

“Christian Gentlemen and Thorough Doctors”:

**the Establishment of Medical Missionary Education in
Guangzhou**

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Acknowledgements

Either write something worth reading or do something worth writing.

Benjamin Franklin

The extraordinary men and women I encountered through books and letters during this past year have done something worth writing. I only hope that I have written something about them worth reading.

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Note on Spelling

Since Chinese and English are two very different languages, romanization of Chinese characters has never been an exact science. Each style has its strengths and its weaknesses, and every style has a few utterly baffling spellings. *Pinyin*, developed in the 1930s in Soviet East Asia, became the official romanization system of the People's Republic of China during the 1950's. It is now accepted as the default system of romanization, replacing the older Wade-Giles system.

For that reason, in this paper I have tried to use the *pinyin* system as much as possible. The reader will notice Wade-Giles spellings and also spellings that belong to neither *pinyin* nor Wade-Giles, particularly in the primary sources. For all the non-*pinyin* spellings, I have supplied in brackets the *pinyin* equivalent. In the (very) few places where the *pinyin* equivalent is very obscure, such as Hong Kong [Xiang Gang], I have retained the original spelling.

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Introduction

In November of this year, the centenary celebration of the Canton Hospital founded by Peter Parker, a Yale graduate who came out to China as a missionary doctor, marks the coming of modern medicine in China for exactly a hundred years. For at least the first three quarters of the century, medical education and service were undertaken as private enterprises, largely by foreign medical missionaries. Due recognition and appreciation must, therefore, be given to them. They had helped to lay the foundation of modern medicine in China and to carry on this work so faithfully for all these years. In fact, even at this day, medical schools and hospitals under missionary and other foreign auspices are still occupying a very important place in China.¹

Fuqing Yen, chairman of the Council of Medical Education, Chinese Medical Association, September 1935

In an age where many Chinese parents push their children to become lawyers or doctors, one easily forgets that less than two centuries ago, China did not have anything resembling today's "modern medicine." They had their own medicine, whose plethora of hidden health benefits are only now being unlocked—ironically, by science. What is known as modern medicine today—the premedical classes, clinical training, and specialization—was only nascent in the West and non-existent in China two hundred years ago.

The medical missionaries who came to China did not come to teach medicine. They came as missionaries, seeking to tell the Chinese of a Christian God who had died for their sins. Medicine served a two-fold purpose: first, to alleviate sickness and second, to gain access to the Chinese who otherwise avoided the Westerner. In doing so, the medical missionaries introduced modern medicine to China, becoming the first medical professors there. The countless Chinese patients they treated gave them valuable experience, which they passed to the Chinese youth they took as students. It was the medical missionary who trained the first modern medical practitioners and set up the first medical schools. Guangzhou was the cradle of modern medicine in China; from there it spread to the rest of the country.

Despite this distinction, Guangzhou had a string of failed medical colleges. The city had the first medical missionaries in China and many Chinese youth had been trained as doctors within the walls of the famous Canton Hospital. Why, then, did everyone who tried to start a medical college fail?

¹ Fuqing (F.C.) Yen, "Medical Education in China, Past and Present," *Chinese Medical Journal* 49 no. 9 (Sept 1935): 1.

In short, the missionaries' goals were a poor fit for their environment—i.e., Guangzhou itself. The missionaries' hopes for the type of medical college to be established did not complement the attitudes of the Cantonese. The specific factors can be lumped into two rough groups: the factors external to the missionary community, outside of their power, and the factors internal.

The factors external to the missionary community can be loosely attributed to Guangzhou itself. The climate was hot and muggy. Throughout Chinese history, the city had never been socio-politically. The local people were generally hostile to the missionaries; local government officials were unhelpful and indifferent at best and at worst antagonistic. Moreover, the language problem was worse in Guangzhou than elsewhere. While every missionary struggled to learn Chinese, the medical missionary in Guangzhou had more trouble than just that. First, as a medical doctor, he had to contend with the lack of medical texts for Chinese students. Secondly, Mandarin was the official language of the state, while the Cantonese speak a dialect that is unintelligible to the Chinese of other provinces. Many Cantonese students left for the North to study because those schools taught in Mandarin.

The factors internal to the missionary community were not unique to the group at Guangzhou; it was the combination of the external and the internal that proved fatal for the colleges. First, the missionaries were determined to make their medical colleges Christian; after all, the entire point of medical missions was, first, missions—evangelization. Obviously the Chinese were less than receptive. Secondly, the missionaries demanded quality. Early missionaries needed credibility among the Chinese; sub par work not only was dishonest and wrong morally but also reflected badly on missions. Unfortunately, many applicants were unable to meet the stringent college entrance requirements. This led to a low enrollment, which meant no money, and the schools collapsed. These two factors were values commonly accepted by all the medical missionaries across China, but in Guangzhou they (inadvertently) helped bring the demise of the colleges.

For the missionaries, the failure of the medical colleges in Guangzhou was a poser. They could pinpoint the immediate causes of their problems; but it appeared that they were never quite sure exactly when everything had gone wrong. Moreover, they did not seem to know how severe the consequences of their trying to mix their goals with the particular atmosphere of Guangzhou.

Introduction to the Sources

The story of missionary medical education is detailed in a large body of sources, mostly missionary. The amount of primary source material available on general medical missions is quite extensive for several reasons, the most prominent being that the medical missionaries sent out to China were all backed by missionary societies in their home countries. The correspondence between the missionaries and the board members and directors are archived by the board.

For the purpose of this thesis, the Board of Foreign Missions of the American Presbyterian Church plays a large role. It sent out the most medical missionaries to Guangzhou and provided much of the financial support for the famed Canton Hospital. The board has kept reams of correspondence, all available in original form and in microfiche at the Presbyterian Historical Society in Philadelphia. Most of the correspondence from the second half of the nineteenth century is here. It appears that the personal correspondence of the doctors during these roughly fifty years is not archived anywhere else.²

The Rev. Dr. Peter Parker's papers are held at his alma mater, Yale University; thankfully, they have nearly all been compiled and reprinted in one volume, *The Life, Letters, and Journals of the Rev. & Hon. Peter Parker, MD*, edited by George Stevens. The text is mostly Parker's writings and correspondence, with Stevens filling in a few bare facts to provide some context.³ The personal papers of Parker's early associates, Benjamin Hobson⁴ and William Lockhart, are in England, but their correspondence under the auspices of the London Missionary Society archives are available on microfiche in the United States.⁵ The University of Pennsylvania, whose Christian Association sent three Penn medical graduates to Guangzhou, keep in their archives all the correspondence related to the short-lived University Medical School.

² Board of Foreign Missions, Presbyterian Church, USA (American Presbyterian Mission), Papers, Archival Records, Presbyterian Historical Society, Philadelphia, PA.

³ Stevens, George B., ed. *The Life, Letters, and Journals of the Rev. & Hon. Peter Parker, MD*. (Boston and Chicago: Congregational Sunday School and Publishing Society, 1896. Reprint, Wilmington, Delaware: Scholarly Resources, Inc. 1972). (page citations will be to the reprint edition).

⁴ Benjamin Hobson, Papers, Archives and Manuscripts, Wellcome Library for the History and Understanding of Medicine, Wellcome Trust, London, UK.

⁵ William Lockhart, London Missionary Society Papers, Yale University, New Haven, CT. Microfiche.

In general, personal correspondence is rare unless the family maintained its own collection of letters. The William Warder Cadbury collection at Haverford College serves as an example of personal papers which survived;⁶ John Glasgow Kerr's papers did not. This is not to say that the correspondence with the missions boards do not provide personal information relating to the missionaries' own situations during their time in China, but personal papers naturally tend to reveal more about the missionaries' daily lives.

Besides personal correspondence, there are the missionaries' "official" writings. They kept meticulous, detailed, and organized notes on their medical work. There are countless institutional reports (for the hospital, the colleges, etc),⁷ patient records, and pictures of operations.⁸ This type of organization carried over into general correspondence; in letters written home for support, there is fairly detailed information about their activities in Guangzhou. There are even copies of missionaries' sermons.⁹

Many of the histories of medical missionary institutions and of the missionaries themselves are written by their colleagues and/or successors. Harriet Noyes wrote a short history of the South China mission, with which she was involved for many years.¹⁰ Charles Selden, Kerr's first biographer, was a doctor, professor, and the superintendent of the John G. Kerr Hospital for the Insane after Kerr died. Selden wrote what was for almost a century the only biography of his teacher. Forgetting Kerr is a peculiar oversight, especially when one considers the enormous impact he had on medical education in China. The biography is so rare that the few libraries which have it refuse to circulate it.¹¹ William Cadbury, a

⁶ William Warder Cadbury, Papers, Special Collections, Magill Library, Haverford College, Haverford, PA.

⁷ *Annual Reports of the Canton Hospital (and various Medical Education Departments)* (Canton, China: Press of China Baptist Publication Society, n.d. (varying years)); Medical Missionary Society in China. *Address, with Minutes of Proceedings, Etc., Etc.* (Canton, China: Office of the Chinese Repository, 1838); Medical Missionary Society in China, *Reports of the Medical Missionary Society in China, 1890-1900* (Canton, China: Press of China Baptist Publication Society, 1890-1900); William Warder Cadbury, "An Analysis of the Health of a Missionary Community in South China during a Period of Thirteen Years," *China Medical Journal* XXXIX no. 8 (Aug 1925) (page citations are to the reprint edition).

