker,” 144-151.

¹⁹⁸ Parker, “First Quarterly Report,” 461.

¹⁹⁹ Peter Parker, “Ophthalmic Hospital at Canton: Second Quarterly Report, from the 4th of February to the 4th of May 1836,” *Chinese Repository* 5, no. 1 (1836): 32-42.

²⁰⁰ Peter Parker, “Ophthalmic Hospital at Canton: The Fourth Quarterly Report, for the Term Ending on the 4th November 1836,” *Chinese Repository* 5, no. 7 (1836): 323-332.

²⁰¹ Parker, “First Quarterly Report,” *Chinese Repository* 4, no. 10 (1836): 462, 467.

elephantiasis, enlarged spleens, abdominal tumors, scrofula, and fungous haematodes.²⁰² Parker did accept difficult cases as long as the patient or the patient's relatives would sign a written document to state that "the operation was undertaken at their desire." This would "exculpate" the doctor "from censure," and if the patient would die in consequence of the operation, "the burial of the corpse" would be on the patient's relatives.²⁰³

The need for selection might be due to Parker's lack of clinical experiences. Even his treatment method for eye diseases, it seemed, might not be as up to date or as creative as Colledge had performed. Parker treated cataract with the time-honored method couching.²⁰⁴ Because of the different facial characteristic of Chinese, Colledge was able to invent a special instrument to do the entropia procedure. Parker inherited that instrument without needing to create something for himself.²⁰⁵ However, one thing he did better was that he recorded his service with many details. In addition to eye operations, he applied other common procedures, such as paracentesis, puncturing, blistering, syringing, bloodletting or applying leeches, and various kind of incisions.

²⁰² Peter Parker, "Ophthalmic Hospital at Canton: Third Quarterly Report, for the Term Ending on the 4th August 1836," *Chinese Repository* 5, no. 9 (1836): 185-192. Peter Parker, "Ophthalmic Hospital at Canton: Seventh Quarterly Report, being for the Term Ending on the 31st of December 1837," *Chinese Repository* 6, no. 9 (1837): 442-443.

²⁰³ Parker, "First Quarterly Report," 468. Michelle Renshaw claims that Peter Parker was the first one who instituted a policy of obtaining the patient's "informed consent" to surgery. See Michelle Renshaw, "Saving Missionary Skins Saves Patients' Lives," *Social Sciences and Missions* 27, no. 1 (2014): 31-55.

²⁰⁴ Previously, in the section on T. R. Colledge, this study discussed advanced method for dealing with cataracts, but Parker's report mentions no other methods.

²⁰⁵ Peter Parker, "Ophthalmic Hospital at Canton: The Fifth Quarterly Report, for the Term Ending on the 4th February 1837," *Chinese Repository* 5, no. 10 (1837): 456-462.

Non-surgical procedures included cleansing with a solution of chloride of lime and reducing hernia with a compress fitted to the aperture and bandage application.

Although the hospital sounds like a one-man show, its location in an intimately connected foreigner community provided Parker with consultancy and assistance from foreign surgeons at Guangzhou from Scotland, Britain, France, and the United States. Among these surgeons, R. H. Cox, a previous BEIC part time second surgeon with private practice at Guangzhou, regularly came on operation days of the hospital to help Parker. In a decreased order in terms of frequency, the following doctors also helped difficult cases: Alexander Anderson, a surgeon to the British Superintendents as well as Cox's private practice partner; William Jardine, previously BEIC ship surgeon and at the time a businessman; Dr. J. Cullen, surgeon to the *Lord Lowther*; Dr. A. A. Adee; Dr. W. J. Palmer of the United States sloop *Vincennes*; and Dr. Colledge, who helped Parker on surgical procedures at Macao.²⁰⁶

It seems that during the period when medicine in West was transitioning from “clever metaphysics, folk wisdom and accumulated quackeries” to a new phase, what Parker followed was still the “fever theory” which reasoned that irritation of the nervous system caused diseases.²⁰⁷ The medications Parker prescribed were also older fashioned which for his patients to use either internally or externally.²⁰⁸ His treatments focused on

²⁰⁶ Peter Parker had acknowledged other doctors' consultation and assistance in a case by case manner throughout his reports.

²⁰⁷ Carolyn McCandless, *Of No Small Account: The Life of John Glasgow Kerr, M.D., LL. D.* (St. Louis, Missouri: Mausebaug Press, 1996), 4, R 722.32.K47 M12, Presbyterian Historical Archives, Philadelphia (PreA, hereafter).

²⁰⁸ Most frequently mentioned medicines Parker applied were blue pills, belladonna, calomel conjoined with opium, mercury, silver nitrate, gamboge, pulvis de sulfure et scilla, elixir and spts. nitrate, tincture digitalis, calomel and rhubarb, sulphate of magnesia, dover's powders, carbonate of ammonia, laudanum, tincture of squills, and wine of antimony, tincture of gentian,

“heroic therapy” which had visible and dramatic effects from ptyalism, antiphlogistic cathartic, emetic/purgatives, and other treatments. After that, he tried to restore his patients with tonics and stimulants. This demonstrates that while Parker probably was practicing medicine familiar in many parts of the United States, his practice was not as “scientific” as he claimed in the address presented with Colledge and Bridgman to the MMSC.²⁰⁹

During 1839, with the increasing tension between the Great Britain and Qing China and with the war breaking out, the daily routine of the Ophthalmic Hospital was disrupted. The building housed the Ophthalmic Hospital was closed by the senior hong merchants. Parker initially had to see patients who came to his way in seeking medical assistances at his own rooms. Then, with an increasing number of patients, he removed to the premises of the Guangzhou dispensary of Cox and Anderson.²¹⁰ Not to long afterward he was compelled to move to Macao, and, when the Opium War became full blown, Parker returned to the United States in December of 1840.

Practicing Medicine after the First Opium War

His journey to the West made Parker a public figure. In the United States, he gave numerous speeches in several cities. He then made a fund-raising visit to Europe, six weeks in Great Britain and one week in Germany. Besides advocating for his medical missionary work in China, Parker made political connections with Washington. He was granted interviews with outgoing President Martin van Buren and Secretary of State John

and preparation of iron flaxseed and port wine poultices, and more.

²⁰⁹ T. R. Colledge, Peter Parker, and E. C. Bridgman, “Address, China, April 14, 1838,” in *Medical Missionary Society in China: Address with Minutes of Proceedings* (Canton: Printed at the Office of the Chinese Repository, 1838), 13.

²¹⁰ Parker, “Tenth Report,” 625-626.

Forsyth, President-elected William Henry Harrison and Daniel Webster of the incoming administration, and later President John Tyler. Taking these opportunities, Parker expressed his thoughts about America sending a minister plenipotentiary to China. Thus, Parker gained credibility to play a role in the future treaty relations between the United States and China.²¹¹

His trip back to the West also gave him an opportunity to brush up his surgical skills. What he learned while he was in the United States was not clear. However, while he was visiting Great Britain, Parker visited Guy's Hospital and observed Astley P. Cooper and C. Aston Key doing three lithotomy operations.²¹²

At end of 1842, Parker and his new wife arrived in China with some \$6,700 for his medical missionary work. After the first Opium War, Parker gradually connected his medical work with aspects of the American imperial agenda. Coming back with connections with the United States government rather than just with government officials out-stationed in his local community, Parker's hospital reports changed focus.²¹³ Parker specified his purposes of his reports, 1) to display to members and friends of the MMSC on how his service followed its stated intentions; 2) to provide cases that demonstrated the prosperity and influences of the hospital's medical service; 3) to report to his

²¹¹ Gulick, *Peter Parker*, 98-99.

²¹² Gulick, *Peter Parker*, 104.

²¹³ *Chinese Repository*, published from 1832 to 1851, reported on Peter Parker's nearly twenty years' medical practice at the self-claimed philanthropic institution, the Ophthalmic Hospital at Guangzhou; fifteen reports were published. A stand-alone pamphlet published in 1852 came after the magazine ended publication. See *Minutes of Two Annual Meetings of the Medical Missionary Society in China; Including the Sixteenth Report of its Ophthalmic Hospital at Canton for the Years 1850 and 1851* (Canton: The Office of the Chinese Repository, 1852).

professional cases of special interest; and 4) to illustrate the moral bearing of medical missionary operations.²¹⁴

An analysis of Parker's final six hospital reports represented changes in his mindset and practice after his home visit. First, it was obvious that Parker tried to catch up with the advances made in the West on surgery but without many changes in terms of medical treatment, either theoretical or in practice. Second, Parker gave increasing spaces in his reports to medical works and their "moral bearing." Third, Parker's service focus changed from mostly the poor patients to high-ranking Qing China officials.

Parker's understanding about medical problems among local people had become more advanced during his time in China. As early as in his tenth report, Parker had already acknowledged that although diseases of the eye still were preponderate, the hospital had become a general hospital.²¹⁵ The disease distribution tables, changed from two categories of eye diseases and other diseases to twelve categories, namely, the eye, the ear, the face and throat, the organs of circulation, the reparative organs, the abdominal organs, the generative and pelvic organs (latter as genital organs), the nervous system, and cutaneous diseases, constitutional disease, disease of the bones (latter as of osseous system), and preternatural and diseased growths.

After coming back from the West, Parker extended his surgical skill to some cases that he once viewed as incurable. He emphasized new techniques. In 1847, he successively applied the sulphuric ether during an operation for a Steatomatous tumor on a patient's arm. Dr. Charles Thomas Jackson of Boston, a chemist who claimed to have

²¹⁴ Peter Parker, "Fifteenth Report of the Medical Missionary Society's Ophthalmic Hospital at Canton for the Years 1848 and 1849," *Chinese Repository* 19, no. 5 (1850): 253-280, 253.

²¹⁵ Parker, "Tenth Report," 624-639, 625.

discovered ether's anesthetic properties, supplied Peter with the apparatus and a supply of sulphuric ether through D. N. Spooner, one of the Vice Presidents of the MMSC.²¹⁶ In 1849 after learning that chloroform for anesthetic purpose was successfully administered on an amputation procedure in Shanghai,²¹⁷ Parker applied it himself during a lithotomy.²¹⁸ Earlier when Parker recorded cases of urinary calculi in his first ten reports, he had not demonstrated knowledge about how to treat this disease that was prevalent in Guangzhou. After he learned the procedure from Cooper and Key of Guy's Hospital, London, the number of lithotomies he did each year became a highlight of each of his reports. The most elaborate discussions about lithotomy Parker gave was in his 1844-1845 report.²¹⁹

The second prominent difference between this set of six reports and the previous ten was the amount of space Parker gave to examples of medical services' "moral bearing" through presenting individual patient's testimony about the effects of treatments he/she received and their conversions to Christianity. It seems that Parker at this point wanted to make up with his Board which had been criticizing him for giving too much time to medical service and neglecting the evangelical tasks. However, if Parker did have this thought in mind, it seems his efforts came too late. The ABCFM was against obtaining

²¹⁶ Peter Parker, "The fourteenth Report of the Ophthalmic Hospital, Canton, including the Period from 1st July 1845 to 31st December 1847," *Chinese Repository* 17, no. 3 (March 1848):133-150, 142-143.

²¹⁷ "Report of the Chinese Hospital at Shanghai for 1848," *Report of Medical Missionary Society in China* (at Hong Kong, 1848): 506-514, 508.

²¹⁸ Parker, "Fifteenth Report," 263. Lithotomy was not a newly developed procedure. See: L. Fu, "The Use of Lithotomy by Missionary Surgeons in Nineteenth-century China," *Journal of the Royal College Physicians Edinburgh* 41 (2011): 264-9.

²¹⁹ Peter Parker, "Thirteenth Report of the Ophthalmic hospital at Canton, including the period from the 1st January 1844, to the 1st July 1845," *Chinese Repository* 14, no. 10 (1845): 449-464;

governmental favor for the mission and expected its appointees to work directly with local people. The board did not like Parker's close connection with the United State government.²²⁰

The third distinct change was Parker's interests in serving high ranking Qing government officials. His colleagues did want to know officials of the Qing government in order to discuss their illnesses and offer cures that would build gratitude. Parker wanted to better understand the practical politics among men in the highest stations of influence and rank. In his tenth report, Parker gave considerable attention to one of his most distinguished patients. Patient number 6565, a case of hernia, was Lin Tsihseu (林则徐, 1785-1850), the imperial commissioner, previously governor of Huguang (Hookwang).²²¹ Although he had never actually met Lin face to face, Parker had indirect communication with Lin in two ways. First, through a senior hong merchant, Lin sent questions on Emerich de Vattel's *Law of Nations* and on opium. Second, through Nanhai (Nanhae) district magistrate and Howqua, Lin enquired about medical assistance for a hernia, and Parker furnished trusses to him.²²² While the Opium War was looming large and with Lin was the frontline of China/foreign encounters, Parker's attention to him was quite understandable.²²³

Parker's interests in Qing China officials, however, extended widely. About one third of his articles advocated for the superiority of Western medicine and these high-

²²⁰ Clifton J. Philips, *Protestant America and the Pagan World: The First Half Century of the American Board of Commissioners for Foreign Missions, 1810-1860* (Cambridge: Harvard University Press, 1969), 183.

²²¹ For more information about Lin Zexu (Tsihseu) see Hsin-pao Chang, *Commissioner Lin and the Opium War, Harvard East Asian Series*, 18 (Cambridge: Harvard University Press, 1964).

²²² Parker, "Tenth Report," 638-639.

²²³ Chang, *Commissioner Lin and the Opium War*, 137.

level friendships. Kiyong (耆英, 1787-1858), the high commissioner, was another high ranking patient who gained Parker's attention.²²⁴ Kiyong was troubled for more than twenty years by some kind of cutaneous affection. Through John Robert Morrison (1814-1843), acting colonial Secretary of Hong Kong and a member of the Executive and Legislative Councils, Kiyong acquired medical aid from Parker. Then, in 1843, escorted by the American consul, the governor-general, the provincial judge, and numerous other officers and attendants, Kiyong came directly to Parker.²²⁵ This visit itself was strikingly significant, publicly revealing what had previously been more secretive service. Afterward, Kiyong sent Parker gifts and two autographed tablets. Later, after Kiyong went back to Peking, he received medical advice continuously from Parker through Kiyong's friends or physician.²²⁶ This connection between the two later played an important role in the success of the Caleb Cushing China Mission, at least in Parker's interpretation. However, while Parker had been improving his medical practice and connection with Qing officials, his disdain toward native Chinese medicine seemed to have deepened.

Disdaining Native Chinese Medicine

In Parker's reports nothing was found in terms of direct contact with native medical practitioners. However, by observing his patients who were failed cases of native practitioners, Parker thought he had the authority to make comments on native Chinese

²²⁴ About Kiyong see Te-kong Tong, Chapter 3, *United States Diplomacy in China, 1844-1860* (Seattle: University of Washington Press, 1964), 39-56.

²²⁵ Peter Parker, "Twelfth report of the Ophthalmic Hospital at Canton, from 21st November 1842, to December 31st, 1843," *Chinese Repository* 13, no. 6 (1844): 301-391, 303. What Kiyong was given were fluid extract of sarsaparilla, blue pill, extract of colocynth, together with a strong ointment of the oxide of zinc.

²²⁶ Parker, "Fifteenth Report," 253-254.

medicine. Before his home visit, Parker specifically reflected on cautery and three surgery procedures, entropia, hare lip, and cataract.

In his first report, not knowing that there was no treatment category called cautery in native Chinese medicine, Parker wrote that there was “Chinese prejudice in favor of the cautery.” He also mentioned cautery again in connection of moxa, an herbal product which is mostly used in combination with acupuncture to treat diseases following Chinese theories. It is different from the cautery method used in the West either to remove or to close off a part of a body part from a patient in order to mitigate bleeding or to remove an undesired growth. Parker claimed that some symptoms of his patients were caused by cautery.²²⁷ His prejudice was caused in large part by his lack of familiarity with Chinese theory and practice.

He also had opinions about operations for entropia. Here he commented on three problems. This issue arose in Chinese physiognomy, given the oblique curvature of the upper palpebral, which renders the inversion of the lid a very common affliction. Chinese practitioners used particular tools and procedures to address the problem.²²⁸ They used a piece of split bamboo or a tweezer-like instrument to nip up a fold of the loose skin of the upper lid and used the same instrument to let folded part remain until the portion sloughed off. Through observing his patients, Parker thought that this process quite often caused disfiguration.²²⁹

Parker also commented on hare lip correction. According to Parker, Chinese practitioners first applied an escharotic between the edges of the lip, and then waited for

²²⁷ Parker, “First Quarterly Report,” 465 and Parker, “Fourth Quarterly Report,” 326.

²²⁸ Parker, “First Quarterly Report,” 472.

²²⁹ Parker, “Fourth Quarterly Report,” 328.

the parts to be sloughed off, finally brought the wound together and let it heal gradually. Parker enumerated four cases of such treatment. He claimed two resulted in disfiguration, one with the upper lip formed a straight line and the under-lip projecting and the other with the lip being drawn askew.²³⁰

He also commended on couching. He had learned that Chinese knew the couching of cataracts from a poem by Soo Tung Po who lived from 1037 to 1101. A patient of Parker sent him the poem in an acknowledgment letter reprinted in Parker's fourth report, but the real meaning of the poem was introduced in the eighth report, translated by Gutzluff. Surprised by the content of the poem, Parker thought that if the Chinese had the technique before, "the art should ever have been lost."²³¹

Parker's records indicated that the scope of his observation on medical practice in China was narrow. Nonetheless he left a record that native Chinese practitioners were not simply "benighted." He provided useful evidence on some surgical procedure used in the region of China where he also practiced. Typically, problems found by Parker were related to technology and their instrumentation.

In the six reports written after his return, Parker raised his level of criticism on Chinese medicine to address its theories but still based on patients' condition he observed. His criticism to Chinese medicine ranged from targeting its practitioners'

²³⁰ Peter Parker, "Ophthalmic Hospital at Canton: The Sixth Quarterly Report, for the Term Ending on the 4th May 1837," *Chinese Repository* 6, no. 1 (1837):34-40.

²³¹ Peter Parker, "Ophthalmic Hospital at Canton: The Eighth Report Including the Period from January 1st to June 30th, 1838," *Chinese Repository* 7, no. 2 (1838):92-106. Parker lacked the language capacity to discover that the technique was first recorded in a compiled medical book, *Wai Tai Mi Yao*, which was first completed in year 752. I was not able to find a poem by Soo Tung Po (苏东坡, 1037-1101). However, I did find a poem of an earlier time, by Bai Ju Yi (白居易, 772-846), who left a poem which included the word couching.

outmoded instruments and ineffective practice to attacking its backward theories. One example was a patient with neuralgic affection of the *portia dura* and its branches of the left side according to Parker's diagnosis. Based on the patient's statements, the Chinese medical diagnosis of the condition had been based on differentiating cold and heat. Then he gave a succinct treatment strategy that worked at the end, Parker claimed: a laxative of blue pill and extract of colocynth, and sulphate of quinine, extract of conium, preparations of iron, and a succession of blisters over the course of the nerve. Parker concluded that, "this case is introduced as a good illustration of erroneous hypothesis to which the uneducated and superstitious mind will resort for an explanation of diseases whose nature and causes it does not understand." Furthermore, he observed that, "If such superstition finds credence with an officer of his standing and comparative intelligence, what must be the amount of needless suffering experienced by the less enlightened".²³²

Parker first joined the mission for religious purposes. While he was studying medicine as an aid for missionary work, his interests shifted towards medicine. During his time in Singapore and Guangzhou, Parker gained knowledge about Chinese culture, people and medicine through his medical practice. Without making any change to the rhetoric that ignorant Chinese people needed to be enlightened, his opportunity of connecting to the high political circle in the United States led to another shift in Parker's sojourn in Qing China. He became a formally assigned diplomat.

2.3 Becoming a Diplomat

²³² Peter Parker, "Eleventh report of the Ophthalmic Hospital at Canton for the term commencing 1st January and ending 17th June 1840," *Chinese Repository* 8, no. 5 (1844): 239-247, 241-242.

As described earlier, during Parker's first home visit, he started to develop his political connections. He suggested that the United States should send a minister plenipotentiary to China. When the Opium War started, the United States kept its naval squadron, the East India Squadron, under Commodore Lawrence Kearny, in Chinese waters to observe the events in China. In 1842, Kearny landed on Macao and started conversations with Guangzhou viceroy, Chi-gong. After the Treaty of Nanking was signed on August 29, 1842, Kearny, taking the advantage of his cordial relationship with Qi-gong, with no authority to enter into direct diplomatic negotiations, requested that China place the American citizens upon "the same footing as the merchants of the nation most favored" and "the importance of their trade will receive consideration."²³³ A positive response from Qi-gong, who also did not have the authority to enter diplomatic negotiations, to Kearny was promptly translated by Parker, who had just arrived from the United States.

Although no conclusive diplomatic resolution between the two countries resulted from the contact between Kearny and Qi-gong, the information Kearny absorbed from it and sent back to the United States made Kearny one link in a chain of communication. As a result, American merchants in China and Peter Parker helped negotiate Caleb Cushing's China Mission in 1844. The United States, like other western countries which had trading business in China at the time, looked to the Treaty of Nanking in order to secure its interest in China and to develop its influence.²³⁴

²³³ Jules Davids, *The Kearny and Cushing Missions* (Wilmington, Del: Scholarly Resources, 1973), 64-65. Quoted from S. Tse, [謝淑平], "Peter Parker (1804-1888): A Diplomat and Medical Missionary in Nineteenth Century China" (Thesis, University of Hong Kong, Pokfulam, Hong Kong SAR, 2003. Retrieved from http://dx.doi.org/10.5353/th_b2676695), 166, note 49 and 51.

²³⁴ Gulick, *Peter Parker*, 113-124.

The Cushing Mission reached Macao on February 24, 1844. From March to June, Cushing, while waiting for Kiyong, the High Commissioner, to come, corresponded with Chi-gong and threatened that he was proceeding to Beijing in order to get an early interview. Kiyong finally arrived Macao on June 20, 1844, escorted by a financial commissioner, an assistant from Naval army, and other officers. Through several meetings and considerable correspondence, the first Sino-American treaty was signed on July 3, 1844 in Wangxia, Macao. The most important fruits of this treaty for the United States were the most-favored-nation treatment, extra-territoriality, and the right to refine the agreement within twelve years.²³⁵

The participation of American missionaries in Cushing Mission was indispensable for its success. Besides those who came directly from the United States, Cushing, a secretary, a surgeon, and a number of young men, for the Mission, Peter Parker, E. C. Bridgman, and S. W. Williams took on the most instrumental interpreter work. Among the three, Parker, at least in his self-description, contributed the most for the successful signing of the Treaty of Wangxia. First of all, during the five months of waiting, he translated all Qi-gong's return correspondences for Cushing. At the same time, Cushing had special trust in Parker and considered that Parker was not only his Chinese translator but also his confidential advisor. Second, when Kiyong's group arrived, Parker recognized that among them several were his friends or acquaintances, including Kinyong. He believed that his presences made the negotiation went on smoothly.²³⁶

²³⁵ Tse, "Peter Parker," 164-194.

²³⁶ Stevens, *The Life*, 252.

Parker not only helped to draft the treaty on the American side but also carefully examined the final details of the copy of the Treaty being prepared by Chinese officials. Especially worthy of noting, Parker played a crucial role in composing Article 17 of the treaty. The article says, the American citizens “shall enjoy all proper accommodation in obtaining houses and places of business, or in hiring sites from the inhabitants on which to construct houses, and places of business, and also hospitals, churches and cemeteries”.²³⁷

So, was the presence of Parker the sole important reason in the smooth signing of the first unequal treaty between Qing China and the United States? At the time, the smoke of British gunboats was still floating in the air and the American East India Squadron was still sitting in Chinese waters. After being defeated so horribly the first time in recent history, the Qing China needed a peaceful time to recover. Kiyong, as an adroit and open-minded diplomat, recommended that the court, for its own benefit, make the United States a counterbalance to Britain in China.²³⁸ When Parker declared his friendly relationship with Kiyong, he did not receive reciprocal appreciation from Kiyong. Kiyong commented that Parker and Bridgman did not know many Chinese characters and they were versed only in Cantonese, a local dialect. That made it hard for both sides to understand each other’s point of view and a great deal of energy was wasted in negotiations.²³⁹ Kiyong’s view on the timing of the signing of the Treaty of Wangxia and

²³⁷ About the significance of Parker’s role see Gulick, *Peter Parker*, 121. For Article 17 see Paul H. Clyde, *United States Policy Toward China: Diplomatic and Public Documents 1839-1939* (New York: Russell & Russell, 1964), p.17.

²³⁸ Earl Swisher, *China's Management of the American Barbarians; A Study of Sino-American Relations, 1841-1861, with documents* (New Haven: Published for the Far Eastern Association by Far Eastern Publications, Yale University, 1953), 183.

²³⁹ Swisher, *China's Management of the American Barbarians*, 155.

the diplomatic capacity of Parker helps us to understand why when Parker later had the opportunity of being a full time diplomat he failed to renew the Treaty from 1855 to 1857.

One important topic, the establishment of a permanent minister residing in Peking, was left out from the Treaty of Wangxia, and likewise in other earlier treaties signed between Western countries and Qing China. Thus, it was difficult to resolve disputes caused between foreign commissioners and Qing China's local authorities. The United States had appointed five commissioners to China from 1846 to 1857. They were, Alexander Hill Everett, from 1846 to 1847; John W. Davis, from 1848 to 1850; Humphrey Marshall, from 1853-1854; Robert McLane, March to December 1854; and Peter Parker, the last one, from 1855 to 1857. Peter Parker, between 1846 and 1854, also acted either as Chinese translator for the commissioners or as Charge D'Affaires, depending on whether the commissioners were residing at Guangzhou or elsewhere.

Although Parker was still acting as a medical missionary at the Ophthalmic Hospital of the MMSC, his paid position as secretary of legation to the United States Embassy led the ABCFM to terminate his connection with the Board by the end of 1847.²⁴⁰ Distressed by the Board decision and exhausted from running between his medical duties and diplomatic tasks, Parker's health condition forced him to hand over his hospital to newly arrived Presbyterian medical missionary John G. Kerr and to leave for his home country in May 1855. It was a very brief stay in the United States.

²⁴⁰ Gulick, *Peter Parker*, 141.

Parker was officially appointed the Commissioner to China in September 1855. United States government wanted Parker to negotiate to revise the treaty to include “the residence of the diplomatic representative of the U.S. at Peking,” and “the unlimited extension” of American trade “wherever within the dominions of China.” Upon the appointment, Parker was assured naval support in the execution of the treaty.²⁴¹

In October 1855 Parker left for China by way of London. In London, he met the British Foreign Secretary and conferred on concurrent policy and action among Britain, France and the United States. Parker also stopped at Paris en route from London to China. There he discussed with the French Minister of Foreign Affairs a triple alliance on treaty revision. The French side agreed on the importance of the residence of foreign representatives in Beijing. Furthermore, both British and French naval forces could anchor in the Gulf of Beihe while negotiations were pending.²⁴² It looked like a promising plan.

Things did not turn out as planned. Parker arrived Hong Kong on December 31, 1855. He run into multiple difficulties for his planned trip. First, although his long residence in Guangzhou had helped him make friends and acquaintances with various local officials, Parker was not only avoided by Imperial Commissioner Ye Ming-chen at Guangzhou but he was labeled by the imperial court as a “trouble-maker” whose northward trip should be prevented.²⁴³ Without help from Qing Chinese officials at various ports, the farthest Parker got was Shanghai. Second, both Sir John Bowring, the

²⁴¹ Jules Davids, *American Diplomatic and Public Papers: The United States and China*, Vol. 6, *Parker Mission* (Wilmington, Del: Scholarly Resources, 1973), 19, 20.

²⁴² Davids, *American Diplomatic and Public Papers*, vol. 6, 43, 45.

²⁴³ Swisher, *China's Management of the American Barbarians*, 313-316.

fourth Governor of Hong Kong and the Plenipotentiary and Chief Superintendent of British Trade in China, Comte de Courcy, the French Charge D’Affaires, received Parker and responded cordially to the idea of forming a triple alliance. However, because Britain and France were still preoccupied by the Crimean War 1856, neither Bowring nor Courcy received clear directions so they watched Parker go north alone.²⁴⁴ Third, the American naval force in East India and the China Seas, commanded by Commodore Armstrong, was intended to aid Parker’s northern expedition in May. However, Commodore Armstrong was not able to help him in Shanghai because the season in the north at this time not favorable for navigation.²⁴⁵ Emptyhanded, Parker returned to the legation in Macao on November 11, 1856.

If Parker had watched closely, he might have seen that the international atmosphere changed favorably towards a triple country alliance. Courcy filed a vigorous protest on July 25, 1856 with Ye Ming-chen concerning the murder of a French missionary, Abbe Chapdelain, in Kwangsi.²⁴⁶ In October 1856, the Arrow Incident, a conflict between Britain and Qing China occurred. For the British, the hostilities stemmed from unresolved problems that emerged after the First Opium War. At this juncture, Bowring wrote to Parker to invite him to join a northern expedition and to send a joint communication to Tianjin regarding treaty revision.²⁴⁷ Instead of seizing this opportunity, Parker declined the invitation. Parker then wrote to Washington to suggest

²⁴⁴ Davids, *American Diplomatic and Public Papers*, vol. 6, 108-109.

²⁴⁵ Davids, *American Diplomatic and Public Papers*, vol. 6, 122.

²⁴⁶ Davids, *American Diplomatic and Public Papers*, Vol XIII, *Arrow War*, 71-72.

²⁴⁷ Davids, *American Diplomatic and Public Papers*, Vol XIII, 54.

an aggressive plan about seizing of Formosa in order to secure the revision of the Treaty of Wangxia.²⁴⁸

The plan Parker suggested seemed strange and out of place. Some historians thought that Parker poorly understood trends in international affairs.²⁴⁹ To be fair, all Parker's decision making was highly constrained by the administration he served. When a new United States President was elected, and given Parker's health condition, he left China as the last American commissioner to China in late 1857.²⁵⁰ William Bradford Reed, his successor, assumed the higher rank of envoy extraordinary and minister-plenipotentiary to China and came with concrete naval assistance. With powers of Great Britain, France, and Russia, Reed accomplished the revision of the old treaty and finalized the new treaty, Treaty of Tientsin, on June 18, 1858.²⁵¹

Just as medicine was being shaped into an independent profession, it rode with waves of the Western economic, military, and political expansion into other parts of the world in general, and China in particular.²⁵² Peter Parker's shifting focus during his time

²⁴⁸ Davids, *American Diplomatic and Public Papers*, Vol XIII, 71-71.

²⁴⁹ John K. Fairbank, *Trade and Diplomacy on the China Coast*. Vol. 1 (Cambridge, MA: Harvard University Press, 1953), 389. Tong, *United States Diplomacy in China*, 174.

²⁵⁰ For Parker's long retirement life of thirty-one years, see Gulick, *Peter Parker*, 196-210.

²⁵¹ For Treaty of Tientsin see Paul Hibbert Clyde, ed. *United States policy toward China: Diplomatic and Public Documents, 1839-1939* (New York, Russell, 1940) 52.

²⁵² As cited elsewhere, Elias Root Beadle, when delivering a sermon before the students of Jefferson Medical College and the medical department of the University of Pennsylvania in 1865, claimed that, "Parker opened the gates of China with a lancet, when European cannon could not heave a single bar." See Beadle, *The Sacredness of the Medical Profession*, 22. Although Beadle emphasized the importance of medical work, he overstated the role of Parker and the medical missionaries. This assertion would be repeated later by medical missionaries to China. For example, in 1921, by Harold Balme, President of Qilu (Cheeloo) University from 1921 to 1928, and, in 1935, by William Warder Cadbury, surgeon at Guangzhou Hospital for 40 years. Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), 44. William Warder Cadbury and Mary Hoxie Jones. *At the Point of a Lancet. One Hundred Years of the Canton Hospital, 1835-1935* (Shanghai: Kelly & Walsh, 1935).

in China demonstrates that he was part of the imperial movement. His political involvement offers a testimony that, during the first half of the nineteenth century missionaries, medical missionaries included, were participating and inseparable part of that Western imperial aggression.²⁵³ This condition changed after John G. Kerr took over the Guangzhou hospital and when the center of the Western political and economic concerns moved north. Medical missionaries' work gradually was gaining some autonomy.

²⁵³ This is not a new argument or only representing my personal view. John K. Fairbank in his introduction for his 1974 edited book clearly observed that a missionary “had the chance to preach and innovated in China only because he was part of the Western invasion.” See Fairbank, *Missionary Enterprise*, 2.

Chapter 3: John Glasgow Kerr, Medical Institution Builder, Guangzhou, 1854-1901

When John Glasgow Kerr (1824-1901) took over Peter Parker's Ophthalmic Hospital, the circumstances in China were particularly chaotic with internal and external turbulences. Once Britain had opened China with gunboats during the Opium War, 1839-1842, trade with China operated at five ports under the policy of "most favored nation." But Britain wanted more and in 1854 the second opium war, the Arrow War, was looming ahead. In addition to the external conflict, the Qing China was also troubled by internal conflicts. The Tai Ping Rebellion, 1851-1864, caused national wide confusion, and at the same time, numerous local riots were stirring up in succession within the Guangdong province. Very different from Peter Parker in terms of medical practice proficiency when he entered the field, Kerr had already practiced medicine for seven years in the United States. The medical professionalization movement obviously had more impact on him. Among studies on the extensive work and life of Kerr, this chapter focuses on tracing Kerr's determined efforts to transfer Western medical institutions into Guangzhou: a hospital, a medical educational program, and an asylum for the insane. His story demonstrates that although Kerr came to China riding the waves of Western economic, military, political, and, especially, religious expansion, as a doctor, Kerr persistently focused on medical work. During his long medical career in China, his missionary associations did not consistently facilitate his work. Although he was forced to work alone on his asylum for the insane at the end, he was still part of the foreign community, meaning he was considered himself still superior to the Chinese and his medicine superior to indigenous Chinese medicine.

3.1 Beginning Medical Work in Guangzhou

Kerr was a well-recognized and significant medical missionary in Guangzhou, China. He was born just south of Duncansville in Adams County, Ohio. His father passed away while he was only five years old. He grew up with his uncle's family in Virginia. At age sixteen he entered Denison University. There he made his decision to become a physician. His medical education began in 1842 of an apprenticeship in Maysville, Kentucky for three years. He then took a course of medical lectures at Transylvania University. He finally received a MD after a two-year course at Jefferson Medical College in Philadelphia in 1847, a year in which the newly organized American Medical Association adopted a uniform standard and expanded requirements for a medical degree. Kerr returned to his hometown after graduation and practiced for seven years in southern Ohio. Although he quickly distinguished himself by successfully treating patients during a cholera outbreak out there, he had bigger dreams. In 1853 after hearing a Chinese visitor's lecture at the town hall, in which the man gave an account of the ignorance of the Chinese physician and the large amount of suffering among Chinese people, Kerr decided to go to China.²⁵⁴

He first secured an appointment from the Board of Missions of the Presbyterian Church and then got married. With his new bride, Kerr sailed to China and arrived in Hong Kong after a one hundred sixty-seven days' journey on May 12, and Guangzhou

²⁵⁴ Carolyn McCandless, *Of No Small Account: The Life of John Glasgow Kerr, M.D., LL. D.* (St. Louis, Missouri: Mausbaug Press, 1996), 1, R 722.32.K47 M12, PreA. The author of this book is J. G. Kerr's great-granddaughter. Charles C. Selden, "Medical History: The Life of John G. Kerr, Forty-three Years Superintendent of the Canton Hospital," *Chinese Medical Journal* 49, no. 4 (1935): 366-376. Dr. Selden "inherited" J.G. Kerr's Hospital for the Insane. He continued there until the break of the Sino/Japanese War in 1937. He died that year in Guangzhou.

on May 17, 1854.²⁵⁵ The little evangelical community that warmly received the couple consisted of twelve male and nine female missionaries. This was almost ten years after the Treaty of Wangxia, signed by Peter Parker, which granted foreigners, including missionaries, permission to travel thirty miles in any direction from any of the open ports. Andrew Happer (1818-1894), a veteran Presbyterian evangelist who came to China in 1844 and settled in the south suburb in Guangzhou in 1847, immediately handed his two dispensaries, set up in 1847 and 1854, respectively, to Kerr in order to be able to focus on spreading spiritual truth.²⁵⁶

While studying Chinese, Kerr quickly adapted to the situation of medical work at the two rather primitive dispensaries. Soon, he started to ask the Board for more room for doing surgical procedures. His quest was answered quickly from a different direction. Before returning the United State due to failing health, Parker was looking for a suitable colleague to take over his Ophthalmic Hospital. Parker had already been cut off from the ABCFM for a few years and the MMSC did not mind much the denomination of the doctor who would take care of the hospital. Thus, Kerr assumed the superintendence of

²⁵⁵ W. R. Cochrane, "Abby Kingsbury," *History of Frankestown, NH, from Its Earliest Settlement April 1758, to January 1, 1891. With a Brief Genealogical Record of All the Frankestown Families* (Nashua, N.H.: J.H. Barker, Printer, 1895), 790-791. Entry 339, v. 5, p. 25, Presbyterian Church in the USA Board of Foreign Missions, Missions Correspondence and Reports Microfilm Series, 1969 (hereafter PBMF).

²⁵⁶ Andrew P. Happer was more an educator than a medical practitioner although he did have one-year formal medical education from Jefferson Medical College, Philadelphia. He did not see eye to eye with Kerr most of the time and caused quite an amount of internal frictions within the Presbyterian Canton Mission. Not much was written on Happer although his work was closely related to the most well-known universities in Guangzhou, the Lingnan University. Only one article was found: Loren W. Crabtree, "Andrew P. Happer and Presbyterian Missions in China, 1844-1891," *Journal of Presbyterian History* 62, no. 1 (Spring 1984): 19-34.

the Ophthalmic Hospital in May of 1855.²⁵⁷ The Presbyterian Foreign Mission begun its half a century long relationship with the MMSC hospital using Kerr's service.

However, Kerr's path of medical service was not smooth. Disasters came from different direction. First, his young wife passed away of dysentery on August 26, 1855. Then his hospital was burnt to the ground during the Arrow War in December 1856.²⁵⁸ During the war, Kerr went to Whampoa Reach to help treat wounded soldiers. Because of the continued turbulence and the suspension of the MMSC, he returned the United States but with the intention to return to China. At his alma mater, Jefferson Medical College, Kerr took courses to refine his medical knowledge and skill. Then, he raised \$353 and purchased surgical instruments and apparatus, including a lithotomy and lithotrity case, an operating case, bone instruments, a tenotomy case, and anatomical and surgical plates.²⁵⁹ Also, he married Isabella Jane Mosely (1825-1885), who accompanied him back to Guangzhou in October 1858. From that time on, Kerr worked to transfer Western medicine practices as well institution building, for more than forty years.

3.2 Shaping Medical Institution

Kerr was one of those medical missionaries who served continuously for their whole careers; he served from 1854 to August 10, 1901, when he passed away.²⁶⁰ During those years, Kerr visited the United States five times for a total of nearly eight years. For the

²⁵⁷ K. Chimin Wong and Liande Wu, *History of Chinese Medicine: Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: National Quarantine Service, 1936), 342.

²⁵⁸ Museum of Thirteen Hong, Canton, China, inside the Parker of Guangzhou Culture, at 37, Xiti Ermalu, Liwan District, built on the ruin of the Qing thirteen hong.

²⁵⁹ *Report of the Medical Missionary Society in China for the Year 1858 and 1859* (Macao: [publisher not specified], 1860), 13.

²⁶⁰ H.N., "In Memoriam," *Chinese Recorder* 33, no. 5 (1902): 262.

other thirty-nine years, Kerr built a Western style hospital, established a medical training course in the hospital, and led an asylum for the insane in Guangzhou and its vicinities.

While Kerr focused his energy on medicine, he was aware of two things. First, Kerr was watchful for the political situation. For example, he sensed the unfairness of the Sino/British treaty of 1858 that ended the Arrow War. He considered that legalizing the opium traffic was one of the great evils of the War, “a disgrace not only to the nation that had brought it about but to all of Christendom.” However, believing that “God can make the calamities of war and all the evils growing out of it to work together for the accomplishment of His own gracious purposes of mercy to our fallen race,”²⁶¹ Kerr still worked with enthusiasm under the auspices of the Presbyterian Foreign Board for salary with the financial support from the MMSC. Second, he was aware of the friction within the mission field between the medical group and the religious group. He clearly declared that “the missionary character of the hospital is carefully maintained,”²⁶² probably in honesty as well as for protection.²⁶³ As soon as he started at the hospital, Kerr invited Rev. C. F. Preston, who was on the same ship with the Kerrs in 1854, to help on evangelical work. Preston, with his Chinese helpers, preached to out-patients, organized morning prayers with explanation of the Scriptures and song in addition to regular services on Sundays for in-patients. This arrangement gave Kerr the freedom to

²⁶¹ Letter from J.G. Kerr to Board, 11 December 1858, v. 6, no. 471, PBFM.

²⁶² *Report of the Medical Missionary Society in China for the Year 1868* (Hong Kong: De Souza & Co., 1869), 11.

²⁶³ Happer had raised issues with Kerr and to the Board starting in the early 1860s and in 1871; he wrote to Board about the problems no less than ten times. See letters from Happer to Board in v. 6, v. 7, and v. 9, PBFM.

concentrate on establishing institutions with advanced medical techniques he brought back from his furloughs.

Building a Permanent Hospital in Guangzhou

Kerr's medical activities were not necessarily being planned in advance but emerged as he encountered specific difficulties. In 1858, Kerr first had to find a place at where he could resume the hospital daily work. Kerr rented a house at Tsang-sha hong in the southern suburbs of Guangzhou, a location he thought that was better than the one the Ophthalmic Hospital had occupied. This new location was near the river but on ground high enough to eliminate the possibility of water coming into the hong during flooding seasons. Kerr named this new hospital "Pok Tsai" (博济医院, Diffusive Benevolence Hospital), which opened in the middle of January 1859.²⁶⁴ However, the hospital later was commonly known as Guangzhou Hospital. Operated without drama, the outpatients and inpatients attendance numbers, respectively, increasing steadily from 13,186 and 59 in 1859 to 29,924 and 715 in 1866.²⁶⁵

Kerr's vision, however, was beyond a temporary hospital in a rented house. He had been pushing for years for an enlarged benevolent medical institution with large permanent hospitals and asylums like those emerging in Europe and America.²⁶⁶ In 1865, with the MMSC's permanent fund of \$5000, which had been raised by Parker during his visit to the United States and Europe in 1840, the Society bought a part of a

²⁶⁴ *Report for 1859*, 4, 7.

²⁶⁵ The latter two numbers included patients attended by John G. Kerr at Kam-li-fau Wo Ai Hospital (惠爱医院), which was first established by Benjamin Hobson from the London Missionary Society in 1848, which was brought under John G. Kerr's care in 1865.

²⁶⁶ *Report of the Medical Missionary Society in China for the Year 1863* (Hong Kong: Shortrede & Co., 1864), 9.

lot at a location that fulfilled all the concerns for a hospital setting: its accessibility, ventilation and drainage, and water supply. The lot was at Fu-tai hong and measured eighty-two feet along the river by four hundred and twenty feet deep.²⁶⁷ In 1866 a two-story building was finished and occupied on October 1.²⁶⁸ This was just the beginning of Kerr's hospital building effort.

In 1867, a prescribing room, a chapel, and two temporary wards for the accommodation of cases which could not be kept with other patients were added on the site.²⁶⁹ In 1868, a residence for the physician, a kitchen for the hospital and wall on the north side of the lot were built. During the building process, Kerr improved the hospital grounds personally. He foresaw a hospital "second to none" in China with building work continuing.²⁷⁰ In 1869, when the Kerrs moved into the physician residence, he pointed out the advantage of living quarters that would

"aid not little in giving permanency to the institution. For many years to come, the hospital must remain in charge of a foreign physician, and it is important to secure the institution as far as possible against the changes of men and fluctuations of business, incident to the situation of foreigners in China. When the post of physician to the hospital is vacant, it will be no small inducement for a physician coming to his climate, that a comfortable residence, adapted to the climate, is already prepared for him."²⁷¹

²⁶⁷ *Report of the Medical Missionary Society in China for the Year 1865* (Hong Kong: Shortrede & Co., 1866), 3. Later this location was called Kuk Fau, (壳埠).

²⁶⁸ *Report of the Medical Missionary Society in China for the Year 1866* (Canton: [publisher not specified], 1867), 3.

²⁶⁹ *Report of the Medical Missionary Society in China for the Year 1867* (Canton: [publisher not specified], 1868), 4. The MMSM did not have a permanent management committee until 1878. The committee here was organized ad hoc for construction tasks.

²⁷⁰ *Report for 1868*, 4.

²⁷¹ *Report of the Medical Missionary Society in China for the Year 1869* (Hong Kong: De Souza & Co., 1870), 7.