⁸ The famous paintings of Parker's tumor patients, done by the artist Lamqua, are found primarily at Yale and London's Guy Hospital. Several historical groups specializing in the medically grotesque keep "souvenirs" of particularly famous operations, such as some inordinately large vesical calculi surgically removed by some of the medical missionaries.

⁹ Andrew P. Happer, "Influence of the College in the Civilization of the World," *Sermon at the Opening of the Presbytery of Pittsburgh at Bellefield Presbyterian Church, Pittsburgh, PA, 3 April 1894*, by the Presbytery of Pittsburgh (Pittsburgh, PA: Pierpont, Siviter & Co, Ltd, 1894).

¹⁰ Harriet Newell Noyes, *History of the South China Mission of the American Presbyterian Church, 1845-1920*. (Shanghai, Presbyterian Mission Press, 1927)

¹¹ Listed here is the article version of the biography. Charles C. Selden, "The Life of John G. Kerr: Forty-three Years Superintendent of the Canton Hospital," *Chinese Medical Journal* 39 (1925).

missionary doctor and professor, wrote the only published comprehensive history of the famed Canton Hospital.¹² Primary source material for the missionaries is readily available.

In the early part of the twentieth century, the League of Nations sent Knud Faber to China to assess the state of medical education there. He did an extensive study of the schools throughout China—missionary, national (government run), and private. His report provides important data and his official statement concerning the colleges gives a third-party opinion about the missionary medical schools.¹³

There is much less primary source material by the Chinese—the medical students and the Chinese as a whole. Short blurbs by students are sprinkled throughout missionary letters and books. There was one account by a student about his time in a medical missionary college; unfortunately, it does not circulate. About the attitudes of the Chinese in general, there is also little information beyond what is in missionary letters. Even then, one finds a bias in what is saved and what is not. When the charges were particularly ugly—in the missionaries' opinion, so “vile” they were unprintable (violent and/or sexual crimes)—they do not record what the charges actually were, just that they were accused of wrongdoing. The few surviving anti-missionary pieces seem to confirm what the missionaries wrote. Because of the utter dearth of primary source material by the Chinese, one has to rely more on missionary accounts, albeit being careful about how the missionaries would have filtered their accounts of Chinese reactions.

Despite myriad primary sources and the important role played by Western medical missions in the establishment of modern medicine in China, there is an unusually small number of published secondary sources on the topic of medical missions. G. H. Choa, a medical student of one of the last medical missionaries in China, has written a comprehensive study on medical missions in China which devotes a much time to missionary medical education.¹⁴ There are also few biographies on the missionaries, Edward Gulick's well-known biography of Peter Parker excepted.¹⁵

¹² William Warder Cadbury and Mary Hoxie Jones. *At the Point of a Lancet: One Hundred Years of the Canton Hospital, 1835-1935*. (Shanghai: Kelly and Walsh, Limited, 1935).

¹³ Knud Faber, *Report on Medical Schools in China* (Geneva: League of Nations, Health Organization, 1931. Series of the League of Nations Publications, III.8, official number C.H.961).

¹⁴ G. H. Choa, *"Heal the Sick" Was Their Motto: the Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990).

¹⁵ Edward V. Gulick, *Peter Parker and the Opening of China*. (Cambridge, Mass: Harvard University Press, 1973).

Of the unpublished secondary sources, a family biography of John Glasgow Kerr is perhaps one of the most helpful and interesting. Carolyn McCandliss, Kerr's descendant through his daughter (married to medical missionary Henry McCandliss), compiled all of the information on Kerr into a rather big volume. It was written for the family, so there is a lot of information on Kerr's home and family life. Because information on Kerr is so scarce, however, McCandliss' biography is immensely useful.¹⁶

Dissertations and articles offset the lack of published sources. Sara Tucker's dissertation is a comprehensive history of the Canton Hospital;¹⁷ Emma Portuondo's focuses on Peter Parker himself.¹⁸ Barron Lerner provides the only secondary source information available on the University of Pennsylvania's University Medical School.¹⁹ Journal articles and publications from symposiums provide the bulk of analytical information about medical missions. Several articles, particularly of the early twentieth century, are written by Chinese government officials such as Fuqing Yen, C. C. Chen, and Li Tao.²⁰ Their articles provide a non-missionary view of past and contemporary (for them) missionary medical education.

Beyond these sources, the most common place to find information on medical education is to look in sources which deal with the more general topics of medical missions and of missionary education. Kenneth Latourette is the classic source for a comprehensive account of missions.²¹ K. Chimin Wong [Wang Jimin] and Wu Lien-Teh's [Wu Liande] famous *History of Chinese Medicine* covers much of the missionary medical enterprise in China in Book 2.²² Wong also wrote short biographical sketches of fifty medical missionaries, pieces whose worth is all the more enhanced by the fact that Wong used many sources now unavailable to most researchers.²³ In studies of missionary education in China, Jessie Gregory Lutz is

¹⁶ Carolyn McCandliss, *Of No Small Account: the life of John Glasgow Kerr, MD.* (St. Louis, MO: Wanshang Press, 1996).

¹⁷ Sara Tucker, "The Canton Hospital and Medicine in Nineteenth Century China, 1835-1900" (PhD diss., Indiana University, 1982).

¹⁸ Emma J. Portuondo, "Peter Parker and the Origins of American Medical Missions in China." (MA diss., Catholic University of America, 1967).

¹⁹ Lerner, Barron H. "The University of Pennsylvania in China: Medical Missionary Work, 1905-1914." (BA honors thesis, University of Pennsylvania, 1982).

²⁰ C. C. Chen, "State Medicine and Medical Education," *Chinese Medical Journal* 49 (1935); Henry B. Chu, "New Trends in Christian Medical Work," *The Chinese Recorder* 72, no.2 (1941); S. M. Tao, "Medical Education of Chinese Women," *Chinese Medical Journal* 47 (1933); Lee T'ao, "Some Statistics on Medical Schools for 1932-1933," *Chinese Medical Journal* 47 (1933); Lee T'ao, "Some Statistics on Medical Schools for 1933-1934," *Chinese Medical Journal* 49 (1935).

²¹ Kenneth Scott Latourette, *A History of Christian Missions in China* (New York: MacMillan Company, 1929).

²² K. Chimin Wong, and Wu Lien-Teh. *History of Chinese Medicine.* (Shanghai, China: National Quarantine Service, 1936). Wu was a contemporary of missionaries of the first quarter of the twentieth century.

²³ K. Chimin Wong, *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China.* (Shanghai: Council on Christian Medical Work, 1950).

perhaps the most prolific; in her work, she devotes much time to medical missionary education.²⁴ Charles Corbett's history of Lingnan University (the Canton Christian College) covers Lingnan's long involvement with medical education in Guangzhou.²⁵

The study of missionary medical education stands at the intersection of two significant branches of social missionary work: education and medicine. All the problems faced by missionaries in China were faced by medical missionary educators; the problems faced by missionary teachers were faced by medical missionary educators; the problems faced by missionary doctors were faced by medical missionary educators. The correspondence of the medical missionaries indicate they faced a particular struggle unique to missionary medical education: they wanted Christian medical education of the highest quality—in Guangzhou.

²⁴ Jessie Gregory Lutz, *China and the Christian Colleges, 1850-1950* (Ithaca: Cornell University Press, 1971); Jessie Gregory Lutz, "China and Protestantism: Historical Perspectives, 1807-1949," in *China and Christianity: Burdened Past, Hopeful Future*. ed. Stephen Uhalley, Jr. and Xiaoxin Wu. (Armonk, NY: M.E. Sharpe, 2001); Jessie Gregory Lutz, *Chinese Politics and Christian Missions: the Anti-Christian Movements of 1920-1928* (Notre Dame, Ind: Cross Cultural Publications, Inc, 1988); Jessie Gregory Lutz, "The Role of the Christian Colleges in Modern China Before 1928" (PhD diss., Cornell University, 1955).

²⁵ Charles Hodge Corbett, *Lingnan University: A Short History Based Primarily on the Records of the University's American Trustees*. (New York, NY: Trustees of Lingnan University, 1963).

Historical Background

“There is an even more profound difference in the respective notions of what constitutes experience, a difference, moreover, that distinguishes Chinese from Western healers....”²⁶ When Chinese and Western doctors looked at a patient, each focused on different aspects with different significance attributed to what they saw.²⁷ Chinese medicine was particularly holistic and its tradition “gnostic,” as Don Bates calls it—having its origins in divine authority or in the superior knowledge of a golden age. Western medicine was, in comparison, more epistemic, concerning itself more with things already known and less with justifiability for those things.²⁸ The contrasting approaches made for two very different systems of medicine.

Chinese Medicine

Of the many who had legendary roles in the birth of Chinese medicine, Shennong is considered the founder;²⁹ the basis for Chinese medicine itself is found in the Four Books and Five Classics—specifically, the Five Classics.³⁰ It was really in the Zhou Dynasty, however, that medicine flourished. During this period, Chinese literature, history, art, religion, philosophy, government, etc. bloomed, and medicine developed a theoretical and philosophical aspect to complement its earlier practicality.³¹

To the Chinese, the universe was composed of one substance and variety was brought by differences of combination and degree, as evidenced by their theories.³² Two theories developed.³³ The first was the theory of the Two Principles: *tai chi*, the original substance, split into *yin* and *yang* (the Two Principles), which further divided into *tai yang*, *tai yin*, *shao yang*, and *shao yin*. These four then further divided into the

²⁶ Don Bates, “Scholarly Ways of Knowing: an Introduction,” in *Knowledge and the Scholarly Medical Traditions*, ed. Don Bates (England: Cambridge University Press, 1995) 15.

²⁷ *Ibid.*

²⁸ Bates, 4, 16.

²⁹ Wong and Wu, 7, 9. Some modern writers Shennong he is entirely fictitious. There are, of course, many others who had legendary contributions to medicine. There is neither the time nor the space to discuss it in depth here; Wong and Wu’s famed *History of Chinese Medicine* deals with it in depth.

³⁰ *Ibid.*, 3, 6. Of the Five Classics, one is missing; the four others (the Books of History, the Books of Odes, the Rituals of the Zhou Dynasty, and the Book of Changes), among many other things, establish the basis of Chinese medicine. (Wong and Wu add the Hill and Sea Classic as one of the books which helped establish the medicine basis, but it is not considered one of the Five Classics.) These works carried a lot of data about the plants and animals of the time and the place; although the data was not particularly accurate, these classics serve as a window into understanding the beginnings of Chinese medicine.

³¹ *Ibid.*, 17-19.

³² Jacques Gernet, *China and the Christian Impact*. (Cambridge: Cambridge University Press, 1985), 146.

³³ Each theory covers more than just medicine, but only that aspect will be covered here.

eight *gu*.³⁴ The entire world was made of some combination of *yin* and *yang*. In medicine, different body parts were associated with either *yin* or *yang*.³⁵ Drugs were also divided into these two major categories.³⁶

The second theory involved not “two” but “five”—here, five elements: metal, wood, water, fire, and earth, which generated and subjugated each other in cycles. The elements were not identical to their associated five objects, but each element’s essence was best exemplified by the associated object.³⁷ Medically, each element was also associated with a body part—lungs, liver, kidney, heart, and spleen (and/or stomach), respectively—and with various other things, such as odors, planets, climate, planets, fruit, and even grain.³⁸ Disease was due to an abnormal reaction among the elements—e.g. if one were to become stronger or weaker than the others. Health was to have equilibrium among the elements.³⁹

The body was representative of the universe, a microcosm representing a macrocosm. Whatever the world had, so did a person.⁴⁰ In keeping with this concept of unity, so prevalent in Chinese thought, the two theories were eventually combined into one framework. The final synthesis took place in the first century BC, at the end of the Western Han Dynasty, and is found in the *Neijing* (“Internal Classic” or “Internal Canon”) of the *Huangdi* (Yellow Lord or Yellow Emperor). The Two Principles and the Five Phases were moral and political concepts from the start, and “in the long sweep of Chinese thought they remained at the same time moral, political, and physical.”⁴¹ As is common in Chinese thought, there was no separation between them. Everything in the universe was made of one substance in varying shades. “...the substantial opposition between the soul and the body [was] something quite unknown to the Chinese,” but a concept

³⁴ Wong and Wu, 17-19.

³⁵ It was possible to have a *yin* within a *yang* or vice versa. A liver was *yang* and the abdomen *yin*, so the liver inside the abdomen was a *yang* in a *yin*.

³⁶ Wong and Wu, 17-19.

³⁷ *Ibid.*, 20; Samuel Couling, “Five Elements,” in *Encyclopedia Sinica* (Oxford, Oxford University Press, 1917), 183.

³⁸ Wong and Wu, 20; Choa, 31-32.

³⁹ Choa, 32. Numerology in general played a role in Chinese medicine. There were two pathological influences: external and internal, three *shih*s (in the head, abdomen, and feet), and four methods of diagnosis: observation, auscultation, interrogation (asking the patient what was wrong), and palpitation (taking the pulse). Five was the most common number: five diseases, five sufferings, five kinds of diseases; many illnesses had five varieties. There were six types of weather and seven emotions; in addition, girls went through seven growth stages. Boys went through eight (or multiples of eight).

⁴⁰ Wong and Wu, 21.

⁴¹ Nathan Sivin, “Comparing Greek and Chinese Philosophy and Science” in *Medicine, Philosophy and Religion in Ancient China*, ed. Nathan Sivin (Brookfield, VT: Ashgate Publishing Co., 1995) 1.5. Sivin continues that in ancient Greece, oral disagreement was a tool of competition and even of livelihood. Scholars (including medical ones) argued in public and let the public decide who was “right.” In China, those who lived by their knowledge expected rulers to support them. Discussion of ideas occurred just as often, if not more, with patrons than with colleagues; the situation was obviously less conducive to lively argument. On the whole, Sivin says, the Chinese value consensus as much as the Greeks value dispute.

rooted in Western culture and part and parcel of Christianity. Moreover, the Chinese did not distinguish between the sensible and the rational; heart and reason went together in the concept of *xin*.⁴² This belief in the unity of matter played a large role in medicine—Chinese surgery did not develop beyond the initial stages because of the belief that the body was sacred and could not be mutilated (especially with amputation).⁴³

As the more scholarly, philosophical medicine (“the Great Tradition”) took root, the technical and manual forms (acupuncture, ophthalmology, surgery, and the like) were pushed to the wayside. One can see how much respect was afforded the lower-order, popular system by its name—it was the “Little Tradition.”⁴⁴ One scholar declared, “those who repair and cut, or treat broken bones, teeth, and hemorrhoids, are mostly vulgar, illiterate people.”⁴⁵ Most of these practices were carried on in a Daoist tradition, which may explain the Confucian scholars’ distaste for those sorts of treatments.⁴⁶

This split between medical scholar and medical practitioner continued throughout Chinese history. There was a small reprieve during the Song, however. The Song medical tradition, as encouraged by the state, was one of pragmatism (although it did not ignore theory). The government printed many volumes of *materia medica* and prescription manuals, drawing on the formidable wealth of Chinese pharmacopoeia. The state also sponsored many institutions for public health, such as charity pharmacies (dispensaries).⁴⁷ The Jin, however, criticized Song medicine as “superficial” and returned to the old classical tradition, which would

⁴² Gernet, 146-147.

⁴³ Wong and Wu, 56. There are even stories about Western doctors offering money in order so that their patients would agree to much-needed amputations. One involved William Jardine offering a patient \$50 to allow the doctors to amputate his arm; Cadbury states that this may have been a legend. Another, however, was disturbingly true—a woman who needed amputation was scheduled to come in the next day; when she did, she demanded \$200. Her mother had asked her to do so, fearing that the Western doctors would mutilate her daughter for fun. It wasn’t until the hasty arrival of the woman’s very apologetic husband that matters were finally resolved, and the amputation proceeded as scheduled.

⁴⁴ Angela Ki-che Leung, “Medical Learning from the Song to the Ming,” in *The Song-Yuan-Ming Transition in Chinese History*. ed. Paul Jakov Smith and Richard van Glahn (Cambridge, Mass: Harvard University Press, 2003) 383; Yuet-Wah Cheung and Peter Kong-Ming New, “Missionary Doctors vs. Chinese Patients: Credibility of Missionary Health Care in Early Twentieth Century China,” *Social Science Medicine* 21, no. 3 (1985): 311.

⁴⁵ Chen Ziming quoted in Leung, “Song to Ming,” 385.

⁴⁶ Leung, “Song to Ming,” 384. The reader reaching this point may conclude that Chinese medicine has little merit; on the contrary, modern science is only beginning to discover what secrets Chinese pharmacopoeia holds. Ginseng is only a recent, more commonly known example. Indeed, the general consensus among the Chinese is that “Western” medicine works faster but only treats symptoms, and that Western medicine is much better in things such as surgery. (Western medications also taste better—or, at least, not as bad.) Chinese medicine is generally acknowledged to treat internal illnesses much better; while it works slower, is natural (and thus a minimum of side effects) and treats the illness itself, instead of just symptoms. There are even Chinese medicines for the treatment of diabetes; Western medicines for diabetes mean that the patient is on the medication for life.

⁴⁷ Angela Ki-che Leung, “Organized Medicine in Ming-Qing China: State and Private Institutions in the Lower Yangzi Region,” *Late Imperial China* 8, no. 1 (June 1987): 137.

dominate the Chinese medical scene from then on.⁴⁸ One Yuan scholar stated that Song medicine did not realize that the human body was made up of “inadequate Yin and excessive Yang” and prescribed too many warm (*yang*) medicines.⁴⁹ The one thing the Yuan did retain from the Song was the practice of state-sponsored medicine and is remembered today as having been some of the greatest state supporters of Chinese medicine. Medical officials enjoyed the highest rank they would ever have.⁵⁰

The Ming dynasty, however, displayed increasing imperial indifference and neglect. As public medicine declined, some individuals stepped in with private efforts;⁵¹ the local Jiangnan elite, as an example, provided healthcare within their communities.⁵² The Qing state likewise stayed away from medicine except in the case of an emergency. In place of state support, the Manchu dynasty encouraged private medical efforts; Angela Leung refers to it as a more “symbolic” state takeover of already established private medical establishments. None came close to the official programs of the Song or the Yuan.⁵³

Chinese Medical Education

The state of medical education in China rose and fell with the relative status of medicine. The classic the *Rituals of the Zhou Dynasty* record that in ancient China, as early as the tenth century BC, the state was already holding medical examinations. Grades were determined by the student’s rate of cures.⁵⁴ By the Tang Dynasty, medical education was concentrated at the imperial college; its graduates were the court doctors. The Song, in its tradition of state-sponsored medical institutions, had the first state medical schools—first in the capital, then in the rest of the country. In 1076 AD, the Imperial Medical College (Tai I Yuan) was founded. Exams tested both clinical expertise and theoretical knowledge; the best students got official appointments teaching and writing medical books, and the second grade became practitioners.⁵⁵

⁴⁸ Leung, “Song to Ming,” 375, 377.