While the building of the hospital was growing, the hospital was also changing from free to all to charging a small fee.²⁷² In 1873, after two more wards for in-patients and six smaller wards for assistants and pupils of the hospital were added, in order to encourage the “more respectable classes,” Kerr suggested having separate rooms for those who were willing to pay a small rent, one tael (\$1.40) a month. This new class of patients were also encouraged to donate for the poor.²⁷³

While Kerr’s hospital and his service to local Chinese were enlarging, his work and his visions had not been always supported by the Board which sent him or by the Guangzhou Mission where he worked intimately with locals. Some of his colleagues, especially Happer, starting from the early 1860s, openly questioned Kerr’s sincerity on evangelical work because he put so much energy and time into the hospital and medical work. Happer strongly suggested that Kerr should be replaced.²⁷⁴ When Kerr had to go back to the United States for his children’s education as well as for his wife’s health, he was advised to resign from his post at the Hospital and give it to J. Flemming Carrow, who arrived Guangzhou in January 1876.²⁷⁵

Rather quickly it appeared that Carrow was not suited for the job at the hospital and as a missionary. He did not work up to the standard either to the MMSC or to Guangzhou Mission. People of both organizations, even including Kerr’s long time

²⁷² *Report for 1869*, 8.

²⁷³ *Report of the Medical Missionary Society in China for the Year 1873* (Hong Kong: De Souza & Co., 1874), 3, 7.

²⁷⁴ Letter from Andrew Happer to Board, 14 December 1876, v. 13, no. 30, PBFM. As the oldest Presbyterian missionary in Canton, Happer wanted to bring everything under his control. Kerr, however, was a person, especially with funds from the MMSC for his medical work, over whom Happer felt powerless.

²⁷⁵ *Report for 1875*, 5.

“rival”, Happer, wanted Kerr back.²⁷⁶ After receiving a telegram requesting his service in San Francisco on December 16, 1879, Kerr sailed for China on the next day, leaving behind his wife Jane and their children. After making some arrangement for their son’s education in the United States, Jane and their daughter Olivia followed him back to Canton in April 1880.²⁷⁷

Now, in contrast with how Carrow served for the past nearly three years, all the organizations Kerr connected with, the Board, Guangzhou Mission, and the MMSC, highly valued his “usefulness.”²⁷⁸ For example, it was a difficult time financially for the MMSC. The closing of the foreign mercantile houses in Guangzhou one after another severely decreased the annual subscription income to the society. Under this circumstance, the society still resolved to pay Kerr annually a sum of \$300. This fund was given to him not as an addition to his salary but as a means at Kerr’s disposal for paying extraordinary exigencies, such as to employ additional assistants, to meet casualties among sailing personnel frequenting the port, and otherwise to solicit aid supplementary to his other resources. Basically, this fund was allocated for protecting Kerr from “overtaxing his own strength as to peril his power to compass the expanding circle of the Hospital’s usefulness.”²⁷⁹ In addition to funding support, during the 1880 reelection of the MMSC because of the death of Colledge, Kerr was promoted to the

²⁷⁶ Letters from Happer to Board, 18 August 1877, v. 13, no. 194; 20 August 1877, no. 195 and 198, PFMB.

²⁷⁷ McCandless, *No Small Account*, 102.

²⁷⁸ “Usefulness” instead of valuable was used very frequently in publications of that time. I imagine its use was a reflection of the prevailing utilitarian way of thinking, especially within the missionary field.

²⁷⁹ *Report of the Medical Missionary Society in China for the Year 1879* (Hong Kong: De Souza & Co., 1880), 2-3.

position of a second senior Vice President. The first senior Vice President was S. Wells Williams, who had been with the Society from the very beginning and was professor at Yale presently at the time of election. The MMSC now truly appreciated that Kerr “has devoted his energies not only to his professional duties as physician in charge, but, also, to the development of the Society’s resources and every matter tending to advance its prosperity and extend its usefulness.”²⁸⁰ It seems the MMSC had no objection about Kerr’s focusing on the hospital’s medical work.

However, what Kerr had acquired was a hospital of aging buildings and facilities that needed upgrades and extensive repairs. Moreover, with the extended service of the hospital, a museum and lecture rooms were needed for training additional Chinese assistants.²⁸¹ From several sources, the MMSC was able to collect sufficient funds to repair and replace buildings. S. Wells Williams donated \$1500 in 1881. The American Presbyterian Mission Board and the Second Chinese Presbyterian Church contributed \$500 each as a memorial to C. F. Preston, a Presbyterian Board appointee and Kerr’s long-term colleague at the hospital who died 1878.²⁸² With a rhetoric that “the hospital was established for the benefit of the Chinese, they should contribute to the support of the hospital and even render it in course of time independent of foreign aid,” Kerr was able to raise a sum from the “better class” of Chinese patients.²⁸³ Thus, that Western medical service Kerr rendered was no longer taken only as an aid for evangelization but

²⁸⁰ *Report of the Medical Missionary Society in China for the Year 1880* (Hong Kong: De Souza & Co., 1881), 5.

²⁸¹ *Report for 1880*, 6.

²⁸² *Report of the Medical Missionary Society in China for the Year 1881* (Hong Kong: De Souza & Co., 1882), 4. *Report of the Medical Missionary Society in China for the Year 1882* (Hong Kong: “China Mail” Office, 1883), 6

²⁸³ *Report for 1879*, 7.

was a service carried out by medical professionals who were trying to root Western medicine as a profession into the ground of China.

This time when Kerr began another round of hospital building tasks, instead of dreaming of a “Bellevue” in China, Kerr now emphasized the practical needs of the hospital: supply of pure water, improved drainage, modern medical and surgical appliances, increasing accommodations, and well-trained nurses who could command such advanced apparatus. Kerr still wanted to bring the hospital “nearer to the standard of Western hospitals.”²⁸⁴ It took five months to complete the remodeling work. The “new” building included an upper-story Chapel capable of seating 700 persons. On the ground floor there was a reception room for out-patients, an operating room, a room for private examinations, a room for compounding medicines, and a studying room for medical students.²⁸⁵

Kerr’s workload between January 1879 and May 1884 led him to a health breakdown. While Kerr and his family were taking a health furlough back to the United States, two medical missionaries were on site, Joseph Clarke Thomson (1853-1926), who arrived in December 1881, and Mary W. Niles (1854-1933), who arrived in 1882.²⁸⁶ Since Thomson had completed his training in missionary medicine under Kerr, he was invited to assist Kerr and in his absence take charge of the hospital. In 1885, Niles was formally appointed a physician of the hospital at the suggestion of Thomson.²⁸⁷ The two kept the hospital running smoothly until Kerr’s return.

²⁸⁴ *Report for 1882*, 5.

²⁸⁵ *Report of the Medical Missionary Society in China for the Year 1883* (Hong Kong: “China Mail” Office, 1884), 6.

²⁸⁶ *Report for 1883*, 8.

²⁸⁷ *Report of the Medical Missionary Society in China for the Year 1884* (Hong Kong: “China

Kerr and his daughter Olivia returned to Canton on August 18, 1885. His wife Jane had passed away on April 1, 1885 in Maryville, Tennessee. Coming with them was a young doctor, John Myers Swan (1860-1919). At the time of recruiting him, Kerr thought that Swan was “a very promising young physician,” full of new ideas.²⁸⁸ With more support, Kerr further developed the hospital with the goal of gaining influence among Chinese about Western medicine. Kerr also tried to establish new out stations and to respond to home calls from wealthy families, especially government officials. Familiarization with those families by staff of the hospital became a way of attracting Chinese subscribers. Some high-ranking officials also requested, through the American Consul C. Seymour, several surgeons to serve in Chinese military operations first to Kwong-si and later to Formosa.²⁸⁹ Female patients also became an important constituency for the hospital, especially with the availability of Niles.²⁹⁰ The hospital from 1885 to 1892 had extended medical services in multiple ways.

To establish an asylum for the insane was another way of extending the hospital’s service. However, Kerr’s idea of having an asylum was not supported by the Board. Kerr began to face another crisis when he came back from another furlough in 1894 that created tensions.²⁹¹ A letter of March 1894 from the Board stated that Kerr was not to

Mail” Office, 1886), 7.

²⁸⁸ Letter from Kerr at Marysville, Tennessee to Board, 15 September 1884, vol. 18, no. 382, PBFM. Swan contributed a great deal to help the hospital catching up with the advancing steps of medical science. For a description of his work see Cadbury and Jones, *At the Point of a Lancet, One Hundred Years of the Canton Hospital, 1835-1935* (Shanghai: Kelly & Walsh, 1935), 198-216.

²⁸⁹ *Report of the Medical Missionary Society in China for the Year 1885* (Hong Kong: “China Mail” Office, 1886), 6.

²⁹⁰ *Report of the Medical Missionary Society in China for the Year 1889* (Hong Kong: “China Mail” Office, 1890), 13-14.

²⁹¹ Letter from Mary W. Niles to Board, 23 April 1894, v. 28, no. 31, PBFM.

continue as the superintendent of the MMSC hospital, an appointment he had always filled, but had been held by Swan during his absence. Fortunately, several of Kerr's Guangzhou Mission colleagues protested the Board's decision.²⁹² In addition, Swan, the initiator of this controversy, was then taking a furlough to the United States.²⁹³ The MMSC asked Kerr to fill the position once again. Kerr came back to the position he had held for decades; however, the harmony and the routine formulated under Kerr's hard work in the hospital was disappearing.

The internal turbulence was related to the arrival of Swan, representing a surgeon of a younger generation when he joined with medical missionary in the field. Swan also brought with him ambition generated by, among many new concepts, the perspectives related to the germ theory and its representation in operating rooms and other antiseptic practices. He was not alone because H. W. Boone of Shanghai, who had promoted the China Medical Missionary Association (CMMA) and *China Medical Missionary Journal* (*CMMJ*) in 1887, in 1888 broadcast among medical missionaries in China pointed out the fact that antiseptic practice was a routine in the East Coast hospitals.²⁹⁴ It is not clear if Kerr was slow on picking up the germ theory related surgical procedures.²⁹⁵

²⁹² Letter from Harriett Noyes to Board, 23 April 1894, v. 28, no. 30, PBFM. Letter from B. C. Henry, 21 April 1894, PBFM. Letter from H. V. Noyes to Board, 21 April 1894, v. 28, no. 28, PBFM.

²⁹³ Letter from J. M. Swan to Board, 16 April 1894, v. 28, no. 24, PBFM. Swan thought that the work in the hospital should not be returned to Kerr in full. Swan recommended D. A. Beattie.

²⁹⁴ H.W. Boone, "Medical Work in the United States," *China Medical Missionary Journal* 2, no. 1 (March 1888): 10-14. When organizing the China Medical Missionary Association, Boon suggested Kerr as the first president of the association and the first editor in chief of the association's journal.

²⁹⁵ Although no discussion about germ theory by Kerr was found, it was not necessarily that Kerr was ignorant about the theory and the change it brought to surgical procedures. In 1888, Kerr published an article in the *CMMJ*, in which he observed that the advantageous public health conditions in Guangzhou were better than those in Hong Kong due to the city's geological

Instead of making changes to the Guangzhou Hospital surgical room in the mid 1880s, Kerr's next period in China focused on general medical work. He went into Kwangsi province without leaving any clue about his view on the recent developments in surgery brought back by William Steward Halsted from Germany.²⁹⁶ Looking through Kerr's publications and letters between him and the Board, it was only in 1897 that Kerr mentioned his needs for a microscope for bacteriological studies.²⁹⁷ It might be of Kerr's slowness on picking up the importance of bacteriology that led Swan to complain and to accuse Kerr of "fault-finding and groundless accusations."²⁹⁸ Swan worked hard to fulfill ambitions of his generation and "modernized" the surgical routine of the hospital along the lines of sanitation and asepsis. He built an operation room with lighting of skylights and painted walls and ceiling for the convenience of frequent cleaning. He also established rules for surgeons to clean their hands by washing in an antiseptic solution as well as to sterilize their instruments.²⁹⁹

Swan contributed to the cleanliness in the operating rooms of the hospital. However, it seems that he did not have much vision beyond the hospital and had some bias on the

location, meteorological factors, architectural character, the city structures and their drainage systems, and related factors. See JGK, Editorial, "The Sanitary Condition of Canton," *China Medical Missionary Journal* 2, no. 3 (September 1888): 134-138.

²⁹⁶ See selected references for the adaptation and development of antiseptics concept and practice in New York in the early 1880s. Michael Leitman, "The Evolution of Surgery at the New York Hospital," *Bulletin of the New York Academy of Medicine* 67, no. 5 (1991): 475-500. G. Androustos, "William Halsted (1852-1922): One of America's Greatest Surgeons and the Surgical Treatment of Breast Cancer," *Journal of BU ON.: Official Journal of the Balkan Union of Oncology* 10, no. 3 (2005): 415-421.

²⁹⁷ Letter from J.G. Kerr to Board, 16 February 1897, v. 38, no. 22, PBFM. In this letter Kerr reported to the Board that he applied for \$120 from the Canton Hospital's fees for a microscope. Swan opposed it and reasoned that a microscope would further divert Kerr's attention from evangelistic work. Swan himself, however, got a microscope with the Board appropriation of \$215.15 later in May 1897. Letter from J.M. Swan to Board, 25 May 1897, PBFM

²⁹⁸ Letter from J.M. Swan to Board, 1 September 1896, v. 32, no. 47, PBFM.

²⁹⁹ Cadbury, *Lancet*, 199.

significance of Kerr's efforts to establish an asylum for the insane in Guangzhou. In his letters to Board, Swan reported several times that Kerr's scheme for an asylum had been defeated in the MMS meetings in 1894, 1896, and 1898. It is probably true that Swan had a role in the defeating of Kerr's proposals because of his increasing influence in the Society and because he did view Kerr as an old one man show.³⁰⁰ While Swan gradually edged Kerr out of the surgical room of the hospital, the confrontation that made Kerr to resign from the MMSC was the question how to treat Chinese people who were going to be evacuated from the waterfront immediately south of the hospital.

According to Kerr, when the lot for the hospital was bought, a strip of land on the south side had never been sold to the Medical Society. According Chinese law, foreshores were the property of the government of the state. Now, Swan, unaware of this issue, not only wanted to claim the ownership of the strip but also suggested forcing out the seventy to eighty-five "squatters" who had been living on it for many years. Moreover, only \$3 was offered to homes worth of \$8-20 apiece. Kerr observed this action as contrary to the true spirit of true Christianity. The Board although had sympathy towards those poor Chinese, at the same time argued that in comparison how much good the hospital and MMSC had done and would continue to do for alleviating suffering in China, the suffering of those "squatters" was nothing.³⁰¹

Not being able to win the dispute, Kerr resigned from the MMSC in 1899.³⁰² However, there was no winner over the controversy.³⁰³ With Kerr went thirty male

³⁰⁰ Letters from J.M. Swan to Board, 16 April 1894, v. 28, no. 24; 20 January 1896, v. 32, no. 4; and 13 October 1898, v. 75, no. 61, PBFM.

³⁰¹ McCandliss, *No Small Account*, 228. Cadbury, *Lancet*, 104.

³⁰² "Personal Notes," *China Medical Missionary Journal* 14, no. 3 (September 1900): 137.

³⁰³ Letter from J.M. Swan to Board, 27 January 1899, v. 42, no. 12, PBFM.

students of the Medical Class and some of his devoted Chinese assistants who just celebrated Kerr's fifty years medical practice at the chapel of the hospital. With the leaving of all the male students, the medical education portion of the hospital collapsed. Moreover, Mary West Niles, who was in charge of the female department of the hospital since 1885, also resigned. She wanted to devote herself completely to her female school for the blind, the Mingxin School, which was established since 1889.³⁰⁴ Niles' temporary replacement, Mary H. Fulton, soon left as well.³⁰⁵ In the end, the Guangzhou Hospital lost the leading position that it had held for nearly half a century among missionary medical facilities in hospital building and medical education.

Educating Chinese: From Pupils to Students

“In the science and art of medicine and surgery,” Kerr started medical teaching in an apprenticeship fashion in 1862 with four pupils under his instruction. Kerr believed that “the practical knowledge acquired by the pupils is such as paces them far in advance of native physicians in the treatment of many forms of disease, and especially in every department of surgery.”³⁰⁶ In 1863, Kerr had three pupils who connected with Guangzhou Hospital and three others who were connected with one of the German missionary societies, one of whom was a native practitioner. At this point, these young men were using surgical instruments made by local workmen after the pattern of those

³⁰⁴ Letter from B.C. Henry to Board, 12 March 1899v. 42, no. 31, PBFM.

³⁰⁵ For Fulton siblings see Mary H. Fulton, *Inasmuch: Extracts from Letters, Journals, Papers, etc.* (The Central Committee on the United Study of Foreign Missions, West Medford, Mass., 1925) (North Shore Press, Inc.: Manchester, Mass), MR3 .F959mi, PreA. Harriet Newell Noyes, *History of the South China Mission of the American Presbyterian Church, 1845-1920* (Shanghai: Printed at the Presbyterian mission Press, 1927), 54-59.

³⁰⁶ *Report of the Medical Missionary Society in China for the Year 1862* (Hong Kong: Shortrede & Co., 1863), 18.

used in the hospital.³⁰⁷ In 1864, one of the two pupils who worked for hospital was employed to operate on patients.³⁰⁸ In 1865 Kerr had nine pupils under instruction. Two seniors were able to conduct hospital duties and one was even sent out to perform surgery in the place of Kerr.³⁰⁹ Notwithstanding the fact that training natives to help missionary hospital tasks did not begin with Kerr, his work demonstrates how Western style medical education grew in China.³¹⁰

To begin with, in 1859 and during the 1860s, Kerr called those who studied with him to learn Western medical and surgical practices pupils. The very first time he called them students was in his 1870 report, although the phrase medical class was first appeared in Kerr's 1868 report. Between 1871 and 1875, the words pupils and students were in mixed use. Whereas Kerr envisioned a medical school that should reach the Western standard in connection with the hospital, he never considered, at least up to the end of 1876, what he was creating could be called a medical college.

It seems that the change of medical teaching in the hospital had something to do with Wong Fun, the first Western-trained Chinese surgeon.³¹¹ Before his participation in

³⁰⁷ *Report for 1863*, 23.

³⁰⁸ *Report for 1864*, 8, 11.

³⁰⁹ *Report for 1865*, 24-5.

³¹⁰ Process is an important notion in my study. Problems come up especially when reading literature in Chinese on the development of Western style medical education in China. Some scholars argued that Kerr established the first medical school in China. See 王芳, “嘉约翰与晚晴西方医学在广州的传播” (博士论文, 中山大学, 2006), [Wang Fang, “J. G. Kerr and the Spread of Western Medicine in Guangzhou during the Late Qing” (PhD diss., Sun Yat-sen University)]; and 陈小卡及李丽英, 关于博济医校是中国近代第一家西医校的考证,” *医学以哲学* 38, no. 12a (2017): 83-87, [Chen Xiaoka and Li Liying, “Research on Boji Medical College as the First Medical School,” *Medicine and Philosophy*]. This kind of argument disregards that modern medical education has had its development processes. Thus, this argument cannot reflect variations among medical educational works medical missionaries brought to China at different times.

³¹¹ Wong Fun, (黄宽, 1829-1878), the first Western trained Chinese surgeon, graduated from Edinburgh Medical College in 1855 with the financial support of the Edinburgh Medical

teaching, the pupils were recorded as being able to complete certain kinds of surgical procedures as well as to distribute medicine during the hospital open days. In 1867 after coming back from his nine-month trip, Kerr found out with surprise that during his absence, the hospital was conducted entirely by Chinese. Wong Fun was in charge and the pupils did surgical operations, reportedly more than in any previous period.”³¹² Obviously, Wong, when he was in charge of the medical class, elevated the medical teaching of scientific medicine to a new level. Instead of only showing native young men the surgical procedures, Wong creatively taught them anatomy by dissecting amputated limbs and through post mortem examinations in cases where patients without friends died in the hospital.³¹³ Earlier, Kerr’s former pupils, after having connection with the hospital for three or more years, mostly went back to their hometowns, smaller towns or villages. A small number stayed in Guangzhou and opened private practice in the region.

Wong’s method of teaching might be one of many inspirations for Kerr’s decision provide a fuller Western medical education. He started to prepare textbooks in Chinese for his medical class. Although Kerr highly appreciated the five medical books Hobson translated in the late 1840s and early 1850s, he thought that not only times had changed but also many branches of medical sciences had not been covered in them. Starting in 1869, Kerr worked on translating anatomy, physiology, chemistry, practical medicine, materia medica, and other subjects for instruction.³¹⁴ Kerr believed that “until

Missionary Society. Between 1857 and 1878, Wong aided J.G. Kerr in surgical operations and medical education, for which, Wong was especially instrumental.

³¹² *Report for 1867*, 15.

³¹³ *Report for 1867*, 15.

³¹⁴ *Report for 1869*, 3.

elementary textbooks are all translated, there is no hope to make our students thoroughly educated physicians.”³¹⁵

In 1879, Kerr further extended his medical class. First, he accepted three women students into the class.³¹⁶ Second, he constructed a three-year curriculum. He specified that those who only made connection with the hospital for a few months were pupils and those who enrolled into the three-year program were students. Then, he decided to transition the medical class from being free of charge to requesting a small fee. This policy initially decreased the enrollment. However, Kerr was envisioning a self-supporting medical school. He argued that what being taught at the hospital could help his students fit into a lucrative employment in the future. One of his students, for example, had already been hired by a mining company near Tientsin and was earning \$1000 a year. Moreover, Kerr predicted that, before many years, the army, navy, and public institutions of Chinese government would demand physicians and surgeons educated in Western healing art.³¹⁷ For those young people who were talented but poor, Kerr started to solicit scholarship funds to support them. In 1883, a Mr. Pun-tai-yan, the To-tai of Shin-hing, donated \$50 for this purpose.³¹⁸ At this point, Kerr’s native graduates and native students of other Western medical professionals began to help him teach and translate.

³¹⁵ *Report for 1872*, 19.

³¹⁶ In the 1870s, women medical education was developing progressively in the United States. See Regina Markell Morantz-Sanchez, “Women and the Profession: The Doctor as a Lady,” *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 90-143.

³¹⁷ *Report for 1880*, 15.

³¹⁸ *Report for 1883*, 19.

By this time, the Management Committee of the MMSC realized that training Chinese in the science of medicine, the art of surgery, and the rational treatment of diseases, was an urgent task. In 1878, the Committee members supported the idea of progressively building the hospital's medical class into a medical school. This was described as better instruction for students which was intended to help them to abandon the "absurdity and superstitious" modes of Chinese medical treatment.³¹⁹

By 1893, the hospital medical class had become a much more structured three-year program of lectures, text study, and intensive bedside training. Instruction language remained in Chinese. The class changed from two-day per week classes to daily recitations five days of the week, with Saturday given to demonstrations, experiments, and the use of microscope. Two examinations were held during the year, one at the close of each session. At the end of the program, a formal certificate of training would be awarded.³²⁰ Student numbers varied from year to year. However, even with the requirement of a \$20 yearly fee, the class still was attracting more and more students. With a more formal education, the majority of graduates of the program would work around Guangzhou area or its vicinity either as assistants in the hospital or going into private practices for healing and managing local drug stores, infant asylums, and vaccination hospitals. Some were even asked to serve the government.³²¹

³¹⁹ *Report for 1880*, 6.

³²⁰ *Report of the Medical Missionary Society in China for the Year 1892* (Hong Kong: "China Mail" Office, 1893), 41.

³²¹ *Report for 1884*, 5. How students of the medical class made a living had been mentioned in each other report as well, not limited to this period, to demonstrate the successes of Western medical influence.

One student, Sun Yat-sen, who later had the utmost influence in the 1911 revolution, enrolled in the Medical Class of 1886 at the Hospital.³²² However, with sufficient funds from his family, Sun transferred the next year to the just established Hong Kong College of Medicine for Chinese. This new college was formed under the auspice of the London Missionary Society. Different from other schools supported by missions, with the steady and liberal support from Hong Kong commercial wealth and the colonial government, it was much better financed and well equipped. It had the advantage of being able to have a big building and a full medical faculty. Moreover, in connection with the Alice Memorial Hospital, which was opened several months earlier, students of the new medical school could observe fully adopted Western medical practice. Furthermore, with a colonial government in control, students could now legally learn human anatomy through dissection of dead bodies. Even though the college medical instruction was in English and with \$200 tuition, the College was particularly attractive to students who came from wealthy classes, or in today's term, elite classes. Sun's transfer indicated that, despite all the hard work of so many years, Kerr's medical class, never with adequate funding resources, was now overshadowed by the new developing competition.³²³ When Kerr left the Guangzhou hospital in 1899 the hospital's medical course received a deadly blow.

³²² Cadbury, *Lancet*, 195. In Cadbury's calculation, Kerr had about 100 students over the years.

³²³ *Report for 1887*, 12; Sara Waitstill Tucker, "The Canton Hospital and Medicine in Nineteenth Century China, 1835-1900" (PhD diss., Indiana University, 1983), 246-247. Actually, the Hong Kong Medical College was not the first one that to challenge the medical class in Guangzhou. In 1881, in North China, already a better financed Western style medical school was established by Li Hong Zhang (李鸿章, 1860-1919, in office between 1871-1895), the Viceroy of Zhili and Beiyang Trade Minister, it was temporarily closed for a couple of years starting in 1900. See Wong and Wu, *History of Chinese Medicine*, 290.

While all the thirty male students left the hospital with Kerr and settled in the building that he secured in 1892 for the future asylum, women students were left at a loss. They did not have a way to secure support from their families. In the past they were mostly supported by mission funds supplied through the women in charge of the Female Seminary.³²⁴ Mary H. Fulton raised money and established a women's medical school, the Hackett Medical School in Guangzhou, named after its biggest endower.³²⁵ Thus, although the challenges prevented Kerr's medical class from developing into a medical college, the occasion diversified western medical education in Guangzhou.

Establishing an Asylum for the Insane

To establish an asylum for the insane was an early goal as Kerr sought to transfer both Western knowledge and institutions. Kerr never imagined that he would have to finish this object by himself. As early as in 1862 and 1863, Kerr began to appeal for bringing all the benevolent institutions of Western countries into China. The asylums for the insane was the first on Kerr's list. Kerr's concern about insanity might have derived first from his medical education. Kerr graduated from the Jefferson Medical College in Philadelphia, where Benjamin Rush, "father of American psychiatry,"³²⁶ had strong influence. In addition, in 1857/8, when Kerr went back to his alma mater to update his medical knowledge and skill, both public and private institutions for the insane were

³²⁴ *Report for 1887*, 31.

³²⁵ Fulton, *Inasmuch*, chapter iv.

³²⁶ Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind* (Kimber & Richardson, no. 237, Market street. Merritt, printer, no. 9, Watkin's alley, 1812).

being established in the United States.³²⁷ Thomas S. Kirkbride had published his efforts and successes at the Pennsylvania Hospital for the Insane.³²⁸

In 1872, Kerr formally addressed the recommendation for a refuge for the insane in Guangzhou to the Mission Board, the Presbyterian Guangzhou Mission, and the Medical Missionary Society in China. His interests were prompted by a mental-disease case presented in E. Faber's report of the Fu-mun dispensary for 1872. Kerr pointed out that claims that such cases were rare in China was not right.³²⁹ Kerr claimed that these cases were rarely encountered because, first, the patients were often being chained in houses; second, they might have committed suicide; third, their lives might be shortened because of hard treatment; and fourth, they might be deliberately hidden.³³⁰

Initially, Kerr suggested adding a ward for the treatment of insane patients on the hospital grounds to an ad hoc committee of the MMSC. The committee tied between favorable and not favorable opinions in 1873. In 1874, the answer to Kerr's proposal was a unanimously unfavorable recommendation from the committee. The committee explained that the previous tie vote was reflected the positive response to an exhibition

³²⁷ For an understanding of the public institution see Gerald N. Grob, *The State and the Mentally Ill; A History of the Worcester State Hospital in Massachusetts, 1830–1920* (London: Oxford University Press, 1966); and for the private one see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-keeping, 1840-1883* (Cambridge, New York: Cambridge University Press, 1984).

³²⁸ Thomas S. Kirkbride, "Remarks on the Construction, Organization and General Arrangements of Hospitals for the Insane," *American Journal of Psychiatry* 11, no. 2 (1854): 122-163.

³²⁹ Benjamin Hobson, "General Report of the Hospital of Kam-li-fau in Canton, from April 1848 to Nov. 1849," *Chinese Repository* 19, (June 1850): 303. Hobson claimed that he found only two cases of insanity in his eight year stay in China.

³³⁰ *Report of the Medical Missionary Society in China for the Year 1872* (Hong Kong: De Souza & Co., 1873), 17, 21-23. During this time period, treatment for insanities were experiencing changing attitudes and methods in the West. See Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993).

of insanity treatments in the hospital. However, after full consideration, apart from a shortage of funds, the biggest issue was the extra burden on a physician who already had his hands full. The committee recognized that Kerr might have the energy and be competent enough to carry on more tasks. However, in view of Kerr's forthcoming furlough, when the leadership of the hospital would devolve to other hands, Kerr's successor might not be willing or able to undertake the additional charge of an asylum for the insane.³³¹

When Kerr was invited back to the Guangzhou Hospital in 1879, he continued his effort to establish an asylum for the insane. He tried to communicate with both Chinese as well as his missionary community. In 1880 he published a medical journal in Chinese, *The News of Western Healing* (西医新报).³³² In addition to this small local publication, Kerr also sent several relevant articles to Young John Allen's (1836-1907) *A Review of the Times* in the early 1880s.³³³ To his missionary colleagues, he issued an appeal at the MMSC semicentennial anniversary celebration in 1888. However, although a committee was organized for the matter, after its members contemplated for more than a year, nothing resulted. At this time, the newly organized medical missionary association and the association journal provided the opportunity for Kerr to bring all his long-term concerns to the front of his medical colleagues.

³³¹ *Report for 1874*, 27-28.

³³² "Short Notices of New Books and Literary Intelligence," *China Review, or notes & queries on the Far East*, 9, no. 2 (1880): 107-119. This medical magazine only lasted for two years of eight issues, maybe due to limited readership. The original issues could not be found but some contents were saved from various magazines that published its content lists.

³³³ *A Review of the Times* was a newspaper in Chinese published in Shanghai from 1868 to 1907 by Young John Allen (1836-1907). Its Chinese name was 萬國公報 in traditional Chinese and 万国公报 in Simplified Chinese. The literally translation is "The Ten Thousand Nations' Common Newspaper."

Initially, it seemed some possibility was emerging in the CMMA. In *CMMJ*'s fourth volume, June 1890, an editorial piece, "An Asylum for the Insane," indicated that a Provisional Committee for establishing the first asylum for the insane in China was formed with Kerr as Chair. The CMMA as a professional body endorsed the scheme at this time.³³⁴ Moreover, Kerr also won support from his medical colleagues in the United States. E. P. Thwing, from Brooklyn, came to the CMMA's first Conference and gave a talk on his understanding about methods for treating the Chinese insane.³³⁵ Kerr's professional colleagues at the meeting were elated at hearing the inauguration of the scheme for the establishment of an asylum for the insane in Guangzhou. They thought that not only Guangzhou, but other parts of China also needed such humane projects.³³⁶

Unfortunately, the Provisional Committee was not able to raise sufficient funds for the proposed asylum. Those colleagues who had sympathy towards his project suggested Kerr to go to America to raise funds because he was about to have another health furlough. Before leaving and using his own savings, Kerr bought about three acres of land in Fang Cun, located on the south waterfront across the river from Guangzhou. In order to conciliate the neighboring shop men, Kerr started a dispensary on his land. Wan

³³⁴ Editorial, "An Asylum for the Insane," *China Medical Missionary Journal* 4, no. 2 (June 1890): 68-69.

³³⁵ E. P. Thwing, "Western Methods with Insane Chinese," *China Medical Missionary Journal* 4, no. 3 (September 1890): 205-207. Unfortunately, E. P. Thwing died in Canton in 1893.

³³⁶ "A Resolution of the Conference," *China Medical Missionary Journal* 5, no. 3 (September 1890): 210.

Tun-mo, a member of the Provisional Committee, was in charge of that dispensary.³³⁷

The Kerrs left for the United States in May 1892.³³⁸

Kerr's tasks of raising funds for an asylum in Guangzhou met resistance from the Presbyterian Foreign Board. In the early 1890s the Mission Boards in the United States still held a strong belief that funds should be only raised for evangelical work. An asylum for the insane, however, was in the territory of humanitarian concern. Kerr's applications for funds were all rejected. Kerr did not give up. In order to give his professional colleagues a clear picture of why an asylum for the insane was needed in China, he surveyed for the number of Chinese patients in asylums for insane in the United States. He wrote a letter to the *CMMJ* based on two survey returns. One return letter was from Stockton, California which had eighty-one Chinese insane there. Based on the census of 1890, California had a Chinese population of 71,681.³³⁹ For Kerr this was evidence to demonstrate to his medical missionary colleagues in China that the insanity rate among Chinese was not necessarily as low as arguments presented in the

³³⁷ Wan Tun-mo or using pinyin, the sound translation for names recognized by the UN in the late 1970s, as Yin Duanmo, 尹端模, came from Hong Kong and acquired his medical education from the Imperial Medical College in Tientsin. He worked at the MMSC Hospital as resident assistant for several years. He got acquainted with Sun Yat-sen when he enrolled at the Medical Class of the Hospital. Four translated medical textbooks from the Hospital were his work. He later also created and edited the first medical journal in Chinese and by a Chinese in 1898 although it did not last long. See “医学报 – The Chinese Medical Journal,” *China Review, or notes & queries on the Far East*, 23, no. 3 (1898): 170-172. At that time, Wan Tun-mo was a resident surgeon at the Alice Memorial Hospital, Hong Kong. About his translation work see 刘泽生, “早期医史学者 – 尹端模,” *中华医史杂志* 28, no. 3 (1998): 171-173, [Liu Zesheng, “Yin Duanmo: An Early Scholar on Medical History,” *Chinese Journal of Medical History*].

³³⁸ J.G. Kerr, “The ‘Refuge for the Insane,’ Canton,” *China Medical Missionary Journal* 12, no. 4 (December 1898): 177.

³³⁹ J.G. Kerr, “Notes and Items,” *China Medical Missionary Journal* 6, no. 3 (September 1892): 295.

CMMJ immediately before his furlough.³⁴⁰ Nonetheless, Kerr's academic activities did not affect the Board's opinion that building an asylum for the insane in Guangzhou was a humanitarian effort which had no place in the evangelical movement.³⁴¹ To be fair, the Board's opinions had some basis. At that point in time, "mental hospitals as a whole have come to be viewed with considerable distrust and skepticism by both the public and health care policymakers."³⁴² Without the Board's lifting restrictions on Kerr's application for fund-raising, Kerr came back to Guangzhou in January 1894 empty-handed.

Kerr did not easily give up, and he wrote to Board several times to say that building an asylum for the insane in Guangzhou should fulfill a humanitarian purpose. Not providing support would be judged by history as demonstrating that the Presbyterian Church was "100 years behind the age," and that the Board did him "a great wrong."³⁴³ Kerr wrote to the Medical Missionary Society, the Guangzhou Mission, the Presbyterian Foreign Mission Board, and even his professional association in China, but opinions swayed from being in favor to a complete rejection. With strong determination and trust in his own instinct, he persevered.

To Kerr's good luck, in 1894 a sum of money came to him by an anonymous medical missionary not a resident in China for medical charity for the Cantonese. With

³⁴⁰ Charles Wenyon, "Correspondence, Fatshan, April 20th, 1892," *China Medical Missionary Journal* 6, no. 3 (September 1892): 135-137.

³⁴¹ Letter from J. G. Kerr to Board, 26 December 1893, v. 28, no. 115, PBFM. Kerr understood the Board action "precludes any Presbyterian missionary for making any effort to introduce into a heathen country a humane institution demanded by the civilization and Christianity of the age."

³⁴² Tomes, *A Generous Confidence*, 2.

³⁴³ Letters from J. G. Kerr to Board, v. 28, no. 65, August 20th, 1894 and v. 32, no. 9, February 4th, 1895, PBFM.

this fund Kerr built the first building for the asylum on the Fang Cun lot. A second building was built with a sum the Provisional Committee raised and gave to him even as the committee dissolved.³⁴⁴ The asylum for the insane, later named the J. G. Kerr Hospital for the Insane, was formally opened on February 20, 1898, and his first patient, carried on a coolie's back, entered into the Refuge.³⁴⁵ In 1899, accompanied by his thirty male students, some Chinese assistants, and his third wife, Mattie Fay Noyes (1840-1926), whom he married in June 1886,³⁴⁶ Kerr moved into one of the two asylum buildings. About a year and a half later, Kerr passed away because of dysentery. His newly born institution continued to exist and to grow in the hands of who believed in the value of a psychiatry. It remains today at the same location, with name change reflecting with various switches in ownership.³⁴⁷

³⁴⁴ Kerr, "Refuge for the Insane," 177.

³⁴⁵ "A Short History of the John G. Kerr Hospital of the Insane Canton China" by Martha Noyes Kerr, ND, RG 82-71-6, PreA.

³⁴⁶ Martha Fay Noyes was the third in her family appointed by the Presbyterian Foreign Board to Guangzhou. She arrived at Guangzhou the first time in 1873. After Kerr's death in 1901, Mrs. Kerr was one amongst several others who kept the Insane Hospital running. The other siblings, Henry V. Noyes (1834-1914) and Harriet Newell Noyes (1844-1924), came to Canton in 1866 and 1868, respectively. Both of them contributed their energy to education. Harriet Noyes opened a school for Chinese females, the True Light Academy in 1872, which was a major source of female students for J.G. Kerr's Medical Class at the Society Hospital.

³⁴⁷ 莫淦明, "广东精神病学史的回顾," *中华神经精神科杂志* 28, no. 3 (June 1995): 141, [Mo Ganming, "History of Psychiatry in Guangdong in Retrospect," *Chinese Journal of Psychiatry*]. In the United States, various concepts and treatment methods should have been influenced by the development of this specialty in Germany. Kerr's effort was discussed in the following references which with an emphasis on the development of psychiatry as medical specialty in the West. Li, Wenjing, and Heinz-Peter Schmiedebach, "German Wine in an American Bottle: The Spread of Modern Psychiatry in China, 1898–1949," *History of Psychiatry* 26, no. 3 (2015): 348-358. Li, Wenjing, "International Knowledge Transfer: The Adaption of German Psychiatric Concepts around 1900 during the Academic Evolution of Modern Psychiatry in China" (PhD diss., Universitätsklinikum Hamburg-ependorf, 2016). Edward Lambert Margetts, "A History of Hospitals in the Care of the Mentally Ill—A World Overview," in *Psychiatry the State of the Art* ed. Pierre Pichot, P. Bemer, and Rainer Wolf (Boston, MA: Springer, 1985), 1-13.

John Glasgow Kerr passed away on August 10, 1901 on the grounds of the last project he accomplished, the Asylum for the Insane of Guangzhou. The acknowledgement of his contributions on transferring Western medical practice, knowledge, and institutional building as well as his service to Chinese people were demonstrated by the celebrations of the Jubilee of the Guangdong Hospital in 1897 and of his medical service since in 1898.³⁴⁸ However, his activities in China also reflected Western imperialist attitudes that impinged on indigenous Chinese medicine. His speeches on Chinese medicine further crystalized the discourse that began with Thomas R. Colledge, namely that Chinese were ignorant and conservative towards Western medical scientific advancement. The rhetoric along this line in Western histories of China lasted through the whole twentieth century.³⁴⁹ The following section displays that, with this kind of historiography, Kerr's views on native Chinese medicine and Chinese voluntary philanthropic work were frequently incorrect.

3.3 Observing Indigenous Chinese Medicine

During Kerr's long stay in Guangzhou, his attitudes began being similar to those of earlier missionaries to China in terms of investigating China, Chinese people, and Chinese culture, including indigenous Chinese medicine. Among medical missionaries, he was probably the most prolific writer. He published widely in *Chinese Recorder*, *China Medical Missionary Journal*, *China Review*, *A Review of the Times*, and

³⁴⁸ "Editorial Comment," *Chinese Recorder* 30, no. 2 (February 1899): 96.

³⁴⁹ For examples see Ralph Croizier, *Traditional Medicine in Modern China* (Cambridge, MA: Harvard University Press, 1968), 35; John King Fairbank, *China: A New History* (Cambridge, MA: Belknap Press, 1994); and Immanuel C.Y. Hsü, *The Rise of Modern China* (Oxford: Oxford University Press, 2000).

sporadically in journals in the United States. This section will focus on his views on Chinese medicine.

Different from Peter Parker, Kerr had opportunities to contact native Chinese medical practitioners, and he soon found that there was a practicing medical system. However, in these early encounters, he suggested that what he was seeing was the opposite of the “rational medicine” he was exercising. Kerr assumed that the creation of human knowledge had been developed through a common pathway and Europeans were the most advanced. This progressive notion suggested that, although different from the West, the Chinese people were capable “of rising above the traditions of the past,” or “of instituting such investigations as would lead to the discovery of the truth.” However, those “absurd theories-arbitrary and imaginary, false notions of structure and function,” such as the influence of the planets, the five elements, and the disturbance of the equilibrium between the Yin and Yang were not capable of being guided by any “rational principle.”³⁵⁰ His idea was thus to teach that rational system rather than investigate the sources and outcome of Chinese practice.

But there was also interest in Western medicine by native physicians. One of them learned the technique of blood transfusion and wanted to use it to strengthen an old man physically by transfusing the man’s son blood to him. Kerr did not bother to engage the native physician for an understanding of the situation. Instead, he sought to simply teach

³⁵⁰ John Glasgow Kerr, *Medical Missions at Home and Abroad* (San Francisco: Bancroft, 1878), 5-8. This was a presentation at the International Medical Congress, Philadelphia, 1876. NT 8 K463mh, PreA. Previously, Kerr published a piece on Chinese medicine with a similar presentation in *China Review*. J.G. Kerr, “Chinese Medicine,” *China Review, or notes & queries on the Far East*, 1, no. 3 (1872): 176-181. He also spoke about Chinese Medicine in 1895, which seemed was a copy from his 1878 presentation. J.G. Kerr’s later opinion on Chinese medicine had not been drastically deviated from these early presentations.

techniques to his pupils so that those just after a short length of time would become much better medical men than any of native practitioners.³⁵¹ About the same time, Kerr happened to read a Chinese obstetric book, *Tat Shang Pin* (达生编). He translated it and sent the translation back to the United States immediately. However, as to be demonstrated in the later discussion, no echo was heard from the West until the 1880s and 1890s.

During the several decades when Kerr stayed in Guangzhou, his views on Chinese medicine experienced subtle changes although they remained mostly negative. In his conference presentations at San Francisco in 1878, under phrases like “pagan nations”, “barbarous and semi-civilized countries,” “unenlightened and un-Christianized countries,” Kerr claimed that Chinese medical world of the time was not only ignorant about the developing medical science in the West but also that Chinese medical practitioners had no interest in anatomy, physiology, the nature of disease, and properties of medicines.³⁵² He further observed that Chinese knew nothing about infantile hygiene, infantile diseases, and the practice of hygiene. With an additional understanding

³⁵¹ *Report for 1862*, 6.

³⁵² Kerr observation on native Chinese medical practitioners’ desire for new knowledge was obviously incorrect. See Wu Yi-Li, “Bodily Knowledge and Western Learning in Late Imperial China: The Case of Wang Shixiong (1808–68),” in *Historical Epistemology and the Making of Modern Chinese Medicine*, ed. Howard Chiang (Manchester University Press, 2015) 80-112. Wu is one of recent scholars on indigenous Chinese medicine, who instead of depicting Chinese as culturally arrogant and conservative to recognize western scientific advancement, are seeking Chinese practitioners’ “own terms” when they encountered foreign knowledge. In this article, Wu describes how a group of Chinese scholars, centered around Wang Shixiong in the early part of nineteenth century, engaged in study of human bodily structure, questioned the Chinese medical classics, and at the same time raised questions about the relationship between investigating corpses and the learning of bodily functions. For the phrase “on their own terms” see Benjamin Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge: Harvard University Press, 2005).

about the practice of surgery and midwifery in China, Kerr did not argue that Chinese lacked practice in these two categories. However, he implied that these were in primary conditions, perhaps because he knew of at least one book on midwifery.³⁵³

Things changed when Kerr presented a complete translation of a Chinese book on obstetrics, *Tat Shang Pin*, at the Obstetrical Society of Philadelphia meetings in February of 1893 and 1894.³⁵⁴ He encountered *Tat Shang Pin* in 1860 when he attended a home call for a difficult parturition. The husband, a literary man, was holding the book and tried to resolve the case of a face presentation with the chin in the hollow of the sacrum. Mistakenly, he thought it was the only obstetric book in China. He then did a literal translation, hoping that the translation could excite a benevolent sympathy towards the helpless, ignorant, and superstitious thinking of the Chinese. Although Kerr's translation found its way to the United States, it was not published and noticed for many years until a doctor Robert P. Harris found it in the Lewis Library of the College of Physicians. In 1881, Harris introduced it to *The American Journal of Obstetrics and Diseases of Women and Children*.³⁵⁵

³⁵³ Kerr published and discussed Chinese medicine and its materia medica at different points over his career. J. G. Kerr, "Chinese Medicine," *China Review, or notes & queries on the Far East*, 1, no. 3 (1872): 176-181. J.G. Kerr, "Chinese Materia Medica," *China Medical Missionary Journal* 1, no. 2 (June 1887): 79-80. "Medical Mission," by J. G. Kerr, 1878, NT8.3 K463m, Presbyterian Historical Archives, Philadelphia, USA. This discussion could serve as a center piece that represented his view on Chinese medicine, its absurd theories and its superstitious practices, which had not changed over times.