⁴⁹ Unnamed scholar quoted in Leung, “Song to Ming,” 378.

⁵⁰ Leung, “Ming-Qing,” 138.

⁵¹ *Ibid.*, 139.

⁵² *Ibid.*, 144.

⁵³ *Ibid.*, 148.

⁵⁴ Choa, 64; Wong and Wu, 94. One dead out of ten was a good cure rate; two of ten fair, three of ten poor, and four of ten bad.

⁵⁵ Choa, 64; Wong and Wu, 95. Fourth grade or lower testers were thrown out of the profession by the state orders.

As public medical institutions lost their importance during the Ming, state medical education also declined. The once prestigious “palace doctor” title, granted by the court, now was used by everyone.⁵⁶ Education reached a nadir in the Qing. The government did not train or supervise (test) practitioners; the situation became a free-for-all.⁵⁷ Anyone could set himself up as a doctor.⁵⁸ Doctors’ social position had always been ambiguous at best; they were generally looked upon with scorn. In the eyes of the literati, practicing doctors were not gentlemen but con men out to make a buck.⁵⁹

If the official system of medical training collapsed, then how did Chinese medicine survive? The answer lies in the main Chinese social unit: the family. Not every disciple was in the same family as his teacher, but many students did learn medicine from their fathers. In the better years, the formation of different “schools” of medical training were traceable to the long lineages of apprenticeship.⁶⁰ During rougher times, when the state did little in medicine, the family lineage was often what kept medicine alive.

This was the state of medical education in China when the medical missionaries arrived.

Western medical education

Readers are likely to be more familiar with Western medicine than with Chinese; in addition, for reasons of space, here only medical education will be covered.

Learned—“scholarly”—medicine during the classical era was without special protection or privilege; it had nothing more than what was afforded in general to the educated culture. The Greek and the Roman governments did little to protect those learning medicine. It was during the Middle Ages that medicine began to gain more respect.⁶¹ Monks preserved medical texts, practiced rudimentary medicine, and took as apprentices those who wished to learn medicine.⁶²

⁵⁶ Leung, “Ming-Qing,” 150.

⁵⁷ Choa, 64.

⁵⁸ Wong and Wu, 141.

⁵⁹ Leung, “Ming-Qing,” 151.

⁶⁰ Leung, “Song to Ming,” 189-190.

⁶¹ Andrew Wear, “Epistemology and Learned Medicine in Early Modern England” in *Knowledge and the Scholarly Medical Traditions*, ed. Don Bates (England: Cambridge University Press, 1995) 152.

⁶² Choa, 64.

Medicine then moved from the monasteries into the secular universities. The first such institution was the School of Salerno in Italy, probably founded in the ninth century and peaked during the eleventh and the twelfth centuries. Students had three years of logic and five years of medicine plus a training period in surgery. From there, medical education spread quickly: England's Oxford and Cambridge, Scotland's Universities of St. Andrews, Glasgow, Aberdeen, and later Edinburgh. The first medical school in the United States was founded in the College of Philadelphia, later the University of Pennsylvania, in 1765.⁶³

Since most of the medical missionaries, especially in Guangzhou, were Americans, here we focus on the development of medical education in the United States. During the early nineteenth century, self-appointed, poorly trained doctors abounded; professional doctors had just started to improve their positions. By 1830, there were 22 institutions like the College of Philadelphia, and the number grew. What followed was fifty years of the general *disestablishment* of the medical profession, brought by the glut of (bad) medical schools. States repealed licensure laws so fast that by 1850, the laws were nearly all gone.⁶⁴ Many medical schools, even ones affiliated with a university, were run for profit by ill-fitted practitioners. Students only chose medicine after they had failed in law or divinity school.⁶⁵ Perhaps the decline would have been offset if there had been good medical practitioners, apprentices who had been trained with excellent doctors, but the apprenticeship program was on its way out. During this period, even the hands-on training—"clinical" work which an apprentice would do—was lost, with only short, poorly done lectures in its place.⁶⁶

At the turn of the century, there began an effort to reform the system, spurred on by the 1910 report of Abraham Flexner on the deplorable state of many American medical schools. Students who had studied in Germany were impressed by the Germans' high standards. They applied that same attitude to American education, tweaking it just a bit to fit the looser, British-influenced American medical educational system. The clinical training German students watched became hands-on, "do it yourself" laboratory work in

⁶³ Choa, 64; Ronald L. Numbers, "The Fall and Rise of the American Medical Profession," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, 3rd ed, revised, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison, Wisconsin: University of Wisconsin, 1997), 225.

⁶⁴ Robert F. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, 3rd ed, revised, ed. Judith Walzer Leavitt and Ronald L. Numbers, 200-210. (Madison, Wisconsin: University of Wisconsin, 1997), 204-205.

⁶⁵ Numbers, 225-226.

⁶⁶ Numbers, 226.

American medical schools. Since each student had to have lab and clinical training, the cost of medical school skyrocketed.⁶⁷ The Germans taught more students more cheaply than the Americans, but the Americans produced graduates who were already quite skilled and experienced in medical technique.⁶⁸

The Missionary Impulse

One cannot ignore the religious side to the beginning of Western medicine into China. The medical missionaries, while not the first modern doctors in China (for example, Dr. Alexander Pearson introduced vaccination into China in 1807⁶⁹), were the first to come to work and to live in China; they left only when the Communists took over in 1949. Their purpose was not to teach medicine; it was to preach the Christian Gospel. Medicine was a way both to alleviate physical suffering and to provide the missionaries a chance to speak with their Chinese patients about Christianity.

China was still fairly unfamiliar with Christianity at this time, despite earlier encounters with it. The Nestorians, an early branch of Christianity, first appeared in China in the Tang Dynasty. Roman Catholic missions to China, of which Matteo Ricci headed just one, had had a long history in China by the time the Protestants arrived.⁷⁰ Most Chinese, however, still hadn't encountered a Christian; the missions there were small and infrequent. The era of Christian missions to China began in strength in the nineteenth century. It was during this wave of missions, Protestant and Roman Catholic, that the medical missionaries first came from the West. Europe and America experienced huge religious revivals during the sixteenth and seventeenth centuries. Furthermore, Europe's eighteenth and nineteenth century economic and political expansion was closely followed by religious revival. In the countries touched by the Industrial Revolution, people responded to the materialism and the ruthlessness often accompanying sudden increases of wealth and power with newfound faith.⁷¹

⁶⁷ Thomas Neville Bonner, "The German Model of Training Physicians in the United States, 1870-1914: How Closely Was It Followed?" in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, 3rd ed, revised, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison, Wisconsin: University of Wisconsin, 1997), 189-190, 194.

⁶⁸ *Ibid.*, 192-194.

⁶⁹ William Lockhart, *The Medical Missionary in China: a Narrative of Twenty Years' Experience* (London: Hurst and Blackett: 1861), 120.

⁷⁰ Kenneth Scott Latourette, *A History of Christian Missions in China* (New York: MacMillan Company, 1929) 51, 102.

⁷¹ *Ibid.*, 202.

In the Roman Catholic countries, the revivals of the later centuries were not as spectacular as that of the sixteenth century; nevertheless, they still spurred the commissioning of many missionaries. Protestant countries felt more keenly the revivals of the eighteenth and nineteenth centuries. The movement emphasized individual conversion and was not limited to any denomination, school of thought, or social class. By nature, thus, this revival was a missionary one; the converted engaged an active desire to help others “not only by introducing them to a new spiritual and moral life, but by promoting their welfare in intellectual, physical, and material ways, by removing and redressing social injustices, and by educational and philanthropic enterprises.”⁷² The majority of Protestant missionaries were British or American, and “everywhere the missionaries went, the printing press, the school, and the hospital alongside the church became hallmarks of their missions.”⁷³ Missionary medical education combined all three.

The first Protestant missionary to China was Robert Morrison, who arrived in 1807 at Macau. He was not even allowed to set foot in China itself. Although he was not a doctor, he opened a small clinic at which John Livingstone, an East India Company surgeon, provided medical services. Livingstone was soon succeeded by Thomas Richardson Colledge, also an East India Company surgeon and a deeply religious man. Colledge opened the Ophthalmic Hospital in Macau in 1827, a hospital supposedly for the blind.⁷⁴

Given his experience with the Chinese (or, more accurately, lack thereof, since he was forbidden to have contact with them), Morrison was convinced that only through a doctor and a teacher could Christian missions succeed in China—they could gain access to the Chinese that a regular missionary could not and do their evangelical work that way. Colledge agreed, having seen the prevalence of disease and the fact that the native doctors could only treat some successfully. The missionaries stationed in the Macau-Guangzhou area made an appeal to have a medical doctor and missionary sent to China. Peter Parker arrived 1834.⁷⁵

⁷² Ibid., 205-206.

⁷³ Choa, 7.

⁷⁴ Ibid., 7-8.

⁷⁵ Ibid., 8.

The Beginning of Medical Missionary Education in China

Parker opened his now famous hospital in Guangzhou on November 4, 1835.⁷⁶ It lasted through several wars, a fire, and a labor strike that killed a medical college; it changed both its location and its name a few times. The Canton Hospital, as it is best known, was perhaps the most famous hospital in the missions field at the time. It was also a marker of the beginning of modern medicine and medical education in China.

The medical missionaries first arrived in China during the crash-and-burn period of American medical education. The schools in the States were bad, but they still existed. No doubt it was a shock for the missionaries arriving in China to find no established medical schools there, particularly since the missionaries were told that the Chinese valued education highly.⁷⁷ They had to return to the master-apprentice method of teaching medicine—for them, a throwback to older times. In their hospitals, the missionaries almost immediately took Chinese youth as students and apprentices, or what G. H. Choa calls “pupil-assistants.”⁷⁸

These early missionaries started educating the Chinese in modern medicine almost immediately. In his Second Quarterly Report (4 February to 4 May 1836), a mere three months after the hospital opened, Parker stated his intent to take students. His most famous one, Kwan Ato [Guan Du], started in 1837, and the missionary soon had two more, Chau Afu [Chao Fu?] and Liang Alin [Liang Lin]. Benjamin Hobson, a British medical missionary in Guangzhou, first took students in 1840. Lin Chong (Lum Atsung, Cantonese) had been an opium smoker for seven years; after Hobson helped to break his addiction, he became Hobson’s student.⁷⁹ When the Medical Missionary Society was formed in 1838, the missionaries unequivocally affirmed the need to educate the Chinese youth.⁸⁰ The hope of the Society and of the medical missionaries was that the students become medical missionaries themselves—Chinese Christian doctors who provided the Christian message as readily and as easily as they could offer quality medical help.⁸¹

⁷⁶ Portuondo, 7.

⁷⁷ The *Tai I Yuan*, the one school left and the one in charge of the imperial family’s health, was in Beijing.

⁷⁸ Choa, 65.

⁷⁹ Choa, 75-76, 78.

⁸⁰ Medical Missionary Society in China, *Address, with Minutes of Proceedings, Etc., Etc.* (Canton, China: Office of the Chinese Repository, 1838) 16.

⁸¹ Choa, 68; Medical Missionary Society in China, *Address*, 16.

There was a secondary, far less lofty reason for education: the medical missionaries needed help. They often worked themselves to the point of collapse—physical and even psychological—and only then allowed worried colleagues to persuade them to take a rest furlough. Parker, despite his hardy upbringing on the farms of Massachusetts, was often exhausted to the point of illness; he was one man running an entire hospital by himself.⁸² Even into the twentieth century, nervous breakdown was one of the two major regions for missionaries' health furloughs and happened quite often.⁸³ The pupil-assistants alleviated the workload considerably, providing indispensable help in what was for a long time a one-doctor hospital.

In retrospect, this all was just as well. If there had been well-entrenched schools for Chinese medicine, the medical missionaries would have had a much harder time setting up their style of medicine and of medical education. Moreover, the early missionaries had poor models of schools at home anyway; trying to make Chinese medical schools after that fashion could have been disastrous. The missionaries who finally did the medical schools in Guangzhou, e.g. John Swan, were products of the reformed, tougher medical system developing in the States. Lastly, in an ironic reversal, the early missionaries' pupil-assistants turned out to be ahead of the times in how much "hands on" training they received. These early students spent far more time treating patients than they spent in class and thus gained invaluable experience.

Even so, the medical missionaries knew their apprentices' education was deficient. It was "an important part of the objects of the hospital to educate young men in the *science* and art of surgery. This cannot now be done to the extent desired...."⁸⁴ The students received some instruction in preclinical studies, but their medical expertise came from watching their teachers and then doing, like any apprentice. Unfortunately, what they could learn was obviously limited to the problems of the hospital's patients.⁸⁵ It is no wonder that the pupil-assistants became incredible surgeons, on par with if not better than their Western counterparts; they did countless surgeries with less equipment and in far worse conditions. However, they

⁸² Portuondo, 20.

⁸³ Cadbury, "Analysis of Health," 6, 9.

⁸⁴ my italics. Unnamed source quoted in Cadbury and Jones, 174.

⁸⁵ Choa, 68-69.

were generally deficient in other fields, particularly those in which the Chinese went to their native practitioners instead of to the Western hospitals for help.⁸⁶

Interestingly, preclinical training was taught in English. Parker, Hobson, and the newly arrived William Lockhart—all who became household names in the medical missionary world—were fluent in Chinese; the problem was the lack of Chinese medical nomenclature. There was no existing terminology into which English medical terms could be translated, much less any modern medical textbooks in Chinese.⁸⁷ Moreover, preclinical training did not include dissection, both abhorrent to Chinese moral sensitivities and also illegal—but necessary for the study of anatomy.⁸⁸ Considering how many surgeries the pupil-assistants did, not having ever done a dissection no doubt worried their teachers at first.

This early system of apprenticeship continued for many years. Education stopped during the Opium Wars but began again with renewed vigor afterwards.⁸⁹ Hobson moved to Hong Kong and Lockhart to the north; Parker retired in the middle of the nineteenth century. The transition from the apprenticeship system into a formal system of education was left to John Glasgow Kerr, Parker's successor at the Canton Hospital.

John Glasgow Kerr

Every doctor who worked in the hospitals at Guangzhou took students, and Kerr was no exception.⁹⁰ Of the few hundred he taught, he even had four students from the German Rhenish Mission (1863), and his

⁸⁶ Choa, 82-83. It may seem here that the missionaries, particularly Parker and his early associates, were deficient in the training of native Chinese. Parker's greatest desire was to train Chinese youth to be Christian doctors—native medical missionaries—to their own people. He was hampered in many different ways. He had to establish first the reputation and the credibility of the hospital among the Chinese and the foreign community at Guangzhou; his own Chinese when he first took on these assistants was not the best, although it developed well later; he had no textbooks in Chinese. Parker is famous for overcoming tremendous obstacles in setting up his hospital, and deservedly so; it is to his credit that he actually made time to teach, however rudimentary that education was.

⁸⁷ Choa, 69.

⁸⁸ Benjamin Hobson, "An Appeal to the Religious and Benevolent Public on behalf of a Proposal to Establish a Medical School for the Natives of China in Connection with the Chinese Medical Mission at Hong-Kong," 28 Apr 1846, p. 6, Archives and Manuscripts, Wellcome Library for the History and Understanding of Medicine, Wellcome Trust, London, UK; Cadbury and Jones, 176.

⁸⁹ The Westerners, like Parker, who was American and thus not directly involved in the British-Chinese wars, often stayed until officials ordered them out of Guangzhou. Many used this forced "off" time as furlough, returning as soon as it was safe.

⁹⁰ Medical Missionary Society in China, Address, 16, 19; The MMS did not mandate that the medical missionaries take students, but it was assumed they would. (Indeed, the MMS didn't mandate anything except that the medical missionaries be Christians zealous for evangelization and that they have a medical degree.)

own son, So To Ming [Suo Duoming], in 1865. The child had either been kidnapped or found wandering around and did not know who he was, so the Kerrs adopted and raised him.⁹¹

As mentioned before, the clinical-heavy aspect of the pupil-assistants' training was a big concern for the medical missionaries; their unease only grew as medicine became more specialized and complicated. In addition, as the hospital proved its efficacy in treating patients and as the government began to pay attention to the hospital, more Chinese became interested in modern medicine. The number of students grew to the point where Kerr could conduct the first, basic medical theory courses one might see at a college. While the medical missionaries simply accepted and adjusted to changes in medicine, the move towards basic courses was one they had sought for many years and a source of frustration for them that it took this long to happen.

The missionaries' great dream was to start medical colleges in China—to have institutionalized, university style medical education for their students. Kerr spent the first ten years of his supervisor position at the Canton Hospital in the apprenticeship system, like Parker before him. His small school opened in 1866, the first step taken towards a full-fledged medical school.⁹²

In connection with the new hospital, a school of medicine has been opened in which systematic instruction is given to pupils connected with the two hospitals (Kam-li-fau [Hobson's hospital in Guangzhou] and Pok Tsai [Boji, one of the many names the Canton Hospital held]) and to a few others. It is hoped that this is the germ of a medical school which will in future years send its pupils into all parts of the empire. Dr. Wong [Huang] gives instruction in Anatomy, Physiology, and Surgery; Dr. Kwan Ato [Guan Du], now absent in Szechwan, will give instruction in Practical and Chinese Medicine. The other branches will also receive more or less attention.⁹³

Despite his immense skill (attested to by many, including Kerr), Guan Du taught Practical and Chinese Medicine. Although an excellent doctor, Guan did not have the theoretical education in the sciences. Wong Fun [Huang Kuan], a MD graduate from the University of Edinburgh, did and thus could teach theory.⁹⁴

Kerr's classes⁹⁵ occupied a rooms set aside specifically for coursework, but they never left the hospital's premises. There were several attempts later to move the growing medical classes out of the

⁹¹ Cadbury and Jones, 174-175.

⁹² Ibid., 175; Selden, 371.

⁹³ Unnamed source quoted in Cadbury and Jones, 175-176. "New hospital" refers to the new building Kerr found for the hospital. The original hospital building had been burned to the ground during the Second Opium War (the "Arrow" war).

⁹⁴ Choa, 80. Huang Kuan was China's first official medical school graduate and licensed doctor.

⁹⁵ The school and the graduating classes are generally recognized as "Kerr's," although he was not the sole teacher. He was, however, the "founder."