³⁵⁴ J. G. Kerr, "The Tat Shang Pin, or Midwifery Made Easy," and "Remarks on Obstetrics and Gynecology in China," *Annals of Gynecology and Pediatrics* 7, no. 4 and 8, no. 3 (1894): 326-333, 461-468; 359-362.

³⁵⁵ Robert P. Harris, "The Practice of Obstetrics among the Chinese," *American Journal of Obstetrics and Diseases of Women and Children* 14, no. 3 (1881): 570-581.

Kerr was not the first person who encountered *Tat Shang Pin* in China. William Lockhart (1811-1896) was a medical missionary dispatched to China by the London Missionary Society in 1838.³⁵⁶ Lockhart translated an 1825 edition of *Tat Shang Pin* in the early 1840s and sent the work back home to his friend F. Churchill. The latter published the translation in *Dublin Journal of Medical Science* in 1842 with his comment that the piece would not increase respect for the state of obstetrics in the Celestial Empire but rather indicate the need to confer on them the benefits of enlightened medical science.³⁵⁷ Lockhart's translation was republished in *An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Customs* in 1884. With more sympathy, the editor said that, "the practice of the Chinses is far in advance of their theory, and some of their treatises on dietetics and medical practice contain good advice, the result of experience."³⁵⁸

When Kerr republished his translation in the journal, Kerr did not portray Chinese people and their culture as a semi-barbarous people. He realized that, as in the West, a great many cases among Chinese women needed assistance at childbirth. Even though Kerr did not comment much on the content of the book at the Obstetrics Society meeting,

³⁵⁶ To learn more about W. Lockhart, see William Lockhart, *The Medical Missionary in China: An Narrative of Twenty Years' Experience* (London: Hurst and Blackett, 1861).

³⁵⁷ F. Churchill, "A Treatise on Midwifery: A New Edition Published in the Fifth Year of Taou Kwong, 1825," *Dublin Journal of Medical Science* 20, no. 3 (1842): 333-369. *Tat Shang Pin* was first published in 1715.

³⁵⁸ Charles Alexander Gordon, *An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Customs Service, from 1871 to 1882: With Chapters on the History of Medicine in China, Materia Medica, Epidemics, Famine, Ethnology, and Chronology in Relation to Medicine and Public Health* (London: Baillière, Tindall, and Cox, 1884): 272-273, 316-325.

his female coworker, Mary West Niles, said that it contained common sense information.³⁵⁹

Nonetheless, with these subtle changes, the sense of Western superiority still stayed fast in Kerr's mind. He thought that it was not yet a time to give thorough and complete instruction to Chinese students. With the foundation he and his colleagues were laying then, in the course of time, "half a century or a century," medical teaching institutions, comparable to those in the United States, might be developed in China.³⁶⁰ Because of his long stay and his determination to transfer Western medical ideas, Kerr was influential among medical missionaries in China.

Kerr was elected the first president of the new organization of medical missionaries, the China Medical Missionary Association as well as the first chief editor of the organization's journal, the *China Medical Missionary Journal*. In this journal, Kerr did not repeat what he had said about the native medicine. However, his trainee, J. C. Thomson, published an article which followed Kerr's opinions.³⁶¹ Kerr advocated that medical missionaries make an effort to study Chinese materia medica.³⁶² Instead of investigating how native doctors understood their "formidable list of substances" used in medicine, Kerr encouraged his medical missionary colleagues using Western scientific methods to study the chemical composition and physiological action of those substances and to test whether they possessed any real power to combat diseases. The method Kerr

³⁵⁹ Mary Niles, "Native Midwifery in Canton," *China Medical Missionary Journal* 4, no. 2 (1890): 51-55.

³⁶⁰ Kerr, "*Tat Shang Pin*," 360.

³⁶¹ J. C. Thomson, "Native Practice and Practitioners," *China Medical Missionary Journal* 4, no. 3 (September 1890): 175-1

³⁶² JGK, "Chinese Materia Medica," *China Medical Missionary Journal* 1, no. 2 (June 1887): 79-80.

advocated was a method that splits Chinese medicine from its theoretical framework.³⁶³ This practice, common throughout the imperial network, was not only being followed immediately but also for decades.³⁶⁴ Thus, Kerr's leadership in the community of the medical missionaries in China demonstrated that throughout his stay in China he worked to serve the needy but his approach also impinged on the indigenous medicine's reputation and development.

A special report in the Chinese *Global Times* published on July 28th, 2006 named John J. Kerr, among other fifty foreigners, as one of the most influential people in the modernization process of China in the past one hundred and fifty years.³⁶⁵ Under the auspices of the Presbyterian Board, Kerr's efforts to bring the most advanced medical practice were an important stage of Western medical transfer. However, by firmly articulating ideas like "Chinese people were benighted", Chinese culture was overwhelmingly backward, and the people were "prejudiced" toward foreigners, Kerr

³⁶³ This assertion I made here is based on a small-scale survey I did in September 2019 among several Chinese acupuncturists who were practicing in the United States. One of the questions was in what way they think they are following the Chinese medicine's theoretical framework if they did not actually differentiate *yin/yang* and *five phases* in a case by case manner? One of the answers to these questions was that the formulas, either of herbal medicines or of acupuncture points, the principles of *yin/yang* and *five phases*, had been integrated into those classical medical books that they are using.

³⁶⁴ Jas B. Neal, "Sixteen Native Inorganic Drugs," *China Medical Missionary Journal* 2, no. 3 (September 1888): 116-119. Jas B. Neal, "Inorganic Native Drugs of Chinanfu: Part of Committee Report on Chinese Materia Medica," *China Medical Missionary Journal* 5, no. 4 (December 1891): 193-204. Jas B. Neal followed this line of research for years. He later published a book (or books) on his work. In recent literature, scholars take medical missionaries' interests in Chinese materia medica as examples for their adaptation, accommodation, assimilation, or negotiation with Chinese medicine. See 胡成, "西洋医生与华人医药: 以在华基督教医疗传教士为中心 (1825-1916)," *中央研究院历史语言研究所集刊* 83, no. 3 (2012): 571-606, [Hu Cheng, "Western Doctors and Chinese Medicine: Protestant Medical Missionaries in China (1825-1916)," *Bulletin of the Institute of History and Philology Academia Sinica*].

³⁶⁵ "Special Report by *Global Times*: Influences of Fifty Foreigners on Modern China," Sina News Center, last modified July 28, 2006, <http://news.sina.com.cn/c/2006-07-28/094110561198.shtml>.

also contributed to the formation of a long-lasting problematic historiography. Because his concentration on building Western style medical institutions in China was not fully supported by his mission sponsor, Kerr was not able to accomplish the next stage of Western medical profession transfer, that is, to build a strong medical college for training Chinese scientific medical professionals. This goal would be reached by the coming generations of medical missionaries. Building medical educational institutions would also serve as a dividing issue between the medical group and the religious group in the mission fields of China.

Chapter 4: Higher Medical Education for Profession Building, Shanghai, 1866-1915

After the two Opium Wars, following the north-ward movement of the merchants and taking advantages of the toleration clause,³⁶⁶ missionaries spread to, first five, then all fourteen port cities, and eventually extended further to inland China. On the one hand, evangelists often claimed these developments as victories of “occupation” of heathen lands by Christianity. On the other hand, the result was also a “dilution” of foreigners’ communities within such a vast territory. The forces of evangelical, business, and political influence no longer had a coherent community like the one they had had in Guangzhou, which they coordinated their efforts, albeit on different fronts.

Thus, for nearly two decades, although extended geographically, the development of missionary work, especially its medical work, was in slow motion. For example, the American Protestant Episcopal Mission (APEM)³⁶⁷ in Shanghai was halted until the middle of the 1860s. However, after arriving in the city, in June of 1845, the APEM became an important center for Western influence.³⁶⁸ As their evangelical efforts overcame many difficulties, the organization gradually laid out a foundation among Chinese for understanding Western medical sciences. This history has been marginalized

³⁶⁶ Article XXIX in the American Tientsin Treaty of 1858 had been often referred to as the “toleration clause.” It represented the formal acceptance of the Christian religion into China by the Qing Government. This article was negotiated by Commissioner William B. Reed with his missionary assistants, Samuel Wells Williams and William A. P. Martin. Also see George E. Paulsen, “Missionary Criticism of the Toleration Clause in Reed’s Treaty of 1858,” *Monumenta Serica* 34, no. 1 (1979): 65-76. The two Opium Wars lasted from 1840 to 1842 and from 1858 to 1860.

³⁶⁷ Also known as the Protestant Episcopal Church of the United States of America, or American Episcopal China Mission, AECM.

³⁶⁸ “Statistics of the American Protestant Episcopal Mission,” *Chinese Recorder* 17 (1886): 310-312.

because of the station's small foreign workforce and the low number of converts until recently.³⁶⁹ However, current research demonstrates that its education effort, especially one program begun in 1854, proved to be a particularly relevant case for cultivating a Christian network among Chinese who acquired deeper understanding of Western language, culture, and sciences. These Chinese, in turn, had a long-lasting impact on the APEM's medical endeavor.

The APEM's first medical work in Shanghai was a cooperative clinic that begun in 1866. Without the mission's own medical personnel, the clinic's major medical tasks were conducted by foreign doctors from medical institutions outside the APEM and the daily routine of the clinic was managed by a recently converted Chinese Christian. This humble program, in addition to the newly founded St. John's College, prepared a base for Henry W. Boone (1839-1925), the mission's first persistent medical missionary in Shanghai, who came in 1880, to quickly establish a hospital and a medical course. Well supported by his mission and with a strong sense of professional consciousness, Boone successfully promoted and organized a professional association for medical missionaries, the China Medical Missionary Association (CMMA) in China in 1886. His effort pioneered the trend of establishing higher medical education in order to gain the Western medical profession a permanent place in China.³⁷⁰ The APEM, with the leadership of

³⁶⁹ A Taiwan scholar, Lin Meimei, has done substantial work on the history of the APEM in China, (in Shanghai and in Wuhan), beginning with her dissertation completed in 1994. See Meimei Lin, "The Episcopalian Missionaries in China, 1835-1900" (PhD diss., University of Texas at Austin, 1994). Although her works have been focusing on religious activities, they were still major sources for my project. For recent work on APEM see Philip L. Wickeri, ed., *Christian Encounters with Chinese Culture: Essays on Anglican and Episcopal History in China* (Hong Kong: Hong Kong University Press, 2015).

³⁷⁰ R. T. Shields, "Union in Medical Education," *China Medical Missionary Journal* 25, no. 1 (1911): 17-23.

Boone, developed the first university based medical school in Shanghai in 1896. By the first decade of the twentieth century, some APEM medical missionaries demonstrated a more sympathetic and respectful understanding on the indigenous Chinese medicine.

While the APEM medical missionaries were advancing their knowledge of Chinese medicine, a group of Chinese scholars emerged in Shanghai. They had acquired their education through the traditional Chinese system and then had opportunities to access Western sciences.³⁷¹ These scholars were shocked by the defeat of Qing China during the 1894/1895 Sino/Japanese war. They started to investigate how Japan had adopted Western science and technology and successfully won the war. Among those interested in medicine, Ding Fubao stood out for his work of translating Western medical publications from Japanese into Chinese and of spreading the knowledge methodically. At the same time his attempt to write medical history by putting the Western and Chinese figures together signaled a beginning of a line of Chinese scholars' work that they investigated China's medical history to rediscover their own cultural heritage.

4.1 Cultivating a Chinese Christian Base

A small group sent by the Protestant Episcopal Church of the United States of America to Shanghai in 1845 was led by William Jones Boone (1811-1864), the First American Episcopal Foreign Missionary Bishop.³⁷² Unable to build congregations in China as the sponsors wanted, Boone and his colleagues followed the example of other

³⁷¹ Catherine Vance Yeh, *Shanghai Love: Courtesans, Intellectuals, and Entertainment Culture, 1850-1910* (Seattle: University of Washington Press, 2006).

³⁷² Although the APEM was the fifth mission established for evangelizing China from the West, its staff remained small. See "Statistics of Protestant Missions in China," *Records of the General Conference of the Protestant Missionaries in China*, May 10-24, 1877, Shanghai (Shanghai: Presbyterian Mission Press, 1878).

missionary denominations and focused on education. Their goal was to give evangelical training to local people. Boone and his colleagues opened their first boys' bilingual boarding school in Hongkew in the center of Shanghai, in 1846. A few years later, for the purpose of preparing wives for the Christian graduates from the boys' school, they opened a boarding school for girls nearby, also bilingual.³⁷³ About ten years later, in order to have his Chinese evangelists have stronger religious preparation, Boone decided to award his most promising students opportunities to go to the United States for various length of stay, starting in 1854.³⁷⁴ The results of this program were uneven. Yan Yongjing (1838-1898),³⁷⁵ one of the three best known of the first generation of Episcopal Chinese ministers, benefited most significantly. Having started at the Hongkew school in the mid-1840s, he was the first to go to the United States for higher education in 1854. He came back with a MA from Kenyon College in Ohio in 1861, a rare case of receiving an American degree at this level among his peer APEM Chinese ministers.

Yan entered the ministry in 1867 when the Mission was financially viable again after the period of monetary strain caused by the Civil War.³⁷⁶ With his academic training in the United States Yan grasped opportunities that came his way. As a Christian minister, he helped William Jones Boone Jr. (1846-1891)³⁷⁷ to set up the Boone

³⁷³ Lin, "The Episcopalian," 119 and 125.

³⁷⁴ Lin, "The Episcopalian", 122.

³⁷⁵ His name had in different representations: Yen Yung-ching, Yen Yung-Kiung, Yen Yung-kyung, Ngan Yoong Kiung, 颜永京, 拥京.

³⁷⁶ "Kenyon's Chinese Sons," *The Kenyon Collegian*. 1333 (January 1895): 184-186; last modified October 30, 2014, <http://digital.kenyon.edu/collegian/1333>.

³⁷⁷ William Jones Boone Jr. was the fourth Bishop of the APEM between 1884 and 1891. He was born to the first Bishop and his second wife, Phobe Caroline Elliott Boone, in Shanghai in 1846. Henry W. Boon was born to the first Bishop and his first wife, Sarah Amelia deSaussure Boone,

Memorial School in Hankow in 1871, and later helped Samuel Isaac Joseph Schereschewsky (1831-1906), the third Bishop, to establish the St. John's College in Shanghai in 1879. Yan was the proctor of the College for eight years and a professor of mathematics and natural philosophy.³⁷⁸ He also helped teach chemistry to medical students of Henry W. Boone in the early 1880s.³⁷⁹ Yan was instrumental in continuing English teaching in the APEM schools, and in initiating English as the teaching language in the St. John's College. He insisted on that teaching English and using English as teaching language would be beneficial and help students to understand the Western way of thinking. He also thought that offering the English course would attract elite Chinese groups to send their children to missionary schools, although initially just for the language skill. St. John's College later became the center of the Episcopal educational system to produce Chinese Christian elites.³⁸⁰

Yan himself provided a good example for using English language as a tool to understand foreigners and their cultures. In addition to being one of the most important college founders of the APEM mission, Yan translated in 1882 and 1889, the first part, "what knowledge is of most worth," of Herbert Spencer's *Education: Intellectual, Moral and Physical* (1861),³⁸¹ and Joseph Haven's *Mental Philosophy: Including the Intellect,*

at Batavia, Java, in 1839. See Muriel Boone, *The Seed of the Church in China* (Philadelphia: United Church Press, 1973), 62-63.

³⁷⁸ Correspondences on St. John's College in Chinese, Q243/1/5, Shanghai Municipal Archives, Shanghai, China.

³⁷⁹ "From the Rev. Yung Kiung Yen, St. John's College, August 1st, 1880," *Spirit of Missions* 45 (1881): 111-113.

³⁸⁰ *Spirit of Missions* 61 (1896): 122-123.

³⁸¹ 王彩芹, "斯宾塞中译本肄业要览译词考," 或問 21 (2011): 99-116, [Wang Cai Qin, "Yi Ye Yao Lan – the Chinese Translation of Spencer's *Education: Special Terminology Application*," *Questions and Answers*].

Sensibilities, and Will.³⁸² His translations were important in creating new terminology as well as in introducing these new fields of study.

Moreover, with his increasing popularity in the missionary world, he became a voice of Chinese people among foreign ministers. In 1890, he was the only Chinese participant at the second Protestant Missionary Conference at Shanghai.³⁸³ As the only native voice at the Conference, Yan called Western missionaries' attention to their prejudice towards Chinese ministers and converts, to the cultural differences between the East and West on the understanding Christianity concepts, and to the ways to view and deal with ancestral worship.³⁸⁴ Interestingly, at this time, regarding the importance of medical work in mission field, Yan seemed to see medical work as the handmaid of the evangelical tasks and encouraged missionaries to combine the Christian spirit and the medical skill within one person.³⁸⁵ However toward the end of his life, he recognized that medicine alone was a respectful profession and encouraged his next generation of students to study medicine and to become doctors.³⁸⁶ His niece and nephew were later founders of the National Medical Association in 1915.³⁸⁷

³⁸² 阎书昌, "颜永京对西方心理学引入及其汉语心理学术语创制," *南京师大学报(社会科学版)* 4 (2012): 116-121, [Yan Shuchang, "Yan Yongjing and the Introduction of Western Psychology and the Creation of Related Terminology," *Journal of Nanjing Normal University (Social Sciences)*].

³⁸³ The first general conference was held in 1877. Although there were Chinese ministers available at the time, no Chinese members appeared at that conference. Matthew Tyson Yates, ed. See *Records of the General Conference of the Protestant Missionaries of China*, May 10-24, 1877, Shanghai (Shanghai: Presbyterian Mission Press, 1878).

³⁸⁴ *Records of the General Conference of the Protestant Missionaries of China*, May 7-20, 1890, Shanghai (Shanghai: American Presbyterian Mission Press, 1890), 203-205, 424-426, and 690-692.

³⁸⁵ *Records of 1890 conference*, 425. See also problem in terminology of translational work, 549, 550, and 566.

³⁸⁶ 钱益民, 颜志渊及彭裕文, *颜福庆传* (复旦大学出版社, 2007), 6, [Qian Yimin, Yan Zhiyuan, and Peng Yuwen, *Biography of Yan Fuqing*].

³⁸⁷ 张圣芬及陈永生, "中华医学会 21 位创建人," *中华医史杂志* no. 1 (2015): 55-62, [Zhang Shengfen,

Yan did not limit his voice within China. The renewal of the Chinese Exclusion Act in the United States in 1892 caused uproar in China especially among elite groups. Yan wrote a letter to be published in the United States. The editor of the magazine titled his letter “A Chinaman on Our Treatment of China.” In it, Yan said, “she [the United States] has that quality which causes men to tyrannize over the weak and to fear the strong. . . . What America has to fear is not China, but the fact that she stands before the world convicted of injustice toward a weak nation, and that she puts her citizens here [in China] in a delicate and painful situation.”³⁸⁸ The rightly indignant voice Yan represented was later underscored by American historians.³⁸⁹

Another two of the APEM’s first group of distinguished native Christian ministers, were Huang Guangcai (1827-1886),³⁹⁰ and Wu Hongyu (1834-1919).³⁹¹ They too experienced American life. Huang, the first convert of Boone Sr. in 1846, accompanied Boone in his first home visit to the United States as a caretaker. From 1869 to 1886, Huang was in charge of Church of our Saviour, Hongkew. Despite a contemporary reputation acquired through his lengthy missionary service, Huang did not leave any known publications. Although his service team did include medical assistants, no records show that he personally was involved with any medical activities. One of his daughters,

and Chen Yongsheng, “Twenty-one Founders of the National Medical Association,” *Chinese Journal of Medical History*].

³⁸⁸ Yen Yung Kiung, “A Chinaman on Our Treatment of China,” *Forum* xiv, (September 1892-February 1893): 85-90.

³⁸⁹ Merle Curti and John Stalker, “‘The Flowery Flag Devils’: The American Image in China 1840-1900,” *Proceedings of the American Philosophical Society* 96, no. 6 (1952): 663-690.

³⁹⁰ His name had different representations: Wong Kwang Chai, Wong Kong Chai, Huang Chinghsia, 黄光彩, 黄近霞.

³⁹¹ His name had different representations: Woo Hong-neok, Wu Hoong Neok, Woo Hoong Niok, Woo Hoong-nyok, Ny Hoong Niok, 吴虹玉 (钰).

Huang Qiongxian (黄琼仙, 1867-1933), however, graduated from the Medical School of University of Toronto in 1910 and was one of the founders of the National Medical Association in 1915.³⁹²

Wu Hongyu was also a student of the Hongkew boys' boarding school.³⁹³ He went to the United States on the *Susquehanna*, one of Commodore Perry's war-ships, which stopped in Shanghai port when en route to America, as a cabin boy for ship surgeon John S. Messersmith. Messersmith took Wu to his hometown, Lancaster, Pennsylvania. Wu stayed there and worked in a printing shop for nine years. At the end of his stay, he fought for the Northern Army for forty-eight days as an American citizen. Among the three, Wu was the only one who was directly involved with missionary medical services, although without any formal medical training.³⁹⁴ His medical work will be detailed in next section. All in all, it seems that this first generation APEM Chinese ministers did not directly transfer of Western medical professional knowledge into China. However, the work they did among Chinese paved way for the growing native base. In turn, this base was significant for the prosperity of the APEM medical missionaries' professional achievements.

4.2 Building Mission's Medical Work in Shanghai, 1866-1915

³⁹² Zhang, "Twenty-one Founders of the Chinese Medical Association," 55-62.

³⁹³ F. L. H. Pott, "The Late Reverend H. N. Woo," *Spirit of Missions* 85 (1920): 171-172. In several records, the year was indicated as 1867. See *Spirit of Missions* 39 (December 1874): 761 and Bishop Channing Moore Williams Second Annual Report on July 21st, 1869 in Ian Welch 2013 Working Paper, Part 24: 1778.

³⁹⁴ 朱友渔 (Andrew Yu-yue Tsu) 编. 吴虹玉先生传, [Andrew Yu-yue Tsu, ed., *Biography of Mr. Wu Hongyu*]. This is a Chinese translation of an autobiography of Wu Hongyu, available on the internet. The autobiography was an oral history told by Wu and recorded by Andrew Yu-yue Tsu in 1915. One copy of this autobiography was saved at the Episcopal Archives at Texas. See note 3 in 徐以骅, "吴虹玉与中国圣公会," *复旦学报 (社会科学版 Social Sciences)* 2 (1997): 42-47, [Xu Yihua, "Wu Hongyu and Chinese Episcopal Church," *Journal of Fudan University*].

Co-operating a Benevolent Dispensary, 1866-1880

The APEM's medical work in Shanghai stayed in a stage of infancy for a very long time due to lack of stable professional medical personnel. The first dispensary of the Mission was established by Archdeacon Elliot Hebert Thomson (? - 1917),³⁹⁵ the only clerical representative of the APEM in the whole of the Yangtze Valley in the years 1865 and 1866. With only fifty dollars on hand and the aid of the Chinese man, Wu Hongyu, in 1867 he established the Tung Jen E Chu,³⁹⁶ a Co-operative Benevolent Dispensary, which was later enlarged and called the American Episcopal Mission Hospital for the Chinese.³⁹⁷

During the time that Thomson acted as a Chaplain for the institution, Wu was in charge of everything else while learning medical techniques from missionary physicians stationed at other Protestant missions who volunteered their assistance. Daniel Jerome Macgowan (1815-1893) was the first one to offer medical assistance and instruction. He casually trained Wu, offered him opportunities to observe how he treated Chinese patients, and lent Wu medical books.³⁹⁸ When Macgowan turned his focus to traveling and writing, British doctors R. A. Jamieson,³⁹⁹ Henderson⁴⁰⁰ and several others filled the void intermittently.⁴⁰¹

³⁹⁵ *Spirit of Missions* 82 (1917): 393-394.

³⁹⁶ Its Chinese name, 同仁医局.

³⁹⁷ *Spirit of Missions* 39 (1874): 761; 40 (1875): 781-782.

³⁹⁸ Lidia Mary Fay, "Hong Niok, Chinese Convert and Candidate for Orders," *Spirit of Missions* 36 (November 1871): 532-535.

³⁹⁹ Dr. R. A. Jamieson was the chief consulting surgeon of the Imperial Chinese Customs Service. Since the late-1860s, he visited the APEM medical facility frequently. When Boone was in charge the Mission's medical work, Jamieson took an active share of the work among the patients in the wards and gave instructions to the students. See *Spirit of Missions* 48 (1883): 96.

⁴⁰⁰ The first name of Dr. Henderson could not be found.

⁴⁰¹ See the following for the institutions helpers, medical missionaries as well as merchants, who

At this small hospital, Wu learned the method for vaccination, the names and functions of medicines and how to dispense them, the simple treatments for certain diseases, and how to assist Western doctors when they treated difficult cases. With such knowledge and skills, Wu Hongyu then served at this hospital for about thirty years. For the first nearly 10 years, he was the only person in charge of the place, serving as a manager, a pharmacist, and an accounting officer. Furthermore, Wu made these skills into a strategy, although a non-professional, to attract his Chinese fellowmen to come to churches he later ran. More interestingly, when he worked there as a senior staff member, his nephews and their friends were also frequent visitors of 'his' hospital. They even learned to use iodine to treat some traumatic injuries, epsom salts for indigestion, and quinine for fever.⁴⁰²

It might be because of his uncertain status as a medical practitioner that there is little record of his work. When the next period with more medical professionals started, Wu had been already promoted to the priesthood so that he kept on working there as a hospital chaplain. His connections and influence allowed him to be instrumental in securing liberal contributions for Saint Luke's Hospital.

Establishing the St. Luke's Hospital, 1880-1915

Henry Boone was the crucial figure who gradually changed the profile of the APEM's medical service in Shanghai, from an irregular one to a formal professional one. He once came to Shanghai with his parents as a child. He then went back to the United

provided medicines and surgical instruments: "Our Hospital in Shanghai," *Spirit of Missions* 33 (December 1868): 904-5; *Spirit of Missions* 34 (September 1869): 598; *Spirit of Missions* 36 (August 1871): 387, 481. Also see "Missionary Intelligence, Shanghai," *Chinese Recorder* 2 (1870): 55-56.

⁴⁰² Qian, *Biography of Yan Fuqing*, 8.

States and received medical education at New York. He helped out with one of the APEM's short lived dispensaries while he was practicing medicine in Shanghai privately between 1863 and 1865. Returning to the United States for health reasons, he practiced medicine in a large hospital at San Francisco.⁴⁰³ As a "long wanted medical worker"⁴⁰⁴ who had a strong professional commitment to medicine and no religious ordination, Henry Boone and his family arrived Shanghai again on August 31, 1880.⁴⁰⁵

His achievement helped build the program in Hongkew. First, he renewed the dispensary that had been established and kept by Thomson and Wu, but expanded it into the St. Luke's Hospital, a center of the Shanghai Mission's medical work. Second, he began a small medical education program soon after his arrival. This program later grew into a leading university based medical school, the Medical School of the St. John's University, in 1896. Third, in the middle of carrying the APEM's medical activities single handedly, he headed a movement from which a Western medical missionaries' organization, the China Medical Missionary Association (CMMA), as well as a press publication, the *China Medical Missionary Journal (CMMJ)*, which were established in 1886 and 1887, respectively.

Reflecting his family background and engagement in the overseas medical missionary movement, he firmly believed that medical work was "an evangelizing agency."⁴⁰⁶ However, at the same time, he was a sophisticated medical professional and intent on keeping up with current modern practices. Following the ethos of the West and

⁴⁰³ Robert Nelson, "Letter, from Shanghai, China, September 8th, 1880," *Spirit of Missions* 46 (1881): 41-42.

⁴⁰⁴ Eliot H. Thomson, "The Evolution of a Hospital," *Spirit of Missions* 74 (1909): 289-295.

⁴⁰⁵ *Spirit of Missions* 46 (1881): 31.

⁴⁰⁶ *Chinese Recorder* 20 (1889): 515.

contemporary medical science he did not only contributed to the APEM's efforts to spread Christianity, but he also created sites for medical professional growth in China. In turn, his efforts contributed to the Western medical profession moving towards an independent or nearly independent force in China.

When H. W. Boone came to Shanghai, the Tung Jen E Chu had just ceased its medical services because the Mission property in Hongkew had been leased in order to pay the interest and principal on loans and to carry out new Mission building projects.⁴⁰⁷ Eliot H. Thomson and Robert Nelson, trustees of the Institution, anticipating Boone's arrival, purchased an eligible site with buildings on it for a new hospital.⁴⁰⁸ This new hospital was formally opened under the name of St. Luke's on December 12, 1880 under Boone's charge. There was also an adjacent dispensary under the charge of Boone's senior student, Sung Kwei Fong, who had studied under Dr. Albert C. Bunn at Wuchang for two years.⁴⁰⁹ Free from debt at its inception, the hospital received 59 in-patients, 6050 out-patients, and 36 foreigners within six and a half months.⁴¹⁰ In accepting foreign patients, the Mission expanded the hospital into a general hospital and was intended to compete with the only other general hospital available in the Shanghai, controlled by Roman Catholics.⁴¹¹

⁴⁰⁷ "Annual Report of the Missionary Bishop of Shanghai, for the Year Ending June 30th, 1880," *Spirit of Missions* 45 (1880): 467-472, 468.

⁴⁰⁸ "Annual Report of the Missionary Bishop of Shanghai, for the Year Ending June 30th, 1880," *Spirit of Missions* 45 (1880): 467-472, 468.

⁴⁰⁹ Fong was highly regarded among Western missionaries of the APEM, but he did not live long. He died in November 1885. See Albert C. Bunn, "Death of Dr. Sung Kwei Fong," *Spirit of Missions*, 51 (1886): 62.

⁴¹⁰ H. W. Boone, "Report to Bishop S. I. J- Schereschewsky, Shanghai, St. John's College, June 29th, 1881," *Spirit of Missions* 46 (1881): 423-424.

⁴¹¹ "Letter of Bishop Schereschewsky, from St. John's College, October 29th, 1880," *Spirit of Missions* 46 (1881): 108.

While supervising at the St. Luke's Hospital, Boone also started a medical practice at St. John's College, which was in the suburb five miles from Hongkew. A temporary dispensary was built and opened at the College. At first only a few attended, but the number of patients gradually increased. These cases had furnished the material for a tri-weekly clinic for the medical students of Boone's new medical class that began in October of 1880.⁴¹² Most patients were farmers and their families, and people from the neighboring villages. With a hospital and dispensary in town, a dispensary at St. John's, lectures, and the medical care of St. John's and of sub-mission stations and missionary colleagues, Boone, the only medical officer of the Mission, was a very busy man.⁴¹³ Nonetheless, the center of his effort was on the St. Luke's hospital.

The reputation of St. Luke's Hospital increased quickly. By August of 1882, the Chinese government began to send the sick from their warships to the hospital for treatment. Many patients, Chinese as well as foreigners, came from more than a hundred miles away to consult with Boone and other voluntary Western doctors, such as Dr. R. A. Jamieson. Over time, the hospital staff saw a larger number of persons of all ranks, from the government officials and very rich men to the poorest of the poor.⁴¹⁴ Being heavily used, through small scale incremental work the hospital needed to expand, and in 1883 two new wards were added. Each ward was capable of accommodating sixteen patients and attached to the wards were consulting and operating rooms, the latter being

⁴¹² H. W. Boone, "Report to Bishop S. I. J- Schereschewsky, Shanghai, St. John's College, June 29th, 1881," *Spirit of Missions* 46 (1881): 423-424.

⁴¹³ "Letter from H. W. Boone, Shanghai, November 16th, 1880," *Spirit of Missions* 46 (1881): 198-199.

⁴¹⁴ "Growing Usefulness of the Hospital at Hongkew, Shanghai," *Spirit of Missions* 48 (1883): 48.

furnished with the latest surgical appliances. A published report indicated that the hospital could now accommodate a total of sixty in-patients.⁴¹⁵

The additions, at a cost of \$10,700, were made possible by contributions from a Cantonese businessman, Mr. Li Chao-ping, and his friends. Originally, Li wanted to donate his money to a temple. However, Wu Hongyu went to him several times and persuaded Li that the hospital would be a much more worthy project. Li did not just purchase the land but also erected, following up-to-date plans furnished by Boone, an adjoining two-story building with consulting and operating rooms, and all the necessary gates, fences and outhouses. The contributions of Li and his friends also enabled the hospital to procure special appliances for the treatment of difficult cases. Boone noted that Wu's service had been critical, helping gain Li's contribution and bringing many patients. He fostered the interest of his other countrymen in mission work, gaining their support and sympathy, and encouraging their liberal donations toward the current expenses of the hospital and dispensaries.⁴¹⁶

One of the reasons for the St. Luke's Hospital's soaring popularity, both among Chinese and among foreigners, was its location. On the one hand, it was situated at the center of Shanghai in a concentrated residential area easily accessed by nearly twenty thousand Westerners. In addition, it was an area with a growing number of manufacturing industries, which increased the number of industrial accidents. Thus, once Boone had expanded the hospital, a range of Chinese officials and merchants along with

⁴¹⁵ *Spirit of Missions* 48 (1883): 97.

⁴¹⁶ H. W. Boone, "Report of Medical Work in Shanghai, St. John's College, June 30th, 1884. To the Rev. E. H. Thomson, President of the Standing Committee of the Missionary Jurisdiction of Shanghai," *Spirit of Missions* 49 (1884): 475-477.

foreign merchants supported the work by yearly subscriptions. Boone proudly announced that St. Luke's Hospital had not needed any money from the United States.⁴¹⁷ The liberality of the Chinese and foreign residents of Shanghai, together with the sums earned from first-class patients, had rendered the work entirely self-supporting. It had enabled the Mission's medical service to meet repairs and support its building fund.⁴¹⁸

During the first twenty years of Boone's leadership, the hospital expanded two more times. In 1888 the Mission had saved enough money to buy the corner lots in front of the hospital and begun to erect a building for women and children. In September 1891 the new Women's Hospital was opened,⁴¹⁹ and this work was then put under the care of a woman doctor Marie Haslep. The new wards were quickly full.⁴²⁰ Haslep remained in charge for some years. When she retired Dr. Mary Jamieson Gates took it up, and it remained a large and active department.⁴²¹

Another addition to the St. Luke's Hospital property was made in 1893. The Mission bought the corner lot opposite the hospital, with twelve small foreign houses on it. These were used for enlarging the men's hospital.⁴²² Thus, although it started small, the Hospital became well-equipped with furniture, clothing, bedding, stores, drugs, instruments, and appliances in 1894. This was the third time that Boone had to report

⁴¹⁷ H. W. Boone, "Letter," *Spirit of Missions* 66 (1901): 602-608.

⁴¹⁸ H. W. Boone, "Report on St. Luke's Hospital for 1892-1893," *Spirit of Missions* 58 (1893): 376.

⁴¹⁹ "Reports of Boone and Haslep," *Spirit of Missions* 56 (1891): 466.

⁴²⁰ H. W. Boone, "The Medical Work at Shanghai," *Spirit of Missions* 56 (1891): 277.

⁴²¹ H. W. Boone, "Letter," *Spirit of Missions* 66 (1901): 602-608. No biographic information on the women doctors has been found.

⁴²² H. W. Boone, "Good News from St. Luke's Hospital, Shanghai," *Spirit of Missions* 58 (1893): 377.

that there was no debt after the extension work had been done, and the all had been accomplished without asking the Church at home for any money.⁴²³

Although the hospital had been as popular as ever, attempts to update the facilities to match standards in the United States ran into difficulties at the turn of the century. It seemed that the capacity of mission field to carry a fast advancing medical profession had met its limit. Fortunately, the Voluntary Student Movement was gaining momentum and several young medical graduates came to China. They believed that an up-to-date hospital needed “satisfactory cleanliness and professional thoroughness” to meet the requirement of “modern delicacy and accuracy.”⁴²⁴

One of them, Dr. William H. Jefferys, joined in the APEM medical service in 1900. He persuaded his wealthy father, his two brothers, and other relatives to give the hospital a substantial donation toward a new building. It contained reception, consulting and operating rooms, sky parlor and roof garden, electrical and X-ray plant, a museum, and sixty-three beds for patients, bringing the hospital total to a hundred and three beds.⁴²⁵ Jefferys made further efforts to bring the hospital to the highest attainable grade of perfection, arguing that in so progressive a port as Shanghai, viewed as the center of foreign influence and the rendezvous for scientifically educated Chinese, should maintain high standards. He wrote home to ask for support when smaller items were badly needed.⁴²⁶

⁴²³ Henry W. Boone, “Mission Hospital Property at Shanghai,” *Spirit of Missions* 59 (1894): 145.

⁴²⁴ W. H. Jefferys, “How It Is to Be Housed and What It Still Needs,” *Spirit of Missions* 69 (1904): 182-188.

⁴²⁵ H. W. Boone, “How a Chinese Helped a Christian Hospital: Story of St. Luke's Hospital, Shanghai, China,” *Spirit of Missions* 74 (1909): 290-293.

⁴²⁶ W. H. Jefferys, “How It Is to Be Housed and What It Still Needs,” *Spirit of Missions* 69 (1904): 182-188.

Nonetheless, in the 1910s, funding became an issue for the further development of the hospital. During his furlough in 1906, Boone was permitted to raise \$15,000. News appeared in the *Spirit*, that he still needed \$10,500.⁴²⁷ In 1908, Boone wrote again, this time emphasizing support for treating the insane, but there is no record of any response.⁴²⁸ However, Boone did announce that the Chinese answered his call, providing support for a temple and grounds set apart for the proper treatment of the insane as well as its running expenses.⁴²⁹

Boone did not specify who those Chinese were. However, multiple times, Boone noted that the taotai, the city magistrate, and the magistrate of the mixed court donated funds toward the running expenses of the St. Luke's Hospital. There is a reason to guess that those who responded to Boone's appeal in 1908 were Chinese government officials. If this was true, it seems a shift of sponsorship for the Western medical profession in China was happening. At this juncture, H. W. Boone left China for good in 1910 due to his deteriorating health.

4.3 Organizing the China Medical Missionary Association, 1886-1915

The formation of an organization of medical men and women in the mission field in China in the 1880s was an indication of a process that gradually divorced the religion and the medicine profession in China. The news that medical professionals in the West were going to hold their sixth International Medical Congress (IMC), not in Europe but in the United States the first time, in May of 1887, prompted the local physicians to organize a China Medical Missionary Association (CMMA) in China. Although medical

⁴²⁷ *Spirit of Missions* 71 (1906): 854.

⁴²⁸ No article was found in the *Spirit* on responses to Boone's plea.

⁴²⁹ *Spirit of Missions* 73 (1908): 786-7, 866.

professionals along the scientific line would all be welcomed at the Congress, members must be delegates of local medical organizations to ensure recognition. To overcome the absence of any medical society in China, despite a considerable number of medical men and women who connected with the various Protestant mission societies in China, these medical professionals quickly moved to establish such a society.⁴³⁰ In such a vast country and without any central leadership but with strong professional zeal and will, the CMMA was formed through circulating letters among more than eighty potential members.⁴³¹ John Glasgow Kerr was elected the first president. Five vice presidents were also named, each representing districts of North China, Shanghai, Wuchang and Hankow, Canton, and Fukien and Formosa.⁴³²

Notwithstanding that Kerr was elected the first president of the CMMA, the ideas of establishing such an association as well as a journal of this association were first proposed by H. M. Boone. Having been associated with medical professional societies in the United States before he came to China in 1880, Boone must have been frustrated that he found no convenient apparatus to converse on scientific issues as he built his medical practice in China. Taking the opportunity that the news of the IMC afforded, Boone argued that English, French, German, and American doctors, including physicians, surgeons, and obstetricians, who came to China for doing good, wanted to be connected.

⁴³⁰ Editorial Notes and Missionary News, "The International Medical Congress," *Chinese Recorder* 17 (1886): 357.

⁴³¹ Editorials, "Introductory," "Constitution and By-laws of the Medical Missionary Association of China," *China Medical Missionary Journal* 1, no. 1 (1887): 29-31, 32-33.

⁴³² E. M. Griffith, "Letter to the Editor of the Recorder," *Chinese Recorder* 18 (1887): 113.

With a medical association, they could work together for common good and to know and to appreciate one another with a strong sense of *esprit de corps*.⁴³³

Boone also suggested that a medical journal would be “an organ in which to express ourselves, to report upon our work, and to enable medical missionaries to garner the constantly increasing mass of observations and experience for the good of our own body and of the world in general.”⁴³⁴ Medical missions were widely accepted as useful and being an important means of influencing the Chinese, but in Boone’s mind, they need to pursue a higher standard of excellence in science as well. To reach that goal, medical missionaries in China had to find common grounds for answering questions of medicine that been accumulating with their daily practices.

Boone believed that the medical missionaries had been gaining a professional self-consciousness and the time had come to organize themselves into a distinct group. The association and the journal would help them reach conclusions on professional questions they could not resolve if they still remained scattered around the country. An association would provide a forum to discuss medical education and resolve important issues such as whether instruction media should be in English or Chinese, whether or not all students should be self-supporting, what level of preparatory education should be expected, what would be the most proper curriculum of studies, what would be the proper amount of lab

⁴³³ H. W. Boone, “The Medical Missionary Association of China: Its Future Work,” *China Medical Missionary Journal* 1, no. 1 (March 1887): 1-5.

⁴³⁴ H. W. Boone, “This Journal, An Organ for all the Medical Men in China,” *China Medical Missionary Journal* 1, no. 1 (March 1887): 26-27. H. W. Boone, “A Chinese Medical Journal,” *China Medical Missionary Journal* 2, no. 2 (June 1888): 114-115.

work, clinical work, lecture hours, and what would be the standard of excellence for graduation.⁴³⁵

Besides medical education for Chinese, he also anticipated other question for discussion: What was a proper relationship between their medical work and evangelical work? Should the medical missionaries learn the language first for several years after coming into the field? What kind of quality mission hospital should be wanted, in terms of size, ventilation, accommodation capacity? How could they prepare their students make a living after graduation? How could instructors handle the difficulties caused by the dissection ban in this country? Would the tensions between the two professions, the religion and the medicine ever go away? Would the medical profession and the religious profession go separate ways? Boone argued that an organization exclusively for medical men in the mission field in China would unite them to find solutions for the difficult questions they were facing.⁴³⁶

Being one of three elected delegates from China to the Congress,⁴³⁷ and with the Congress date coinciding with his furlough arrangement,⁴³⁸ Boone not only was able to attend the meetings but also was able to take advantage of this time to visit, by invitation, medical facilities in the United States as well as in London and Paris. Among a series of activities of Boone, two highlights stood out. The first one was that the Congress appointed Boone and George Post of Syria as members of the committee to arrange for

⁴³⁵ H. W. Boone, "The Medical Missionary Association of China: Its Future Work," *China Medical Missionary Journal* 1, no. 1 (March 1887): 1-5.

⁴³⁶ Jessie Gregory Lutz, *China and the Christian Colleges, 1850-1950* (Ithaca: Cornell University Press, 1971), 143-144.

⁴³⁷ The other two were Peter Parker, who was in the United States at the time, and J. K. McKenzie. "Medical Missionary Association," *China Recorder* 18 (1887): 86.

⁴³⁸ *Spirit of Missions* 52 (1887): 316.

the place of meeting of the next congress. Boone thought that this action was a demonstration of recognizing medical missionaries as a part of the medical profession worldwide.⁴³⁹ The second was that, through visiting most renowned medical facilities in West, Boone observed the advancement of scientific medicine in the United State and part of Europe during seven years of his absence. Perhaps motivated by his goal of sharing this information with his colleagues in China quickly, Boone shortened his one-year vacation to eight months.⁴⁴⁰ On his return, he published an article that reviewed current practices in medical education and daily practice at universities, big city hospitals, and county facilities in the United States.⁴⁴¹

Although Boone came back in a hurry, with a tight budget, the Association was only able to hold a four day conference of the Association the first time in 1890, following the second General Missionary Conference of China in Shanghai.⁴⁴² The *China Medical Missionary Journal*, despite financial and other challenges, was published quite regularly after its first number of March 1887.⁴⁴³ Nonetheless, although there were increasing numbers of medical missionaries to China, its early aspirations were not fulfilled. Plans for another conference in ten years did not occur, with the next one coming after fifteen years in 1905. As early as in 1900, an article in the *CMMJ* had asked that “Why Does the Association not Grow More Rapidly?” The anonymous author reported that over one hundred of the medical missionaries in the country were not subscribers to the journal at

⁴³⁹ H. W. Boone, “Dr. Boone’s Vacation Work, November 9th, 1887, New York,” *Spirit of Missions* 52 (1887): 501-502.

⁴⁴⁰ *Spirit of Missions* 52 (1887): 503.

⁴⁴¹ H. W. Boone, “Medical Work in the United States,” *China Medical Missionary Journal* 2, no. 1 (March 1888): 10-14.

⁴⁴² Conference Number, *China Medical Missionary Journal* 4, no. 3 (March 1888): 87-244.