Hospital and onto their own campus, but most of the medical colleges failed. Indeed, the earliest medical college in Guangzhou and the one that lasted more than just a few years was Hackett Medical College for Women whose founding was precipitated by Kerr's retirement from the Canton Hospital in order to start a Refuge for the Insane.⁹⁶ Failure was so common that it was not until Lingnan University, already well established in its own right, finally took over the Hospital that the medical classes left the Hospital permanently and became the medical department of Lingnan. In the meantime, particularly for the men, Kerr's arrangement for classes in the hospital had to suffice.⁹⁷ In the years he taught, Kerr turned out 150 medical doctors and 50 partially educated students (they left before finishing the required curriculum).⁹⁸

The paper skips over the history of the Canton Hospital in favor of medical education; one notes, however, that the achievements of the hospital and of its missionary doctors were groundbreaking in and of themselves. The early years of the Canton Hospital were concentrated on overcoming suspicion and making it a respectable institution among the Chinese. The education of Chinese youth was an important factor in establishing the place as an honorable and benevolent one. Once done, focus shifted to establishing a medical school, separate from but affiliated with the hospital, and up popped the problems the early pioneers had encountered but had temporarily set aside to concentrate on the hospital itself.

*Brief History of the Medical Missionary Colleges in Guangzhou*⁹⁹

A few years after Kerr's departure, the college-building began. The first try was actually the most successful. The college that would be renamed the Hackett Medical College for Women began classes in 1899 and continued to serve female students for almost forty years after.

Later schools were far less successful. The South China Medical College, the college founded by John Swan and the one most closely affiliated with the Canton Hospital, opened in September of 1904 and was closed in 1908; it reopened 1909 but closed soon after in 1911. The University Medical School

⁹⁶ Lereine Ballantyne, *Dr. Jessie MacBean and the work of the Hackett Medical College* (Toronto, Ontario: Women's Missionary Society of the Presbyterian Church in Canada, 1934), 20-21.

⁹⁷ In perhaps the most unusual situation in Guangzhou, the women's medical college was founded first and lasted much longer than any of the attempts at a coed or a men's medical college. This will be discussed in a later section.

⁹⁸ Selden, 375.

⁹⁹ Choa lists at least nine medical missionary colleges in China. Not all can be discussed here but will be addressed when relevant.

(1909/1910-1914) was a (failed) attempt by University of Pennsylvania graduate Josiah McCracken. The Gong I Yuan also opened in 1909, founded by one of the missionary doctors at the Canton Hospital, Paul J. Todd. It was taken over by the government during the first years of the republic. None could hold on; the final solution was the development of a medical department at Lingnan University in the 1930's.

Wrong Place, Wrong Time

One of the major factors working against the medical missionaries in the establishment of medical colleges was the location of Guangzhou itself. Much has been made of the city serving as a “gateway” and a “window” into the closed world of China, a “symbol of a China reluctantly reaching outward to the lands beyond the sea.”¹⁰⁰ While Guangzhou was, to the missionaries, better than nothing (at least initially), it was not the ideal place for a costly undertaking like a medical school.

Location and History

Guangzhou, located in southern China, is hot and muggy, and the city’s topography provides only a “modicum” of protection from area typhoons.¹⁰¹ While climate seems a trivial matter, it was enough to make even the hardy A.P. Happer consider starting his college elsewhere.¹⁰² Even missionaries who had grown up in rougher environments were often sick after they arrived. During a trip to Beijing, Kerr wrote to a fellow doctor in Guangzhou, “Legation fare [Kerr treated the American Minister Charles Denby] seems to agree with me better than missionary fare, or it may be that mountain air in the temperate zone is more invigorating than Canton [Guangzhou] air....”¹⁰³ Neither the Americans, even those from more southerly regions, nor the English were prepared for that kind of climate. One notes that robust health became a general requirement across the board for anyone coming to China, whether to Guangzhou or not; perhaps the experiences of the first missionaries there in Guangzhou helped to put additional emphasis on that requirement of health.

The southerly location of Guangzhou would have been less of a problem had the political capital been nearby. Until recent history, Guangzhou was considered a marginal area geographically, culturally, and politically. Chinese civilization was born in the Huang He (Yellow River) area, the geographic center of

¹⁰⁰ Murray A Rubinstein, *The Origins of the Anglo-American Missionary Enterprise in China, 1807-1840*. (Lanham, MD: Scarecrow Press, Inc. 1996), 12.

¹⁰¹ Rubinstein, 13; Corbett, 8.

¹⁰² Corbett, 8.

¹⁰³ Kerr quoted in Cadbury and Jones, 103. Kerr suffered especially much; he lost three small children and his first two wives to illness, possibly due to Guangzhou weather. One also notes that Parker’s wife, for the fifteen years she spent in China, did not bear him one child; not long after they permanently moved to Washington, DC, when Parker retired, she gave birth to a son.

China; Guangdong was cut off by a series of high mountains.¹⁰⁴ Politically, almost every single dynasty had its capital at Beijing, moving to Nanjing only when attacked in the north. The government rarely moved farther south than the Chang Jiang (Yangtze River). Most of the major developments pursued by the intellectuals were in the north and along the central coastline; intellectuals did not go to Fujian, Taiwan, or Guangdong (Guangzhou and Hong Kong). Even at the time of the Nanjing Treaty for the First Opium War, Hong Kong was still a sparsely populated area of a few farming villages, part of the reason Parker did not want to move the missionary hospital and students there,¹⁰⁵ and no doubt a significant reason why the Qing government handed that part of China over to the British—it was undesirable.

The fact that the Qing put foreign commerce far away in Guangzhou also speaks of the city's relative importance to the Chinese. The Qing had the traditional Chinese skepticism towards merchants and was generally uninterested even in the potential gains from foreign trade.¹⁰⁶ Allowing foreigners to trade with China was already a favor reluctantly given; the government did not want to meet the West in any other venue.¹⁰⁷ The missionaries had set up their hospitals in Guangzhou because it was then the only city in which they were allowed; perhaps they also thought a commercial city would be supportive of educational initiatives, looking at the situation with more commerce-friendly Western eyes. This, however, was China.

The People of Guangzhou

All different sorts of Westerners tried to enter China through Guangzhou. Politicians had to go there if they wished to contact Chinese officials; traders naturally went to Guangzhou to trade; pleasure-seekers who didn't stop at Macau came to Guangzhou to look at the Chinese; missionaries who couldn't gain access to the interior set up here. Tensions between the Westerners and the Cantonese grew.

¹⁰⁴ Pan, Chia-yao. "The Chinese Response to the Early Protestant Missions of the Chinese Treaty Ports (1842-1852): A Study of the Missionary Work of the American Board of Commissioners for Foreign Missions in Canton and Amoy between 1842 and 1852" (Th.D. dissertation, Lutheran School of Theology, Chicago, 1987), 34.

¹⁰⁵ Gulick, 126.

¹⁰⁶ Jonathan D. Spence, *The Search for Modern China*, 2nd ed. (New York: W. W. Norton & Co., 1999) 119.

¹⁰⁷ Guangzhou's rise to prominence happened during the last century and a half—just "yesterday" in Chinese history. Its early contact with the West brought Westernization first to Guangzhou, then to the rest of China. Moreover, the city benefited from its proximity to Hong Kong and what happened there. Many Chinese, including the reformer Kang Youwei, were quite surprised to see what the new, British Hong Kong looked like (further evidence that the old Hong Kong had little respect in Chinese eyes). Later, after 1949, many intellectuals fled to British Hong Kong. Guangzhou benefited from a sort of "trickle down" (or north) effect.

The Chinese have a strong sense of provincialism and often identify themselves as “Cantonese,” “Hunanese,” “Fujianese,” etc. There is a kinship among those from the same province, an instant bond even between strangers. The Cantonese have a “stronger sense of historical identity as a separate cultural group than most other subgroups among the Han.”¹⁰⁸ Among the Cantonese, this feeling is particularly strong and often “...directed not only towards foreigners but also to other Chinese ethnic groups.”¹⁰⁹

Even so, the Cantonese still refer to themselves as of the Han ethnicity and maintain a fierce pride in their Chinese identity.¹¹⁰ To the Chinese, hypocritical Westerners tried to convert the Chinese to a religion while also selling opium, and this hurt the missionary cause.¹¹¹ The Chinese naturally did not feel friendly towards the West after they were sold opium illegally and then forced into wars (which they lost) because of it. Guangzhou suffered the most, and so Cantonese were much more suspicious and hostile. Though the city was influenced by the Western ideas flooding the city, it also harbored much anti-Western and anti-Christian feeling. Because of the strong sense of Cantonese identity and the abuse they had suffered, friendly indifference to the missionaries’ message in other cities became outright opposition in Guangzhou.¹¹²

In contrast, Xiamen (Amoy) was much friendlier. British officials had asked the missionaries to translate for them during treaty negotiations with the Chinese in 1842. Even so, the missionaries reported that the Chinese officials and the locals were still kindly to them and called them “teacher[s] of the flowery flag (American)” instead of “foreign devil.”¹¹³ The area’s highest-ranking mandarin invited the missionaries to his home and sent sedan chairs for them.¹¹⁴ The missionaries wrote that the people of Xiamen were peaceful and came to church services when invited. The son of the naval commanding officer showed up at services and later returned with friends.¹¹⁵ This was a very different response from the one in Guangzhou.