⁴⁴³ The Editorship of the Journal,” *China Medical Missionary Journal* 16, (1902): 86-7.

that time and they constituted roughly two-fifths of the medical men and women.⁴⁴⁴ In another anonymous article in 1902, the author suggested that the Association should be more active in printing out its history and its objects to the newcomers.⁴⁴⁵

Although as he was a leader, Boone did not find a way to encourage the growth and influence of the Association. Perhaps he did not realize that the original promoters of the Association actually set up contradictory regulations that had become barriers. Boone had early emphasized that members of the association were committed to focus on medicine not religion.⁴⁴⁶ This seemed like a clear-cut line between the religious and medical professions. However, an article of the Constitution established that to be a member of the Association, one had to connect to a reputable missionary society in China.⁴⁴⁷ The requirement immediately limited Western medical practitioners who were working in China under other auspices. This article also prevented Chinese who graduated from honorable medical educational institutions in the West, such as Wu Liande, the well-known plague fighter, from becoming a full member of the association. The leadership of the CMMA had become aware of this issue in the first decade of the twentieth century. George A. Stuart's Presidential letter on February 9, 1910, observed that to be courteous to as well as to secure support of Western medical men residing in China, membership should be granted to these doctors. Another issue was how to

⁴⁴⁴ "Why Does the Association not Grow More Rapidly?" *China Medical Missionary Journal* 14, (1900): 113.

⁴⁴⁵ "The China Medical Missionary Association," *China Medical Missionary Journal* 16, (1902): 36-7.

⁴⁴⁶ H. W. Boone, "The Medical Missionary Association of China: Its Future Work," *China Medical Missionary Journal* 1, no. 1 (March 1887): 1-5.

⁴⁴⁷ "Constitution: Article V," *China Medical Missionary Journal* 1, no. 1 (March 1887): 32-33.

evaluate Chinese graduates of medical schools in China and establish their qualifications.⁴⁴⁸

Although slowly, the CMMA grew. After the turn of the century new committees were established to work on particular issues such as research and publication.⁴⁴⁹ Members hoped these would provide a way of catching up with contemporary the medical science advances in the West and better suit the younger generation's zeal for career success. For example, a program of the Research Committee was to do fecal investigate in hunting for ankylostomiasis, a problem many faced in their practices.

As a result of the program, Jefferys, who had been working with Boone at the St. Luke's Hospital and the St. John's Medical School since 1901, wrote a book with James L. Maxwell (1876-1951), *The Diseases of China*. Of particular interest is his "Preface," where he comments on working with native practitioners. He rebutted previously prevalent views on Chinese and Chinese medicine. Jefferys observed that "It is not a true statement that the Chinese know nothing of anatomy and physiology. They have intelligent ideas as to the locality of organs and their mutual relationships, such as any observant people might gather in the course of time; and to some extent they have an appreciation of the functions of the different organs of the body." He also observed that, "there is not the slightest antagonism between the scientific practitioner and the native empirical practitioner. ...[T]he man who refuses to recognize the legitimacy of native practice or treats the native practitioner as a quack and a charlatan is provincial and

⁴⁴⁸ George. A. Stuart, "President's Letter, February 9th, 1910," *China Medical Missionary Journal* 24 (1910): 135-138. Although the issues were raised, no real change happened at this time.

⁴⁴⁹ *China Medical Missionary Journal* 22, (1908): 128.

narrow-minded. The native is entirely unprejudiced and will seek advice and invite consultation freely.”⁴⁵⁰ Unfortunately, it is not clear what impact this comment may have had on his Western and Chinese colleagues in terms of their practice.

Although some of the younger medical missionaries took more positive views on Chinese and Chinese medicine, the prejudice towards not only the native practitioners but also Western trained Chinese medical men and women was evident in the CMMA’s publications.⁴⁵¹ It was ironic that even before the establishment of the CMMA in 1887, medical missionaries in China were very concerned about and made efforts to educate Chinese young people in scientific medicine, but then were reluctant to bring them into their ranks. The first Chinese physician, Yan Fuqing, only entered the CMMA as a full member after much dispute in 1910. The renowned physician Wu Lian-teh was still an honorary member at that time because he had no missionary connection. At the end of the nineteenth and the beginning of the twentieth centuries, other Chinese dominated medical professional organization were founded but did not last long. However, one of them, the National Medical Association (NMA), with a focus on Chinese Western style medical practitioners, formed in 1915, as a place for those otherwise excluded.⁴⁵² It

⁴⁵⁰ William Hamilton Jefferys, and James L. Maxwell. *The Diseases of China, including Formosa and Korea* (Philadelphia: P. Blakiston's Son & Company, 1910), 15 and 24. For the significance of this book in Western medical development processes in China, see Marta Hanson, "Visualizing the Geography of the Diseases of China: Western Disease Maps from Analytical Tools to Tools of Empire, Sovereignty, and Public Health Propaganda, 1878–1929," *Science in Context* 30, no. 3 (2017): 219-280.

⁴⁵¹ George. A. Stuart, "President's Letter, February 9th, 1910," *China Medical Missionary Journal* 24 (1910): 135-138.

⁴⁵² "The National Medical Association," *Chinese Recorder* 47 (1916): 146-147.

stood the test of time and after about twenty years of time, would merge with the CMMA.⁴⁵³

4.4 Promoting Higher Medical Education in China, 1896-1915

When H. W. Boone came to Shanghai in 1880, besides establishing a hospital for the Mission, he also started medical education work. At that time, Benjamin Hobson (1816-1873), John G. Kerr, John Dudgeon (1837-1901), Dauphin W. Osgood (1845-1880), and others had already published a set of elementary level textbooks.⁴⁵⁴ The medical service assistants training programs had already progressed from purely apprenticeships to one that included course teaching and examinations as well as apprenticing.⁴⁵⁵ Before

⁴⁵³ In literature on medical missionary in China, few was found with the perspective of the history of the CMMC in English. Several articles found in Chinese focus on relationships between the CMMC and the NMC. See 刘远明, “中国近代医学社团: 博医会,” *中华医史杂志* 41, no. 4 (2011): 221-226, [Liu Yuanming, "Medical Societies in Modern China: China Medical Missionary Association," *Chinese Journal of Medical History*]. 刘远明, “中华医学会与博医会的合作与合并,” *自然辩证法研究* 28, no. 2 (2012): 93-99, [Liu Yuanming, "The Chinese Medical Association and the China Medical Missionary Association Cooperation and Mergers," *Studies in Dialectics of Nature*]. 刘远明, “从博医会中华医学会: 西医社团本土化探微,” *中国科技史杂志* 34, no. 3 (2013): 360-371, [Liu Yuan-Ming, "From the China Medical Missionary Association to the National Medical Missionary: Localization of the Western Medicine Community," *Chinese Journal for the History of Science and Technology*]. 陶飞亚及王皓, “近代医学共同体的嬗变: 从博医会到中华医学会,” *历史研究* 5 (2014): 79-97, [Tao Feiya and Wang Hao, “Evolution of the Modern Medicine Community: From the China Medical Missionary Association (CMMA) to Chinese Medical Association (CMA),” *Historical Research*]. 王皓, “歧异与博弈: 博医会与中华医学会合并之再思,” *基督教学术* no. 1 (2015): 203-223, [Wang Hao, “Divergence and Gaming: Rethinking the Merger between the China Medical Association and the National Medical Association,” *Christian Scholarship*]. So far, I have found one article that discussed the relationship between the religious and medical professions. However, that article did not cover the CMMA. See Young, Theron Kue-Hing, "A Conflict of Professions: The Medical Missionary in China, 1835-1890," *Bulletin of the History of Medicine* 47, no. 3 (1973): 250-272. There are works that concern medical missionaries' position within the Christian mission field. For an example, see Gerard Jansen, "Christian Ministry of Healing on Its Way to the Year 2000: An Archaeology of Medical Missions," *Missiology* 23, no. 3 (1995): 295-307.

⁴⁵⁴ Philip B. Cousland, “Medical Education,” *China Medical Missionary Journal* 11 (1897): 214-216.

⁴⁵⁵ 孙希磊, “基督教与中国近代医学教育,” *首都师范大学学报 (社会科学版)* no. 7 (2008): 133-135, [Sun Xilei, “Christianity and Modern Medical Education in China,” *Journal of Capital Normal University (Social Sciences Edition)*].

Boone's educational program, medical missionaries had regularly trained and employed hundreds of native assistants in China. Although Boone brought up-to-date information about medical education in the United States, he was also able to build on the foundation laid by his predecessors, a medical course in the St. Luke's Hospital was not much difference than other one-man medical training efforts.⁴⁵⁶ Gradually Boone pushed medical education in China to additional stages with more and more systematic training.

At the very beginning, notwithstanding that he was the only physician/surgeon in charge of a hospital as well as a dispensary for many years, Boone enjoyed favorable circumstances that were not available to most of other missionary medical instructors. He was backed up by the St. John's College of the APEM, which was started a couple of years before Boone's coming and which included an English course. Taking advantage of this establishment, students of Boone's medical course studied chemistry, physics, and materia medica under Mr. Cooper, sometimes with the assistance of Yan Yongjing, for two years first at the College. Then, after passing examinations, they came to reside at the hospital and did work as clinical clerks and dressers while receiving practical medicine training under Boone.⁴⁵⁷

Boone believed that the knowledge and skills could be imparted to Chinese students was constrained by the instruction manner of "one man working by himself." However, for years, he was not able to recruit medical missionaries for the Mission Station at Shanghai and not able to build a full faculty for medical training. Still, he persisted especially when he saw the fact that the Qing government introduced a list of Western

⁴⁵⁶ H. W. Boone, "Report to Bishop S. I. J- Schereschewsky, Shanghai, St. John's College, June 29th, 1881," *Spirit of Missions* 46 (1881): 423-424.

⁴⁵⁷ H. W. Boone, "Medical Mission Work at Shanghai," *Spirit of Missions* 66 (1901): 602-608

subjects into its civil service examinations. Boone hoped that the government could recognize the benefits of Western medical education as well. In 1890, at the first CMMA conference, he pleaded with his peers, in China as well as in his homeland, to assist medical schools in the vast country he was serving and pointed to the needs of such schools for more instructors, money, and teaching apparatus. Boone claimed with confidence that “the medical profession is slowly but surely gaining ground, increasing in weight, power and in the esteem of all that is best and noblest of mankind”, and that “every true follower of medicine carries deep down in his heart the noble aspiration to ‘do good unto others.’”⁴⁵⁸

His appeal, however, did not receive immediately attention among his medical colleagues in China. For a long time after the 1890 Conference, many dedicated missionaries were still ambivalent on such questions as should the missionary hospitals educate natives as medical students at all? What kind of students should be educated? And, what should be the extent and character of their education?⁴⁵⁹ So, even as Boone and the *CMMJ* focused on the training of hospital assistants, missionaries had a very different sense of purpose.⁴⁶⁰ It seemed that the notion of medicine being a handmaid for evangelizing Chinese was still deeply rooted in many medical missionaries’ minds. At the same time, the religious work and the medical work were closely aligned. Each individual mission was still the main carrier for conveying Western medical practices and, to certain extent, medical knowledge transfer.

⁴⁵⁸ H. W. Boone, “President Address: Medical Education for the Chinese,” *China Medical Missionary Journal* 4 (1890): 109-115.

⁴⁵⁹ Robert C. Beebe, “Our Medical Students,” *China Medical Missionary Journal* 3 (1889): 1-4.

⁴⁶⁰ “Editorial,” *China Medical Missionary Journal* 3 (1889): 173-175

The advocacy for missionary medical work in the United States carried quite specific stories. In connection with a Protestant evangelical movement in the United States, a Student Volunteer Movement also carried elements of Western expansionism.⁴⁶¹ The Young Man's Christian Associations in the universities of Cambridge and Oxford in England, and in Harvard, Pennsylvania, and Yale would become important influences for medical education development in China, and would contribute to the growing independence of the Western medical profession in China.

Among the American YMCAs, the one in Pennsylvania had the closest relationship with Boone's effort to establish a university based medical school in China. This outcome was far from assured, however, in the 1890s. The positive effect of the Student Volunteer Movement in various medical schools in the United States was to make it easier for Boone to recruit faculty members and helped contribute to Boone's one-man medical course becoming a department of the St. John's College.⁴⁶²

In 1896, the APEM reorganized the St. John's College into one institution, uniting the departments of arts and sciences, of medicine, and of theology under one general plan to insure a greater efficiency. The headmaster of the College, F. L. H. Pott, would be henceforth "President of St. John's College." Boone, now the dean of the medical school, headed a small faculty with four members on staff.⁴⁶³ The characteristic distinction between this new medical school and other existing mission medical

⁴⁶¹ Kenneth Scott Latourette, quoted in Sydney E. Ahlstrom, *A Religious History of the American People* (New Haven: Yale University Press, 1972), 858–859. Liping Bu, *Making the World Like Us: Education, Cultural Expansion, and the American Century* (Westport, Conn: Praeger, 2003).

⁴⁶² H. W. Boone, "The Education and Training of Chinese Medical Students," *China Medical Missionary Journal* 15 (1901): 173-175.

⁴⁶³ "Reorganization of the Department of St. John's College," *Spirit of Missions* 61 (1896): 122-123.

educational programs was that its enrollment requirement included preparatory courses and most preferred were those who studied at the St. John's College in English.⁴⁶⁴ The importance of this requirement for Boone was that it guaranteed the incoming students had the capacity, first, to receive a Western medical education with instruction in English, and, second, to have been preconditioned "in Western methods of study."⁴⁶⁵

Both Pott and Boone were firm on the point that English should be used as the instruction medium. Pott articulated this point clearly in an article which argued that the most practical way to cope with "the appalling ignorance of the Chinese and of their utter lack of real scientific knowledge of medicine and surgery," was to found medical schools to train native young men as doctors and surgeons. Recognizing the challenge, he thought that teaching in English would be possible in Shanghai, a city in which the East and the West met. The benefits of teaching in English was, first, it would allow the course to be equivalent as far as possible to curriculum of medical schools in England and America. Second, medicine was a constantly growing science, thus, teaching in English would allow the school to use the most up to date textbooks and to keep pace with the new knowledge and abreast of the age. Third, teaching in English would allow graduates to keep their connection of the West.⁴⁶⁶

In 1900, the medical school began to award diplomas to its graduates. The first class of four students had initially studied two years on the campus of the St. John's College for anatomy, physiology, chemistry, physics, materia medica, physical diagnosis, and

⁴⁶⁴ "Reorganization of the Department of St. John's College," *Spirit of Missions* 61 (1896): 122-123.

⁴⁶⁵ H. W. Boone, "The Education and Training of Chinese Medical Students," *China Medical Missionary Journal* 15 (1901): 173-175.

⁴⁶⁶ F. L. H. Pott, "Medical Education in China," *China Medical Journal* 23 (1909): 289-293.

microscopy, including histology and pathology. They then resided and studied at St. Luke's Hospital for practical subjects of surgery, obstetrics, pediatrics, and diseases of the skin, eye, ear, nose, and throat. Such graduates established the school's credibility and St. John's College was incorporated under American law with the title of St. John's University in 1906.⁴⁶⁷

After this incorporation, the course of the Medical School was lengthened from four to five years and with an increasing number of faculty members. In July of 1909, for the first time in Medical School of St. John's University, when the fourth group of five students graduated, after successfully completing the new five-year curriculum, they were awarded medical doctor degrees.⁴⁶⁸ Twelve students of the previous three classes of 1901, 1903, and 1907 had received diplomas after shorter curriculum programs, and they had to work to compensate their educational deficits. Some went abroad for further medical education. One of them was Yan Fuqing who went South Africa as a medical missionary first and then he studied at Yale Medical School, and received his M.D. there.⁴⁶⁹ Two other graduates of 1903, Eli Day (谭以礼) and E. S. Tyau (刁信德), and one of 1907, C. V. Yui (俞风宾), took an additional year of study in 1908 at St. John's and passed a special examination to receive their degrees of M.D. By 1909, Day and Tyau were faculty members of the Medical School.⁴⁷⁰ These well-credentialed graduates later became backbone of the National Medical Association.

⁴⁶⁷ Mary Lamberton, *St. John's University, Shanghai, 1879-1951* (New York: United Board for Christian Colleges in China, 1955): 58.

⁴⁶⁸ C. S. F. Lincoln, "School of Medicine, St. John's University," *China Medical Journal* 23 (1909): 308-312.

⁴⁶⁹ Qian, *Biography of Yan Fuqing*, 9-15.

⁴⁷⁰ C. S. F. Lincoln, "School of Medicine, St. John's University," *China Medical Journal* 23 (1909): 308-312.

When H. W. Boone left China for good because of health reasons in 1910, his thirty years' work on medical education was seeing twilight. The reform movement in China and the Voluntary Student Movement and advancement of scientific medicine in the West had all been favorable circumstances for establishing medical schools in China and linking with schools abroad. Although the Oxford-Cambridge University movement ultimately only reflected good intentions, the Yale Mission began its work in Changsha, Hunan (which will be detailed in next chapter), and the University of Pennsylvania Medical School in Guangzhou was in its trial stage.

Among these University Christian Associations' efforts, the one that went quite far in the early 1910s was the Harvard Medical School in Shanghai under the auspices of the Harvard University Medical School and with leadership of its graduates.⁴⁷¹ Although it survived just six years, from 1911 to 1916, its existence helped to publicize the idea of building a top-rate medical education center in Shanghai using English as the teaching medium. The beneficial result was that when the Pennsylvania Medical School in Canton run into trouble, its leader, Josiah C. McCracken, brought the Pennsylvania Christian Association to Shanghai in 1914. As a result of an agreement between the Penn Association and the St. John's Medical School, the medical school was renamed "The Pennsylvania Medical School, being the Medical Department of St. John's University."⁴⁷² It would award M.D. degrees that would be equivalent to those awarded by the Pennsylvania Medical School in the United States.

⁴⁷¹ "The Harvard Medical School," *China Medical Journal* 25 (1912): 52-53. Peter Kongming New and Yuet-Wah Cheung, "Harvard Medical School of China, 1911-1916," *Social Science and Medicine* 16 (1982): 1207-1215. The Harvard Medical School of China, 31 July 1911, folder 375, box 224, VAI 5.150, Harvard University Archives.

⁴⁷² Kaiyi Chen, *from the West: St. John's Medical School, Shanghai, 1880-1952* (Chicago:

Boone's model at St. John's Medical School seemed successful and the M.D. degrees earned from the St. John's seemed more valuable.⁴⁷³ However, exactly because "the men graduated" from the medical colleges in which English was adopted as teaching media would be "of very high value in the market," the majority of medical missionaries in China did not want to follow that path.⁴⁷⁴ While they united around the CMMA to establish higher medical education as an additional branch of medical missionaries' professional building in China, they sought other ways to maintain their medical schools' Christian characters. The CMMA recommended cooperation among mission societies in 1907 for the purpose of building large union medical schools at the centers of five districts of China: North, Central, East, West, and South. For each school, then, the cooperating mission societies would pool their sources together to satisfy the minimum requirement of a medical school in the West, including sufficient funding sources, satisfactory number of faculty members, up-to-date equipment, and connecting teaching hospitals.⁴⁷⁵

Medical school building became the most important topic for the CMMA and its journal.⁴⁷⁶ After its second conference in 1905, the CMMA held conferences

Imprint Publications, 2001), 56.

⁴⁷³ C. S. F. Lincoln, "The Place of the English-speaking Medical Schools in the Medical Education of China," *China Medical Journal* 24 (1910): 425-427.

⁴⁷⁴ "Address delivered by the Retiring President, Dr. Christie, at the Triennial Meeting, 1907," *China Medical Journal* 21, no. 3, (1907): 140-145.

⁴⁷⁵ Conference Report, "Medical Publications in Chinese," *China Medical Journal* 21, no. 3, (1907): 149-150.

⁴⁷⁶ R. T. Shields, "Union in Medical Education," *China Medical Journal* 25, no. 1 (1911): 17-23; Editorial, "Medical Education in China," *China Medical Journal* 26, no. 4 (1912): 249-251; Harold Balme, "Union Medical Colleges and the Mission Hospital," *China Medical Journal* 26, no. 4 (1912): 212-218; Philip B. Cousland, "The Need for a Policy on Medical Education in China," *China Medical Journal* 26, no. 5 (1912): 294-297; Thomas Gillison, "Medical Education: A Revolution Necessary in Medical Mission Policy," *China Medical Journal* 27, no.

approximately every two or three years throughout the rest of the association's history. The rough guidance that was crafted out at the CMMA conference in 1907 had been continuously reviewed and refined. However, the realization of planned medical schools took decades to accomplish. A review in the *China Medical Journal* in 1909 listed sixteen mission schools, including three newly built nursing schools. Among the fourteen medical schools, five non-union schools that had long histories were in good condition, three were shaky, and the rest were proposed union or non-union schools.⁴⁷⁷ In a subsequent survey in 1913, it was found that three out of five proposed union schools had not been started yet.⁴⁷⁸

The slowness of the school building process caused a great deal of anxiety among medical missionaries. In papers appeared in *CMMJ/CMJ*, the word "crisis" was frequently used by authors at the turn of the century. The feeling of urgency among medical missionaries was evident in the early twentieth century. First, after the 1894 Sino/Japanese War, the Japanese influences swarmed in on a variety of subjects, including Western medicine, and they also carried German influence. Second, the Chinese reformers activities around the 1911 Revolution seemed to threaten the medical missionaries' leadership. The third concern was about the fast-paced development in

(1913): 154-158; Correspondence, Herbert V. Wenham, "To the President of the CMMA: Medical Educational Policy," *China Medical Journal* 28, no. 2 (1914): 154-156; Editorial, "Medical Education in China," *China Medical Journal* 30, no. 6 (1916): 437-439.

⁴⁷⁷ W. H. Jefferys, "A Review of Medical Education in China," *China Medical Journal* 23 (1909): 294-299.

⁴⁷⁸ Thomas Cochrane, "Medical Education in China," *China Medical Journal* 27 (1913): 129-143.

scientific medicine and the ever-increasing expenses for medical education institution building.⁴⁷⁹

On the issue of modern medicine, the practitioners were not uniform in their concerns. On the one hand, some missionaries strongly emphasized that over five hundred medical missionaries were no longer to be regarded as stepping-stones for the success of evangelizing, but an integral, co-ordinate, and permanent part of the missionary work of the Christian Church in China.⁴⁸⁰ To form union missionary medical schools was a way to ensure to provide the younger generation of the native church with medical education under Christian influence.⁴⁸¹

On the other hand, some missionaries and supporters argued that the provision of efficient medical education, the most expensive form of education for Chinese students, was not a proper function of the missionary societies, in part because it was simply a large monetary gift to the Chinese. Instead, medical schools must have their own governing body independent from both missionary societies at home and of mission committees in China. The teachers appointed to each school should be responsible only to the governing body of the school. These medical schools should be adequately financed from sources other than those of the missionary societies.⁴⁸² More

⁴⁷⁹ H. V. Wenham "Medical Education under the Missions: Its Possibilities and Limitations," *China Medical Journal* 28 (1914): 261-262.

⁴⁸⁰ "Report of Mott Conference Committee: The Medical Missionary Association of China Calls the Attention of Dr. Mott, as Representing the Continuation Committee, and also of Home Missionary Societies," *China Medical Journal* 27 (1913): 87-89. It seems that this report, at least in part, was written in response to medical missions that were largely ignored in the list of subjects for consideration at the Edinburgh Conference of 1910.

⁴⁸¹ R. T. Shields, "Union in Medical Education," *China Medical Journal* 25 (1911): 17-23.

⁴⁸² H. V. Wenham "Medical Education under the Missions: Its Possibilities and Limitations," *China Medical Journal* 28 (1914): 261-262.

straightforwardly, Pott said that the medical education should be an end in itself.⁴⁸³

Different opinions on the development of medical educational institutions showed a shift in the relationship between the medical practitioners and their supporters.

4.5 Rediscovering Chinese Medicine through Medical History Study

Protestant missionaries were interested in Japan since the days when they first came to the East in the 1830s. Although they were not able to develop a significant mission field in Japan as they did in China, at the end of the century they observed the increasing Japanese influences on the Qing government's policies, which, in turn, began to influence Western medicine education in China after the 1894 Sino/Japanese War.⁴⁸⁴ For this current study, two issues are particularly relevant.

First, some medical missionaries who worked in education institutions worried that if Western scientific medicine came into China by way of Japan, the Christian influence would be lost.⁴⁸⁵ The Dutch India Company had been in Dejima, Nagasaki, for more than two hundred years and before the Meiji Restoration in 1868. Thus, if the Chinese government chose to follow the Japanese line of medical education, it would no longer be intimately connected to religious influences and the existing relationship between the medical profession and its mission carrier would be eliminated.

The second concern was language. In 1914 an *English-Chinese Medical Lexicon*, a many years' work of the Publication Committee of the CMMA, was published. Its publication demonstrated that "the Chinese language is perfectly capable of expressing

⁴⁸³ F. L. H. Pott, "Medical Education in China," *China Medical Journal* 23 (1909): 289-293.

⁴⁸⁴ W. H. Jefferys, "A Review of Medical Education in China," *China Medical Journal* 23 (1909): 294-299.

⁴⁸⁵ Thomas Cochrane, "Medical Education in China." *China Medical Journal* 27 (1913): 129-143.

any such [medical] ideas if the terms used are carefully defined beforehand.” As they acknowledged the influences of Japanese, these compilers tried to make use of Japanese terms whenever possible. However, the results satisfied neither the compilers nor the Chinese users. The Committee turned to Chinese scholars whose native Chinese language skills and training in Western medicine could effectively provide translation.⁴⁸⁶

Ding Fubao (1874-1952), one of those scholars who answered this call, became well-known for translating Western medical books that had been previously translated into Japanese into Chinese from 1909 to the early 1920s.⁴⁸⁷ Ding’s educational experience and his network of fellow countrymen provided him access to Western scientific and medical knowledge that built on his classical knowledge. Born to a low-ranking government official family in Wuxi, Jiangsu Province, Ding received literary style education at home-school and the evidential research method at Nanjing Academy, and eventually became a researcher.

He also learned Western style mathematics and training at the Academy. His teacher was Hua Shifang, a brother of renowned mathematician Hua Hengfang, who had also come from Wuxi. When Ding fell ill with tuberculosis, Hua introduced him to another Wuxi fellow countryman, Zhao Yuanyi (赵元益, 1840-1902), head of the Translation Bureau associated with Jiangnan Arsenal at Shanghai for thirty years. Collaborating with

⁴⁸⁶ J. H. Ingram, “Open Letter to Chinese Graduates in Medicine Who Have Qualified in Foreign Universities,” *China Medical Journal* 28 (1914): 129-130. The *English-Chinese Medical Lexicon* mentioned in this article was later developed into *高氏医学词汇* (*Cousland English-Chinese Medical Lexicon*) and published in 1937. 鲁德馨及孟合理, 编辑. *高氏医学词汇* (上海: 中华医学会, 1937), [Lu Dexin, and Percy Lonsdale McAll, *Cousland English-Chinese Medical Lexicon*].

⁴⁸⁷ For more detailed understanding about Ding Fubao and his wide range of interests and writings, including medicine, see Bridie Andrews, "Ding Fubao and the Morals of Medical Modernization," *East Asian Science, Technology and Medicine* 42 (2015): 7-38.

John Fryer (1839-1928), Zhao translated nine Western medical works into Chinese.⁴⁸⁸ While visiting Zhao in Shanghai in 1901, besides taking care of his own health issue, Ding also established some connection with the missionaries by briefly enrolling at Suzhou University, which was run by the American Southern Methodists; and studied Japanese by attending a new School for Japanese for six months.⁴⁸⁹

In 1906 Ding began to focus on printing, perhaps tired of his responsibilities as math teacher at a local school. He instead worked on textbooks in math and physiology which he later used to teach at the translation bureau of the new Metropolitan University in Beijing for a couple of years. After he resigned from the University, Ding came home to focus on practicing medicine as well as his printing business. While Ding's new publishing house, the Medical Bookstore (*Yixue shuju* 医学书局) paid well, his medical practice was not going as well as he hoped. An opportunity came to his way in 1909. The Manchu governor-general of Liangjiang, Duanfang (1861-1911), a reform-minded official, decreed that medical licensing examinations should be held for all practicing physicians in the region. Ding had the top score in this examination.⁴⁹⁰

Ding was awarded a five-week study trip to Japan. Duanfang instructed him to investigate the medical reforms that had been instituted there since the start of the Meiji Restoration in 1868. Sheng Xuanhuai (1844-1916), a prominent government official and

⁴⁸⁸ 齐君, "赵元益与近代中西医学交流," *史学月刊* 2 (2016): 132-134, [Qi Jun, "Zhao Yuanyi and Modern Sino/West Medical Exchange," *Journal of Historical Science*]. On a diplomatic tour of Europe in 1888, as a medical officer, Zhao had visited German bacteriologist Robert Koch's laboratory and learned Koch's method for treating TB.

⁴⁸⁹ 高毓秋, "丁福保年表," *中华医史杂志* 33, no. 3 (July 2003): 184-188, [Gao Yuqiu, "Chronological List of Ding Fubao," *Journal of Chinese Medical History*].

⁴⁹⁰ The problems of the examination showed a purpose of comparing Chinese and Western medicines. For a gist of those problems, see Andrews, "Ding Fubao," 19. And for its Chinese version see Gao, "Chronological List of Ding Fubao," 185.

industrialist, furnished Ding a thousand yen through the Chinese Ambassador in Japan, five hundred yen for traveling and the other five hundred for buying medical books that had been translated into Japanese from Western languages as well as certain western drugs that were available in Japan. The Japanese trip provided Western medical books that became a “reservoir” for him and on which Ding translated and compiled a series, *Ding Fubao's Medical Compendium*.⁴⁹¹

Through studying Western medical books in Japanese translation, Ding found a “short cut” to understand scientific medicine. He re-translated Western works from Japanese into Chinese. His task was easy because, at that time, Western style Japanese doctors were working to create new terminology that could help them to distinguish the Western scientific medicine from the old Chinese medicine. Ding made his translation readily available and his translations were popularly in use for at least two decades in China.

While working on translation, Ding was also exploring the relationship between Western and native medicines. It seems that he did not figure it out right away. It is useful to look closely at his small book of less than a hundred pages, *Biographies of Celebrated Physicians of All Times*.⁴⁹² It was first published in 1909 and reprinted in 1913. In the text body he described twenty-eight historically well recognized Chinese

⁴⁹¹ 邹振环, “丁福保与丁氏医学丛书,” *东方翻译* 6 (2011): 37-46, [Zou Zhenhuan, “Ding Fubao and his Medical Compendium,” in *East Journal of Translation*]; 袁华, “丁福保与出版事业,” *江苏图书馆学报* 5 (1990): 50-52, [“Ding Fubao and Publishing Business,” *Journal of Jiangsu Library*].

⁴⁹² 丁福保, *历代名医列传* (上海: 文明书局, 1937), [Ding Fubao, *Biographies of Celebrated Physicians of All Times*]. In 1914, Ding published a book on Western medical history after he acquired materials from Japan. See 丁福保, *西洋医学史* (上海: 丁氏医院总发行, 1914), [Ding Fubao, *History of Western Medicine*]. The copy I have investigated was photoengraved from this cited edition in the third group, no. 79 in Series of the Republic China, History of Science and Technology.

medical figures and two of his contemporaries or nearly contemporaries, Wong Fun (1829-1878) and Zhao Yuanyi. Then he added appendixes to introduce four foreign doctors. Some scholars argued that this arrangement indicated Ding's purpose in both "guarding traditional culture" and "conveying new knowledge".⁴⁹³ It seems that the pattern Ding presented here actually reflected a fault line of his inclusion standard, a line which differentiates a group of time-honored medical personages in Chinese history and several contemporary ones he learned through his life experiences. It seems that Ding was experiencing a process in exploring the relationship between the heterogeneous medicines, with limited access to Western medicine and its contributors.

Ding's first twenty-eight biographies of Chinese physicians highlighted those recognized for exceptional treatment results or for theoretical arguments. His list reflected other historical books, such as Pianque and Cangong in *Shiji*; or who had left significant publications reflecting their work.⁴⁹⁴ While Wong Fun and Zhao Yuanyi were not up to this standard. Wong was included because he was the first physician graduated from University of Edinburgh Medical School. Zhao had contributed to the translation of nine Western medical books and, significantly, he first introduced foreign medical researchers and practitioners to Ding. The four Western medical figures Ding discussed were William Harvey (1578-1657) for his discovery on blood circulation;

⁴⁹³ 杨奕望, "近代学者丁福保的医家传记 — 历代名医列传探微," *现代传记研究2* (2017): 80-92, [Yang Yiwang, "A Primary Study on Ding Fubao's Medical Biography: *Biographies of Celebrated Physicians of All Times*," *Journal of Modern Life Writing Studies*].

⁴⁹⁴ 司马迁, *史记* vol. 105 (北京中华书局 1959): 2785-2820, [Sima Qian (~145-86, BC), *Shi ji*]; According to Yang, Ding choose his twenty-eight figures out of more than one thousand three hundred physicians recorded in medical part of *Gu Jin Tu Shu Ji Cheng*, which was compiled and completed by Chen Menglei and Jiang Tingxi in 1726. See Yang, "A Primary Study," 83-84. 陈梦雷及蒋廷锡, *古今图书集成* (上海: 中华书局 1934), [Chen Menglei (1651-1741), and Jiang Tingxi (1669-1732), *Gu Jin Tu Shu Ji Cheng*].

Edward Jenner (1749-1823) for his new technique on preventing smallpox; John Glasgow Kerr (1824-1901) for his service conducted at Canton and especially for the number of lithotomies he performed; and Robert Koch (1843-1910) for his contribution on bacteriology and especially for his method of treating tuberculosis. Thus, Ding was probably highlighting foreign medical specialists he happened to know through his connections, such as Zhao Yuanyi.

During this period, Ding also was exploring ways to broadcast Western medicine to larger audiences. In 1911, he created a one-year correspondence course in which he organized Western medicine into twelve subjects. Each topic was to be studied for a month: physiological anatomy and medicine in general, pathology, materia medica and prescription, diagnosis, internal medicine, surgery, dermatology, syphilis, epidemiology, tuberculosis, pediatrics and obstetrics, and bacteriology. Each subject was matched with plain lecture notes, prepared by Ding himself, such as “Home Care”, “Test for Western Medicine”, “Study on TB”, “Study on Neurasthenia”, “A Short Discussion on Pathology”, and “A Short Discussion on Diagnosis.” Within five years, costing less than 50 yuan per year, this course attracted nearly a thousand students, mainly young gentries, who wanted to explore new knowledge.⁴⁹⁵ It also included Chinese medicine practitioners, and school students from Jiangsu, Anhui, Fujian, and Guangdong areas.⁴⁹⁶ Besides advancing his own commercial interests, Ding’s purpose for such a crash course

⁴⁹⁵ Gentry in Qing China denotes a person who had passed the civil examination but had not received an official position. No list of Ding Fubao’s correspondence students has been identified.

⁴⁹⁶ 刘玄, “医学与商业: 清末上海函授新医学讲习社研究,” *南京中医药大学学报 (社会科学版)* 17 no.3 (2016): 168-172, [Liu Xuan, “Medicine and Commerce: Research on ‘Correspondence Course for New Medicine’ in Late Qing Shanghai,” *Journal of Nanjing University of TCM (Social Science)*].

may not have been to cultivate sophisticated practitioners but rather to popularize the “new medicine.” However, one result from his effort was a student, Chen Bangxian (1889-1976), who carried on Ding’s exploration of re-learning Chinese medicine in the environment of the counterparts imported from abroad. Chen’ work will be discussed further in a later chapter.⁴⁹⁷

This chapter had presented the religious work and the medical work of the APEM in Shanghai. It demonstrates that the mission did not just sponsor medical missionaries to work in China, it also facilitated the medical missionaries’ work within the Chinese Christian circle it had developed. The medical missionaries, however, after years of being looked at as the ‘handmaid’ for evangelical tasks, began to claim their medical professional identity. Building on the foundation of hospital work laid down by their predecessors, and following the progress in the West, in the late nineteenth and early twentieth centuries, medical missionaries established higher medical education institutions to further the Western medical professional in China. Through the increased interactions between foreigners and Chinese, medical missionaries began to soften their harsh and sometimes disdainful view of indigenous medicine. Gradually, however, Chinese scholars also began a process to rediscover their own medical history. While the development of Western medical professionals by the medical missionaries in China would occur at a faster rate in the coming decades, the trend of reexamining their own medical culture would also be widened.

⁴⁹⁷ Chen Bangxian, *History of Chinese Medicine* (Yixue Shuju, Shanghai, 1920).

Chapter 5: Public Health in a Localization Process, Changsha, 1901-1927

The beginning decades of the twentieth century China were marked by deepening chaos. The signing of the Boxer Protocol,⁴⁹⁸ the downfall of a feudalistic dynastic system, and the struggles to build a new republic brought Chinese people into overwhelming poverty, famine, and wide-spread epidemic diseases.⁴⁹⁹ Medical missionaries in China observed that a resulting “Revolution is an assertion of China’s determination to adopt Western civilization” and that “China has decided to introduce Western education throughout the land.”⁵⁰⁰ Whether that large claim was true or not, some Chinese authorities and active missionaries did urgently request, alongside the medical education, the public health measures.

Missionaries encountered serious health problems as soon as they arrived China. The decades-long turbulent and volatile situations made the condition even worse.⁵⁰¹ Unfortunately, although medical missionaries understood that they had to cooperate with Chinese and their government to improve public health conditions in China, the mission

⁴⁹⁸ The Boxer Protocol, one of the unequal treaties, was signed on September 7, 1901, between the Qing Empire of China and the Eight-Nation Alliance that had provided military forces (including Austria-Hungary, France, Germany, Italy, Japan, Russia, the United States, and the United Kingdom).

⁴⁹⁹ Delavan L. Pierson, “Health and the Gospel in China,” *Missionary Review of the World* 41 (January 1918): 19-28.

⁵⁰⁰ Memorandum, “Yale and the Problem of Medical Education in China,” by E. H. Hume, May 6, 1912. Yale-China Association Records (RU 232), Manuscripts and Archives, Yale University Library, New Haven, Connecticut (RU232, MA, YUL hereafter).

⁵⁰¹ William Gordon Lennox, *The Health of Missionary Families in China: A Statistical Study* (Denver, Colo.: University of Denver, 1921); William Gordon Lennox, *A Comparative Study of the Health of Missionary Families in Japan and China and a Selected Group in America* (Denver, Colo: Dept. of Economics, University of Denver, 1922).

societies that sponsored them were not be very helpful. Unlike the Jesuits who came to China in the seventeenth and early eighteenth centuries, Protestant missionary had never been able to establish close relationship with China's governments, starting from the Qing China. Medical missionaries, due to medical service they offered, had been gaining support from local people and local government officials, but the support was often for specific purposes. Moreover, when medical missionaries were planning on cooperation with Chinese, they sometimes held back because of fear of losing their leadership in the Western medical profession being built in China or because of under valuing their Chinese colleagues' potential and the patriotic sentiments of Chinese people.⁵⁰²

Thus, while they were expecting another several decades of leadership for the Western medical profession in China, their place was quickly replaced by the rising Chinese leadership in medical schools and in public health endeavors. The following chapter will first introduce the Xianya (Hsiangya) Medical School in Changsha, Hunan, as an unprecedented case that developed out of the process for localizing Western medical profession. Second, it will also introduce how, in several localities in China, the medical missionaries, the Chinese medical students, and the non-mission foreigners participated the initial development of public health measures. Third, growing Chinese medical leadership in medical colleges and in public health measures in China led to the parting of the medical profession from its mission sponsors, symbolized by the taking the word 'missionary' from both the association and its journal. Fourth, this chapter will end

⁵⁰² Dugald Christie, "Co-operation with the Chinese in Medical Education," *China Medical Journal* 27, no. 3 (1913): 148-153; P. J. Todd, "Co-Operation with the Chinese in Medical Educational Work," *China Medical Journal* 27, no. 3, (1913): 143-147.

with introducing the development of the medical history study movement among Chinese scholars, trained by Western medicine, by native Chinese medicine, or by both.

5.1 Cooperating in Higher Western-style Medical Education, Changsha, 1914-1927

The medical missionaries, who were increasingly motivated by the idea of building medical educational institutions in China, in response to financial difficulties caused by European wars, simultaneously began to face real Chinese competition. Under these circumstances, Xiangya Medical School in Changsha emerged as an unprecedented case demonstrated a localization process for constructing a higher Western-style medical education system in China. Between 1914 and 1927, the collaboration between the medical missionaries and local Chinese helped Chinese medical doctors come to the forefront of medical education. The Xiangya Medical School, formed as the newest component of the Yale Foreign Missionary Society's efforts in China, distinguished itself from earlier missionaries' undertakings through its cooperation with local gentry and regional government as well as in its high-quality graduates.⁵⁰³

The Yale Foreign Missionary Society was a result of several Yale graduates' efforts in 1901. They were inspired by the spirit of the Student Volunteer Movement and deeply disturbed by the death of Horace Tracy Pitkin, a Yale graduate, during the Boxer Uprising in China. The Society was often called the Yale Mission and later widely known as Yale-in-China. These graduates founded an alliance among faculties and

⁵⁰³ 赵厚颯, *雅礼会在华教育事业研究, 1906-1951* (济南: 山东教育出版社, 2008), 297-386, [Zhao Houxie, *A Study on Yale-in-China's Educational Enterprise*]; Reuben Holden, *Yale in China: The Mainland, 1901-1951* (New Heaven: Yale in China Association, 1964), 124-164; W. Reginald Wheeler, *Flight to Cathay: An Aerial Journey to Yale-in-China* (New Haven: Yale University Press, 1949), 33-58; "The Progress of Medical Education in Hunan, China," *China Medical Journal* 35 (1921): 114-122; F. C. Yen, "An Example of Co-operation with the Chinese in Medical Education," *China Medical Journal* 31 (1917): 218-224.

leadership of Yale University. The Society's financial support mainly came from individual donations, a large portion from alumni, raised in the name of Yale. Its aim was to work on education in China at a time when the Late Qing government had already supported modern education but at the same time showed its intention to curb missionaries' religious teaching in schools.⁵⁰⁴ Although the Society established a relationship with the American Board of Commissioners for Foreign Missions initially, its leaders insisted on being a non-denominational and later downplayed its Christian identity to adapt to the situation in China.

E. H. Hume (胡美, 1876-1957) was the first medical doctor the Yale Mission sent to Changsha, Hunan, in 1905. Originally, he went to India where his parents served as missionaries, but Hume changed his destination to China because the association planned to implement medical education in Changsha, a provincial capital that was very recently opened to the Westerners.⁵⁰⁵ Hume quickly built a reputation in practicing Western modern medicine.⁵⁰⁶ While his practice wedged Western medicine into local culture, Hume discovered the value of Chinese civilization and its native medicine. He deeply appreciated the help he had received from various Chinese people during his struggle to establish a Western enterprise in a different environment.⁵⁰⁷ Both Hume and his

⁵⁰⁴ 朱有瓛, “光绪二十九年十一月二十六日 (1904.1.13) 张百熙、荣庆及张之洞 学务纲要,” *中国近代学制史料*, Vol. II, Book 1, (上海: 华东师范大学, 1983), 77-100, [Zhu Youhuan, “January 13th, 1904 ‘Academic Program Outlines,’” in *Archives of China's Modern Time Educational Systems*]. The Yale-in-China, a name generally recognized since 1913, was originally the Yale Foreign Missionary Society. In 1934, it became a secular organization and was renamed Yale-in-China Association in 1943. In 1975, it acquired the name Yale-China Association.

⁵⁰⁵ E. H. Hume, *Doctors East, Doctors West: An American Physician's Life in China* (New York: W.W. Norton, 1946), 19-21.

⁵⁰⁶ Hume, *Doctors East, Doctors West*, 58-84.

⁵⁰⁷ Xi Lian, *The Conversion of Missionaries: Liberalism in American Protestant Missions in China, 1907-1932* (University Park, Pa.: Pennsylvania State University Press, 1997), 25-130.

colleagues in New Haven recognized the usefulness of Chinese workers in their program.

Thus, leaders of the Society in New Haven kept keen eyes on outstanding Chinese Yale graduates and recruited them for Chinese initiatives and leadership.⁵⁰⁸ In 1910, Yan Fuqing (颜福庆, Fuchun Yen, 1882-1970), a newly graduated Chinese medical doctor from Yale Medical School, was recruited by the Yale Mission and was sent to Changsha to help Hume to extend the Mission's medical work. Yan came from a family which was deeply involved with activities of Western missionaries. They strongly believed in strengthening China through Western science and were active in the Chinese Christian network in East China. Yan's father was Reverend Yan Yongjing's younger brother. His father was a dedicated young educator of the American Protestant Episcopal Mission in Shanghai who had died young from an acute disease at a time when his missionary work was well underway and his son was only six years old. As a result, Reverend Yan became a father figure in his nephew's life and supported his nephew's education. Influenced by his uncle's strong understanding that China badly needed scientific medicine, Yan dedicated himself to the study of Western medicine. After he graduated from the Medical Department of the St. John's College, Shanghai, in 1903, the nephew Yan went to South Africa to serve emigrant Chinese miners there for a year. Although his service was highly praised, the young Yan felt the need to brush up his medical

⁵⁰⁸ Memorandum, "Yale and the Problem of Medical Education in China" by Edward H. Hume, 6 May 1912, RU232, MA, YUL.

knowledge. Yan went to the United States and graduated from the Medical School of Yale University *cum laude* in 1909.⁵⁰⁹

Yan's academic record and his religious orientation were noticed by Yale China Mission. The Mission hired him specifically to help Hume in extending medical educational work in Changsha. Hume looked at Yan as a fine young Christian doctor with up-to-date scientific medical training. As soon as Yan arrived in 1910, Hume took Yan with him to attend the biennial conference of the China Medical Missionary Association (CMMA). Hume's action was criticized by many of his medical missionary peers who questioned the qualifications of Western trained Chinese doctors.⁵¹⁰

Money was an issue for the Yale Mission's medical work in Changsha. In 1910 the Mission had not raised enough funds to build a hospital and certainly nothing for a medical school. In 1911, funding became available through a pledged donation by a Yale University alumnus, Mr. Edward S. Harkness. He agreed to give a sum of \$150,000 for the construction of the hospital, which would include equipment, architects' fees, and supervising expenses to enable the Yale-in-China Mission to have a hospital that could be then a base for future medical school development. Other questions remained. Where should the hospital and medical school be built? Should the instruction be in English or Chinese? These issues were heatedly debated among missionaries in China.⁵¹¹

⁵⁰⁹ 钱益民, 颜志渊及彭裕文, 颜福庆传 (复旦大学出版社, 2007), [Qian Yimin, Yan Zhiyuan and Peng Yuwen, *Biography of Yan Fuqing*].

⁵¹⁰ A two-years appointment letter to Yan Fuqing, 16 May 1909, RU232, MA, YUL. Yan received equal treatment, in salary and in having the right to participate in medical missionary conferences, in comparison with his American colleagues. Hume, *Doctors East, Doctors West*, 141-144.

⁵¹¹ Memorandum by Hume, RU232, MA, YUL.

Representing the majority of missionary educators, P. B. Cousland, President of the CMMA, had presented his opinions a little less than a month before the *Xinhai* Revolution. He argued, based on a recommendation made by the CMMA in 1907, that in order to overcome Chinese opposition and competition with the Western missionaries in medical educational work, Yale-in-China Mission should join with other Missionary Boards so that the limited resources of each single organization could be pooled together to establish a strong unified medical school with high standards. He suggested that this medical school should be located at Wuhan, which was geographically strategic with convenient transportation to reach other parts of China and therefore would be able to widen the pool of potential students. At the same time, he insisted that the courses in the medical school should be taught in Chinese because so few Chinese would otherwise have the education and means to study medicine.⁵¹²

Cousland wrote from Edinburgh, Scotland. When his letter arrived Changsha, China was in the middle of the heated *Xinhai* Revolution. Western missionaries quickly recognized a looming stronger government of China that had an emphasis on modern education with special attention given to more practical subjects, such as medicine, engineering, and law. Also, some missionaries realized that they should avoid competing directly with governmental educational institutions, both those in operation as well as those that would be established in the future.⁵¹³

⁵¹² P. B. Cousland to E. H. Hume, 23 September 1911, RU232, MA, YUL.

⁵¹³ Memorandum by Hume, RU232, MA, YUL; John F. Goucher, "China and Education," *International Review of Missions* 1 (1912): 123-139; Thomas Cochrane, "Needs of the New Era in China," *International Review of Missions* 1 (1912): 294-311.

Under these circumstances, the Yale Mission leaders decided not to move their medical education work to Wuhan. However, due to the shortage of funding, the Mission also decided to initiate only the hospital building and to postpone the plan for establishing a medical school. Yan Fuqing, in reacting to this latter decision, wrote a letter to A. C. Williams on November 20, 1912. In this letter, Yan began with reporting a liberal donation of \$5,000 given by the Governor, Tan Yankai (谭延闿) to support the Yale Mission's medical work as a demonstration of the Hunanese response to the Mission's local appeal. He then went on to express his disappointment on the recent resolution that the Mission would aim only for a hospital. He argued that the need of Western scientific medicine in Changsha was increasing, pointing out that "officials and people are constantly asking us when are we going to open a medical school, and students are applying to us daily for medical training" and that "the Government is eager to start a medical school in connection with the new Hunan University."⁵¹⁴

He furthermore suggested that "since our Society is either unable or indisposed to start a medical school, what [about] making it a joint enterprise with the Government?" In Yan's opinion, it was possible for Yale Mission to "supply such a joint institution with first class doctors, and the Government with buildings and the bulk of the money." In addition, Yan offered examples to demonstrate that

"such a joint enterprise, of foreigners and Chinese, is practical as well as desirable. For instance, when the Red Cross Hospital was first started, it was a combined effort of both foreigners and Chinese. Its management and control rested with a committee, cosmopolitan in character. This hospital has now been turned into a city public hospital with every prospect of success. Also, the Harvard Medical School in Shanghai has now severed her connection with St.

⁵¹⁴ Correspondence Extract from Yan Fuqing to A. C. Williams, 20 November 1912, RU232, MA, YUL.

John's and chosen to cooperate with the China Red Cross Society, which is a Chinese undertaking."⁵¹⁵

Yan's suggestion was adopted. Hume and Yan were appointed deputies for implementing the joint adventure. Although the local government was enthusiastic about an integrated enterprise, the central government, which was controlled by a different warlord sect and under the influences of Chinese medical graduates who had studied in Japan, was not. The Peking government rejected the agreement between the Yale Mission and the Hunan provincial government in 1913 with a high-sounding excuse that a direct cooperation between governmental institutions and a foreign party was unprecedented and not appropriate.⁵¹⁶

In order to respond to this negative decision Yan worked with local gentries to form a Hunan Yuqun (Ru-Chun) Educational Association. This led to an agreement of cooperation between the Yuqun Association and the Yale-in-China program and a Hunan-Yale Medical Educational Association was formed. The signed agreement passed the central government's scrutiny in 1914. The Yuqun Association acquired funding for the project by applying to the local government for grants, which granted funding sufficient to purchase a piece of land, establish school buildings, and provide annual running expenses for five years.⁵¹⁷

Unfortunately, the Yale Mission had insufficient funding to meet its obligation to provide sufficient faculty. Fortunately, this issue was drawn to the attention of the

⁵¹⁵ Yan to A. C. Williams, 20 November 1912, RU232, MA, YUL.

⁵¹⁶ Statement of the Siangya Proposition by Edward H. Hume, March 1914. RU232, MA, YUL; Note 2 in a Chinese translation of Xiangya's 1921 report ("The Progress of Medical Education in Hunan, China,") by Deng Yiwei, 26 June 1979, 35(2), Z11 249, Archives of South-Central University, Changsha, Hunan (Hereafter ASCU).

⁵¹⁷ Statement of the Siangya Proposition by E.H. Hume, March 1914, RU232, MA, YUL.

Rockefeller Foundation (RF), which had just entered China and had considerable resources. Its first Medical Commission visited Changsha in 1914. This tour had important consequences. First, the Commission was supportive of the Yale Mission's intention of producing elite Chinese medical professionals. These graduates would not only be the future leaders of scientific medicine in China but also would be capable of establishing and maintaining ties with the West. Therefore, the RF supported the idea that the course instruction in Xiangya be in English. Second, the Rockefeller Foundation would furnish the funding needed for Xiangya to hire sufficient teaching staff for five years.⁵¹⁸

At this first trial stage, neither side had bound themselves with a long-term commitment, perhaps due to the political turmoil in China. When the five-year period came to an end in 1919, however, the Xiangya Medical School did not yet have its first graduate because entering students had needed to spend two years in preparatory schooling, leaving insufficient time for the five years medical schooling to be completed. Without definitive results, Xiangya was once again the center of heated debate about its long-term viability among Western missionary medical educators, many of whom still did not support a medical school in Changsha. Leaders of the Council of Medical Education of the CMMA "classified Xiangya in the same category with [medical schools of] Mukden and Canton and suggested that unless the base of support for Changsha school could be broadened through cooperation with missions or other interested organizations, it should seriously consider the advisability for its continuance."⁵¹⁹

⁵¹⁸ China Medical Commission of the Rockefeller Foundation, *Medicine in China*, (New York, Chicago: University of Chicago Press, 1914): 30-53.

⁵¹⁹ Yan Fuqing to E. H. Hume, 6 March 1920. RU 232, MA, YUL. Medical Schools at Mukden

In response to the issue of continuity between the Yale China Mission and the Yuqun Educational Association, Hume presented his memorandum to the Medical Advisory Board in New Haven and strongly emphasized Chinese opinions. Hume observed that “The cooperation now existing at Changsha is unique in the annals of western institutions in China.”⁵²⁰ Chinese themselves, whether sympathetic to the Christian missions or not, were very interested in educational progress. Hume observed that the interest of local Chinese leaders continued to be supportive of the school. His Chinese colleagues on the local board had secured, between 1913 and 1918, a total amount of \$260,000 Mex. During the financial struggles of 1918 and 1919 these Chinese colleagues, consciously knowing the importance of medical education, worked unstintingly to secure funds to prevent closing its doors.⁵²¹

Hume’s argument about Chinese feelings and their wishes and his passionate memorandum seemed to have worked. The Medical Advisory Board resolved that with proper support, the Medical School at Changsha, “already so auspiciously begun, so vigorously conducted” would be “a very great field of usefulness in the development of Western medicine in China and in the training of Chinese students in modern scientific medicine.” The Board strongly urged that every effort be made to secure the requisite funds for the continuance and further development of the Medical School at Changsha.⁵²² The RF once again extended its hand to the Yale Mission to support teaching staff. The Xiangya Medical School continued.

and Canton were considered mediocre among medical missionaries in China at the time.

⁵²⁰ Statement Regarding the Future of Medical Education at Changsha by Edward H. Hume, 14 October 1919, RU232, MA, YUL.

⁵²¹ Statement by Hume, 14 October 1919, RU232, MA, YUL.

⁵²² Correspondence Regarding the Medical Advisory Board’s Resolution on Xiangya’s

The next five year was proved to be more difficult for the school despite the fact that Xiangya presented its first high quality graduates in 1921. It was unfortunate at this conjuncture that the publication of a study⁵²³ by the American Education Commission on the work of missionary boards and societies in China, recommended holding the World Student Christian Federation's 11th annual conference at Qinghua University in Beijing in 1922. This decision, when made public, triggered an anti-Christian movement in China that persisted intermittently from 1922 to 1927. Relevant studies mostly attributed the influence of Russia and local communists as the major generator of the movement.⁵²⁴ However, the missionary education circle also failed to cooperate with China's governmental regulations and that contributed as well to arousing negative opinions towards Western missionaries among the public at large. For example, despite the strong anti-Christian movement and the National Government of China emphasizing that all private educational institutions, including those established by foreigners, must be registered with the government,⁵²⁵ the St. John's University dragged its feet and failed to register until 1946.

The Yale Mission intended to have the control of Xiangya Medical School equally shared between the Yale-in-China Mission and the Chinese Yuqun Educational

Continuation from E. H. Hume to Yen Fuqing, 20 December 1919, RU232, MA, YUL.

⁵²³ Ernest D. Burton, *Christian Education in China: The Report of the China Educational Commission of 1921-1922* (Shanghai: Commercial Press, Ltd., 1922).

⁵²⁴ Jessie Gregory Lutz, *Chinese Politics and Christian Missions: The Anti-Christian Movements of 1920-28* (Notre Dame: Cross Cultural Publications, Inc., 1988); 杨天宏, *基督教与民国知识分子: 1922年-1927年中国非基督教运动研究* (北京: 人民出版社, 2005), [Yang Tianhong, *Christianity and the Intelligentsia of the Republic of China: A Study of the Anti-Christianity Movement in China, 1922-1927*].

⁵²⁵ Exhibit F: Registration of the College, ND, Folder 250, Box 15, Serious 1 (S1), China Medical Board Records (CMB), Rockefeller Archive Center, (CMB, RAC, hereafter).

Association. However, despite the management of the school registered Xiangya with the government as such at the outset, its staff, especially foreigners in Xiangya Medical School still felt the impact of the hostile mass movement at this crucial moment when the end of the second five year contract was approaching. Hume might have anticipated this problem when he initiated a discussion in 1923 with Yan about making Xiangya an all Chinese school.⁵²⁶ Yan's answer showed his ambivalent feelings towards this suggestion:

“As to the second part of your letter, with regard to the organization of an all Chinese medical school, I am compelled to differ with you. While all Chinese will appreciate the spirit in which the suggestion is made, I do not think that the time has come to assure full success of an all Chinese medical school. As in Japan, the educational work in China, conducted under foreign auspices needs to go through the same necessary stages. In the beginning the work is conducted entirely by foreigners, then by cooperating with the Chinese; the Chinese workers are introduced and gradually increased until finally the entire institution is turned over to their care. We all need to be patient and willing to go through these steps. I always consider the YMCA policy as a good one because it seems best adapted to the present requirements in China. However, I do feel that we have entered into the second period of this cooperation when we need to work together more fully and in more real way.”⁵²⁷

The negotiation of a new contract in 1924 came at a time when the anti-Christian movement was surging. Yan reported to Hume in another letter that “Chinese suggested managers on the Board should be increased to 30 in order to interest more Chinese, specially the average Chinese, in the affairs of Xiangya,” and that “four out of seven members on the Executive [committee] shall be Chinese.”⁵²⁸

At this time, the Yale Mission was confronting ever more difficulties in raising funds for Xiangya. In the initial ten years, the Mission had not identified major financial

⁵²⁶ E. H. Hume to Yan Fuqing, 18 April 1923, RU232, MA, YUL.

⁵²⁷ Yan Fuqing to E. H. Hume, 1 May 1923, RU232, MA, YUL.

⁵²⁸ Yan Fuqing to E. H. Hume, 5 July 1924, RU232, MA, YUL.

aid beyond that of the Rockefeller Foundation and Commonwealth Fund.⁵²⁹ Whether or not the Yale China Mission could continue secure future financial support from them was also uncertain. H. S. Houghton, the president of the Peking Union Medical College (PUMC), predicted that the possibilities of the missionary organizations getting new grants from the China Medical Board were practically none. Future support from Mr. Harkness was uncertain as well.⁵³⁰

With the grants promised by the RF and the Commonwealth Fund ending in the middle of 1926, the Yale China Mission sensed that the Medical School could not be continued for more than a limited time unless entire responsibility was assumed by the Chinese.⁵³¹ Between giving up its medical education effort altogether and turning over staffing, oversight, and funding to the Chinese, the Yale Mission preferred the latter.⁵³²

A final agreement between the Hunan-Yale Educational Association and the Yale Mission for cooperation in Medical Education was signed in 1925.⁵³³ Under the new agreement, three new organizations were created: 1) a Chinese Board of Directors which assumed complete control of the Medical College; 2) an Advisory Committee, including of members of the Yale-in- China Mission, who might sit with the Board and make recommendations, but had no vote; and 3) a Joint Administrative Committee which functioned as a harmonizer between the management bodies of the Medical College, the Hospital and the School of Nursing: the latter two, financed by the Yale Mission were to

⁵²⁹ Commonwealth Fund was established by Mr. E. S. Harkness' mother in 1918.

⁵³⁰ Yan Fuqing to E. H. Hume, 5 July 1924, RU232, MA, YUL.

⁵³¹ Agreement vote # 594 in report "Votes Passed by Yale-In-China Trustees Relating to Cooperation in Medical Work at Changsha," 1925, RU232, MA, YUL.

⁵³² Agreement vote # 594, 1925, RU232, MA, YUL.

⁵³³ Vote #607, "Votes Passed by Yale-In-China Trustees Relating to Cooperation in Medical Work at Changsha," page 2x, 17 January 1925, Box 32, Folder 301, MA, YUL.

continue under a Joint Board. Beginning with an aim of establishing a Chinese Medical College at the earliest moment, after a little more than ten years, a relatively successful medical college, Xiangya, was essentially made a Chinese Institution.⁵³⁴

Begun as an institution of cooperation, the ten years history reveals ongoing negotiations that related to finances, management, and aspirations.⁵³⁵ The conditions that ushered in a greater Chinese leadership in medical education were the following: The Yale China Mission and Hume arrived when the Chinese government also had developed an interest in and commitment to modern higher education. The Mission was primarily a private university-based organization with relatively thin financial resources. At that time, the Yale-in-China Mission opted not to cooperate with other Boards or Societies but anticipated adding to the number of Chinese doctors with straightforward modern scientific training. The total number of returning physicians from the West was perhaps twenty to thirty physicians according to a survey Yan completed for the China Medical Board in 1914.⁵³⁶ Collectively the higher medical educational institutions in China,

⁵³⁴ A memorandum in "Votes Passed by Yale-In-China Trustees Relating to Cooperation in Medical Work at Changsha," by Yan Fuqing, 20 May 1925, RU232, MA, YUL.

⁵³⁵ Xiangya Medical School reopened in 1928 after the establishment of the Nanjing government. It was then a private Chinese medical school. During the Second Sino/Japanese War, it retreated with the Government, first, to Guiyang, Guizhou Province, and, then, to Chongqing, Sichuan Province, under the leadership of Zhang Xiaoqian, one of the first group graduates of Xiangya. It became a national medical college in August 1940. It still exists today, with the name Xiangya School of Medicine, Central South University. 黄珊琦, "学校创建、名称及地址的变迁简史," 未发表. [Huang Shanqi, "A Short History of Xiangya Medical School: The Evolution of its Title, Location, etc.," Unpublished], Archives of Modern Medicine, South Central University, Changsha (ASCU hereafter).

⁵³⁶ Yan Fuqing to R. S. Greene, 18 August 1914, folder 87, box 7, S1.2, CMB, RAC. In this letter, Yan attached a list of about twenty Chinese medical doctors who had studied abroad and returned to China.

including Xiangya, quickly increased the number physicians reached close to 5,000 in 1935.⁵³⁷

The Yale Mission laid the foundation for Xiangya Medical School to become a pioneer in public health education among its peers. Its success reflected genuine cooperation between Westerners like Hume and his Chinese colleagues. Their strong public health orientation also contributed to this success. In fact, Hume was deeply interested in public health. After received his M.D. from Johns Hopkins University, in preparation for the career of medical missionary, he studied at the University of Liverpool, taking advanced courses in typhoid and paratyphoid infection. Before coming to China, he worked as an assistant surgeon for the United States Public Health Service in Bombay, India.⁵³⁸ As soon as Hume came to Changsha, besides attending his clinic and actively participating in the China Medical Missionary Association, he contributed publications to update his colleagues, such as the internal medicine column, “Medical and Surgical Progress,” for the *CMJ*. He also served on the Council of Medical Education, where he reported public health conditions of Hunan, relating information gained in his role as a Customs Medical Officer of the Chinese Customs Service.⁵³⁹

Sharing Hume’s concern about Changsha’s hygienic issues, his wife, Lotta C. Hume, had credentials in the new profession of social work. With her planning and direction, a Women's Social Service League of Chinese women, representing the more educated upper class in Changsha, was organized in the fall of 1913. The League held monthly

⁵³⁷ Brochure, “Medical School, Cheeloo University,” 1935, Archives of the United Board for Christian Higher Education in Asia, Record Group No. 11, Special Collections, Yale Divinity School Library, New Haven, Connecticut (Hereafter SC, YDSL).

⁵³⁸ Lian, *The Conversion of Missionaries*, 28.

⁵³⁹ *China Medical Journal* 25 (1910): 213; 26 (1911): 325; and 31 (1917): 306.

meetings of all members, while its active work was carried on by an Executive Committee which had met frequently for discussion. Cao Xiuying (曹秀英), Yan Fuqing's wife, was the president of the League. This group of women worked to educate the working classes about the nature of disease and the need of hygienic work in the city. Various projects were intended to provide practical relief to the poor by teaching them methods of self-protection against disease and by offering facilities for relief from diseases and unhygienic living. The League offered this leisurely class of Chinese women opportunities for unselfish services for others. Their work helped to build an educational basis for successful campaigns against diseases, particularly raising public awareness about existing widespread tuberculosis and high infant mortality rates in the city. In cooperation with the provincial police department, which included a bureau of hygiene, the League also helped hospital nurses in establishing vaccination stations in four parts of the city, supplementing the work of the hospitals.⁵⁴⁰ Their work lasted at least into the 1920s, as these local women visited hospital wards, brought gifts to patients, and even provided artificial limbs as material aid to patients.⁵⁴¹

Yan Fuqing continued to be a leader in China's public health efforts into the 1930s. His dissertation at Yale Medical School had focused on one of the public health menaces of the time, tuberculosis.⁵⁴² He subsequently studied tropical medicine and received a

⁵⁴⁰ Lotta C. Hume, "Social Service Work in China," *China Medical Journal* 29 (1914): 330-334. Not much material could be found through archival research in Archives in the Province or in the Zhongnan University, Changsha. An online search was also not successful, except in the 1914 Report of Rockefeller Commissioner and one of W. W. Peter's campaign reports.

⁵⁴¹ F. C. Yen, "The Progress of Medical Education in Hunan, China," *China Medical Journal* 35 (1921): 121,

⁵⁴² Fu-Chun Yen, "A study of the Cutaneous Method of Von Pirquet and the Percutaneous Method of Moro and Their Comparison with the Other Tuberculin Tests in the Diagnosis of Tuberculosis," (PhD diss., Yale University, 1909).

certificate of D.T.M. from the University of Liverpool. Almost immediately after he arrived Changsha, the pneumonic plague in the North East China broke out. Due to the newly built railroad network, Hankow, which was in the middle of China, was facing imminent danger. Yan was called by the government of Hubei province and quickly assumed the leadership for combating potential plague attacks there. From that point on Yen never shied away from public health challenges. After taking special public health officer training from Harvard University supported by the RF in 1917, he led his students in carrying out a survey in Hunan and Jiangxi regarding the distribution of schistosomiasis.⁵⁴³ In late 1917, the Yale China Mission lent him to the International Board Division for an anti-hookworm campaign at the Pingsiang Colliery working with John B. Grant (1890-1962), a missionary child born in China who joined the Rockefeller Foundation after graduating from the Medical School of the University of Michigan.⁵⁴⁴

His work with Grant led to the establishment of a hygiene course in Xiangya, which was among the earliest in medical schools in China. Students at Xiangya, then, participated public health related activities organized by two of their organizations, a Student Union and the school YMCA. In the form of ‘social service,’ they delivered weekly hygiene lectures among the city schools. They also planned a sanitary survey of the city home conditions of the poor under the guidance of Dr. Yen and in co-operation

⁵⁴³ Qian, *Biography of Yan Fuqing*, 21-23, 32, 49.

⁵⁴⁴ Plan of International Health Board for China, 1919, Folder 344, Box 55, Sub-S 601, S2, RG5, RF, RAC. Yen Fuchun, “The Control of Hookworm Disease at the Pingsiang Colliery, Ngan Yuan, Kiangsi,” *National Medical Journal* 5, no. 2 (1920), 73-74.

with the Changsha Civic Improvement League. These activities helped the city as well as provided valuable experiences for participating students.⁵⁴⁵

The effects of the “hygiene and public health course” was reflected in three issues of the student magazine, evidence that the medical students did not stay aloof from ongoing public concerns. Although with limited finances that allowed them to pay authors for articles only with copies of the magazine, they expressed their concerns about such current events as social reform and medical and public health developments. For example, they launched a weekly journal, *New Hunan*, in the early part of 1919.⁵⁴⁶ Reflecting the New Culture Movement, which was initiated in 1915 in Shanghai by Chen Duxiu,⁵⁴⁷ they hoped to introduce new trends of medical and cultural change. After the sixth issue, the student editors gave the job to Mao Zedong. This influential journal was soon banned by Zhang Jingyao, a general of one powerful section of the Beiyang Warlords. Concurrently, the Xiangya students published one issue of another journal with the same name, *New Hunan*, on June 15th, 1919, which was intended to be a monthly. Later in 1923 and 1925 they published two issues of a new magazine, *Xiangya*. Although sporadic, the contents of these three issues still provide a window for us to understand those medical students’ public engagement even as they gradually became part of sophisticated medical and public health professions.⁵⁴⁸

⁵⁴⁵ F. C. Yen, “The Progress of Medical Education in Hunan, China,” *China Medical Journal* 34 (1921): 118.

⁵⁴⁶ 黄林, *近代湖南报刊史略* (长沙: 湖南师范大学出版社, 2013), [Huang Lin. *A Brief History of Modern Newspapers and Periodicals in Hunan*], 85-87.

⁵⁴⁷ Lee Feigon, *Chen Duxiu, Founder of the Chinese Communist Party* Vol. 450, (Princeton: Princeton University Press, 2014).

⁵⁴⁸ Photocopies of the monthly *New Hunan* and *Xiangya* no. 1 and 2 were provided to me by Huang Qishan 黄珊琦, the archivist who was in charge of the Archive of the Central South University in 2013.

In the monthly *New Hunan*, the editor declared six foci for the magazine: promoting new ethics, remolding familial system, promoting gender equality and independent lives for women, paying tribute to the glory of physical labor, promoting mass education, and promoting awareness of hygiene knowledge for happiness and decreasing suffering of human race.⁵⁴⁹ The issue contained the following articles. “What Should We Do after Today?” “System for Inheritance,” “The Problem of Gender,” “The Labor Problem after the European War,” “On Suicide,” “Program of Public Health Facilities,” “Street Hygiene,” “Wheelers and Milords,” “Knowledge of the World,” “Recent Turmoil in Paris,” “Rumor in French Newspapers,” “Independence of Korea and the Peace Conference,” “A New Young Korean Sent to the Peace Conference,” “Activities of Representative of Korea in France,” “Chinese Overseas Students’ view on Peace Conference Movement,” and “Bits of News on Chinese Peace negotiation Envoy.”

Only two articles were of medical interests: “Program of Public Health Facilities,”⁵⁵⁰ and “Street Hygiene,”⁵⁵¹ by Zhang Xiaoqian (张孝骞) and Li Zhenpian (李振翩), respectively.⁵⁵² In his article, Zhang recommended administrative governmental

⁵⁴⁹ 苏闰坡, “发刊旨趣书,” *新湖南* (June 1919): 3-4, [Su Runpo, “Foreword,” *New Hunan*].

⁵⁵⁰ 张孝骞, “公共卫生设施之程序,” *新湖南* (June 1919): 25-31, [Zhang Xiaoqian, “Program of Public Health Facilities,” *New Hunan*].

⁵⁵¹ 李启磐, “街市之卫生,” *新湖南* (June 1919): 33-35, [Li Qipan, “Street Hygiene,” *New Hunan*].

⁵⁵² These two students became well-known world-wide. Zhang (1897-1987) later was once president of Xiangya and PUMC at different times, the founder of the field of gastroenterology in China, and a member of Academia Sinica. Among many lives saved by Zhang with his superb medical knowledge and skills, one was my father, Lü Zhengzhe, who was diagnosed by a USSR medical specialist as end stage liver cancer and was waiting to die. Zhang, after studying my father’s disease history and finding that the patient had amebic dysentery some ten years ago took action. Taking into consideration that the patient was experiencing high fever, Zhang decided that this was a case of amebic liver abscess. With this correct diagnosis, a cure was guaranteed, and the patient lived another fifty years. Li (1898-1984) was a renowned bacteriologist and virologist in China and in the United State. He also made great contributions on the establishment of the formal diplomatic relationship between China and the United States.

structures for public health, perhaps reflecting content in his hygiene and public health course. Li enumerated hygienic problems on city streets and suggested methods and regulations that could bring these problems under control. Their entries undoubtedly reflected the educational value of their hygienic and public health courses and students' commitment to raise public health awareness to a larger audience.

The first issue of *Xiangya* published in 1923 displayed a change of focus and a shift towards more sophisticated presentation. The contents of the journal were divided into several sections. The first was science, which discussed cholera and its treatment, schistosomiasis, insulin, and appropriate diets for diabetic patients.⁵⁵³ In the next section, sanitation, discussions were on treatment of intramural communicable diseases, eye and school hygiene, eye glasses, sexual hygiene, and international mental hygiene movement.⁵⁵⁴ Then, in a notes section, short essays focused on treatments of particular diseases, such as tuberculosis, and syphilis.⁵⁵⁵ In a specific subject section, there was also a report of the internal medicine department of *Xiangya*, an ethics outline of the American Medical Association, and an essay about the need to build China's medical, pharmaceutical, and hygienic professions.⁵⁵⁶ Interestingly, there were brief biographies of Louis Pasteur and Florence Nightingale.⁵⁵⁷ The last section included accounts of

⁵⁵³ 学术, *湘雅* (October 1923): 1-52, [Science Section, *Xiangya*].

⁵⁵⁴ 卫生, *湘雅* (October 1923): 53-106, [Sanitation Section, *Xiangya*].

⁵⁵⁵ 丛录, *湘雅* (October 1923): 107-154, [Notes Section, *Xiangya*].

⁵⁵⁶ 专件, *湘雅* (October 1923): 155-191, [Specific Subject Section, *Xiangya*].

⁵⁵⁷ 传记, *湘雅* (October 1923): 1-10, (no information on why the page numbering system changed), [Biography Section, *Xiangya*].

Xiangya's development, organization, staff, students, and recent events.⁵⁵⁸ Lastly in the appendix, the journal provided a discussion of high school graduates' career choices.⁵⁵⁹

The second issues of *Xiangya* was dedicated to the decennial anniversary of the Medical School in 1925. Cao Dianqiu (曹典球), a renowned educator of Hunan province congratulated the publishers.⁵⁶⁰ Sun Yat-sen provided his autography to an issue that was the most formal among the three published. About two thirds of the space was occupied by twenty academic articles, and the rest recounted the school's historical development. Among the twenty-two articles, eleven related to infectious diseases, hygiene, and disease prevention. One of these papers systematically reviewed China's public health development over the past ten years. In this paper, the author discussed problems of health administration (limited to license requirements), infectious diseases and prevention, health associations and pre-health associations in various provinces and their actions, public health education, international public health cooperation, and movements on banning opium-smoking.⁵⁶¹ Having in mind of Chang Xiaoqian's article in 1919, which discussed various levels of governmental institutions on public health administration, this review of public health development did not mention governmental institutions but private health associations. This seems a reflection of the reality for the lack of governmental public health activity in the period.

⁵⁵⁸ 湘雅春秋, *湘雅* (October 1923): 11-26, [Chronicles of Xiangyan, *Xiangya*].

⁵⁵⁹ 附录: 中学毕业生之择业, *湘雅* (October 1923): 27-28, [Appendix: Career Choice after High School Graduation, *Xiangya*].

⁵⁶⁰ 曹典球, “湘雅医学院十周年纪念特刊祝词,” *湘雅* (June 1925): 1, [Cao Dianqiu, “Congratulations to the Memorial Issue for Xiangya Medical School Decennial Anniversary,” *Xiangya*].

⁵⁶¹ 高一篔, “十年来中国之卫生,” *湘雅* (June 1925): B5-13, [Gao Yikui, “Public Health in China in the Past Ten Years,” *Xiangya*].

Xiangya Medical School was born in a time full of turbulences, in China as well as in the wider world. This situation initially allowed for the Yale Mission program to establish a cooperative medical school linked to a hospital, but the Western support was never sufficient. The establishment, however, did underscore the increasing quest for public health measures that required local leadership in medical education and public health initiatives.

5.2 Making Public Health a Part of Scientific Medicine

In the early twentieth century, public health advocacy, education, and practice became another wedge between the Western medical and religious professions in China. There has been a historical theme that suggested, critically, that, medical missionaries focused on curative medicine but did not attend to preventive medicine.⁵⁶² However, the following will demonstrate that the medical missionaries had brought Western preventive medical practice to China at least as early as in the 1880s, variously called hygiene or public health – and indeed had introduced smallpox vaccination in the early decades of the nineteenth century. Later, when the generation focused on scientific medicine arrived, they also brought with them more attention to public health measures. Yet, various Mission Boards did seem to keep medical missionaries from extending their public health efforts beyond a missionary constituency. Moreover, from the beginning,

⁵⁶² My attention was first drawn to this criticism in 2013 and 2014 at two different conferences by casual discussions with both senior and junior scholars. Since then, I have been looking for the origin of this critical opinion. Recently, I found in a medical missionary's response to a report, which contained such a criticism, by Andrija Stampar for the League of Nations on medical progress and public health in China in 1936. So far, I have not been able to attain a copy of the original report and cannot be sure whether or not Stampar was the originator of this criticism. See H. Owen Chapman, "The Function of Christian Medical Work in Modern China," *Chinese Recorder* 68 (1937): 629-635.

protestant missions had never been able to connect themselves with Chinese governments in a meaningful, long-lasting way through which they could stimulate a local or a national-wide public health program.

The consciousness about hygiene and public health in the mind of medical missionaries to China paralleled its development in the West. For example, H. W. Boone, as soon as he arrived Shanghai in 1880, even before he started his hospital practice and medical course, worked on assessing the living environments of the American Protestant Episcopal Mission in Shanghai in order to improve his colleagues' health conditions.⁵⁶³ By the 1890s, the educational hygiene movement in the United States also had influenced Boone. He quickly suggested making changes in the schools built for missionary children in China. He articulated his concerns in a publication that discussed such issues as climate, food, home surroundings and other influences on children's mental and physical health; he particularly referred to sanitary surroundings for school buildings, including location, heating, ventilation, and lighting.⁵⁶⁴

Medical missionaries' lack of attention to the dissemination of public health information for the Chinese public was, however, more complicated than has been discussed in literature. An article published in *The Spirit of Missions* in 1880 revealed some confusion that existing among missionaries on public health activity. On the one hand, it indicated that missionary medical workers were aware of that medicine included both public and private sanitation, namely preventive hygiene, and therapeutics. On the

⁵⁶³ H. W. Boone, "St. John's College, Shanghai, November 16, 1880," *Spirit of Missions* (1881): 198-199.

⁵⁶⁴ H. W. Boone, "A Good School-Building for the Foreign Children in Shanghai [A paper read at the regular meeting of the Shanghai Missionary Association, April 7th, 1891]," *The Chinese Recorder* 22 (1891): 203-212.

other hand, the anonymous author also said that, although public sanitation could assume the dignity of a science, that God had given to each nation where he is worshiped its “laws of health.”⁵⁶⁵ In any case, there was relatively limited progress made by medical missionaries on public health advancement. The following stories, however, demonstrate a trend among medical missionaries by the 1910s in advocating a public health outlook and making public health community-based activities. That expansion freed some medical practitioners from the emphasis on religion and began to change the relationship between the medical and religious professions in China.

William Wesley Peter (1882-1959), one of the first generation of formally educated professional public health officers in the United States, starting his career in public health in China. There he shouldered the task of advocating Western public health initiatives. Although coming to China under the auspice of the Evangelical Association in 1911,⁵⁶⁶ Peter had been a Young Men’s Christian Association (YMCA) secretary when he studied at Rush Medical College.⁵⁶⁷ During his language study period, he reconnected to the National Committee of the YMCA through correspondence with F. S. Brockman, the general secretary of the YMCA in China. Peter proposed a project of public health education in order to add preventative public health concepts and actions to

⁵⁶⁵ “An Important Part of the Missionary Physician's Work,” *Spirit of Missions* 45 (1880): 314-317. The relationship between this article and the Christian Science, which was popularly promoted by Mary Baker Eddy starting in the late 1870s, is not clear at this point in time.

⁵⁶⁶ E. W. Peter, “Biography: William Wesley Peter,” p. 14, YMCA of the USA. World Service, Young Men's Christian Associations of North America, and International Committee. Kautz Family YMCA Archives. University of Minnesota Libraries. Minneapolis, MN (hereafter KF-YMCA, UMLib). Shawn X. Foster, “The Challenge of Advocacy of the Western Public Health Outlook in China, 1911-1926: The Case of William Wesley Peter” (MA Thesis, University of Minnesota, 2010).

⁵⁶⁷ E. W. Peter, “William Wesley Peter,” YMCA Biographical Files. Box 162, File 8, 10, KF-YMCA, UMLib.

the long practiced missionary medical service for curing diseases.⁵⁶⁸ He particularly pointed to the multiple problems caused by war and revolutions, including putrefying, unburied bodies, deadly ill-smelling open sewers, “shrunken-chested scholars,” women with misshapen bound feet, prevailing famines, and devastating epidemic diseases.⁵⁶⁹

The YMCA in China was a group with a strong missionary orientation but was interdenominational and run by laymen. The relationship of the YMCA and various mission Boards had evolved, from its first entering into China in 1895 to 1911, the year Peter arrived, from playing a secondary role to the Church to an equal cooperator with missions. More importantly, the YMCA was increasingly led by a native population in China.⁵⁷⁰ The YMCA was largely interested in introducing Western education along with health and welfare programs to China. By the time of the revolution in 1911, the YMCA had begun to experiment in public health education by printing a book on tuberculosis and distributing it to doctors at cost. Although the YMCA had sufficient financing from industrial quarters for piecemeal projects, it lacked both resources and professional knowledge and leadership in the area of health.⁵⁷¹

In early 1912 at the biannual conference of the CMMA, Brockman and Philip B. Cousland, the president of the CMMA that year, met and decided to cooperate on

⁵⁶⁸ E. W. Peter, “William Wesley Peter,” YMCA Biographical Files. Box 162, File 8, 17-19, KF-YMCA, UMLib.

⁵⁶⁹ Delavan L. Pierson, “Health and the Gospel in China,” *The Missionary Review of the World* (January 1918): 19-28.

⁵⁷⁰ Ryan Bean, "Selling the Mission: The North American YMCA in China 1890-1949." conservancy.umn.edu, (2012), , accessed on June 18th, 2019, https://scholar.google.com/scholar?hl=en&as_sdt=0%2C24&q=Selling+the+Mission%3A+The+North+American+YMCA+in+China+1890-1949&btnG=.

⁵⁷¹ Shirley S. Garrett, *Social Reformers in Urban China: The Chinese Y.M.C.A., 1895-1926* (Cambridge: Harvard University Press, 1970), 2-16.

promoting public health education in China.⁵⁷² Peter offered himself as a suitable man for this job.⁵⁷³ In 1913, Peter was formally released from the mission board and was assigned to the Lecture Department of the YMCA in Shanghai.⁵⁷⁴ In this position, Peter was to conduct experimental public health campaigns that had never been done in China.

Building on previous accumulated experiences, methods, and connections with Chinese of Peter's YMCA colleagues,⁵⁷⁵ after much preparation, in January 1915, the first public health exhibit in China was held at the CMMA conference in Shanghai. At this triannual conference, a Council on Public Health was created within the CMMA and was instructed to work together with the YMCA.⁵⁷⁶ Leaders of the newly organized National Medical Association of China (NMA), led by western-trained Chinese medical doctors, also instructed its Committee on Public Health to work in collaboration with the CMMA and the YMCA. Thus, the CMMA, NMA and YMCA combined their efforts to promote public health education and formed the Joint Council on Public Health

⁵⁷² W. W. Peter, "Why and How: Early Beginnings of Health Education Work in China: The First Address at West China Central Christian Conference, Chengdu, Sichuan," 14 January 1925, Box 93, File 1921-1925, Item 7, 6, KF-YMCA, UMLib.

⁵⁷³ E. W. Peter, "William Wesley Peter," YMCA Biographical Files. Box 162, File 8, 18, KF-YMCA, UMLib.; Garrett, *Social Reformers*, 142.

⁵⁷⁴ Garrett, *Social Reformers*, 140.

⁵⁷⁵ Garrett, *Social Reformers*, 105, 140 and 148 ; Evert G. Routzahn, *The Health Show Comes to Town* (New York: Russell Sage foundation, 1920), Box 94, Folder 1917-1924, Item 20, KF-YMCA, UMLib.

⁵⁷⁶ W. W. Peter, "Why and How," p. 6, KF-YMCA, UMLib. Throughout his time in China, Peter attributed his public health effort to preaching the gospel of prevention. Peter's campaigns emphasized public education. By that time, too, there were public health campaigns against a pneumonic plague pandemic led by Wu Lian-teh in the Northeast provinces of China. Those campaigns were concentrated on handling emergencies rather than general public education. An exhibit of Wu's anti-plague campaign was also displayed at this CMMA conference. However, in Peter's papers, I did not find any description of that exhibit. About the anti-plague campaign exhibit see K. Chimin Wong and Wu Liande, *History of Chinese Medicine, Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: National Quarantine Service, 1936), 445.

Education (JCPHE). The Council would prepare health literature, make health educational lantern slides, promote a clearing house, produce portable exhibits, and organize public health campaigns.⁵⁷⁷

Because it had practitioners and English-speaking allies in its hospital, medical school, and women's Social Work League, Changsha became the first city, after Shanghai, to display an exhibit developed for Peter's campaign. The Governor of Hunan, through Dr. F.C. Yan Fuqing, who was also a secretary of the local YMCA,⁵⁷⁸ invited Peter to Changsha, where he conducted an extensive public health education campaign. In addition to the exhibit, thirty-six public meetings were held in one week. The attendance amounted to 30,000 people.⁵⁷⁹

Starting from Changsha, as the secretary of the JCPHE, Peter began a 22,600-mile health campaign tour that covered thirteen out of the eighteen provinces of China in twenty-five months. He campaigned in big and small cities in the Yangtze valley, Shanghai, Nanjing, and Xiangtan; the northern part of China, including Tianjin, Beijing, and Kaifeng;⁵⁸⁰ and the southern part, Hong Kong, Canton, and Wuzhou.⁵⁸¹ Peter came in contact with the Chinese people of various social levels and understood that national

⁵⁷⁷ W. W. Peter, "Why and How," pp. 8-9, KF-YMCA, UMLib.

⁵⁷⁸ Yan is one of those who initiated the NMAC; they were later recognized as most important figures in higher public health education in medical schools in China. See Wong, *History of Chinese Medicine*, 402.

⁵⁷⁹ W. W. Peter, "Why and How," p.10, KF-YMCA, UMLib. Garrett briefly described a small-scale health campaign which happened in Hangzhou. However, I was not able to track down this campaign. See Garrett, *Social Reformers*, 142.

⁵⁸⁰ Originally a 'North-China Health Education Campaign' of six cities was planned. During the preparation in 1916, four other cities dropped out due to the political unrest. See W. W. Peter, "Public Health Education Program in China," Diss draft, 1917, Box 93, Folder 1913-1924, Item 7, p. 1-3, KF-YMCA, UMLib

⁵⁸¹ W. W. Peter, "Public Health Education Program in China," p. 89, KF-YMCA, UMLib.

strength, after the military events of the previous decades, was their common main concern. Arguing a close relationship between people's physical fitness and the strength of a country, a strong argument in a period of nation building,⁵⁸² Peter's campaigns aroused a great deal of interest in public health government officials as well as the public at large.

Peter's bustling health education campaigns bolstered the morale of members of the CMMA and the NMA. In January 1917, the CMMA and NMA held their conferences together in Canton. The CMMA passed a resolution to conduct nation-wide public health education campaigns in China.⁵⁸³ The NMA supported this resolution. The two organizations pledged money and recruited the first professionally trained Chinese public health officer, Dr. X.M. Hu (S.M. Woo), to join the JCPHE, and to carry on the leadership during Peter's leave of absence.⁵⁸⁴ Hu added a Chinese Literature Department to create public health literature in Chinese.⁵⁸⁵ In translating and writing in a wide variety of popular medical and public health topics, Hu expressed his desire not only to bring Western scientific medicine and sanitary knowledge into China but also to

⁵⁸² Routzahn, *Health Show*, 16, KF-YMCA, UMLib.

⁵⁸³ W. W. Peter, "Public Health Education Program in China," p. 89, KF-YMCA, UMLib.

⁵⁸⁴ Hu was a St. John's College, Shanghai, graduate. He was one of the third group of students who went to the US for western scientific or medical training on the scholarship that was part of the returned Boxing Indemnity. Hu graduated from Johns Hopkins Medical School in 1915 and from the program for public health officers of Harvard and MIT in 1916. See Wong, *History of Chinese Medicine*, 407. In 1921, Hu tried to create a new, entirely indigenous organization—the National Health Association (NHA). Hu hoped that the NHA would be supported and controlled by Chinese. See W. W. Peter, "Public Health Education Program," p. 96, KF-YMCA, UMLib.

⁵⁸⁵ W. W. Peter, "Christian Health Education in China," 1918 or 1919, Box 93, Folder 1918-1920, Item 1. KF-YMCA, UMLib. According to Peter's notes, this was written at the request of Bishop Lambuth who was preparing a book on medical mission for the Missionary Education Movement.

integrate these into Chinese culture. This intention widely existed among Chinese medical doctors who formed the NMA.⁵⁸⁶

With degrees in hand and the endorsement of various mission boards in the United States Peter returned to China in early January of 1920 and brought with him pledges of \$5,000 a year for at least three years.⁵⁸⁷ This time, Peter's public health education work changed from general propaganda that aroused public opinion to specific works that would have more concrete goals.

The best example of a public health work with this kind of specific aim was the anti-cholera campaign in Fuzhou (Foochow), Fujian. People from Fuzhou hoped that the JCPHE could help them to escape another outbreak in 1920.⁵⁸⁸ Complying with the JCPHE's design, the city of Fuzhou organized a committee of Chinese people that included the Governor, the Chief of Police, the Minister of Education, the Chairman of the Chamber of Commerce, and eight or ten other prominent people representing various religious faiths. The city bore all the expenses. Local people spent three to five months

⁵⁸⁶ Wong and Wu, *History of Chinese Medicine*, 428-495.