¹⁰⁸ Leo J. Moser quoted in Pan, 34. This is not a bitter or an angry reference by non-Cantonese about the Cantonese but more an affectionate comment on the general personality the Cantonese as a whole have. Among Chinese communities, it is a given.

¹⁰⁹ Pan, 68.

¹¹⁰ *Ibid.*, 35.

¹¹¹ Benjamin Hobson, Canton, letter to Sir John Bowring, 6 Nov 1855, Archives and Manuscripts, Wellcome Library for the History and Understanding of Medicine, Wellcome Trust, London, UK; Cadbury and Jones, 176. The Chinese did not always distinguish between missionary and merchant. It did not help that many early missionaries had gained passage to and entrance into China as translator employees of the trading companies, an uneasy pairing that soon fell apart in the wake of the opium debacle.

¹¹² Pan, 170, 3.

¹¹³ *Ibid.*, 136-37.

¹¹⁴ *Ibid.*, 140-141.

¹¹⁵ *Ibid.*, 137-138. This did not mean Xiamen was interested in the Christian message itself, although there were some converts. Most were indifferent, although they listened politely and sometimes showed initial interest.

Lack of Government Support in Commercial Guangzhou

Historically Guangzhou had never been a political powerhouse, and at this point it still wasn't. Guangzhou was a commercial center with little stabilizing political influence; Beijing was miles away. While it is true that “everything new starts in Canton [Guangzhou],”¹¹⁶ everything political also quickly moves north to Nanjing or Shanghai and ultimately to Beijing. The government officials stationed in Guangzhou were more concerned with the practical matters of maintaining a thriving trade.

The result was a frustrating lack of governmental support for medical education. The missionaries had difficulty getting approval for their projects. Their deeds of sale or of property rental—either for schools, hospitals, or churches—were often classed with Chinese houses for prostitution and gambling, despite their protests and explanations to the contrary. One missionary claimed that the governor general had been disgusted by a petition to bring a Christian medical college to Guangzhou (see below) because he himself was attempting to provide a trade-style scientific education to the people.¹¹⁷

Peter Parker's Canton Hospital thrived partly because it served an immediate purpose—curing ill. The medical colleges did not have this advantage. Students were stuck in programs that lasted anywhere from three to six years; even after that, the Chinese did not feel the native-trained students were up to par with the Western doctors. The Chinese saw no need to go to a Western-trained Chinese if his teacher was in the same city. There was the sense that Chinese doctors should dispense Chinese medicine and Western doctors Western medicine, an idea that marginalized Chinese doctors trained in Western medicine.¹¹⁸

Andrew P. Happer, MD, had already run into this problem of lack of support when he tried to found a Christian college somewhere in China. He planned and proposed a college during the 1880's and considered other locations first: Shanghai, Nanjing, and Beijing in that order.¹¹⁹ Rumor reached the

¹¹⁶ Corbett, 4.

¹¹⁷ Lutz, *China and the Christian Colleges*, 39. Suspected to be Zhang Zhidong, who had a history of anti-missionary feeling alleviated only somewhat by his later friendship with the famous missionary Timothy Richard. In addition, it ought to be noted that for many years, schools that incorporated science into the curriculum were not considered “real” schools. They were not on par with the classical schools of old, and the graduates from even the government science schools such as the Tongwen Guan did not take over their classically-educated colleagues' positions.

¹¹⁸ Yuet-Wah Cheung and Peter Kong-Ming New, “Missionary Doctors vs. Chinese Patients,” 314.

¹¹⁹ Corbett, 8.

Cantonese that Happer already had raised \$300,000 (false; he hoped to raise that much but had not yet done so) and that he wished to open the school in Shanghai. Ch'en Tzu-ch'iao [Chen Ziqiao], a merchant in Guangzhou, sent a petition to the Board of Trustees of the nascent college, asking that the school be opened in Guangzhou. Over four hundred men—over a hundred government officials, various gentry, students, and merchants (all outside the Church)—signed the petition. They wanted to have a science school in Guangzhou for this reason: the Imperial Court had already refused a petition to open a technical college in the city.¹²⁰

Happer was at first delighted by the interest in his college but soon discovered what the Chinese really wanted. “It is a secular and a commercial education that is desired here in Canton [Guangzhou].” They also opposed his plan to teach English in the college.¹²¹ When he began searching for land, several officials refused to help and the Viceroy of Guangdong and Guangxi, Zhang Zhidong, turned him down.¹²² Missionaries across China later learned exactly what “scientific” schools the Chinese wanted (and what the Chinese government set up in certain cities)—trade schools, with the practical purpose of providing services (e.g. farming). These schools were not considered a part of the traditional Chinese educational system.

Even more frustrating for Happer was other cities' interest in his college. In August 1890, the Sir Robert Hart, Inspector General of the Chinese Imperial Maritime Customs, wrote Happer that he could relocate his college to Tianjin. There were no buildings available at that time, as the Admiralty office might use them, but Hart had the assurance of the Viceroy Li Hongzhang that Happer would be welcome there:

‘I would like to see the proposed school established here in Tientsin [Tianjin], and you may depend upon my giving it a position (or actually [literally] ‘face’) that will attract desirable students to it. Do what you can to induce your friends to locate themselves to Tientsin [Tianjin]. There is no place in China where it can be established with better support and willingness to promote the objects in view by its projectors. The religion side is of no matter to me. I do not object to it.’¹²³

¹²⁰ Ibid., 13-14.

¹²¹ Andrew Happer quoted in Corbett, 18. What is interesting is that in a few years, this reverse would be true. The colleges the missionaries set up taught in the Cantonese dialect, wanting to train students who could work among their own countrymen. Instead, the missionaries found (to their dismay) many students were entering the colleges in order to learn English so that they could get more lucrative jobs in the commercial districts.

¹²² Corbett, 18.

¹²³ Li Hongzhang translated by Hart quoted in Corbett, 18.

Li's statement about providing Happer the best support was no exaggeration. Li was the most powerful man in China then; the Qing court relied heavily on him, with good reason. He was fiercely loyal to China and immensely capable. Because he felt China needed modern scientific education, he supported missionary social endeavors; it was the lucky missionary who ran into Li. Less than a decade prior, medical missionary John Kenneth MacKenzie wrote this to William Lockhart about the status of the hospital in Tianjin:

You will see by the paper forwarded to you a few weeks ago that our new Hospital was opened publicly by Li hung-chang [Li Hongzhang] on the 2nd Dec. ... The Viceroy continues to pay all the current Expenses of both Hospital & Dispensary. He paid for all the...Surgical outfit of the new Hospital, and we have a very good stock of both drugs and surgical instruments.¹²⁴

Tianjin had the first official medical school in China, founded in 1880 by MacKenzie.¹²⁵ The first medical graduate became Li's personal doctor; it was supposedly he who removed the bullet after an assassin shot Li in the face.¹²⁶ The support of the viceroy in Tianjin became key to the development of medicine there, offsetting even the poor location. Tianjin had trying summers. In the winters, when the rivers froze, there was no way to get in or out of the city; there were no railroads.¹²⁷ Tianjin had geographical disadvantages, but the real official support both politically and financially made up for its inadequacies.¹²⁸

Likewise, one of the factors helping the medical college in Beijing was governmental support. The Qing government, for all the accusations about its conservatism, had officials who recognized the need for modern technology. They even employed Westerners to help the Chinese catch up. The first government college, the Tongwen Guan, had a lot of modern science and modern politics courses, taught by missionary teachers on the Qing payroll. At one point a missionary, W. A. P. Martin, served as president.¹²⁹

As for the medical college, the medical missionary school that became the Peking Union Medical College had support from the Imperial Court. The Qing court ministers did not want real medical classes in the Tongwen Guan; they felt this impeached on the domain of the Tai I Yuan, the college of medicine whose

¹²⁴ John Kenneth MacKenzie, Tsientin, to William Lockhart, 29 Dec 1880 (William Lockhart London Missionary Society Papers) , Yale University, New Haven, CT. Microfiche.

¹²⁵ Gulick, 180.

¹²⁶ Choa, 93.

¹²⁷ Corbett, 19.

¹²⁸ Tianjin is a fine example of the power of personal connections in China. Knowing Li was all that was needed to get the Tianjin school running.

¹²⁹ Choa, 92.

doctors had cared for the imperial family for hundreds of years.¹³⁰ By the turn of the century, however, the royal family, including the Dowager Empress Cixi, had been treated by some missionary doctor. For these services, medical missionary Thomas Cochrane received three thousand English pounds from the Qing court. With that amount, Cochrane built a new hospital to accompany his new medical school.¹³¹

In the spring of 1913, the PUMC received a huge boost from the United States. In 1909, John D. Rockefeller's charitable foundation the Rockefeller Foundation financed an Oriental Education Commission to study the promotion of medical education in the Far Eastern countries. For six months, the commission traveled throughout China; they recommended medical colleges for Guangzhou, Hankou, Shanghai, and Chengdu. The commission also noted the success of the instructions in which missionary boards cooperated, citing the PUMC in particular. The report was published in 1911; because of the revolution at the time, nothing was done until 1913. Then the Rockefeller Foundation threw its support behind the PUMC.