⁵⁸⁷ Associate Editor, "Popular Health Education in China: A Movement Adapted to the Psychology of the People," *American Journal of Public Health* 9, no. 10 (1919): 743-749. The editor's name was not given. Editor's notes on "An American Physician-Diplomat in China," *The World's Work*. ND. Box 94 Folder 1917-1924, Item 1. KF-YMCA, UMLib. W. W. Peter, "Public Health Education Program in China," p. 92, KF-YMCA, UMLib. After his furlough, Peter worked a year with the Chinese Battalion in France on assignment from the YMCA international committee.

⁵⁸⁸ Because the Fuzhou (Foochow) Anti-cholera Campaign was the most successful and the largest preventative health campaign of Peter's organization, there are a number of records in the archive, such as the plan for the campaign and multiple accounts of the actual campaign. Among those accounts, there are two with authors' name on them: Peter's "What Happened in Foochow" and E. H. Munson's, general secretary of the YMCA, Fuzhou, "How Foochow Fought Cholera." Since all accounts are similar, this essay derived information about the campaign mostly from Peter's account. See W. Peter, "What Happened in Foochow," *The World's Health*. March 1923. Box 93, Folder 1913-1924, Item 15, KF-YMCA, UMLib.

getting ready for the campaign.⁵⁸⁹ With JCPHE's direct leadership and participation, the one-week intensive campaign motivated 2,480 volunteers. The committee sponsored 247 meetings in one week with a total attendance of 110,000 people.⁵⁹⁰ That year cholera did break out in other cities in Fujian, such as Swatow and Amoy, but not Fuzhou. This result was a highlight at the Conference of the Oriental Red Cross Societies in Bangkok, Siam, in December 1922.⁵⁹¹

However, the very successful Fuzhou Anti-cholera Campaign became the last one in which Peter was directly involved. Shortly thereafter, there was a reorganization of the JCPHE and the formation of the constitution of a new Council on Health Education (CHE), which redirected Peter's public health education effort.⁵⁹² The CHE had seven supporting organizations. Between 1915 and 1920, the Young Women's Christian Association (YWCA), the China Christian Educational Association (CCEA), the National Christian Council of China (NCCC), and the Nurses Association of China (NAC) added their sponsorship to the public health effort of the Council. The Council, thus, became a fully-fledged organization with its own headquarters at 4 Quinsan Gardens, Shanghai, and its name was shortened to the Council on Health Education in the mid-1920.⁵⁹³

The new constitution of the CHE defined the organization as a voluntary agency with the goal of conserving and promoting "health in China primarily through the

⁵⁸⁹ W. W. Peter, "What Happened in Foochow," p. 1, KF-YMCA, UMLib.

⁵⁹⁰ W. W. Peter, "What Happened in Foochow," p.3, KF-YMCA, UMLib.

⁵⁹¹ Hand written notes on W. W. Peter, "What Happened in Foochow," p.1, KF-YMCA, UMLib.

⁵⁹² J. B. Grant, "Report on the Reorganization and Future Work of the Council on Health Education," ND, Box 93, Folder Nd, Item 9, KF-YMCA, UMLib. Grant wrote this report as a CMMA representative and a member of the Executive Committee of the CHE.

⁵⁹³ W. W. Peter, "Why and How," 13-4, KF-YMCA, UMLib.

constituencies of the participating organizations.”⁵⁹⁴ The constitution not only set the boundaries of the work of the CHE as a coordinator but also made the Council’s first priority work that conserved the health of missionaries in China.⁵⁹⁵ Now instead of conducting publicity campaigns and with limited resources, the CHE provided public health materials and health examinations to missionaries, government officials, business men, famine relief societies, and fifty-six Chinese district education associations.⁵⁹⁶

Peter’s attention was redirected to routine tasks primarily working through the constituencies of the participating organizations.⁵⁹⁷ His first effort was to direct the thirteen CHE health centers within the reach of Shanghai, where the CHE was based. These centers were set up in hospitals, churches, and the local YMCAs. Local physicians and nurses offered voluntary services for health examinations as well as advice on baby feeding and care, mainly serving Westerners in China.⁵⁹⁸

Peter’s second line of work was to conduct a project related to the RF’s goal of spreading information on scientific medicine in China. The program aimed at encouraging students in China to become interested in attaining Western medicine expertise and following a medical career. This five-year program, sponsored by the CMB of the RF, included an annual essay contest, lectures and exhibits for middle school students, correspondence with students who were interested in medicine, tours of

⁵⁹⁴ Constitution, NA, Box 93, File 1926-1932, Item 5, 1, KF-YMCA, UMLib.

⁵⁹⁵ J. B. Grant, “Report on the Reorganization and Future Work of the Council on Health Education,” KF-YMCA, UMLib. The two publications were 1) William Gordon Lennox’s *The Health of Missionary Families in China*, and 2) a health survey conducted by a Dr. Atwater, which is mentioned in *The China Mission Year Book*, 1924.

⁵⁹⁶ W. W. Peter, “Public Health Education Program in China,” p. 101, KF-YMCA, UMLib.

⁵⁹⁷ W. W. Peter, “Public Health Education Program in China,” p. 94, KF-YMCA, UMLib.

⁵⁹⁸ W. W. Peter, “Public Health Education Program in China,” p. 101, KF-YMCA, UMLib.

hospitals for potential students, and scholarships of \$100 to outstanding new medical students.⁵⁹⁹

Peter's third line work was to create a school program of public health. This project was not completed until Peter left China. The school program of public health was first proposed by Henry S. Houghton, the first chairman of the Executive Committee of the CHE, in 1920.⁶⁰⁰ Being aware of the fact that public attention towards health education aroused by campaigns dissipated quickly and echoing a national school public health movement in the United States at the time,⁶⁰¹ Houghton suggested, "Let us devote more attention to the young. There lies the hope of ultimate solution to Chinese health problems."⁶⁰² Houghton's idea of turning attention to the young was quickly picked up by his medical colleagues in China.

Peter and the CHE were to conduct a survey of the health situation, both educational and physical, in schools. Houghton's proposal was not only directed to missionary schools, which had 18% of the overall enrollment of middle and higher education in China. However, the CHE survey concentrated on a small portion of missionary schools in East China. Sponsors thought that although the numbers of missionary schools were small, they could set the standard of modern education for the rest of schools in China. Moreover, it was easier to get a response from the missionary schools.⁶⁰³

⁵⁹⁹ W. W. Peter, "Public Health Education Program in China," p. 101, KF-YMCA, UMLib..

⁶⁰⁰ Henry S. Houghton was later the Director of the PUMC and after that the acting resident director of the CMB (1936-1946). See Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980), 51.

⁶⁰¹ Ka-che Yip, "Health and Society in China: Public Health Education for the Community, 1912–1937," *Social Science & Medicine* 16, no. 12 (1982): 1097.

⁶⁰² W. W. Peter, "Public Health Education Program in China," p. 127, KF-YMCA, UMLib.

⁶⁰³ W. W. Peter, "Public Health Education Program in China," p. 133, KF-YMCA, UMLib. There

Based on the results of its survey, the CHE went on to seek more facts about school health conditions in order to frame an adequate school public health program. In February 1924, at a meeting at Nanjing, the heads of Christian colleges and universities suggested an outline for promoting health in colleges. By the end of the same year, the CMMA, the CHE, and the CCEA held a conference on school health and suggested a general procedure to be adopted by both medical and educational workers. This meeting clarified what should be included in school health programs, focused on health examinations, treatment for medical issues, and health education in the curriculum, supervision of school play, and a sanitary watch.⁶⁰⁴ In 1927, the year Peter had left China, the school hygiene department in the CHE had guidelines for kindergarten through the college and university.⁶⁰⁵ However, a complete school program was never realized.⁶⁰⁶

It seemed that, during the second half of Peter's work in China, the reorganization of his Council negatively affected the influence of Peter's public health education work. More significantly, the positions Peter took on how to work with Chinese people and whether or not he would be able to break out from the "box" of the missionary or

is no citation in Peter's dissertation that indicates the source of his data. Although missionaries were the first group of Westerners who set up Western style schools in China, the number of Chinese-dominated Western style schools increased quickly after the Sino-Japanese War in 1894-1895. See Gang Ding, "Nationalization and Internationalization: Two Turning Points in China's Education in the Twentieth Century," in *Education, Culture, and Identity in Twentieth-Century China*, ed. Glen Peterson, Ruth Hayhoe, and Yongling Lu (Ann Arbor: University of Michigan Press, 2001), 161-186.

⁶⁰⁴ W. W. Peter, "Public Health Education Program in China," p. 153, KF-YMCA, UMLib.

⁶⁰⁵ W. W. Peter, "Public Health Education Program in China," p. 163, KF-YMCA, UMLib.

⁶⁰⁶ The story of the school program is extracted from Peter's dissertation, which was going to be published by the Commercial Press of China but failed because of the tumult caused by the Japanese invasion of North China in 1931. This copy was discovered in YMCA archives in the 1940s and has been kept in Kautz Family YMCA Archives.

foreigners' communities in China also played an important role in the abrupt ending of his career in China. In 1924, when the Kiangsu Provincial Educational Association proposed that the Council to undertake work in school hygiene under the auspices of the Association, Peter hesitated, arguing that it would mean working with the Chinese government as a private institution. While the Council was experimenting with similar work in mission schools and Hu had not gained definitively positive contributions from any government department, Peter thought it would be better to wait.⁶⁰⁷ Peter was expecting the National Association for the Advancement of Education and the Chinese Red Cross Society to join in supporting the Council financially. The uncertainty seemed to have been too great, and he elected to stay within an environment which was supported primarily by mission societies.⁶⁰⁸ In 1925, Peter gained another opportunity to work with Chinese colleagues. Grant brought together Peter and Y.C. James Yen, the renowned Chinese leader of the Mass Education Movement (MEM), to explore a potential cooperation between the CHE and the MEM in the area of public health education. Considering the MEM's shaky financial situation, Peter again took a conservative stance.⁶⁰⁹

⁶⁰⁷ Peter was probably pointing to Hu's experience with Sun Yat-sen's Guangzhou (Canton) Government. That government lasted only about a year. At the moment Peter was speaking, Hu was at the end stage of a trial for establishing a complete Chinese public health education organization, the National Health Association. See Dan Cui, "British Protestant Educational Activities and the Nationalization of Chinese Education in the 1920s," in *Education, Culture, and Identity in Twentieth-Century China*, ed. by Glen Peterson, Ruth Hayhoe, and Yongling Lu (Ann Arbor: University of Michigan Press, 2001), 137-160. Hu was one of few Chinese cooperators that Peter had mentioned in his various articles.

⁶⁰⁸ Roger S. Greene, "Memorandum," 10 May 1924, Folder 957, Box 42, S1.2, RG4, RF, RAC.

⁶⁰⁹ W.W. Peter to Y.C. James Yen, 2 June 1925, Folder 958, Box 42, S1.2, RG4, RF, RAC. For a preliminary understanding of Yen and his MEM see Bill Ong Hing, "Coolies, James Yen, and Rebellious Advocacy," *Asian American Law Journal* 14, no. 1 (2007): 1-30.

In late 1926, Peter left China and ended his public health career there. The CHE continued for another two years after Peter's left China and was suspended in 1929 due to financial difficulties. In 1930, the CHE was dissolved.⁶¹⁰ Both Peter's career and the organization he led ended rather unexpectedly.⁶¹¹ Peter's efforts were not able to bring into existence a permanent Chinese public health organization and he was not able to identify and relate to the increasing number of Chinese health associations.⁶¹² Peter's experiences demonstrated the common uncertainties involved in collaboration between missionaries and the indigenous people. Furthermore, his experiences also indicate that besides the foreigners' general low opinion towards Chinese culture,⁶¹³ Christian organizations and Western-trained Chinese intellectuals differed on objectives of public health work. These tensions contributed to the abrupt conclusion of the project. At this crossroad, insisting on being a part of the Western-dominated missionary movement, Peter and his newly constituted Council opted to prioritize preventative health care for

⁶¹⁰ 李经纬及林兆庚, *中国医学通史* (北京, 人民卫生出版社, 2000), [Li Jingwei and Lin Zhaogeng, "Volume of Modern Times, Chapter II, Section One," *A General History of Chinese Medicine*]. This account suggested that because of the establishment of the Ministry of Health in the Republic, the CHE executive committee passed a resolution to terminate the activity of the CHE. This resolution states that the goal, which originated in the Council, of promoting public interests in public health had already been reached; Chieko Nakajima, "Health and Hygiene in Mass Mobilization: Hygiene Campaigns in Shanghai, 1920–1945," *Twentieth-Century China* 34, no. 1 (2009): 42.

⁶¹¹ The YMCA archives at the University of Minnesota offer limited materials on Peter's work in China in 1925 and 1926. From letters Peter wrote it could be seen clearly that Peter's decision to leave China and the public health education work he initiated was made in 1925. In his letter of November 1925 to David Z. T. Yui, the General Secretary of the National Committee of the YMCA, Peter said that due to family considerations, he was not planning to come back after his doctoral training in public health at Yale University. However, Peter insisted that staying in China for ten years was the original plan when he started his public health career there. How things turned out in the middle of 1925 probably impacted his decision a great deal. See W. W. Peter to David Z. T. Yui, General Secretary National Committee, YMCA, 2 November 1925., Box 13, File 1924-1933. Item 2. KF-YMCA, UMLib.

⁶¹² W. W. Peter to David Z. T. Yui, 2 November 1925, KF-YMCA, UMLib.

⁶¹³ Lian, *The Conversion of Missionaries*, 4; Yip, "Health and Society in China," 1199.

the Council's constituencies as the first line of work. They were reluctant to reaching out and make an effort to find out how China and the Chinese leaders believed public health education could be most efficiently done. Thus, Peter's effort in public health education work in China eventually was superseded by those who did strive to reach out to local Chinese and government.

John B Grant, when he was on staff of the RF, was instrumental in bringing concepts and practices of public health across cultural barriers and in developing in China health systems that integrated preventive and curative care. His work also oriented medical education to various levels of governmental control. Grant was born to Canadian missionaries in the port city of Ningbo. He entered high school in Canada at age sixteen and completed his medical studies at the University of Michigan in 1917. He then joined the International Health Board (later Division, IHB) of the RF immediately after medical school graduation and worked under Wickliffe Rose in his anti-hookworm campaign in Pitt County, North Carolina, for nine months.⁶¹⁴

Then, in 1918, he returned to China as an associate director of the hookworm survey in China under the instruction of Victor G. Heiser, the head of the IHB in the Far East. He worked mostly at the Hunan mines that were part of the Han-yeh-ping industrial complex for over a year. There, he became acquainted with T.V. Soong, at that time the general secretary of the mine complex and later controller of China's economic affairs over two or three decades. He also worked with Yan Fuqing, one of his major future

⁶¹⁴ Socrates Litsios, "John Black Grant: A 20th-Century Public Health Giant," *Perspectives in Biology and Medicine* 54, no. 4 (Autumn 2011): 532-49. John B. Grant and Saul Benison, "Reminiscences of John Black Grant: Oral History," transcript of an oral history conducted 1961 by Saul Benison, New York Times Oral History Program, Oral History Research Office, Columbia University, RG13, Oral Histories, RAC.

collaborators in China's public health arena. Yan was borrowed by the RF from Xiangya Medical College for the project. Frustrated by its abortive conclusion of the project, Grant went back to the United States and completed his one-year training for public health officers at the Johns Hopkins School of Hygiene and Public Health in 1920. There he received direct instruction from William Welch and Sir Arthur Newsholme.⁶¹⁵

In 1921, Grant came to the Peking Union Medical College (PUMC) and shouldered the task of reinforcing intramural public health activities within the existing structure of the college, serving as an associate professor in pathology as well as officer of the IHB Far East Branch. His intention was to transfer the newest scientific knowledge of the West to the college. In his 1923 plan for establishing the Department of Hygiene and Public Health, Grant observed that "preventive medicine" as an emerging "definite science from the formulative period of fifty years development," had entered the medical education system in the United States. He thought that although public health had "not yet been standardized even in the recently formed special schools of hygiene" in the United States, "its present position in medical science is definitely one of transition."⁶¹⁶

⁶¹⁵ For a general understanding of John B. Grant's experience in China, see Mary Bullock, *The American Transplant: The Rockefeller Foundation and Peking Union Medical College*, (Berkeley: University of California Press, 1980), 135-155. For re-evaluation of the significance of his contributions on public health developing trends worldwide, see Chen, C. C. *Medicine in Rural China: A Personal Account*, (Berkeley: Univ. of California Press, 1989). Bu Liping, "Beijing First Health Station: Innovative Public Health Education and Influence on China's Health Profession," in *Science, Public Health and the State in Modern Asia*, ed. By Bu Liping, Darwin Stapleton, and Ka-che Yip (London, England and New York: Routledge, 2012). Bu Liping, "From Public Health to State Medicine: John B. Grant and China's Health Profession," *Harvard Asia Quarterly* 14, no. 4 (December 2012): 26-35.

⁶¹⁶ John B. Grant, "Proposal for the Department of Public Health and Hygiene at the PUMC," 1923, Folder 531, Box 75, CMB Inc, RF, RAC.

Although China had no equivalent programs in educational hygiene that had been building up in Western countries, Grant began to search for remedies. Taking advantage of being an IBD officer, Grant visited numerous cities and provinces, making connections with politicians, government officials, leading warlords, and public health institutions, including the Manchurian Plague Prevention Service led by Wu Lien-teh. He also conducted special “Educational Hygiene” courses at the PUMC.⁶¹⁷

When Grant was exploring possibilities for establishing public health awareness and systems for preventative medicine, he was also working with foreigners, especially with mission societies. He had been a member of the Executive Committee of the CHE in 1923, when W. W. Peter worked there as secretary. He highly regarded the CHE’s work, which, in Grant’s opinion, was laying the foundation of well-informed public opinion desperately needed for making Chinese government to assume its appropriate public health duties. He had hoped that the CHE would become a leading organization in the formation of a permanent health effort in China. Grant thought that the degree to which missions would influence national hygiene would be roughly in proportion to the extent the Council would be utilized and supported.⁶¹⁸

It is unclear how Grant understood about the internal dynamics of the CHE at that time, particularly the tension about the influence of religion in its activities. The issue seemed to echo in the PUMC, the CMB, and the RF. When the Rockefeller Foundation

⁶¹⁷ John B. Grant, “Report on the Manchurian Plague Prevention Service,” 1921-1922, Folder 347, Box 55, 601-2, RG5, RF, RAC; John B. Grant, “Intensive Course in Educational Hygiene,” 22 September 1922, Folder 528, Box 75, CMB Inc., RAC; John B. Grant, “Utilization of a Health Center,” 3 December 1923, Folder 528, Box 75, CMB Inc., RAC.

⁶¹⁸ John B. Grant, “The Public Health Movement in China in 1922-23” Folder 350, Box 55, S2-601, RG5, RF, RAC. Also, in John B. Grant, “The Public Health Movement in China: 1922-1923,” in Frank Rawlingson, ed, *The China Mission Year Book*, 1924, 358-362.

first came into the field of scientific medicine in China, its leadership promised that the RF would share with missionary Boards in cherishing the spirit of Jesus, in communicating the spirit of Jesus to the Chinese and to the whole world, and in their conviction that the teaching of Jesus must be imparted to the Chinese through preaching and by all other proper agencies for communicating truth.⁶¹⁹ Gradually this promise met challenges. In principle, to begin with, when choosing members of the staff, high ideals and a sympathetic attitude toward Christianity had been made essential qualifications.⁶²⁰ However, when candidates who were Jewish, who had no religious connection, or who followed Confucianism⁶²¹ came along, problems ensued. Among these, the most noticeable was the case of Carl Ten Broeck in 1924⁶²².

Ten Broeck, who was going to be given a short-term junior appointment at the PUMC, had no religious affiliations. PUMC trustees from Mission Boards were concerned that the promise made in 1915 should be honored. At the least, they thought, potential appointees should have the “theistic” conception of the universe. The RF employees working on the ground, however, argued that “the real Christian influence of the school was in large part due to the policy of religious freedom and to the fact the Trustees had not thus far excluded men who had no religious affiliation.” Furthermore,

⁶¹⁹ John D. Rockefeller Jr. to missionary trustees of the PUMC, 15 March 1915, Folder 983, Box 136, CMB Inc, RAC. The original statements could be found in the RAC materials; also see the conference held Jan. 15, 1915, the agreement dated June 2, 1915, the letter of John D. Rockefeller to missionary societies, and contract with LMS.

⁶²⁰ “Questions of Christian and Mission Affiliations” From Gedney Farms conference, May 1921, Folder 983, Box 136, CMB Inc. RAC

⁶²¹ Interoffice correspondence by Henry S. Houghton, 4 March 1924, Folder 984, Box 136, CMB Inc., RAC. This was about Wu Hsien (1893-1959), a future worldwide renowned biologist.

⁶²² “Carl TenBroeck,” American Association of Immunologists, accessed November 7, 2019, <https://www.aai.org/About/History/Past-Presidents-and-Officers/CarlTenBroeck>.

the argument went, “a refusal of the Trustees on religious grounds to appoint Dr. Ten Broeck would have a disrupting influence on the whole staff.” Thus, it was felt that “the time has come to reach a definite understanding on a sound policy, even if it means a break with the Methodist and other boards”⁶²³

This case was recognized as having significant implications, and the issue was given a full and frank discussion at the annual meeting of the trustees. The result was conclusive: leaders responsible for making appointments should deal with similar issues on a case by case basis, keeping in mind the understanding entered into with the Missionary Boards and with the ideals and spirit emphasized by John D. Rockefeller, Jr., in his letter of March 15, 1915, to Dr Robert E. Speer.⁶²⁴ Since the opinions held by the RF officers, such as Roger S. Greene and Henry S Houghton who were actually running the CMB and PUMC on the ground, and the Mission Boards trustees were sharply contradictory to each other, a divorce between the Rockefeller Foundation and the college board of missionary trustees was expected.⁶²⁵ An immediately visible effect of this struggle was that question of religious affiliation was removed from the front page of application forms.

Grant’s position on this particular dispute was unclear. However, when discussing the formation of the American Students Health Association in Chicago in December of 1920 relative to a public health department in the medical school in China, Grant

⁶²³ Interoffice Correspondence by Roger S Greene, 16 Feb. 1924, Folder 984, Box 136, CMB Inc., RAC.

⁶²⁴ John D. Rockefeller Jr. to missionary trustees of the PUMC, 15 March 1915, Folder 983, Box 136, CMB Inc, RAC.

⁶²⁵ Confidential by Roger S. Greene, 18 April 1923, Folder 984, Box 136, CMB Inc., RAC.

observed that “no graver menace to the future of Christian Science [*sic*] exists than the present movement in the colleges to emphasize medicine and hygiene.”⁶²⁶

In any case, without any resistance from the missionaries, Grant created the Department of Hygiene and Public Health in 1924 at the College. Later the name of the department would be changed to Department of Public Health and Preventive Medicine, and then simply to the Department of Public Health. It laid the foundation for the RF’s efforts to build a permanent Western modern public health system in China. In 1925, Grant thus realized his initial proposal of 1923. The Department of Hygiene and Public Health, cooperating with the Central Epidemic Prevention Bureau of the Peking City Government, established a Health Demonstration Station to test modern health practice suitable for China.⁶²⁷

Supervised by Grant and his colleagues, the Station, under the auspices of the City Police Department, was now an official health organization empowered to implement public measures within Peking. Specifically working in a ward with a population of 55,000 in the east district of the city, it collected vital statistics, brought communicable disease under control, worked on general sanitation, and provided primary medical services. Externally, the station linked with modern health organizations already related to Chinese communities with school health programs, the establishment of services for industrial hygiene, and the initiation of teaching programs for both medical students and nurses. For Grant, the station was an integral part of public health teaching in the

⁶²⁶ John B. Grant to Victor G. Heiser, 28 November 1921, Folder 1802, Box 78, S1.2, CMB, RAC.

⁶²⁷ John B. Grant, “Utilization of a Health Center,” 3 December 1923, Folder 528, Box 75, CMB Inc. RAC.

department. Instead of being interns at clinics, future public health officer students could use the station as a site for practical experience.

Thus far, Grant created an early form of community-based primary health care and preventive medicine, a model that aimed to “to assure the human race the attainment of the full physiological span of life.” Indeed, the system he created at the PUMC represented for him “the history of medical progress in general and preventive medicine in particular.”⁶²⁸ His model would be closely followed by Chinese governmental medical colleges, especially the one led by Yan Fuqing, the National Shanghai Medical College.

5.3 Eliminating the Word “Missionary”

In the 1910s and 1920s, although nothing was clearly articulated, actions of the Medical Missionary Association had been moving away from religion and emphasizing the scientific nature of modern medicine. This was reflected when the word “missionary” was dropped from the association’s *China Medical Missionary Journal* in 1907, changing its title to *China Medical Journal*, and also eliminated from the Association’s title in 1925.

A discussion related to the name change of the journal took place around the time of the association’s Shanghai Conference in 1907. One of the editors of the journal, W.H. Jeffreys reported the debate. A total of twelve members attended the meeting.⁶²⁹ Booth, another editor of the journal, suggested the idea of changing the name to “The China

⁶²⁸ John B. Grant, “Proposal for the Department of Public Health and Hygiene at the PUMC,” 1923, Folder 531, Box 75, CMB Inc, RF, RAC.

⁶²⁹ They were W.H. Jeffreys, A.W. Tucker, D. Christie, J.C. Davenport, O.L. Kilborn, R.C. Beebe, T. Gillison, G.A. Stuart, H.W. Boone, Chas. C. Selden, J.H. Wells, and W.H. Venable,

Medical Journal, published by the Medical Missionary Association of China.” Although some of the attendees hesitated, after Jeffreys agreed to add a rider to the resolution, namely that “it being understood that this change of name in no way implies a change in the character of the Journal as being a missionary as well as a medical Journal,” the motion was unanimously carried. It was believed that the name change would “help the Journal find its way into the scientific world.” With Henry W. Boone’s firm support, the name-change immediately took effect. The first issue with the name *China Medical Journal* was out in May 1907.⁶³⁰

In spite of the added rider, the nature of the journal had already been changing gradually. Although discussions of mission work and the relationship between medical and religious work had never completely disappeared, the space it occupied gradually decreased. The debate over whether medical higher education should be considered as an end in its own rights or it should be some kind of help to the mission work in the early part of the 1910s actually marked the end of a slow shift in actual practice. Over time the contribution on research work on medical issues in China by resident medical missionaries in China and in the Far East had gradually occupied an ever-larger portion of the publication.⁶³¹

The *China Medical Journal* did not limit its attention to narrowly local issues. It sought to keep up with the advance of science by presenting knowledge of new work and bringing the latest achievement of medical science and practice to the Association’s members. It maintained educational columns like the “Medical and Surgical Progress”

⁶³⁰ “The Editor’s Report in Conference Report,” *China Medical Journal* 21 (1907): 153-154.

⁶³¹ “Report of the Research Committee, 1923-1925,” *China Medical Journal* 39 (1925): 166-167.

and “Book Reviews.” New topics like “the Abstracts of the Japanese Medical Literature,” attracted great attention. It had been compiled by Dr. Ralph G. Mills in Korea before he joined the Peking Union Medical College (PUMC) in 1920.⁶³² While various department of the PUMC geared up for medical research, the PUMC staff became a stable source of scientific reports for the *CMJ*. A summary report showed that thirty percent of “strictly scientific” articles were contributions from the PUMC.⁶³³

In less than twenty years, the CMMA faced the same formality of recognizing the changing circumstances by dropping of the word “missionary” from its title. This time the decision was made by a unanimous vote of the members of the CMMA presented at the Hong Kong Conference held in January of 1925. Thereafter, the Association would be known as the “China Medical Association.” It also made it clear that all physicians in China and other parts of the Far East who were properly qualified scientifically and of good moral character, but without any religious affiliation, would be eligible for membership.⁶³⁴

This change had been anticipated. Already when the Association encountered the slow membership affiliation before the turn of the twentieth century, some of the medical missionaries had questioned the necessity of the missionary connection. However, at that time, supporters who emphasized medical missionaries’ religious character were still influential. Yet many of the medical missionaries had increasingly emphasized the importance of medical and, increasingly, public health issues.⁶³⁵ In order to resolve this

⁶³² “Meeting of Executive Committee,” *China Medical Journal* 34 (1920):63.

⁶³³ “Report of Editor of *China Medical Journal*,” *China Medical Journal* 39 (1925): 156-159.

⁶³⁴ “The China Medical Association,” *China Medical Journal* 39 (1925): 149-150.

⁶³⁵ James L. Maxwell, “China Medical (Missionary) Association in 1925,” in Henry T. Hodgkin, ed., *China Mission Yearbook 1925*, Shanghai: Christian Literature Society, 1925, 298-302.

long simmering issue, the Association's 1923 Conference referred the question of changing the Constitution and By-laws to the Executive Committee of the CMMA. The Committee, then, named a special committee to give prolonged and careful attention to it.⁶³⁶

This was a delicate issue. The name changed to the China Medical Association, but the organization maintained a Medical Missionary Division. The division would take over the complete activities of the former Medical Missionary Association and fully maintain its aims. The overall objectives of the China Medical Association were now "to federate and bring into one compact organization" all duly qualified members of the medical profession in China and other parts of the Far East. The organization would extend medical knowledge and advance medical science, promote high standards of medical education in China, encourage the enactment of just medical laws, and enlighten public opinion in regard to the great problems of state medicine.⁶³⁷

The leadership of the association argued that the time was right to establish a medical organization to unite all fully qualified physicians of good moral standing and high ethical principles without regard to race or creed. Its intention was to be international, beyond the original limit of its limit to Chinese nationals. To be inclusive, the CMMA needed to drop the term "missionary" in order to include a large number of medical professionals who were not in full sympathy with the mission aims. The decision was in part defensive because there was some concern that medical workers might create a new organization that could draw away all but the most actively Christian

⁶³⁶ "Report of the Executive Secretary, 1923-1925," *China Medical Journal* 39 (1925): 150-154.

⁶³⁷ "Constitution and By-Laws," *China Medical Journal* 39 (1925): 259-260.

element of the medical profession in China.⁶³⁸ This record of change and challenge is of fundamental importance to understand the changing demographics and goals of the medical men and women who came to China. While the original medical missionaries integrated both elements, a century later the two components nearly parted ways, but the special division in the CMA allowed a compromise.⁶³⁹

5.4 Rediscovering Chinese Medicine

Medical missionaries did not display a significant change in their view about Chinese native medicine during the period covered by this chapter. Harrold Balme's 1921 book was representative. In his *China and Modern Medicine: A Study in Medical Missionary Development* Balme stressed that there was no medical profession in China in Western terms.⁶⁴⁰ Therefore, the medical missionaries were building a new profession there. Some of his comments reflected that medical missionary had already learned that Chinese practitioners had shrewd observations of human nature and an empirical knowledge of the use of drugs. China was not far behind any other country in medical knowledge and in some respects, she had actually led the way in the distant past. For example, symptoms of cholera was accurately described by Chinese doctors before the birth of Christ; inoculation against smallpox was not only recognized but also freely practiced in China seven hundred years earlier; the usefulness of mercury, of arsenic, of rhubarb, and of numerous other pharmaceuticals had been known for centuries among

⁶³⁸ Maxwell, "China Medical (Missionary) Association in 1925," 301-302.

⁶³⁹ 陶飞亚及王皓, "近代医学共同体的嬗变: 从博医会到中华医学会," *历史研究* 5 (2014): 79-97, [Tao Feiya and Wang Hao, "Evolution of the Modern Medicine Community: From the China Medical Missionary Association (CMMA) to Chinese Medical Association (CMA)," in *Historical Research*].

⁶⁴⁰ Harold Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921).

the Chinese. Similarly, the importance of clean, airy, and well -lighted rooms, and the value of quietness were referred to in the regulations nearly two hundred years earlier and had been published in the *Golden Mirror of Medical Practice*.⁶⁴¹ However, Balme insisted that Chinese did not know how to apply natural science to understand the human body and its physiology. Accepting that the Chinese had accumulated “a mass of valuable information as to the symptoms of various diseases, and the action of the chief drugs in the pharmacopoeia,” he observed that their empirical knowledge could not be explained in terms of modern science and could be far from exact truth and that the earlier knowledge had been lost. Thus, Chinese physicians’ notions remained “queer fantastic,” and their ideas about the causation of bodily disorders and classification of diseases were hard to understand.⁶⁴²

Sporadically, individual reports appeared in the CMA’s journal relating to Chinese medicine. Some reported almost miracle-like effects rendered by native physicians on certain diseases, such as on symptoms of leprosy, on some non-specified conditions, and on needling for pain.⁶⁴³ However, minimal attention in print does not mean that no medical missionaries had ever shifted their point of view from a complete denial to sympathy or even appreciation of aspects of Chinese medicine and native physicians. It seems that Edward H. Hume was keenly observant and often closely cooperated with

⁶⁴¹ *Golden Mirror of Medical Practice* was compiled under the auspices of Qing government. It was published in 1742, of ninety volumes.

⁶⁴² Balme, *China and Modern Medicine*, 15-23. The title of chapter five of this book is “A New Profession in China,” 107-116.

⁶⁴³ Duncan Main, “Hangchow Leper Refuge,” *China Medical Journal* (1916): 446-448. “Wonderful Cures by Native Practitioners,” *China Medical Journal* (1919):502-503. James Cantlie, “‘Needling’ Painful Spots, as Practiced by the Chinese,” *China Medical Journal* (1916): 410-413.

local native doctors. While this occurred during the 1910s and 1920s, Hume only articulated this collaboration clearly later in his memoirs in 1947.⁶⁴⁴

During these decades, knowledge about Chinese medicine that spread to the West was acquired mostly through research work done by foreigners who worked in China. The inclusion of such research into the higher educational institutions in China was first promoted by the CMB of the Rockefeller Foundation.⁶⁴⁵ Once the management of the PUMC came under the CMB's guidance, medical research began at each department of the College. Two projects stood out for their close relationship with Chinese medicine, namely anatomical knowledge in old Chinese manuscripts and pharmacological efficacy of Chinese *materia medica*.⁶⁴⁶ Interestingly, although the pharmacological research work was more frequently reported in the *China Medical Journal*, it seemed that the Chinese anatomical knowledge drew more attention of Western medical historians at this time.

This influence is evident in comparing the two editions of Fielding Hudson Garrison's *An Introduction to the History of Medicine: With Medical Chronology, Suggestions for Study and Bibliographic Data*.⁶⁴⁷ In his 1913 edition Garrison mentioned the word 'Chinese' only 22 times out of 763 pages. In general his discussion on inoculation against smallpox, acupuncture, the use of spectacles, the meaning of colors, written language, *materia medica*, and medical literature translation, often the

⁶⁴⁴ Lian, *The Conversion of Missionaries*, 25-58. Edward Hicks Hume, *Doctors East, Doctors West: An American Physician's Life in China*. (New York: W. W. Norton & Co., 1946).

⁶⁴⁵ "The Rockefeller Foundation in China," *China Medical Journal* 30 (1916): 44-46

⁶⁴⁶ B. E. Read, "Drug Cultivation in China," *China Medical Journal* 37 (1923):147-152.

⁶⁴⁷ Fielding Hudson Garrison, *An Introduction to the History of Medicine: With Medical Chronology, Suggestions for Study and Bibliographic Data* (Philadelphia: WB Saunders, 1914). Fielding Hudson Garrison, *An Introduction to the History of Medicine: With Medical Chronology, Suggestions for Study and Bibliographic Data* (Philadelphia: WB Saunders, 1924).

term Chinese was simply mentioned.⁶⁴⁸ At one point, in a paragraph of 385 words (less than a full page), Garrison discussed Chinese medicine. He set up a framework indicating that Chinese medicine was “absolutely stationary”, and its literature of a large number of works were “of the slightest scientific importance.”⁶⁴⁹ He briefly narrated Chinese anatomical works and therapeutic, mentioning acupuncture and massage, pathology, diagnostics, and its sometime “ridiculous” *materia medica*, such as including the use of animal parts and excreta.

The third edition of the *History of Medicine* was published in 1922 with a total number of 942 pages. This edition included newer findings in seven different aspects of the history of medicine worldwide, including Chinese medicine. Garrison used about four pages and more than 1,900 words relating to Chinese medicine. The framework was largely unchanged but he added a rough timeline, based on new materials.⁶⁵⁰ He also traced the history of medical practice from Huang-ti (2697 B. C.), through the Chow dynasty (1122 B.C.), the Ming dynasty (1368 A.D.), to the Ching (Qing) dynasty (1644 A. D.). Inserted into this timeline were several treatises that Garrison thought were important for explaining Chinese anatomy which he thought was “mainly splanchnology, angiology and physical anthropometry.” Base on this understanding, Garrison gave his

⁶⁴⁸ Garrison, *History of Medicine*, 23, 29, 44, 124, 270, 724 (1914).

⁶⁴⁹ Garrison, *History of Medicine*, 52 (1914).

⁶⁵⁰ Garrison acknowledged Edmund V. Cowry’s name in his “Preface,” noting his contributions on Chinese medicine for the book. “Edmund Vincent Cowdry,” Finda Grave, last modified May 19, 2015, <https://www.findagrave.com/memorial/146684822/edmund-vincent-cowdry>. He worked for the PUMC in the department of anatomy from 1917 to 1921. He had direct contact with Garrison. Research on ancient Chinese anatomical literature by Cowry and his colleague, E. T. Hsieh, at the Anatomical Laboratory of the PUMV, became available for Garrison for this edition. See E. T. Hsieh, “A Review of Ancient Chinese Anatomy,” *Anatomical Record* 20, (1921): 97-127. E. V. Cowdry, "A Comparison of Ancient Chinese Anatomical Charts with the 'FUNFBILDERSERiE' [sic] of Sudhoff," *Anatomical Record* 20, (1921): 1-25.

opinion that “other things being equal, the fantastic number-lore of Chinese physiology is no more contemptible than the numerical system of Galen.” Garrison’s deliberation on traditional Chinese medicine ended with information on works in the seventeenth century relating to the introduction of Chinese medicine to the West, namely, Michael Boym’s introduction on pulse (1666), Andreas Cleyer’s work on pulse, and the semeiology of the tongue (1686).⁶⁵¹

About half the space for Chinese medicine added information about the contemporary medical situation. This included information provided in two articles by Wu Lien-Teh (1879-1960),⁶⁵² the famous Chinese plague fighter during the Manchurian epidemic in 1910/1911. Garrison thus pointed out important Chinese preventive, hygienic, and physical culture concepts. He also commented that the plan of eating only cooked food, the sensible costumes of cotton and silk, and the characteristic adaptation of architecture to climate, all showed the good common sense of the Chinese in these matters. After suggesting that the Chinese had not written much on infectious diseases, Garrison cited C. J. Bartlett, Professor of Pathology at Yale, who had written on “Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings,”⁶⁵³ to express three points. First, Peter Parker, a Yale graduate and founder of the

⁶⁵¹ Garrison, *History of Medicine*, 65-67 (1924).

⁶⁵² Wu Lien-teh, “Foundation of Modern Hygiene in China,” *National Medical Journal* 2, no. 1 (March 1916): 32-36; Wu Lien-teh, “An Inquiry into Ancient Chinese Ideas of Treating Poison Cases,” *National Medical Journal of China* 2, no. 2 (June 1916): 27-31. The second article discussed an ancient Chinese forensic book published in 1274. This article does not match well with the content where Garrison noted about Wu’s article. There is document indicates that Garrison and Wu corresponded with each other in the 1920s. See 陈琦, “王吉民、伍连德的 *中国医史* 及其中译本,” *医学与哲学* 27, no. 1 (2006): 53-55 [Chen Qi, “Wong and Wu’s *History of Chinese Medicine* and its Chinese Translation,” *Medicine and Philosophy*].

⁶⁵³ C. J. Bartlett, “Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings,” *Journal of American Medicine* 67 (1916): 407-411.

Ophthalmic Hospital at Canton in 1835, originated of medical missions in China. Second, modern medicine had subsequently been developed in China through the hospitals and medical schools established by the medical missionaries. Third, at the time when the book was printed, medicine in China was moving into a new era. With combined efforts of the missionary organizations, the CMB of the RF, Harvard Medical School, and the Chinese government, there were twenty-six modern medical schools in China.⁶⁵⁴ Garrison pointed to them as milestones in advancement the National Medical Association's first meeting in Shanghai in 1916 and the Anatomical and Anthropological Association of China's first meeting in Peking on February 26, 1920.⁶⁵⁵

Through the significant changes in space and in content between these editions, Garrison demonstrated that Western appreciation of Chinese medicine entered a new, research-oriented stage. Chinese medicine was still considered deficient and stationary, and Western medical historians were only beginning to learn details of this knowledge and tradition. It would still be decades for much of the value and outlook of Chinese medicine to be understood and acknowledged by scholars in the Western world.

The Chinese, however, were beginning to reassert their own history. Facing internal turbulence and foreign aggression, some Chinese scholars at the end of the Qing dynasty and the beginning of Republic Era, were determined to preserve the quintessence of Chinese culture (保护国粹). They began a movement to study Chinese medical history. This movement had several important characteristics. First, the number of publications

⁶⁵⁴ It seems that Garrison probably had access to the *China Medical Journal*. The number twenty-six was mentioned in Edward H. Hume, "Medical Schools in China," *China Medical Journal* 31 (1917): 225.

⁶⁵⁵ Garrison, *History of Medicine*, 67-69 (1924).

increased in the early decades of the twentieth century. There were, in the 1900s, one book and five articles; in the 1910s, two books and thirteen articles; and in the 1920s, three books and eighty-two articles. Second, interest in this history was spread among nineteen journals with articles written by forty-four authors. Third, subjects under discussion of these publications were diverse. There were, for medical history, accounts of development, chronology, the origin of humanity, various medical schools, and biographies; for medical administration, topics included the Imperial Hospital,⁶⁵⁶ systems of medical examination, and specialties; for disease history, accounts of smallpox, syphilis, cholera, beriberi, plus other epidemic and endemic diseases; and for the medical theory of invocation, accounts of Chinese forensic medicine, diagnosis and treatment, and anatomy.⁶⁵⁷ Among Chinese scholars discussed, two of them stood out, Chen Bangxian (1889-1976), who had written in Chinese, and K. Chimin Wong (1889-1972), who had written extensively in English.

Chen Bangxian began to study Chinese medicine at age thirteen. His only training in Western medicine came through correspondence with Ding Fubao. Nonetheless, he joined Ding's medical society, China/West Medical Society (*Zhong Xi Yi Xue Hui*, 中西医学会), and became one of the most active contributors of the society's journal, *China/West Medical Journal* (*Zhong Xi Yi Xue Bao*, 中西医学报). In 1914, Chen used the journal to announce the organization of a Medical History Society, the first of its kind in

⁶⁵⁶ The Imperial Hospital was the place to house prominent physicians to take care of the emperors and their families and to train promising young physicians. In Chinese it was 太医院.

⁶⁵⁷ 王吉民, "中国医史文献索引," *中华医学杂志* 22 (1936): 12, [K. Chimin Wong, "Index of Literature on Chinese Medical History," *Chinese Medical Journal, Chinese Edition*]. This is a reprint in 虎门镇人民政府编, 王吉民: *中华医史研究* (广东人民出版社, 2011), 270-284, [Government of Humen County, ed. *Study on Medical History Works of K. Chimin Wong*].

China. Although this society had never had a formal meeting of its eleven members, Chen provided ‘Rules for Collecting Historical Materials on Chinese Medicine,’ and a “List of Contents on Chinese Medical History.” Chen diligently collected materials for his book on the history of Chinese medicine, which followed the list he provided in the journal.⁶⁵⁸

Chapters of Chen’s book had been published in *Zhong Xi Yi Xue Bao* serially in 1914 and 1915⁶⁵⁹ and the complete book was published in 1919.⁶⁶⁰ Immediately, Chen’s book drew attention of Western style Chinese medical doctors. Both parts of his book – an annual outline covering general history and a natural disease history of various specific subjects – were published in the official journal of the National Medical Association, *National Medical Journal* in 1919 and 1921, respectively.⁶⁶¹ Later, as the importance of the history of medicine as an academic field gained wider attention, Chinese medical historians generally agree that Chen, with this book, founded the field of medical history in China.⁶⁶²

⁶⁵⁸ 李剑, "民国时期的医史学术团体," *中华医史杂志* 22, no. 2 (1992): 68-73, [Lin Jian. “Medical History Societies in the Republican Era,” *Chinese Journal of Medical History*].

⁶⁵⁹ 陈定阔, "陈邦贤先生年谱," *中华医史杂志* 02 (2015): 114-120, [Chen Dinghong. “Chronicle Records of Chen Bangxian,” *Chinese Journal of Medical History*].

⁶⁶⁰ 陈邦贤, *中国医学史* (上海: 医学书局, 1920), [Chen Bangxian, *History of Chinese Medicine*].

⁶⁶¹ 中华医学会, “中华医学会纪事 1915-2010,” [The Chinese Medical Association, “The Chronicle of Events of the Chinese Medical Association, 1915-2010,” Unpublished Internal Material].

However, it is available on line, last accessed August 10, 2019,

https://www.google.com/search?q=中华医学会大事记+1915-2010&rlz=1C5CHFA_enUS780US780&oq=中华医学会大事记+1915-2010&aqs=chrome..69i57.27364j0j8&sourceid=chrome&ie=UTF-8.

⁶⁶² 芦笛, “中国近代史医药史研究及其相关问题,” *史林* no. 1 (2017): 195-207, 209, [Lu Di. “A Critical Review of Modern Chinese Medicine and Materia Medica and Related Issues,” *Historical Review*]. 郑洪, “不同的向度: 中医史研究的内与外,” *齐鲁医刊* no. 5 (2018): 36-41 [Zheng Hong. “Different Dimensions-Internal and External Study on the History of Traditional Chinese Medicine,” *Qilu Medical Journal*].

As important as Chen's work is, it reflected a linear progressive ideology. He was heavily influenced by Liang Qichao's reformism and Hu Shi's idea of a total westernization.⁶⁶³ His framework relied on his understanding of the emergence of the field of the history of medicine in the Western countries.⁶⁶⁴ Although he wanted to reestablish the significance of Chinese medicine through history, and thus restore the nation's self-confidence after considerable turmoil, Chen's work grafted this history on to Western scientific concepts. In many ways Garrison and Chen echoed each other. Under Chen's pen Chinese medicine was backward-looking rather than forward; the theories of Chinese medicine were derived chimerically rather than experimentally; and the medicine thus was largely historicist rather than scientific. The *yin/yang* and *five phases*, the core of Chinese medicine's theoretical thinking, was identified as pre-science superstition.⁶⁶⁵ Although Chen had made a great contribution by putting together historical materials of Chinese medicine, his exploration on intellectual history fell short and had a long-lasting negative influence.

Another history author, K. Chimin Wong, contributed as well, although his contemporary influence was less than that of Chen. Wong and Chen had different life

⁶⁶³ 陈邦贤,“以焦裕禄为榜样,突出政治,为革命而研究医学史,”*中医杂志* no. 5 (1966): 10-11 [Chen Bangxian, “Study Chinese Medical History for Serving the Country,” *Journal of Traditional Chinese Medicine*]. Liang Qichao (梁启超, 1873-1929,) was a Chinese scholar, journalist, philosopher, and reformist, who advocated constitutional monarchy. He was one of the initiators of the Hundred Days' Reform in 1898. Hu Shi (胡适, 1891-1962) was a Chinese philosopher, essayist and diplomat. He was a student of John Dewey and one of the leaders of the New Culture Movement, which begun in May 1919. It was often claimed that Hu held tight the idea of a total westernization.

⁶⁶⁴ Chen, *History of Chinese Medicine*, 2.

⁶⁶⁵ 若,“四十年前之医学观念,”*江西中医药* no. 2 (1953): 81 [Ruo, “Medical Concepts Forty Years Ago,” *Jiangxi Journal of Traditional Chinese Medicine*]. 王一方,“评中国医学史—关于医学史研究与著述的几点反思,”*医学与哲学* 8 (1999): 57-58 [Wang Yifang. “Review on *History of Chinese Medicine*: Reflection Points on Studying Medical History,” *Medicine and Philosophy*].

experiences. Wong was born at Humen County, where local people retained a strong memory of when Lin Zexu burned the opium of British merchants in 1839. He also had personal childhood memories about the effects of native medicine by observing the service his grandfather offered to local people. His experiences explain why Wong had a strong patriotic orientation even though he received his education in English from missionary schools and his M.D. from the Hong Kong College of Medicine in 1910.⁶⁶⁶ He was able to take advantage of his sophisticated language skill to publish numerous articles on Chinese medicine in the *National Medical Journal (NMJ)* and the *China Medical Journal (CMJ)* that bridged understanding between the Western and the Chinese medicines.

A list of Wong's articles in English in the *NMJ* and *CMJ* between 1916 and 1927 indicates that Wong sought to initiate conversations with two different audiences. In the *NMJ*, the article titles were: "Chinese Medical Superstitions," "Chinese Medical Literature," "An Inquiry into some Chinese 'Sexual diseases'", "Chinese Medical Sayings and Proverbs," and "Hua Tuo (a legendary surgeon in Han Dynasty, who reportedly knew anesthetics)." Although "An Inquiry into some Chinese 'sexual diseases'" was a response to a major concern of the two medical associations at the time, the other four articles were intended to stimulate deeper exploration into Chinese medical knowledge among his Chinese medical colleagues.

By contrast, his articles in *CMJ* are focused more on social and cultural issues: "Smallpox in China," "Chinese Medical Schools and State Examinations," "The Social

⁶⁶⁶ The Medical College started to use this name in 1907. When it was first established in 1887, it was named Hong Kong College of Medicine for Chinese. Its teaching language had remained in English for years.

Evil in China (Prostitution),” “Anesthetics in China,” “Chinese Hospitals in Ancient Times,” “Chang Chung-king, the Hippocrates of China,” “Was the Circulation of the Blood Known in Ancient China,” and “Status of the Medical Profession in China.” Each of these articles had a keyword in the article title that would not cause any misunderstanding about the topic by either Chinese or English readers and could introduce comparative discussions. This capacity reflects Wong’s deep thinking as well as his future success.⁶⁶⁷

History tells us the past. Comparative history helps us to understand where and what the past was. The movement for the study of Chinese medical history initiated a process of re-discovery at a time when those doing the research sometimes lacked respect for that tradition. Rediscovering both the theory and practice of Chinese medicine would be a difficult and long process. In fact, traditional medicine would face an even harder assault in the coming decades.⁶⁶⁸

This chapter demonstrates that medical missionaries could no longer claim leadership in building a modern medical profession in China. Beginning in the early part of the nineteenth century when the Western medical practitioners became more

⁶⁶⁷ Articles by K Chimin Wong referred to here are reprints from 虎门镇人民政府编, 王吉民: *中华医史研究* (广东人民出版社, 2011), 72-76, 77-82, 96-100, 112-113, 162-167, 168-172, 285-289, 464-469, 476-479, 489-491, 519-522, 640-656, and 674-695, [Government of Humen County, ed. *Study on Medical History Works of K. Chimin Wong*]

⁶⁶⁸ At the time when the medical missionaries just entered China, without much contact with native medical practitioners, for the purpose of the legitimacy they were the major actors who attacked Chinese medicine vehemently. Starting from the late Qing, Chinese who were trained and practices in Western-style medicine became leading players who attacked Chinese medicine. What they did was to apply governmental regulations, mimicking what was done in Japan, to restrict Chinese medicine’s livelihood. See 文彦, *移植与超越: 民国中医医政* (北京中国中医药出版社, 2007), [Wen Xiang, *Transplant and Excelling: Administering Chinese Medicine by the Republican Government*].

conscious about their professional status, missions were a critical ally as they expanded a network of influence around the globe. In later decades, generations of medical missionaries transferred the most advanced medical knowledge from the West to China, building modern hospitals, establishing medical profession organizations, creating higher education institutions for doctors and public health workers, and finally propagating public health measures. During these processes, Western medicine became scientific medicine and medical missionaries became active and somewhat independent groups in imperial settings. Eventually, furthering the goal of medical development became a burden that the missionary movement could not afford. Although medical missionaries began the public health campaigns, they were not able to carry its measures through due to the limitation of the goal and the financial capacity of missions. With or without sensing the end of their leadership, they faced that reality in the coming decades.

At the same time, during these decades' long interaction between medical missionaries and local Chinese, both sides began to look at native medicine closely. Although medical missionaries recognized the historical achievements of Chinese people in the medical arts in the past, they did not acknowledge that native medicine was a living art and practice. Nonetheless, Chinese medical historians, in the early twentieth century, made significant discoveries as they did research on older and even contemporary medicine used by Chinese practitioners. Their efforts would bring Chinese medical history to the world stage.

Chapter 6: Scientific Medicine Localized, Shanghai, 1927-1937

The ten years after the Kuomintang (the Chinese Nationalist Party) established the Nanking Government in April 1927 to the full outbreak of the second Sino/Japanese war on China's soil in July 1937, were a crucial time for Western scientific medicine to gain a foothold, notably in Shanghai. During this relatively peaceful decade, medicine and other professions were able to gradually establish order, although the road proved full of twists, complications, and even setbacks.

Medical education and practice were under the supervision of two different governmental ministries designated for education and health. In the begging days of the Nanking Government, the education system was headed by Cai Yuanpei (蔡元培, 1860-1940), who had studied in France and Belgium between 1913 and 1916. Cai pushed for a system that was derived from the French academic model of universities and he replaced the existing Ministry of Education. Cai hoped that this change would allow China's education system to be controlled by academic scholars rather than bureaucratic officials and at the same time become a distributed system that would have strength to resist foreign influences.⁶⁶⁹ One of the planned district universities was the Fourth Chung-San University, intended to bring together all nine existing schools or colleges that had educational levels above or equal to training schools in Jiangsu Province; this included the provincial Jiangsu Medical School.

⁶⁶⁹ 李剑萍及杨旭, *中国现代教育史: 中国教育早期现代化研究* (北京: 人民教育出版社, 2011), 159-188, [Li Jianping, and Yang Xu, *History of China's Modern Education: Study on the Early Stage of Modernization of China's Education*].

Cai's ideal educational system was quickly rejected and abandoned, and educational leadership returned to the Ministry of Education. The brief period of educational reform experiments caused naming confusions for the medical school that Yan Fuqing anticipated leading. The briefly named Fourth Chung-San University became the National Jiangsu University in 1928 and renamed again as the National Central University in the same year. Eventually, in 1932, the medical school became self-governing and assumed a permanent name, the National Shanghai Medical School. In response to the tension and instability within the Ministry of Education, which had ten different heads in this ten-year period, the Ministry created a Commission on Medical Education in 1929, chaired by Yan. Consisting mainly of Western educated medical professionals, the Committee ensured a stable policy for medical schools in terms of curriculum, language of textbooks, institutions for research, and public health education.⁶⁷⁰

Similar confusions were reflected in health leadership at the beginning of the Nanking Government. Those who had learned various versions of scientific medicine from different Western countries and Japan all contended for health department leadership.⁶⁷¹ For balancing interests of different participating parties of the revolution, Xu Dubi (薛笃弼, 1892-1973), a politician, who used to work for Feng Yuxiang, one of those powerful warlords in Zhili and Northwest China, became the first minister of the

⁶⁷⁰ Speech: Medical Education in Recent Two Years by Zhu Zhanggeng, 25 October 1936, LS2 25, Shanghai Medical School Archives, Shanghai, China (SMS.A, hereafter).

⁶⁷¹ Correspondence between Yan and Hume and Yan's 1928 paper "A Suggestion," Translation quoted from Gao Xi, "Between the State and the Private Sphere: The Chinese State Medicine Movement, 1930-1949," in *Science, Public Health and the State in Modern Asia*, ed. Bu Liping, Darwin Stapleton, and Ka-che Yip (London, England and New York: Routledge, 2012), 146.

Ministry of Health in Nanking Government in 1928. In this period, too, the leadership changed as the independent ministry was reduced to a bureau under the Ministry of Internal Affairs or the Executive Yuan at different times. J. Heng Liu (刘瑞恒, 1890-1961) became the Director of the National Health Administration in later 1928. Under his leadership, national health policy stabilized and remained relatively so even after he stepped down in 1936.⁶⁷² Liu came from a poor Christian family but had graduated from Harvard Medical School, and later worked at Shanghai Harvard Medical School and the PUMC before coming to this governmental position. Strongly influenced by J.B. Grant and the Health Organization of the League of Nations, during his tenure, he pushed the policy of “state medicine,” roughly equal to public health and health for all, which had an obvious connection to social medicine in the West.⁶⁷³

Yan Fuqing assumed the leadership of a national medical school, perhaps because he had overcome many difficulties but found supported from the government, philanthropic organizations, friends he made throughout his career including medical colleagues,

⁶⁷² The Nanking Government first established the Ministry of Health in 1928. But later it was down-graded to *Wei Sheng Shu* (卫生署) – the National Health Administration, which was first under the Ministry of Internal Affairs (内务部) and later the Executive Yuan (行政院).

⁶⁷³ George Rosen, “What is Social Medicine? A Genetic Analysis of the Concept,” *Bulletin of the History of Medicine* 21 (January 1947): 674-733. No literature found that could indicate a direct relationship with social medicine and state medicine. It is generally believed that J. B. Grant first used this phrase in an article he published in the *National Medical Journal* in 1928. This phrase appeared quite frequently in newspapers and journals. However, Gao Xi found that this phrase later quietly disappeared gradually in the 1940s. See Gao, “Between the State and the Private Sphere,” 144-160. Documents in the Second Archive in Nanking demonstrate that the policy of state medicine was not attractive for incoming students because the scanty aid they would receive and the low income they had to anticipate. Roster of Students for Public Medical System in Medical School of the National Chung-sun University, March 1942-December 1943, 3257(2), GA 5, Ministry of Education: Provisional Measures on Stipulation of Student for Public Medical System, April 1940-November 1944, 14887, GA 5, and Military Affairs Commission: Provisional Measures on Voluntary Students and on Stipulation of Student for Public Medical System, 15001, GA 5, in the Second National Archives, Nanjing, China.

young and old. As a result, Yan rather quickly built one of the leading medical schools in China and also extended the medical school into a base for a Shanghai medical center, which covered education, medical research, clinical treatment, and an institutionalized public health system. Like others of his generation, Yan was building a localized Western style scientific medical system that reflected anti-Christian sentiment and had no religious elements. Although some medical missionaries were still persistent in the field, their influence was considerably reduced. The China Medical Association merged with the National Medical Association in 1932 and took the name Chinese Medical Association. Alongside with these changes, probably unexpected, was that the history of the native Chinese medicine became of worldwide interest, although often it reflected the negative reputation that dated back to the British East India Company's time. At the same time such rhetoric motivated Chinese medical historians to search for historical evidence of the still alive native medicine.

6.1 Localizing Scientific Medicine through Education and Public Health

Yan Fuqing was probably the best fit for establishing a strong national medical school. He had become a prominent scientific medical scholar among those who had been trained since the time of the entrance of medical missionaries.⁶⁷⁴ He was born in a rural area of Shanghai to a poor Christian family connected to the American Protestant Episcopal Mission. The social network brought him an opportunity to engage in modern medicine, one of the newly formed cosmopolitan professions.⁶⁷⁵ He graduated from St.

⁶⁷⁴ 黄家驷, 编, *中国现代医学家传* (湖南科学技术出版社, 1985), 2-15, [Huang Chia Ssu, ed., *Biographies of China's Modern Medical Scientists*]. This is one of the first books in the People's Republic of China that described contributions of Yan's generation.

⁶⁷⁵ 罗元旭, *东成西就: 七个华人基督教家族与中西交流百年* (北京: 生活 读书 新知三联书店, 2014), 88-123, [Luo Yuanxu, *Success All the Way: Seven Chinese Christian Families in the Hundred Year*

John's Medical School, Shanghai, in 1903 and Yale University, with M.D. *cum laude* in 1909. He then received D.T.M. at the University of Liverpool in 1910, and a C.P.H. from the program of public health officers of Harvard Medical School in 1917. Before coming back to Shanghai, he taught first at Xiangya Medical School, Hunan, and later at the PUMC for fifteen years.⁶⁷⁶

When the President of the Fourth Chung-San University, Zhang Naiyan (张乃燕, 1894-1958), who previously directed the Department of Education of Jiangsu, found that the Jiangsu Medical School, one of the nine schools now under his care, was about to collapse due to the unexpected leaving of its current President, he called four leading scientific medical men, led by Yan Fuqing, to take over the institution.⁶⁷⁷

While Yan was concluding his work at the PUMC, his colleagues went to take over the Jiangsu Medical School located in Shanghai. It had been first established in 1915 as a provincial public medical school titled Jiangsu Provincial Medical Training School. The four newly appointed physicians were given a site that had housed the Jiangsu College of Law and Politics at Wusong (Woosung, 吴淞).⁶⁷⁸ Support for the new college of medicine of the Fourth Chung-San University in the first year was: 109,700 yuan from its parent University, 30,000 yuan from the China Foundation for the Promotion of

Cultural Exchange between China and the West]. W. W. Yen, *East-West Kaleidoscope 1877-1944: An Autobiography* (New York: St. John's University Press, 1950), 1-43.

⁶⁷⁶ The Peking Union Medical School was originally founded by a union effort of seven missionary societies in Beijing in 1906. The China Medical Board of the Rockefeller Foundation assumed full support of the PUMC in 1915. The Board rebuilt it and reopened it in 1921. For details see Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980).

⁶⁷⁷ The other three were New Huilin, Le Wenzhao, and Gao Jinglang (牛惠霖、乐文照、高镜朗).

⁶⁷⁸ Wusong was a pivotal town for transportation between lands and waters in the skirt of Shanghai.

Education and Culture,⁶⁷⁹ 20,000 yuan from the Rockefeller Foundation, 12,000 yuan from the China Red Cross, and 5000 yuan from private donors.⁶⁸⁰ With this modest financial support, Yan and his colleagues were expected to remodel the site for medical education, to purchase additional necessary equipment and books, to hire faculty and staff, and to arrange for students housing. Moreover, the school needed training hospitals in which to put theoretical knowledge into practice. In the narrative about the development of this national medical school, three topics merit particular attention. First, the founders were intent on incorporating moral and ethical education into their national medical school's curriculum. Second, Yan and his colleagues created a new and important model in the National Shanghai Medical School. Third, under Yan's leadership the School went beyond medical practice to emphasize public health policy and practice in China.

Medical Education on Campus

Years earlier, when the medical missionaries began to understand that eventually medical educational leadership would need to be managed by Chinese physicians, the most worrisome issue for them was how to maintain the moral standard of future medical students if Christianity was not in the curriculum, or indeed even not on campus. By the late Qing, Chinese government regulations established that religion could not be taught in schools. The Republic Government continued these previous regulations. Thus, medical education was firmly separated from religion from the governmental point of

⁶⁷⁹ For function of the China Foundation for the Promotion of Education and Culture, see 杨翠华, *中基会对科学的赞助* (台湾: 中央研究院近代史研究所, 1991) [Yang Cuihua, *Sponsorship for Science by China Foundation for the Promotion of Education and Culture*].

⁶⁸⁰ Budget source in 1929, LS1 15, SMS.A.

view. But the idea of a moral code for physician was not lost and the curriculum included a course entitled Citizens and Three Principles of the People.⁶⁸¹

The course clearly established that Christian spiritual culture was not to be the basis for moral and spiritual needs in a new era in China even while acknowledging that some concepts from the West would be favorable for the prosperity of their nation. The concept of citizen did not exist in Chinese culture. The purpose of teaching citizenship was to present students with ideas of legal awareness and understanding of the obligations of a citizen, as developed from Western democracy. This was expanded by the Three Principles of the People, a political philosophy developed by Sun Yat-sen, which expressed the current will of Chinese leadership. With the three phrases, *Mínzú*, *Míquán*, and *Mínshēng*, Sun was advocating, in the briefest expression, independence from imperial domination, the people's power of governance, and the people's welfare and livelihood.⁶⁸² Moral standards and their articulation varied with time, place, and people's and countries' actual needs. This new National Shanghai Medical School was training its students to serve their country at a time when it was still semi-colonial and working to address both medical practice and public health care. Students were to be taught their role in addressing these larger issues even as they studied very specific scientific methods in medicine.

In identifying medical education as a way to serve his country and his people, Yan Fuqing represented a best example among the Western style Chinese physicians of his

⁶⁸¹ Curriculum 1928, LS1 14, SMS.A.

⁶⁸² For an understanding of the complicated meanings of Sun's ideas see Audrey Wells, *The Political Thought of Sun Yat-sen: Development and Impact* (Houndmills, Basingstoke, Hampshire, New York: Palgrave, 2001).

generation. Yan, his close family members, and his friends in the East China Christianity circle, all had access to Western sciences and technologies. Although they took Christianity as their personal religious faith, they did not view their beliefs as intimately tied to Western science and medicine. Thus, they continued to focus on their nation and its people.⁶⁸³ In 1916, Yan had spoken, on “The Responsibility of Our Health Workers” at the first conference of the National Medical Association. At a time when the number of Western style trained physician numbered fewer than a hundred, Yan emphasized that these physicians had a social responsibility to establish scientific medicine in China.⁶⁸⁴ In 1931, upon invitation of the Preventive Medicine Society of Hujiang University, Yan delivered a speech on “The Trends of Education on Modern Medicine.” Here again Yan put his emphasis on training a new generation of doctors able to serve the public with preventive medicine and work through the state.⁶⁸⁵

In 1927, settling in Wusong and reshaping the site into a medical campus, Yan and his colleagues first built a public health station near the school and a Women’s hospital on the original site of the Jiangsu Medical College.⁶⁸⁶ Then he negotiated with the China

⁶⁸³ “Yan was a church goer throughout his life,” said his grandson Yan Zhiyuan during a private conversation in the evening of October 25th, 2013 in Shanghai. There is not, however, any evidence that Yan ever brought religion into his medical educational work.

⁶⁸⁴ 颜福庆, “医家之责任,” *中华医学杂志* no. 3 (1916): 39-47, [Yan Fuqing, “The Responsibility of Our Health Workers,” *National Medical Journal, Chinese Edition*]. Yan did not write in Chinese well. Zhu Hengbi, a graduate from the Shanghai Harvard Medical School, the secretary of the Association and later Yan’s right hand’s man in developing the National Shanghai Medical School, kept the minutes and later edited them into classical Chinese for publication. See Qian et al, *Biography of Yan*, 79-80.

⁶⁸⁵ The Chinese version of the phrase serving the people, 为人民服务, was later written into the anthem of the National Shanghai Medical School. The notes of Yan’s speech were published in *Minguo Daily* on March 16th, 1932. See Qian et al, *Biography of Yan*, 139-142.

⁶⁸⁶ Report on the establishing the Women’s Hospital as a training hospital for the School, LS1 14, SMS.A.

Red Cross General Hospital to provide clinical training.⁶⁸⁷ These plans, however, were dramatically interrupted by the Japanese Army on January 28th, 1932, which is later referred to as 1.28 incidence.

Because of its location near the center of the war, the medical school campus was razed to the ground. After that the medical school was housed temporarily in a hospital loaned by the Red Cross Society of China. Despite such a difficult circumstances, the medical school made considerable progress over the next few years and reached first place among government institutions of medical education in China in terms of quality and scope of its work.⁶⁸⁸ In 1933, the Ministry of Education promulgated its plan for establishing two levels of medical schools, one for medical elites who later would do research and teaching and the other for training medical practitioners. The National Shanghai Medical School was chosen as one of the eight institutions for medical elites.⁶⁸⁹ The number of students enrolled, the job placement of its graduates, and the amount of research work done by its faculty all indicated its progress. In 1928 the school had 58 students. In the school year of 1935/1936, the student enrollment was 167. By 1937, the school had a total of 78 graduates. Among them, ninety percent were hired by medical institutions that had highest reputation in the country, such as the PUMC, the Central Hospital, a government hospital in Nanking, and the school's teaching hospitals. Stimulated by the school's policy for professional development, faculty publications

⁶⁸⁷ List of training hospitals in 1929, LS1 15, SMS.A.; Qian, et al, *Biography of Yan*, 114.

⁶⁸⁸ 高晞, “颜福庆与中国现代医学,” 文汇学人 2007 年 9 月 23 日, [Gao Xi, “Yan Fuqing and Modern Medicine in China: A Little History,” *Wen Hui Scholars*, September 23, 2007], <https://wenhui.whb.cn/third/yidian/201906/27/273214.html>.

⁶⁸⁹ Ministry of Education: Provisional School System and Curriculum Standard, no date, LS1 45, SMS.A.

increased from 23 articles in 1931/1932 school year to 61 in the 1934/1935 school year.⁶⁹⁰

In 1934 and 1935, led by Yan, the Medical School developed a chain of affiliated hospitals which would provide specialized clinical training in all branches of medicine. They included the first Hospital of the Red Cross Society of China with 338 beds, the Ching Chong Sanitarium for Tuberculosis with 140 beds, the National Leprosarium of China with 100 beds, the Chinese Infectious Diseases Hospital with 50 beds, the Hungjao Sanatorium with 70 beds, mostly for maternity cases, and the Shanghai Mercy Hospital for the Insane with 400 beds, of which 50 had been definitely assigned to the Medical School for teaching and more extensive investigation in psychiatry. Behind such an impressive list was considerable work by Yan, including developing and maintaining strong social network ties. Viewed as a leader, Yan also became superintendent of the First Hospital of the Red Cross Society of China, the president of the China Mission to Lepers, the chairman of the Council on Medical Education of the Chinese Medical Association, the chairman of the Health Committee of the National Child Welfare Association, and the president of the Public Health Club of Shanghai.⁶⁹¹

Nevertheless, from the very beginning, and especially after the 1.28 incidence, the most pressing tasks were rebuilding a permanent medical college and a dedicated teaching hospital. These had been delayed due to the opposition from the French Municipality, which had resisted building a campus on a ground provided to the College by the Rockefeller Foundation. In 1936, a new site of over 100 mows (about 15 acres) of

⁶⁹⁰ Report by Yan Fuqing, no date, LS2 219, SMS.A..

⁶⁹¹ Donation documents from 1928-1937, LS1 93, LS2 128, National Shanghai Medical School Archives, 1934-1936, LS 2 151, and On or by Yan Fuqing, 1924-1937, LS2 219, SMS.A.

land at Feng Ling Chiao has been purchased and building operations had been started. The leaders built a main building for premedical and preclinical departments, a dormitory for students, the Chung San Memorial Hospital with 500 beds, a building for outpatient departments, a building for the School of Nursing, and dormitory for nurses and doctors.⁶⁹² Rebuilding was expensive. Financial aid from the government was hardly be able to cover these initiatives. Yan worked strategically to cultivate relationships, especially in the region around Shanghai. Once the medical school started in Wusong, Yan established an economic committee to deal with financial issues. He invited top government officials, successful and well-known businessmen, and many of his peers at other modern medical schools to sit on the committee to help the school in managing its financial issues. Many of them, like Yan, belonged to the East China Christian circle and had big hearts for building a strong China.⁶⁹³ Their support proved essential. Yan Fuqing believed, especially after his visit to the United States in 1929, that the Medical College should have a comprehensive program to provide for the training of doctors as well as pharmacists, dentists, nurses, midwives, public health workers, and laboratory technicians. To carry out a more inclusive program of teaching, Yan had secured the sanction from the Ministry of Education to establish a School of Pharmacy, a School of Dentistry, and a School of Nursing as integral parts of the medical college.⁶⁹⁴ Postgraduate training was also put in place with the Chinese Medical Association. Five courses were offered in 1935 for a total enrollment of 177 postgraduate students

⁶⁹² Documents of the Preparatory Department for the Chung San Memorial Hospital, 1933-1937, LS2 123 and LS2 124, SMS.A.

⁶⁹³ School Administration Minutes of 18 December 1927 and General Regulations of the Economic Committee, 1931, LS1 100 and LS1 111, SMS.A.

⁶⁹⁴ Report on the School Development by Yan Fuqing, no date, LS2 219 and LS2 580, SMS.A.

countrywide. The Ministry of Education assigned the National Shanghai Medical College to offer postgraduate teachings in Pharmacology and Pathology. Yan hoped that eventually there might be a Postgraduate School of Medicine.⁶⁹⁵

By this time, Yan Fuqing was approaching his goal of making his Medical College the base for a Shanghai Medical Centre. In 1934, he headed a private, non-profit legal entity, a Board of Directors for Administration of Medical Enterprises, in Shanghai. All donations or other funds or income received were to be the property of Shanghai Medical Center. The Chung San Memorial Hospital with 500 beds was the largest project. Yan relied on his networks, including the wife of Jiang Jieshi and the Minister Finance, Song Ziwen, to build the hospital.⁶⁹⁶ It was opened in April 1936, the first structure of the Shanghai Medical Center.⁶⁹⁷ But within a year the second Wusong/Shanghai War broke out. In November 1937, Shanghai fell into Japanese hands and Chung San Hospital was expropriated by the Japanese for eight years. The momentum of development was halted as Yan and his colleagues led their faculty, staff, and students to join various medical relief activities at the war zone. After Shanghai was completely lost to Japanese, part of the Medical School retreated into the foreign concession in Shanghai, and the other part to Free China in the Southwest provinces.⁶⁹⁸

⁶⁹⁵ Ministry of Education, Ordinance regarding the establishment of research institutions, May 1, 1937, LS2 92, SMS.A.

⁶⁹⁶ Plan for Shanghai Chung-san Hospital, Lists of Donations Collected by the Preparatory Department, 5580, GA 5, the Second National Archives, Nanjing, China.

⁶⁹⁷ A News Clip about the Shanghai Medical Center, "Dream Which Became Reality: To Uplift and Maintain New Level in Medicine," *The North-China Daily News*, January 25, 1937, Folder 276, Box 35, Sub S 601, RG1, RAC.

⁶⁹⁸ Records of the Board of Directors of the Shanghai Medical Center, 6 January 1934, LS2 219, SMS.A. No evidence has been found to determine if the Shanghai Medical Center was reestablished after the War.

Another important line of work was to establish public health education courses. Guided by Yan Fuqing, the National Shanghai Medical School started its Department of Public Health in the fall of 1928. In order to quickly build a team for public health work, the Department first designed a one-year curriculum for recent medical graduates.⁶⁹⁹

Education for National Public Health Work

Yet, Yan's contributions on institutionalization of the public health branch of scientific medicine in China did not stay within the school walls. Reflecting the call of the League of Nation's Health Organization, drawing on J. B. Grant's model of Peking health stations,⁷⁰⁰ and responding to its localizing in a rural area out the outskirts of Shanghai, the Shanghai Medical School established the first rural health station in China. To begin with, the course at the station was mainly for fieldwork for students of the department.⁷⁰¹ However, Yan recognized that the station's capacity should not be limited to offering public health education to medical and nursing students. It also worked with local health administration agencies to train health workers at various levels, to collect data for preventative medicine, and to execute governmental health programs. Thus, the

⁶⁹⁹ Curriculum of a short public health course, no date, LS1 16, SMS.A. The curriculum included multiple subjects: public health administration, epidemics and communicable disease, public health law, vital statistics, hospital administration, child hygiene and maternity care, health education and school health, rural sanitation, management of health centers, industrial hygiene sanitary engineering, Chinese (language), for a total of 1,024 hours in 32 weeks. For students of the Department of Public Health, three more courses were added to their curriculum: general principles of public health for conditions of air, water, ventilation and light, sewage, disinfection etc.; tropical medicine and medical zoology; and bacteriology and immunology.

⁷⁰⁰ L of Ns C.H./644, 1927, LS1 10, L of Ns, CH426 April 1926; CH543 September 1927, LS 1 96, SMS.A. Bu Liping, "Beijing First Health Station: Innovative Public Health Education and Influence on China's Health Profession," in *Science, Public Health and the State in Modern Asia*, ed. Bu Liping, Darwin Stapleton, and Ka-che Yip (London, England and New York: Routledge, 2012), 127-143.

⁷⁰¹ Working Statement of the Model District, 1930-1932, LS1 23, SMS.A.

department of public health of National Shanghai Medical School and the Municipal Health Bureau of Greater Shanghai together shaped the program into a model rural health district, Wusong Health Model District (WHMD). The district was under the supervision of both the Medical School and the Municipal Health Bureau. It was launched on September 6th, 1929.⁷⁰²

The District office was initially composed of four divisions. They involved general administration, which oversaw medical practice and health education; general sanitation, which included street cleaning and meat inspection; hygiene of mothers and children, school and industry; and oversight of vital statistics, observing communicable diseases, and providing medical relief efforts. Its program grew to involve efforts to train various groups of health workers, particularly medical students, nurses, midwives and assistants and public health nurses as well as on carrying out popular health education.⁷⁰³

Sanitation had multiple programs. The WHMD employed “scavengers” to clean and provided programs to encourage the local people to clean the streets and marketplaces. The staff veterinary surgeon of the office inspected the meat of pigs and goats, and the sanitary inspectors checked up all the food and drink stores in the market. Other preventative works included killing dogs as well as petitioning the Municipal Health Bureau of Greater Shanghai to require every registered dog to be immunized against rabies. The WHMD built a model latrine on its premises, improved an old public latrine

⁷⁰² Proposal of the Medical School, 8 October 1928, LS1 16; Working Statement of Model District, 1929-1931, LS1 17, SMS.A.

⁷⁰³ Working Statement of Model District, 1929-1931, LS1 17, SMS.A.

in its vicinity, and cleaned other latrines with the treatment of sodium cyanide for the control of flies. The office also disinfected wells with bleaching powder.⁷⁰⁴

For hygiene education and practice, the WHMD provided pre-natal examinations and visits, obstetric service, and post-natal examinations and home visits. For pre-school and school children, the WHMD helped organize pre-school clubs and school health services and provided for medical care, including physical examinations, correction of physical defects, medical and dental consultations, and health and sanitation education. The WHMD also helped the Kwang Wha Oil Company to equip a medical office with a resident nurse for medical examination and treatment of workers.⁷⁰⁵

Another important aspect of the WHMD work was to conduct a yearly population census. To conduct the census, it established sub-stations at Siao Sha, Sha Gon, and San Kwan Chao, each being staffed with a midwife and an assistant to a public health nurse. Through this network with modern medical facilities more rural patients were being taken care of, more preventive inoculations were conducted, and more laboratory work was done for detecting diseases at an early stage. The laboratory work was also a part of malarial and parasitological research work of the Henry Lester Institute and Division of Parasitology of the National Medical College of Shanghai.⁷⁰⁶ It seems that the WHMD's professional operation coverage followed the list presented by Professor B. Johan at the Health Organization Conference in 1927.⁷⁰⁷

⁷⁰⁴ Working Statement of Model District, 1929-1931, LS1 17, SMS.A.

⁷⁰⁵ Working Statement of Model District, 1929-1931, LS1 17, SMS.A.

⁷⁰⁶ Working Statement of Model District, 1929-1931, LS1 17, SMS.A.

⁷⁰⁷ L of Ns C.H./644, Report of the League of Nations, LS1 10, SMS.A. Diseases covered by vaccinations at the time were smallpox, diphtheria, scarlet fever, rabies, cholera, and meningitis.

Nevertheless, there were several specific issues facing the Shanghai Medical School. First, the new government did not have sufficient financial resources to cover the country's public health needs. Although the Municipal Bureau covered the running expenses of the WHMD, which was, for example, 5320 yuan in 1930. The educational portion needed 29,682 yuan in the same year. Yan and his colleagues had to turn to the China Foundation for the Promotion of Education and Culture for help. Not only that year but also several years thereafter, the foundation's grant-in-aid filled the gap.⁷⁰⁸ Second, both the School and the WHMD did not have much administrative power. Later, they had resort to state power to resolve certain issues, for example, using the police to collect birth and death data and keep streets clean and in good order. Moreover, when running into trouble with old style midwives who would not cooperate for scientific method training, the WHMD coerced them into classes, using the police department.⁷⁰⁹ Third, when facing native medical doctors, the WHMD officers initially were relentless. In reports of 1930 and 1931, eliminating so-called quackery and Chinese medical practitioners without licenses were listed as the district's accomplishments.⁷¹⁰

Fourth, one of the hardest issues the WHMD faced was the turnover rate within the leadership. Yan's first choice to head the Department of Public Health was X. M. Hu.

⁷⁰⁸ Plan of the National Medical School sent to the China Foundation for the Promotion of Education and Culture, 1932-1933, LS1 19, SMS.A.

⁷⁰⁹ Banning indigenous Chinese practitioners without licenses, LS 1 17, SMS.A.

⁷¹⁰ In February 1929, a motion and a proposal to regulate traditional medical practice were passed at the first meeting of the Central Health Committee of the Ministry of Health. Western style trained doctors, who held important positions in the National Health Administration, were the majority of the committee. After the government decision made known to the public, native medical doctors organized themselves and pushed back. At the end, the government did not enact the regulation immediately. For understanding this history, see Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago and London: University of Chicago Press, 2014), 97-121.

However, even before warming up the chair, Hu left for a position in the railroad bureau.⁷¹¹ After Hu, Yan invited Mei Yilin and Deng Zhenjie to the office at different times, but they also left for different government positions. Only when two of Yan's students from Xiangya Medical School, Tang Feifan, in 1930, and, Zhangqun, in 1931, took positions was that office stabilized.⁷¹² Tragically, all these programs were destroyed on January 28th, 1932, by the first Wusong/Shanghai War.

Undaunted, the Public Health Department of the Medical School, again, cooperating with the Municipal Health Bureau, worked with an existing municipally run Health Station at Gaoqiao (Kao-Chiao) to establish another model health district. Gaoqiao, a sea resort of Shanghai, was at a location where the war did not do much damage so the new office was established there in June of 1932.⁷¹³ Facing the aftermath of the war, in addition to what had been done at the Wusong District, the new district worked collaboratively with other organizations. The Boy Scouts were recruited to work on disease prevention. Vaccination sites were established in villages, bus stations, ports, industrial areas, municipal council, and police stations. To broaden information sources

⁷¹¹ X. M. Hu (S. M. Woo) was one of the first Chinese medical graduates educated in American who took part in public health efforts early on. He was expected to be able to contribute a great deal. However, besides the time he worked with W. W. Peter at the Council on Health Education, no detailed records of his public health work could be found. Nothing relevant was found at the Archive of Guangdong Province, where he was listed as the top public officer in 1920, at the Archive of Shanghai Medical School, at the Archive of Shanghai, or online. Woo seems to be one of those Chinese who kept their Christianity faith upfront throughout their lives. The number of this group among overseas students of their time was small. Woo left behind books on personal hygiene. One on other subject that was praised the most by his friend was a translation of a biography of James Hudson Taylor. Yin Renxian, "Guided by God: Testimony by Yin Renxian," accessed on November 27, 2010, <http://www.jidujiao.com/shuku/files/article/html/0/723/19242.html>.

⁷¹² From Yan Fuqing to Ren Hongjun, no date, LS1 93, SMS.A.

⁷¹³ "Kao-chiao (Gaoqiao) Rural Health Model District Monthly Report," June 1932, LS 1 83, SMS.A.

on communicable disease dynamics, the district not only kept communications with local clinics, hospitals, and schools, but it also contacted a native Chinese medical doctors' Society, Shenzhou Medical Society, through the President of its Gaoqiao Branch,⁷¹⁴ Sun Keliang. With his help, the district held short training courses for native Chinese doctors on epidemic case reporting.⁷¹⁵

Along the side of the Model District work, the department's public health education was also moving forward. Significantly, course work began to be delivered completely in Chinese in 1933 using lecture notes that later would be compiled into textbooks for future classes. Students working in the district became a routine.⁷¹⁶ Starting from their third year, they were expected to engage in practice for 126 hours/four weeks every term. The fourth-year students attended lecture courses on public health supplemented by parallel readings and visits to local health organizations. This led to a fifth year in which there was a week of mandatory activity at Gaoqiao and other weeks of observation in municipal health institutions.⁷¹⁷ In addition to the principles of public health, students spent 10 hours in lectures on sociology. Upon completing the lecture course, students worked on special topics on public health. Medical interns took three weeks of their field training at the Gaoqiao Health Station, and one week visiting health stations in Shanghai,

⁷¹⁴ 神州国医学会历史, China Traditional Medicine Association, was first established in 1912 under the name Chinese Medicine and Materia Medica Federation. In 1928, it changed its name to China Traditional Medicine Association and registered at the Ministry of Internal Affairs in Peking. This Association had branches throughout the country. Its official journal published many articles on Chinese medicine. "China Traditional Medicine Association," baike.com, accessed on August 31, 2019, <http://www.baike.com/wiki/神州国医学会>.

⁷¹⁵ "Kao-chiao Rural Health Model District Monthly Report," June 1932, LS 1 83, SMS.A.

⁷¹⁶ "Kao-chiao Rural Health Model District Monthly Report," Oct. and Nov. 1933, LS 1 83, SMS.A.

⁷¹⁷ "Kao-chiao Rural Health Model District Monthly Report," 1933, LS1 83, SMS.A.

Nanking, Chekiang, and some other neighboring cities and rural districts. Their internship concluded with their written reports to the department.⁷¹⁸

By the fall term of 1935, the department was training public health nurses. The student nurses similarly had to complete one-month field training in various locations. The department extended its supervision over the divisions on hospital public health and social service that had been functioning in the Medical School's teaching hospitals. In addition to these activities, members of the department rendered services to the Chinese Mission to Lepers, the National Anti-Tuberculosis Association of China, the National Child Welfare Association of China, the Shanghai Suburban Health Service, and the Shanghai Public Health Club.⁷¹⁹ Faculty in the department also responded to the expectation of the Ministry of Education to publish Chinese medical textbooks as well as a monograph series based, in part on their research.⁷²⁰

By 1936, the faculty in the Department of Public Health in National Medical College of Shanghai had ambitious goals to develop socialized medicine, to promote public health administration, to prevent disease, and to produce more papers reflecting their research efforts. The department now consisted of four full-time members (one professor, two assistant professors and one assistant), and a number of honorary lecturers. The department was still aided by the China Foundation for its activities in Shanghai and in Gaoqiao. While the value of health stations for the teaching and

⁷¹⁸ Report by Yan Fuqing, no date, LS2 219, SMS.A.

⁷¹⁹ Records of the cooperation between the School and the Municipal Health Bureau, Great Shanghai on Kao-chiao Health Model District, 1932-1934, LS2 167, SMS.A.

⁷²⁰ Published books included: *A Text-book on Hygiene for Normal Schools* and *An Introduction to Public Health*. Examples of reported research in 1935 produced in the department included "A Further Note on the Infant Condition in Kao-Chiao, Shanghai," "The Wassermann and Kahn Reaction on Leprosy," and "The Flood Sedimentation Rate in Leprosy."

outreach activity were evident and the program had steadily improved over the short four to five-year period, the budget was not increased.⁷²¹

Then again in 1937 the Japanese undermined many of the programs of the model district. The students of the department were sent to refugee camps, where they could use their practical knowledge of public health work but had limited opportunity to advance their studies. Even after the model district site fell into Japanese hands completely, the department moved into *Sinze* district, an area within the foreign concessions, at where it established a health counter at 25 *Tsze Pang* Road in October 1938.⁷²²

The history of the National Shanghai Medical School was heroic and sad simultaneously. Its contribution was clear: in the hands of Chinese physicians who were trained by modern medicine, the scientific medical profession finally gained its permanent place in the mainstream of Chinese culture in the 1930s. At the same time as they were assuming the leadership of the scientific medical profession in China, they kept keen eyes on new developments in the world, such as the emerging medical centers in the United States and the public health work in rural areas in Europe, and they also tried to utilize the best practices that they learned from their previous teachers, the medical missionaries.

6.2 Leading the Chinese Medical Association

The role of missionaries as carriers for medical theory and practice from the Western cultures to China, which had been slowly eroding, came to an end when China established its state health institutions. On April 15, 1932, the China Medical

⁷²¹ Report by Yan Fuqing, no date, LS2 219, SMS.A.

⁷²² Funding shortage after the second Woosung/Shanghai war, 3 April 1938- 1 October 1938, LS2 456, SMS.A.

Association and the National Medical Association were united and formed one organization, the Chinese Medical Association. At that point the leadership of the scientific medical profession in China finally fell onto shoulders of the Chinese physicians, particularly those with Western style training.

Two trends were catalytic. First, catastrophic challenges came from the Republican revolution where while the Northern Expedition inflicted heavy losses on medical missionaries' work in China. There were forced closures, looting, and confiscation of educational and hospital facilities.⁷²³ The recovery even after the establishment of the Nanking Government was slow. In addition, the Manchurian trouble in China and the world wide depression in trade led to a shortage of well-trained medical personnel as financial support from the West withered.⁷²⁴ Although at this point in time, missions still had 71% of hospitals and 70% of beds in China, the growth of their medical work stalled in the next ten years from 1927 to 1937.⁷²⁵

At the same time, as a result of the Nanking KMT government assuming responsibility for the health of the people, progress was made in developing a national

⁷²³ 马雅各, “1927年医药事业报告,” *中国基督教会年鉴* vol 10 (1928): 4-6 [James Laidlaw Maxwell, Jr., “Report on Medical Mission Business in 1927,” *China Christian Church Yearbook*].

⁷²⁴ 马雅各, “两年来之教会医院概况,” *中国基督教会年鉴* vol 11 (1931): 33-34 [James Laidlaw Maxwell, Jr., “Summary of Conditions of Mission Hospitals in the Past Two Years,” *China Christian Church Yearbook*]. F. W. Goddard, “Local Support for Mission Hospitals,” Council on Medical Missions, Chinese Medical Association, *Occasional Leaflet*, no. 5 (April 1934): 31, quoted from 陶飞亚及王皓, “近代医学共同体的嬗变: 从博医会到中华医学会,” *历史研究* 5 (2014): 79-97 [Tao Feiya and Wang Hao, “Evolution of the Modern Medicine Community: From the China Medical Missionary Association (CMMA) to Chinese Medical Association (CMA),” *Historical Research*].

⁷²⁵ Wm. W. Cadbury, “Centenary of Medical Missions,” *Chinese Recorder* 68 (1936): 53-54; Henry B. Chu, “New Trends in Christian Medical Work,” *Chinese Recorder* 73 (1941): 65-68. H. Owen Chapman, “The Function of Christian Medical Work in Modern China,” *Chinese Recorder* 69 (1937): 629-635.

program of medical service and medical education. It continued, as well, the anti-missionary rhetoric that slowly undermined mission authority. The National Health Administration worked toward the adoption of state medicine, a system under which health service would be provided for the entire population, with special attention to those living in rural areas. First, it facilitated the fast establishment of provincial and municipal health administrations in a number of provinces. Second, it supported the existing National Epidemic Prevention Bureau in increasing its sera and vaccines production and creating well-functioning technical organizations in Peking and Nanking: the Central Hygienic Laboratory and the Central Field Health Station with divisions of bacteriology and immunology, chemistry and pharmacology, malariology and Entomology, sanitary engineering, health education and propaganda. In addition, it established the First National Midwifery School in Peking, the Central Hospital of 500 beds in Nanking, and a new National Quarantine Service with branch services in most of the principal coastal ports. With these and other existing facilities, under the leadership of the National Health Administration, in 1931 and 1932, the country successfully combated and prevented epidemics in flooded and Wusong-Shanghai war areas, and plague, meningitis, and malaria in six provinces located in northwest, east and the middle of China.⁷²⁶

The moving up of Chinese leadership was not without precedence. In 1928, at the seventh Biennial Conference of the National Medical Association in Peking, J. Heng Liu pointed out in his presidential address that “more Chinese are assuming positions of leadership in the place of foreigners.” Moreover, he observed, “the time has come that

⁷²⁶ J. Heng Liu, “Address,” *Chinese Medical Journal* 46, (1932): 1125-1127.

Chinese of promise should themselves assume positions of responsibility” to make “outstanding progress” for modern medicine in China. He suggested “an amalgamation be effected between the National Medical and the Chinese Medical” Associations.⁷²⁷ Liu’s proposal created a united voice of the modern medical profession that would become stronger and more authoritative.⁷²⁸

In 1929, when the *China Medical Association* held its 19th Conference, the second without the word “missionary,” in Shanghai, the organization was under the leadership of its first, and last, Chinese presidentship, Arthur Woo Wai-tak (胡惠德, 1888-1964). His inaugural address pointed out the Nanking Government had created a special State Department to look after public health following the new developments in the West. He then listed a number of problems the medical professionals were facing, notably, the lack of public health clinics, the clear standards for medical education, and the needs of rural areas. While all these problems were Chinese as well, Woo stated that the membership of the association “must become overwhelmingly Chinese, and the management of this association must pass into Chinese hands, for no one can deny the future of Chinese medicine is in the hands of the Chinese themselves, and Chinese will eventually be the official language of the profession in China.” Although out of a membership of nearly 700, less than 100 were Chinese, “at this very time of China’s Renaissance the wisdom of organizing the whole of the medical profession into one strong unit is obvious to

⁷²⁷ K. Chimin Wong and Wu Lien-teh, *History of Chinese Medicine, Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: National Quarantine Service, 1936), 766.

⁷²⁸ James Laidlaw Maxwell, “National Medical Association of China VIIth Biennial conference,” *China Medical Journal* 42, no. 2 (1928): 117-119.

all.”⁷²⁹ Although no resolution followed Woo’s motion at the Conference, two Chinese members, New W. S. and Yan F. C. were elected to the eleven member Executive Committee.⁷³⁰

In 1930, at the 8th Biennial Conference of the National Medical Association in Shanghai, which was attended by about 400 members and their guests, the efforts to unite the existing medical associations continued.⁷³¹ With a grant from the Rockefeller Foundation, the Association was able to appoint a full-time General-Secretary.⁷³² Prior to 1932, two preliminary tasks were completed. First, the National Medical Association became the only national association which was functioning and registered with various levels of government.⁷³³ Second, the major journals conducted by the two Associations merged in 1931. The English edition of the *National Medical Journal* and the *China Medical Journal* now were melded together with the title *Chinese Medical Journal*, still monthly and continuing with the sequential volume number of the *China Medical Journal*; thus, the issue published in January 1932 was volume 46. The Chinese edition of the *National Medical Journal* was merged with *Qilu (Cheeloo) Yican*, bimonthly.⁷³⁴

⁷²⁹ Arthur Woo, “Presidential Address,” *China Medical Journal* 43 (1929): 152-162.

⁷³⁰ Wong and Wu, *History of Chinese Medicine*, 773.

⁷³¹ At the time, there were numerous medical associations in China, big and small. The National Medical Association did not aim at a unification just between itself and the China Medical Association although it ended up with the two, the National and the China medical associations.

⁷³² Wong and Wu, *History of Chinese Medicine*, 768.

⁷³³ Way-sung New, “Presidential Address,” *Chinese Medical Journal* 46 (1932): 1025-1035.

⁷³⁴ 戚铭远, “中华医学杂志三十年来大事记,” *中华医学杂志* no. 1-2 (1945), [Qi Mingyuan, “30 Years’ Chronicle of the Chinese Medical Journal,” *Chinese Medical Journal*], quoted from Tao Feiya and Wang Hao, “Evolution of the Modern Medicine Community”, 79-97. *Qilu Yican* (齐鲁医刊) was conducted in Chinese by the Qilu (Cheeloo) Medical School in Jinan, Shandong. In the original dissertation plan, this medical school was included. Its archives were not found there or in the provincial archival museum. Recently, however, *Qilu Yican* has been re-issued by the school.

On April 15, 1932, the Executive Committees of the two associations finally met together at the Bank Club Building at 4 Hong Kong Road, Shanghai, informed by circulars collected from members of each organization. Chaired by Yan Fuqing, with nine participants from the China Medical Association and five from the National Medical Association, the group unanimously voted for unification. At the meeting, members from both executive committees resigned as a block. A new executive committee was organized by the meeting. New W. S. (牛惠生, 1892-1937)⁷³⁵ was elected the President and H. H. Morris and Arthur Woo became Vice-Presidents.⁷³⁶ Several councils of the China Medical Association were kept: Council on Publication, Council on Medical Education, and Council on Medical Mission. Some new councils were organized, the most prominent being the Council on Public Health.⁷³⁷

The Council on Medical Mission is of special interest here. Apparently, out of respect to the historical origin of Western medicine in China, a room in the association building at 41, Tzepang Road was given to the council as an office. According to the Constitution, the Council was still the sole control of its own funds subject to a yearly audited statement to be submitted to the Executive Committee. The membership and work for the Council, however, could not be compared with 1925 when it was first organized. Now, the Council only would closely affect its own members. To maintain

⁷³⁵ New W. S. received his M.D. from Harvard University's medical school. His father had been one of the 120 early teens who were sent to the United States to study but were called back before they were able to complete their studies. His family was also connected with the East China Chinese Christian circle.

⁷³⁶ “本会消息：中华医学会、博医会执委会联席会议，” *中华医学杂志* no. 3 (1932): 509-512, [“Notes of the Association: Joint Meeting of the Executive Committees of the National Medical and the China Medical Associations,” *Chinese Medical Journal*].

⁷³⁷ “Council on Public Health,” *Chinese Medical Journal* 46 (1933): 1133. At this point in time the Council had not begun its work.

the exact membership of the Council and to keep in touch with members, it was suggested that a nominal fee be charged for membership annually.⁷³⁸ The influence of mission efforts was fading in the increasingly influential scientific medicine.

Due to the Japanese initiated Wusong/Shanghai War in January, which ended in August in 1932, the first conference of the new association was finally held at the end of September. At the Conference, the unification was celebrated. As a former president, H. H. Morris claimed that the unification was an epoch-making event in the history of modern medicine in China and it would set a new pace in the advancement of modern medicine in China. Through combined strength and effort, scientific medical professions would stand much a better chance for successfully realizing their common objects and ideals. Morris put his emphasis on medical education which still faced many of the problems noted by Boone in 1887.⁷³⁹ The new President New W. S. forecasted future tasks. In responding to the address by J. Heng Liu, now the Director of the National Health Administration, New emphasized that the association should cooperate with the government in promoting the development of medical science and research in China. The association would give the government its full support whenever expert services were needed. He also stressed that the association planned to organize a post graduate school in conjunction with the National Health Administration to give intensive practical experience for those graduates from schools not up to standard.⁷⁴⁰

⁷³⁸ "Council on Medical Missions," *Chinese Medical Journal* 46 (1932): 1135-1136.

⁷³⁹ H. H. Morris, "Address" *Chinese Medical Journal* 46 (1932): 1122-1125.

⁷⁴⁰ Way-sung New, "Presidential Address," 1025-1035. "Resolutions at Final Session of Conference," *Chinese Medical Journal* 46 (1932): 1137-1138.

Some questions still remained: given that the Chinese Medical Association emphasized cooperation with the government, what was the role of mission medical work in the future? In the 1930s, mission work in China in general was being attacked from different directions. One challenge came in the 1932 *Report of the Commission of Appraisal of the Laymen's Foreign Missions Inquiry*, which rated medical missionaries' work in China low in terms of professional standards.⁷⁴¹ Even though the Council on Medical Missions tried to counter their statements, the opinions of the *Report* had been so widely spread even before its publication, the Council had almost no ability to reverse its findings.⁷⁴²

In addition, Andrija Stampar handed in his final report to the League of Nations at Geneva on October 15, 1936, on medical progress and public health in China. His attack on medical missionaries work in China begot both strong reaction and serious consideration. His arguments that mission hospitals “hardly touch the life of the poor”, that “the number of free patients must be very small” and finally that “the average fee for in-patients is between one and three dollars per day” would not be taken seriously by those who has the first-hand knowledge of mission hospitals and their work. But his other evaluations did arouse attention from medical missionaries. Stampar observed that the medical missionaries had been “rendered less valuable than it might otherwise have been” by their failure or refusal to pool their resources and efforts and that by

⁷⁴¹ The Commission of Appraisal, *Re-thinking Missions: A Laymen's Inquiry after One Hundred Years* (New York; London: Harper and Brothers Publishers, 1932).

⁷⁴² “Council on Medical Missions, Chinese Medical Association,” by James L. Maxwell, 21 January 1933, LS2 213, SMS.A. Kenneth Scott Latourette, “The Laymen's Foreign Missions Inquiry: The Report of Its Commission of Appraisal,” *International Review of Mission* 22, no. 2 (1933): 153-173.

concentrating on curative work in their town hospitals rather than on preventive medicine in collaboration with the rural work of the government health administration. Medical missionaries thought that he touched upon a very live issue which was already under consideration by the Christian medical organizations in China.⁷⁴³

At this juncture, Yan Fuqing had become one of the most important figures of the Chinese scientific medical profession. First, recognizing that the government had assumed extensive responsibility for public health, he believed that it was possible to better coordinate the Christian medical work with its programs. Second, he suggested that medical missionaries' work be integrated with the health programs in rural areas rather than in large cities. Third, he argued that Christian medical work should concentrate even more on medical education, consolidating into fewer schools with higher professional standards. By doing so, the Christian medical work could have a permanent place in China.⁷⁴⁴ It seems that Yan was quite optimistic even as he was echoing Stampar's report. Medical missionaries, however, were not as hopeful. Some of them thought that if they cooperated with the Chinese government, the core of their work, to spread "the love of God in the healing of the sick" would be undermined.⁷⁴⁵

The combination of the two associations indicated that the Protestant Missions had completed their responsibility as carrier for the transfer of a medical profession from Western cultures. Scientific medicine now had found its permanent home in the Chinese Medical Association and its new sponsorship through the state government. At that

⁷⁴³ Chapman, "The Function," 630.

⁷⁴⁴ Yen, F. C. "What Is the Function of Christian Medical Work in Modern China?" *Chinese Recorder* 69 (1937): 628

⁷⁴⁵ Chapman, "The Function," 629-635.

point, however, Western medical professionals had paid insufficient attention to the native medical system, its practice and theory, but rather had worked to establish their own legitimacy in China. Now, when scientific medicine was established, the question of the place of the living native medical tradition had to be addressed.

6.3 Rediscovering Chinese Medicine within World Medical History

Western scientific medicine, itself still young in the nineteenth century, had been brought into China through foreign economic influence and military aggression. Early practitioners, brought primarily to service the foreign entrepots, had been indifferent or disparaging toward native Chinese medicine.⁷⁴⁶ After medical missionaries had more contact in the nineteenth century, at least in some cases, their discussion about native medicine and its practitioners, became more analytical with some degree of sympathy and even curiosity about local practices rather than simply rejecting Chinese practitioners.⁷⁴⁷ Nevertheless, on the whole, western medical missionaries' opinion about native Chinese medicine only had shifted from focusing on its ignorance of anatomy and physiology to its seemingly static nature and emphasis on tradition.

In practical reality, however, the majority of Chinese health issues were still being taken care of by native medical practitioners who had limited access to scientific medicine.⁷⁴⁸ During the early twentieth century, Chinese scholars had also begun to

⁷⁴⁶ 高晞, 德贞传: 一个英国传教士与晚清医学近代化 (上海: 复旦大学出版社, 2009), 100, [Gao Xi, *Biography of John Dudgeon, 1837-1901*].

⁷⁴⁷ William R. Morse, *The Three Crosses in the Purple Mists: An Adventure in Medical Education under the Eaves of the Roof of the World* (Shanghai: Mission Book Co., 1928), 124-127, 131. Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (Vancouver: UBC Press, 2014), 51-68.

⁷⁴⁸ K. Faber, *Report on Medical Schools in China. League of Nations, Health Organization, 1931*, Wellcome Library, accessed August 7, 2019, <https://wellcomelibrary.org/item/b18417334#?c=0&m=0&s=0&cv=0&z=-0.602%2C->

explore China's time-honored medical art from a new angle. An important starting point was Ding Fubao's *Biographies of Celebrated Physicians of All Times*, published in 1909. The passion for knowing the nature of Chinese medicine grew among scholars with training in both scientific and native styles. Following the publication of Chen Bangxian's *China's Medical History* in 1920 and many articles in the 1910s and 1920s, between 1928 and 1936, the book numbers almost doubled, with 8 books⁷⁴⁹ and 181 articles. The fervor for such information also facilitated an English version of Chinese medical history by K. Chimin Wong and Wu Lien-teh, with its first edition published in 1932 and second in 1936. As the first and perhaps only book on the history of Chinese medicine that was directly written in English by Chinese authors, it opened a dialogue between Chinese and English-speaking scholars. Responses from American professionals at that time demonstrated different evaluations of the book by audiences, different methodological appeals for Chinese medical history writing, and, most of all, the difficulties of understanding the Chinese viewpoint.

It is reasonable to say that *History of Chinese Medicine, Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* was a product of the Chinese medical history movement.⁷⁵⁰ However, the direct stimulus for the two authors was said to be the 1913 version of *An Introduction to the History of Medicine* by

[0.0692%2C2.204%2C1.3845.](#)

⁷⁴⁹ 王吉民, “中国医史文献索引,” *中华医学杂志* (1936): 12, [K. Chimin Wong, “Index of Literature on Chinese Medical History,” *Chinese Medical Journal, Chinese Edition*]. This is a reprint in 虎门镇人民政府编, 王吉民: *中华医史研究* (广东人民出版社, 2011) 270-284, [Government of Humen County, ed. *Study on Medical History Works of K. Chimin Wong*]

⁷⁵⁰ 戚铭远, “中国医史研究运动概况,” *中华医学杂志*, (1945): 264-269, [Qi Mingyuan, “Condition of the Movement of China's Medical History Study,” in *Chinese Medical Journal, Chinese edition*], quoted from Tao Feiya and Wang Hao, “Evolution of the Modern Medicine Community”, 79-97.

Fielding Hudson Garrison. There are two versions of the origin story. One account indicated that, after reading several short paragraphs in Garrison's *History*, Wu showed it to Wong; and he also wrote to Garrison to complain in 1916. Garrison responded to the criticism that the book lacked references by arguing that there were few accounts on Chinese medicine available.⁷⁵¹ Another account was that a letter from Wu to Garrison written in 1927 could be found in one of nine boxes of materials relating to Garrison could be found in the Library of Congress in Washington.⁷⁵² Although none of those articles have given definite reference on these accounts, my research indicates that both accounts seem credible by indirect evidence. Thus, the first story denoted the beginning of the contact and the second one indicated a continuing communication.

Garrison's 1917 edition, the second out of four editions of the *History*, did add Wu's name and information from two of Wu's articles published in the English edition of *National Medical Journal* in 1916.⁷⁵³ The additional material included the term Wei Sheng (卫生) in *Chuang Tzu* (庄子) in 3rd century B.C., medical statistics in *Chouli* (周礼)

⁷⁵¹ 傅维康, "我国第一座医史博物馆," *中国科技史料* 10, no. 2 (1989): 73-76, [Fu Weikang, "The First Museum of Medical History of China," *China Historical Materials of Science and Technology*]. Fu worked at the Museum of Medical History of China as Wong's assistant for many years. The Chinese language Fu provided as Garrison's answer had been kept exactly the same in all his relating articles and was copied by other scholars, but no reference was given.

⁷⁵² 陈琦, "王吉民、伍连德的 *中国医史* 及其中译本," *医学与哲学* 27, no. 1 (2006): 53-55, [Chen Qi, "Wong and Wu's *History of Chinese Medicine* and its Chinese Translation," in *Medicine and Philosophy*]. David Luesink, "The History of Chinese Medicine: Empires, Transnationalism and Medicine in China, 1908-1937," in *Uneasy Encounters: The Politics of Medicine and Health in China, 1900-1937*, ed. Iris Borowy (Frankfurt am Maim: Peter Lang, 2009), 149-176. An email note answer on August 20, 2019 from a staff member of the Library of Congress confirmed that there are nine boxes of archival materials of Fielding H. Garrison at the National Library of Medicine. Thus, quite possibly Wu Lien-teh's letter could be found in those boxes.

⁷⁵³ Wu Lien-teh, "Foundation of Modern Hygiene in China," *National Medical Journal* 2, no. 1 (March 1916): 32-36. Although curiously, Garrison cited only one article throughout this and all his later editions.

published in 1105 B.C., regulations for the preservation of good health in *Su Wen Ling Ch'u* (素问灵枢), the highly developed art of physical culture presented in *I Chin Ching* (易筋经), and common sense matters of clothing and housing. In addition to these was the title of the forensic book, *Xi Yuan Lu* (洗冤录).⁷⁵⁴ Wu's articles may also have helped Garrison add medical missionaries' experiences in China in this edition.

Thus, although no direct records have yet been identified, Garrison's book could possibly be the stimulant for Wu and Wong to write a book on Chinese medical history in English. The *History of Chinese Medicine* consisted of two sections titled as books. Book I, "dealing with the panorama of medicine from the earliest recorded period to the close of the eighteenth century," covered one fourth of the entire volume. Book II, "treating of the past hundred and thirty years", occupied the rest in more than four hundred pages.⁷⁵⁵ Wong and Wu, although aiming at international audiences, addressed problems that concerned contemporary Chinese medical practitioners. They wanted old style medical art practitioners to be motivated to advance their own practice in a new era through understanding the ways in which Western scientific ideas about prevention and treatment of disease became so influential. They also wanted the protagonists of experimental or scientific medicine, "not to spurn the lessons of the past but to see in the

⁷⁵⁴ Before receiving information from Wu, Garrison might not have access to various previous editions of the *Xi Yuan Lu*, namely, the 1779 edition of abridged French translation, the 1855 edition of English being published in Hong Kong, and the 1863 edition in Dutch. H. A. Giles, an English historian, only published his full translation *The Hsi Yuan Lu, or Instructions to Coroners* in 1924.

⁷⁵⁵ The allocation of chronological space of their book also suggested the influence of Garrison. Drawing the dividing line near the year 1800 A.D., Garrison had given half space of his book to modern medicine. George Sarton thought this was an acceptable balance because Garrison was writing to audiences mostly composed of practicing medical professionals. See George Sarton, "An Introduction to the History of Medicine by Fielding H. Garrison," *Isis* 4, no. 3 (April 1922): 554-556.

old tradition not something to be rejected, but a background that throws into vivid relief the wonderful achievements of the present age.”⁷⁵⁶

To Wong and Wu, the history of medicine in China should include both native Chinese medicine in historical times and modern medicine – Western medicine – which had been practiced by medical practitioners beginning with T. R. Colledge, Peter Parker, and Chinese physicians influenced by the West. Their appeal indicates that the two had perhaps a limited idea about how fundamentally the two medicines differed culturally and philosophically. What they did believe was that both were alive and worked toward similar goals. In the conclusion of an article which Wong wrote for *Lancet*, he expressed the anxiety as he struggled to find a way to present the value of Chinese medicine in history. The essay reflects a certain confusion:

“Such is a brief epitome of medicine as it has existed and been practised [*sic*] in China. While the Chinese anticipated many discoveries, collected a great variety of facts, invented some valuable methods and brought a few to a high degree of excellence, yet they have never pursued a single subject in a way calculated to lead them to final success. The circulation of blood, anaesthetic [*sic*], X rays, vaccine therapy massage, catheters, hypnotism, hydrotherapy, hygiene, organotherapy [*sic*], &c., had all been hinted at, but remained barren of results until centuries later Western science stepped in and secured the prize. The field of Chinese medicine is still a veritable virgin soil. There are golden opportunities for research workers to break open the hidden wealth of treasures. The day will come when Chinese medicine will pass through this stage of transition to emerge once more, purified and strengthened, and lead again the medical thoughts of the world.”⁷⁵⁷

The new fields of history of science and medicine also noted the publication of *History of Chinese Medicine*. Responses to Wong’s and Wu’s book, especially the first part on

⁷⁵⁶ K. Chimin Wong, and Wu Liande, “Preface to the First Edition,” in *History of Chinese Medicine, Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: National Quarantine Service, 1936), vii-ix. The discussion about this book in work is limited to Book I.

⁷⁵⁷ K. Chimin Wong, “Four Millenniums of Chinese Medicine,” *Lancet*, (3 August 1929): 260

native Chinese medicine, was received positively among American medical professions. A medical professional found “the book is most useful and interesting, opening up to us the history of this great Empire, in which civilization flourished long before most of our western countries came into organized existence.” He also praised the book for being written in excellent English, explicit and succinct, with high quality of printing and make-up.⁷⁵⁸

However, historians were critical about the book, especially the part written by Wong. George Sarton, with somewhat negative tone, pointed out that the part by Wong was, of 123 pages, considerably small than Franz Hübötter’s *Die chinesische Medizin zu Beginn des XX. Jahrhunderts und ihrhistorischer Entwicklungsgang* which was published in 1929 and had 356 pages. Moreover, he criticized the fact that the sources of this part were overwhelmingly English or American and none were provided with references.⁷⁵⁹

Comments of Sarton and others were taken seriously by Wong and Wu. A second edition of the *History of Chinese Medicine* was published in 1936. Wanting to be a concise and authoritative account of subjects in the “evolutionary story of the Chinese people,” Wong and Wu revised the book with heavy hands, especially Wong’s contribution to Book I on “the development of the indigenous art.” In addition to significant revision the original 21 chapters, 5 new chapters were added to this part, now

⁷⁵⁸ Mazÿck P Ravenel, "History of Chinese Medicine." *American Journal of Public Health and the Nation's Health* 23, no. 3 (1933): 296-298.

⁷⁵⁹ George Sarton, “History of Chinese Medicine by K. Chimin Wong and Wu Lien-teh,” *Isis*, 20, no. 2 (January 1934): 480-482. George Sarton, “Die chinesische Medizin zu Beginn des XX. Jahrhunderts und ihrhistorischer Entwicklungsgang by Franz Hübötter.” *Isis* 14 no. 1 (1930): 255-263.

totaling 254 pages. He devoted one chapter to “The Struggle between the New and Old Forces.” He retained older illustrations which were of historic value but added new ones as well. Special attention was also given to revising the nearly 1400 footnotes and cross references.⁷⁶⁰ This time the *Isis* reviewer was much more satisfied, noting,

“The expanded chapter on the Philosophy of Disease now gives an excellent account of the doctrines of Yin-Yang, of the Pa-Kua, and of the Five Elements and their application to the organs of the human body and their diseases. The most valuable addition is perhaps the new chapter " Notes on Some Famous Ancient Drugs," where we read about the remarkable and miraculous Ginseng root whose story is strikingly similar to that of the Mediaeval European mandrake root; moreover about the Chaulmoogra oil which, in China, appears to have been used as a remedy against leprosy as early as the 14th century (Ta Feng Tzu; the Chinese characters, are by a mistake omitted in the text), and Ma Huang, *Ephedra vulgaris*, mentioned already in the Pen-Ts'ao Kang-Mu (finished 1578 A. D.). from which the famous preparation Ephedrine is derived.”⁷⁶¹

What the reviewer, Willy Hartner, commended were the kinds of definitiveness, certainty, specificity, and clarity that Sarton has sought in his review. The review nonetheless suggests that medical historians in the West tended to comment on practices in other cultures as though there were necessarily parallels, regardless diseases types, seeking to find the same goals and reach the same results. Contemporary scholarship reveals that the subject of comparative medicine is much more complex. The indigenous Chinese medicine, under many circumstances, focuses more on reaching a balanced system, that allows the coexistence of various “elements.” Embedded in Chinese medicine was a distinctive philosophy fundamentally different from the various dualisms

⁷⁶⁰ Wong and Wu, “Preface to the Second Edition,” *History of Chinese Medicine*, v-vi.

⁷⁶¹ Willy Hartner, “History of Chinese Medicine by K. Chimin Wong and Wu Lien-teh,” *Isis* 27, no. 2 (August 1937): 341-342.

based Western philosophies.⁷⁶² To appreciate Chinese medicine, “a living tradition,” at the philosophical level remains a long-term project.⁷⁶³

It is significant that Wong worked so hard to open the conversation among medical historians from different cultures. His material demonstrated the necessity of studying the indigenous Chinese medicine in relationship to Western cultures. Unfortunately, while a potentially fruitful communication was seemingly underway, a full-scale war between Japan and China prevented Wong from continuing to explore the value of the living indigenous medicine. Yet, Wong did not give up on pursuing this goal even during the war. Since 1929, when the course of the history medicine being added to the curriculum, Wong had been a lecturer in the course at the medical school.⁷⁶⁴ At the same time, Wong led a group that organized a branch of History of Medicine within the Chinese Medical Association, and he established the Museum of Medical History of China in the foreign concession in Shanghai during the Sino/Japanese War; it remained open until the outbreak of the Pacific War in 1941.⁷⁶⁵

Wong had been persistent in tracing the living tradition of Chinese medicine throughout his life and that culminated in *History of Chinese Medicine*. His other efforts were recognized by his election as a correspondent member of the International

⁷⁶² Roger T. Ames has been studying this point throughout his working career and continuing to today. For example, see Roger T. Ames, “Confucianism and Deweyan Pragmatism: A Dialogue,” *Journal Chinese Philosophy* 30, no. 3 and 4 (Sep./Dec. 2003): 403-417.

⁷⁶³ Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626-2006* (Seattle: Eastland Press, 2007). Mei Zhan, *Other-worldly: Making Chinese Medicine through Transnational Frames* (Durham: Duke University Press, 2009).

⁷⁶⁴ Survey Forms on the Medical School of the National Sun Yat-sen University: Statistics, Research, School Condition, and History, 1929-1931; Statistics Survey Outline of Jiangsu Province, 1929, LS1 15, SMS.A.

⁷⁶⁵ Fu, “The First Museum,” 73-76.

Academy of History of Science in 1959 and full member in 1966.⁷⁶⁶ Many Western medical historians would use *History of Chinese Medicine* as a source book, primarily focused on Book II, which provided detailed clues for the medical missionaries' history in China. The only short account in English gave limited attention to Wong's discussion of the nature for Chinese medicine.⁷⁶⁷ More recently, however, the book has been re-published in 2009 in China to acknowledge its value for understanding the significance of indigenous Chinese medicine.⁷⁶⁸

The ten years from 1927 to 1937 were crucial years for the localization of a Western medical profession in China. The profession has not only gained a footing but also reached a predominant position in health care fields. This chapter analyzed the development of the National Shanghai Medical School in order to demonstrate a changing balance of leadership among medical missionaries and Chinese medical practitioners and educators. It examined the dilemma that the missionary medical projects encountered when they formally yielded their leadership to Chinese physicians during the process of unifying the two Medical Associations. In this process

⁷⁶⁶ 萧惠英, “王吉民年表,” *中国医史杂志* 34, no. 4 (2004) 242-245, [Xiao Huiying, “Chronical of K. Chimin Wong,” *Chinese Journal of Medical History*].

⁷⁶⁷ Luesink, “The History of Chinese Medicine,” 149-176. Luesink recognized the confusion Wong and Wu had in their mind, but he did not identify the complicated reasons. Wong and Wu, especially Wong, could not figure out that, when foreign cultures just met and with one side had such strong economic, military, and scientific powers behind, the balance of information was inherently unequal.

⁷⁶⁸ 韩启德, “序中国医史再版,” *民主与科学* 4 (2009): 58-59, [Han Qide, “Preface for the 2009 Photoengraphing Edition of the *History of Chinese Medicine*,” in *Democracy and Science*]. Han Qide is a Chinese medical scientist. He is also the President of the Chinese Society for Science and Technology. He believed that re-publishing the *History of Chinese Medicine* would be helpful for the study of the theory of medicine and related cosmology, view of life, and the outlook on life in Chinese culture. These studies are helpful for making contemporary medicine attentive to humanistic rather than losing its significance in a technocratic labyrinth.

communications between Chinese and the world's medical historians on the nature of native Chinese medicine began.

The trajectory of the Shanghai Medical School as it expanded to become the Shanghai Medical Center with medical education, clinical care, scientific research, and cooperated in public health education with the governmental program, especially its rural area services, demonstrated this new Chinese leadership and vision.⁷⁶⁹ However, its success would not have been possible without changes in the social environment. Medicine, being a profession of service and requiring costly scientific research, required sponsorship. When medical missionaries finally handed leadership to their Chinese peers for a cross cultural profession transfer relay in 1932, China was in a relative peaceful condition under the reforming leadership of the Republic of (Nanking) authorities. This government supported the establishment of a modern medical system in China. The job assigned to Yan was important but, although maintaining relative stable political conditions in China, the government was weak in terms of its income. The financial gap was filled, in terms of the development of the National Shanghai Medical School, by a circle of business friends and leaders in the medical field. They favored scientific medicine because of personal or relatives' contact with Christian missions earlier. At the same time, changing attitudes in politics and business had established strong patriotic feelings. All these factors facilitated the achievements of modern medical profession in China.

⁷⁶⁹ Yan Fuqing, "Medical Education in China: Past and Present," *Chinese Medical Journal* 49 (1935): 930-3.

During the late 1920s and early 1930s, medical missionaries formally lost their professional leading position to their Chinese peers. In 1932, the China Medical Association and the National Medical Association merged into the Chinese Medical Association. For the missions, the merger should have been a final end of being carriers for the Western medical profession. However, the parting was more complicated than the two professions' coming together. The Council of Medical Mission, which was kept in the new association, remained a remnant of that influence and activity.

One of the most interesting outcomes of this period was a new direct contact between medical historians from the West and those emerging in China. When the Western medical professions started to compare their arts and the Chinese arts in the early nineteenth century, some created a negative reputation for the indigenous one as being irrational, old, stationary, and pejorative towards foreigners. While these opinions varied among Western practitioners, the negative tone persisted. The change was made when K. Chimin Wong began to engage in the study of Chinese medical history. Wong, on the one hand, studied scientific medicine in Hong Kong in the 1910s, on the other hand, witnessed the effects of Chinese medicine before he even entered school while he was watching his grandfather's practice. While certainly aware of and often accepting the capacities of scientific medicine from the West, he simultaneously sought to demonstrate the usefulness the medical practice of his own country by revealing its long history. Wong, as a Christian, did not compare the two systems on a more theoretical level or with attention to their philosophical differences, perhaps given his own Western and religious upbringing. Nonetheless, Wong's information created an open-ended

historical inquiry, which continues to be explored by medical historians, practitioners, and philosophers.

From the mid-nineteenth century, Western medical practitioners were eager to establish a new profession in China, and they were enabled by expanding Western trade and religious incursions. In echoing developing medical trends in the West, medical missionaries introduced to China clinical institutions, the professional organizations, and increasingly advanced medical education on a Western model. Their alliance with religious groups, initially very collaborative, changed as the doctors focused on medical practice and the fast-paced development process of scientific medicine. Early in the twentieth century, they yielded the leadership of the newly established scientific medical profession, without its religious affiliations, to well positioned Western trained Chinese physicians.

These young Chinese medical leaders had a somewhat different relationship to an emerging group of Chinese medical historians. They, too, had received their Western medical training accompanied with the typically negative rhetoric about Chinese medicine. But this new generation recognized the beneficial effects of native Chinese medicine through experiences prior to their western medical study. These historians of Chinese medicine worked to understand how the two medicines related to each other. Faced with the challenging task of reconciling the philosophical and cultural differences in which the two medical theories and practices were grounded, the Chinese historians nonetheless provided renewed historical understanding of both as they would be represented in China in the post-war period.

Epilogue

When Japan began its full-scale invasion of China in July 1937, all parties who were involved in the establishing Western medical education and institutions were affected. Many survived in various places and their influence continued to be felt even as the following years provided new visibility and leadership for native Chinese practitioners.

Before the war, medical missionaries, influenced by Andrija Stampar's comments on their work in his report in 1936 to the League of Nations on the health and medical progress in China, were planning ways to cooperate with the National Health Administration's programs. Under the Rural Reconstruction Movement, the health administration was pushing a three-tier model for national health care, including village health districts to cover a population of ten to fifty thousand each; county health stations to cover five to ten districts, each with a hospital of no less than thirty beds and a hygienic laboratory, and an administration office; and a central hospital, a medical school, and provincial administration in each province.⁷⁷⁰

In 1935, there were about 230 missionary hospitals in China. They were staffed with about 530 Chinese doctors, 1000 Chinese graduate nurses, and 4000 student nurses, 325 foreign doctors and 270 foreign nurses. Given their extensive network, some medical missionaries thought that "no agencies are better situated" than mission hospitals for

⁷⁷⁰ Ka-Che Yip, "Health and Nationalist Reconstruction: Rural Health in Nationalist China, 1928–1937," *Modern Asian Studies* 26, no. 2 (1992): 395-415. 颜福庆, "中国医事事业之前途," *中华医学杂志* 21, no. 11 (1937): 1187-1191, [Yan Fuqing, "The Future of China's Medical Profession," *Chinese Medical Journal* (Chinese edition)]. H. Owen Chapman, "Christian Medical Cooperation in China," *International Review of Mission* 37, no. 2 (1948): 163-171.

carrying out this governmental program based on their hospital extension work, mobile clinics, and health education programs. Furthermore, they believed that some mission hospitals could be developed into teaching hospitals.⁷⁷¹ However, just as they were trying to resolve the question of how to retain their religious outlook while working with the government, the Japanese invasion started. Very quickly, the majority of foreign medical missionary workers were compelled to leave China.⁷⁷²

Nonetheless, in 1940, K. C. Wong reported that 268 mission hospitals (including Catholic and other non-Protestant institutions) with 863 foreign and Chinese doctors and 1597 nurses were still located in many of the larger cities all over the country. Among these hospitals, 121 were in occupied territories, 42 in the combat zones, and 54 in free China. At the time the report was published, J. L. Maxwell of Hankow, supported by the International Red Cross Committee for Central China, was leading the Council on Medical Missions of the CMA. It acted concurrently as the Commission of Christian Medical Work of the National Christian Council. It was communicating the needs of medical work to the mission executives in the field and mission Boards at home.⁷⁷³ Due to disrupted communications, the restrictions of transportation, difficulties in keeping up the medical supplies, the increasing shortage of doctors, and the bombardment and seizing or looting of hospitals, Maxwell and his colleagues' work became harder and

⁷⁷¹ Randolph T. Shields, "Medical Education in China," *Educational Forum* 2, no. 2 (1938): 155-163. Randolph T. Shields, "Medical Missions in China," *International Review of Missions* 33, no. 3 (1944): 287-295.

⁷⁷² R. J. McMullen, Charles Bright, and Joseph W. Ho, *War and Occupation in China: The Letters of an American Missionary from Hangzhou, 1937-1938* (Bethlehem: Lehigh University Press, 2017).

⁷⁷³ K. C. Wong, "The Future of Christian Medical Work in China," *Chinese Recorder* 71 (1940): 9-13.

harder. In the same year, 1940, not too long after Wong's report was published, Maxwell was compelled to return to England as well.⁷⁷⁴ Scholars reveal that during later war years, foreign staff constituted a decided minority in missionary institutions, and many Chinese moved into positions of authority.⁷⁷⁵

While the Western medical missionaries had become their allies, Chinese medical doctors trained in the West and Japan turned their attention to the native medical practitioners, who were still taking care of health problems of the majority of the Chinese population. Even before they assumed the complete professional leadership in 1932, scientific medical practitioners began their challenge. In February 1929, at the first Public Health Conference of the National Board of Health, a proposal drafted by Yu Yunxiu was passed and named "Principles Concerning the Registration of Practitioners of Old Medicine."⁷⁷⁶ This proposal, if were enacted, would have eventually abolished native Chinese medicine through first, forcing all Chinese medical practitioners to attend government-sponsored supplementary education within five years in order to continue their medical practice; second, prohibiting Chinese medical practitioners from establishing schools; and third, abolishing all existing publications of Chinese medical

⁷⁷⁴ "Obituary," *British Medical Journal* (August 25, 1951): 501. In 1949, at age 74, James Laidlaw Maxwell went back to China and worked for the Eastern Asia to the Mission to Lepers. He died in Hangzhou in 1951.

⁷⁷⁵ Nicole Elizabeth Barnes, *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937-1945* (Oakland, California: University of California Press, 2018), 136.

⁷⁷⁶ Yu Yunxiu (余云岫, 1879-1954) graduated from Osaka Medical College in 1916. Although he studied Chinese medicine before, he became a determined critic of Chinese medicine while he was in Japan. He wrote books to critique Chinese medicine in classic Chinese. He was the president of the Shanghai brunch of the Medical and Pharmaceutical Association of China.

doctors in order to stop their advertisement and propaganda.⁷⁷⁷ Things did not turn out as Yu Yunxiu and his peers hoped.

The news of this proposal aroused immediate and long-term reactions from native physicians, who were together known as the National Medicine Movement. In March of 1929, led by practitioners in Shanghai, a national-wide protest was organized. Native practitioners acted quickly and that reaction caused the central government to withdraw the proposal. Because these practitioners understood the challenge they were facing and with support from some powerful figures in the central government, they began to organize themselves into a professional association, the Central National Medicine Museum (中央国医馆). However, these actions simply created a temporary obstacle for those who were determined to abolish native Chinese medicine. Because the doctors trained in the West were well positioned in the government as well, they managed to issue a series of regulations that would prevent native Chinese medicine from becoming a part of the national health system.⁷⁷⁸

But that authority had been changed during the War of Resistance against Japan. During that time, the country needed health care workers desperately, and native medical practitioners, although also experiencing losses by war, worked hard to demonstrate their usefulness in health care as well as their patriotism. In 1937, a National Medicine Committee was formed within the National Health Administration to manage matters

⁷⁷⁷ Sean Hsiang-lin Lei, "Chapter 5, The Chinese Medical Revolution and the National Medicine Movement," in *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago, London: University of Chicago Press, 2014), 97-119.

⁷⁷⁸ 文彦, *移植与超越: 民国中医医政* (北京: 中国中医药出版社, 2007), 74-96, [Wen Xiang, *Transplanting and Surpassing: Medical Administration on Chinese Medicine in the Republic China*].

relating to native medicine. At this time, the problem of the legal status of native medical schools was still not resolved. After 1938, the government issued regulations that made room in the national health system to accommodate native medical practitioners. However, native medical practitioners still encountered difficulties at every step in establishing institutions. Up to 1944, only one national native medicine hospital was established, the Chongqing National Medicine Hospital.⁷⁷⁹

In August 1939, the Central Political Committee of the Kuomintang Party ordered the Executive Yuan to provide assistance for those well-established schools of Chinese medicine and to register them at various levels of government. To implement this order, each provincial education department was requested to investigate local native medical education conditions. Reports of these surveys demonstrated a striking difference between provinces that were strongly influenced by medical missionaries and those that were not. In the cities and provinces where medical missionaries had established higher medical education in addition to hospitals, such as Guangzhou, Shanghai, Chongqing, Jiangsu, and Hunan, there often were Chinese medicine schools or training programs in place as well. In those provinces that medical missionaries had not established influence or only had weak influences, there were no Chinese medical training programs at all.⁷⁸⁰

Although the central government encouraged the Chinese medicine practitioners to establish and develop their educational institutions, procedures to implement the central

⁷⁷⁹ Wen Xiang, *Transplanting and Surpassing*, 99-110.

⁷⁸⁰ Provinces that had no Chinese medical training systems were Ningxia, Shanxi, Suiyuan, Xikang, Gansu, Guizhou, Anhui, Chahaer, Hebei, and Henan. However, there was no discussion about Western style medical training structures in those surveys. Documents of the Special Chinese Medicine Education Committee, including its Statute and studies on Chinese medicine education, June 1939-March 1946, 14879, GA 5, in the Second Archives, Nanjing, China.

government's orders were still under the control of those who actually made a decision for each specific case. Among documents searched, no cases of Chinese medicine training programs that had applied for registration between 1939 and 1946 were approved for further registering processes. Each time the rejection was given decisively without providing any mechanism to improve the programs or to reapply. Reasons for rejection ranged from noting that some subjects in the curriculum were not sufficiently scientific to advance cultural improvement to indicating that the enrollment requirements were too low. Among personnel in the Education Ministry who actually wrote most of rejections was Chen Bangxian, serving as an office clerk for the Commission on Medical Education in the Education Ministry. He clearly stated several times that, at this point in time, Chinese medicine should only be studied and listed out systematically but could not be taught.⁷⁸¹

Cheng Bangxian had been continuing his Chinese medical history study while he was serving in the Education Ministry in Chongqing even during the heavy bombardment of Japanese planes. A biographer reported that his only and essential tools for study were paper cards, scissors, and glue. He did research in multiple documents and sorted his findings into multiple books and articles, including his well-recognized *History of Chinese Medicine*.⁷⁸² Although he used significant archives about Chinese medicine, he followed Western standards to evaluate that history. His account of native

⁷⁸¹ Documents of Special Chinese Medicine Education Committee, including its Statute and studies on Chinese medicine education, June 1939-March 1946, 14879, GA 5, in the Second Archives, Nanjing, China. Education Ministry Documents on Conducting Chinese Medicine Training Courses, September 1939-June 1944, pp. 43-44, 14480, G A 5, in the Second Archives, Nanjing, China.

⁷⁸² 蔡景峰, “中国医学史家陈邦贤,” *中国科技史料* no. 2 (1983): 46-47, 37, [Cai Jingfeng, “China’s Medical Historian: Chen Bangxian,” *China Historical Materials of Science and Technology*].

Chinese medicine never acknowledged that the work of those practitioners had been and continued to be a living healing art.

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Appendix

A list of Surgeon Who Served at the Guangzhou Factory

	First Name	Last Name	Qualification	Beginning	Ending
1	Thomas	Arnot ⁷⁸³		1758	1761
2	John	Laird ⁷⁸⁴		1763	1769
3	-	Gordon ⁷⁸⁵		1769	1771
4	Thomas	Hutton ⁷⁸⁶		1772	1776
5	Charles	Bromfield	CCS, 1778	1775	1776
6	Abraham	Leslie		1777	1779
7	James	Dewar		1779 ?	1780
8	John	Morgan		1782	1783
9	John	Duncan		1783	1788
10	Alexander	Duncan		1788	1796
11	James	Crichton		1795	1806
13	Charles	MacKinnon		1800	1805
14	Alexander	Pearson	MCRS, 1801; MD, 1805	1805	1831
15	John	Livingstone	MD, 1821	1808	1826
16	Thomas R.	Colledge	CCS, 1817; LSA, 1819; MD, 1839	1826	1834
17	Richard H.	Cox ⁷⁸⁷		1832	1834

⁷⁸³ Hosea Ballou Morse, *The Chronicles of the East India Company, Trading to China 1635-1834*, Vol V (Cambridge: Harvard University Press, 1926), 101. In the three years specified in the table the total amount Thomas Arnot paid in advance was 250 taels, including 160 for medicines for the factory, 30 for instruments, and 60 for servants' wages. Also see Anthony Farrington, *Catalogue of East India Company Ships' Journals and Logs, 1600-1834* (The British Library, 1999), 24. A Thomas Arnot was recorded as a ship surgeon for *Osterley* (1), 1757-1758.

⁷⁸⁴ Farrington, *Biographical Index*, 454. Surgeon at Guangzhou 1763; surgeon's mate *York* (3) 1767/8; surgeon *Prime* 1769/70; Bengal Surgeon from Feb. 23rd, 1771; surgeon on *Earl of Lincoln* 1771/2, *Seahorse* 1773/4; Surgeon Major to Bengal Forces in Carnatic March 25th, 1782; Surgeon Major to 1st Brigade Jan. 1785; Head Surgeon June 30th, 1786; resigned to go on furlough Dec. 15th, 1788.

⁷⁸⁵ Morse, *Chronicles* Vol. V, 161, "a surgeon to the factory, Dr. Gordon, died in 1771". Cross checking with Farrington's *Biographical Index*, the closest possibility is a ship surgeon, Richard Gordon, who served on *Duke of Gloucester* (2), 1763/4.

⁷⁸⁶ Morse's *Chronicles* Vol. V, 165. A surgeon to the factory, Thomas Hutton, arrived in 1772 at Guangzhou by a direct ship from London. Also see Farrington, *Biographical Index*, 407.

⁷⁸⁷ Richard H. Cox was only a part time employee. I have not been able to find materials regarding his qualification.