The northern schools had support from the government, and Chinese students were naturally attracted there. For those who couldn't go far, however, Guangzhou's close neighbor Hong Kong likewise had extensive government support (financially, also) from the British. "Hong Kong [was] the only place on the coast of China where the operations of [a medical educational] institution could be carried on with any prospect of success, and there only would there be freedom from official surveillance, and interruption in the study of anatomy."¹³² For a long time, the British-controlled Hong Kong was the only place where one could legally do essential anatomical dissections. The Hong Kong College of Medicine, founded 1887, had the most modern facilities and equipment; moreover, the rich foreign community also ensured that the school would not lack for money. Perhaps the greatest sign of Guangzhou's struggle to keep up medical standards was Sun Yat-sen's decision to transfer to the Hong Kong College of Medicine.¹³³

Lack of Political Stability

¹³⁰ The officials allowed for a few medical lectures (like a science lecture class) but no full medical classes.

¹³¹ Choa, 149.

¹³² Benjamin Hobson, "An Appeal to Establish a Medical School at Hong-Kong," p. 6.

¹³³ Tucker, 247. There was, of course, probably a secondary reason; Sun's democratic revolution ideas were much safer in British Hong Kong than Chinese Guangzhou.

Political support, while important to the development of the college, became almost a secondary concern to the medical missionaries, secondary to the need for political stability. The Opium Wars were more disruptive for Guangzhou than for any other city. In December of 1842, mere days after foreigners were allowed to return to Guangzhou following the end of the first Opium War, a riot broke out and a mob attacked the foreign settlement, burning houses. Out of gratitude for Parker's dedicated service at the hospital, the mob allowed Parker and his new wife to go; they gained safe passage to Macau.¹³⁴ During the second war, a mob burned the Canton Hospital and its dispensary to the ground at the end of 1856. The nearby Kam-li-fau was looted, but at least the walls were left in tact.¹³⁵

In the waning years of the Qing dynasty and throughout the time of the Republic, political upheaval was common; the city's ties to foreign commerce made it a good target. Chinese students, fueled by a healthy dose of democratic ideals and anti-Western sentiment, protested and rioted. New ideas abounded, but no one had yet thought out a practical, feasible plan by which to implement these new ideas into society.

In the mid-1920's, strikes forced even the oldest medical establishments in Guangzhou to close. Before this, the Canton Hospital had only closed in the event of war; even then, it was usually closed by the resident missionary doctor, whom the government officials had finally asked to leave after war had been raging for several months (even a year). Most of the locals, including the government officials, treated the establishments with respect. Now the Canton Hospital was forced to close because of labor strikes. Missionary doctor Paul Todd reported to his friends and colleagues that his employees had been called away from their work at the Gong I hospital in order to picket at the Canton Hospital.¹³⁶ The Canton Hospital was perpetually short-staffed, and the strikes further depleted the ranks. The few doctors left, Western and Chinese, tried valiantly to keep the hospital open; they did everything from surgery to cooking and cleaning the floors. It was too much, and the hospital closed (temporarily). K. Chimin Wong [Jimin Wang] attributes the death of Joseph Clarke Thomson to the work overload brought by the strikes: "he was seventy-three at the time and the shock and nervous strain were too much for him." Thomson was no tenderfoot; he had

¹³⁴ Pan, 89. Harriet Parker, *née* Webster, was the first Western woman to live in China as a permanent resident.

¹³⁵ Cadbury and Jones, 116.

¹³⁶ J. O. Thomson, Canton, to Rev. Dr. George T. Scott, New York, 22 March 1926 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

spent the forty-five years before his death working throughout Guangdong and also among the Chinese in Canada.¹³⁷

The Canton Hospital was merely wounded; Paul J. Todd's Gong I (Kung Yi or Kung Yee) Medical College was a casualty. The strikes did not consist of unhappy laborers organizing; several were planned, instigated by the more radical elements of the Guomindang. Students involved with these groups organized the laborers and incited them to make broad and unmeetable demands upon the institution; when the demands were refused, the laborers would strike. The institution would be forced to close, and the government would take it over. At Gong I Medical College, the plan worked, and the school was shut down. Later, in 1926, the government incorporated the college into its Sun Yat-sen (Zhongshan) University as its medical school.¹³⁸

This same plan was attempted at Lingnan University in the fall of 1925. Dr. Henry, Lingnan's president at the time, wisely refused to exercise the school's rights of extraterritoriality to protect itself. He asked the government's Labor Bureau to intervene and to arbitrate, and the two parties reached a peaceful agreement. The students, however, were horrified to discover that five of their number planned the strike. The students voted and demanded the college expel the five. The college asked the five instigators to leave; the act initiated public and governmental outcry against the Lingnan administration. The issue was eventually resolved so that the five would permanently leave Lingnan but save face, but the whole matter so angered Lingnan's students that they formed the "Protect Lingnan" society.¹³⁹

After just a decade of relative peace, Japanese arrived at Guangzhou in 1938, and the Chinese—including the Lingnan professors and students—had to flee. "During the war years, of all the missionary medical schools, Lingnan had perhaps made more moves than the others."¹⁴⁰ At one point, the medical school was split up; several students went to Hong Kong, some to Kulong, and some to Jiangxi. After the Japanese surrendered, the Lingnan officials returned, fearing their school had been entirely destroyed; they

¹³⁷ K. Chimin Wong, "Joseph Clarke Thomson," in *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 68.

¹³⁸ Corbett, 100, 124; K. Chimin Wong, "Paul Jerome Todd," in *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 140. This is not to be confused with Lingnan University's medical school, which was known as the Dr. Sun Yat-sen Medical College.

¹³⁹ *Ibid.*, 100-102.

¹⁴⁰ Choa, 162-163.

had seen a hospital paid for by a general and friend of Lingnan carried away brick by brick until it was entirely gone. Again, it was the locals who preserved the school, much to the Lingnan president's surprise. The villagers, who had all been given refuge on the Lingnan campus during the early months of the war, had kept watch over it.¹⁴¹ The bulk of the medical school would return to Guangzhou, only to be amalgamated into the government's Zhongshan Medical School (mentioned above; formerly Gong I before the government took it over). A small group remained in Hong Kong, known as the Lingnan College in Hong Kong.¹⁴²

Guangzhou, with its particular socio-political environment, turned out to be a bad fit for a medical college. Historically, there was little precedent for starting so big a project as a medical college in Guangzhou. The general suspicion and hostility of the Cantonese also kept any possible educational prospects at bay. Perhaps the greatest problem was lack of government support, and even political instability, which often stalled or set back the progress made.

¹⁴¹ Corbett, 133, 149. When the Chinese went to war with the Japanese 1937, 1938, the Chinese and the American staff hurriedly worked out a deal to save the college. Lingnan's Chinese charter was quickly handed over to American trustees and several American flags were hung around campus. Until the United States went to war with Japan, Lingnan was kept safe by its American staff and its American charter.

¹⁴² Choa, 163-165.

The Limits of Language

All missionaries working in foreign countries face the problem of learning a new language; the differences between Chinese and the Western languages are make it all the harder.¹⁴³ Starting in Guangzhou and not in another province of China also brought another problem: the Cantonese speak a dialect so tonally different from Mandarin that even native speakers have trouble understanding what is said. The medical missionaries were faced first with the Chinese-English problem, exacerbated by the lack of time the missionary doctors dedicated to language study, and then Cantonese-Mandarin one.

The Prudential Committee of the American Board delivered these instructions to Peter Parker at his sending away “party;” they provide insight into how essential the missionaries thought language study was:

Your first business will be to acquire both the written and spoken languages of the Chinese. ...See that you acquire them accurately and thoroughly. It may require two or three years of close and unremitting study. But let not the thought enter your mind that you are spending so much time unprofitably. And let no other call, however pressing it may seem, divert you from this pursuit. Meanwhile, you will, as the opportunity shall present, be making yourself acquainted with the people, their manners and customs; gathering information that may be serviceable in your future labors. When fitted by the acquisition of the language for your great work, the Mission will determine where, and in what particularly manner, you shall enter upon it.¹⁴⁴

Despite their zeal to move quickly and convert as many as possible, the missionaries realized the need to have adequate communication skills.

One can guess the dismay the pioneer missionaries felt when they first arrived in China and discovered the Qing government forbade Westerners from learning Chinese or buying Chinese books.¹⁴⁵ Many had to find tutors secretly. Robert Morrison, the first Protestant to China, had a tutor who always carried a vial of poison; if officials discovered he was teaching Morrison, he would have committed suicide. The tutor of another missionary carried a suitcase of shoes and always put a lady’s shoe on the table when he and his missionary student studied. If someone came in, he pretended he was a shoe salesman.¹⁴⁶

Medical missionaries also had the added burden of patients. “This program [of setting a few years aside for just language study] was followed with more difficulty by the medical missionaries than in the case

¹⁴³ They aren’t even in the same language families.

¹⁴⁴ Prudential Committee’s instructions reprinted in Stevens, 82-83.

¹⁴⁵ Before the Opium wars, there were 12 restrictions upon Westerners in Guangzhou. Learning Chinese was one of them.

¹⁴⁶ Cadbury and Jones, 4.

of the ministers and other workers....”¹⁴⁷ Peter Parker’s predicament became quite common. Before he even set foot in Guangzhou, he had begun studying Chinese,¹⁴⁸ and the missionaries already in Guangzhou encouraged Parker in his language studies. The problem was they also felt that the city needed Parker’s medical expertise—after all, he had come to China as a missionary doctor. With their help, Parker opened a clinic and almost immediately began treating patients. For two months Parker had a successful practice, but to his own dismay and to the concern of his colleagues, he found he had no time to study Chinese.¹⁴⁹

His colleagues sent Parker to Singapore, where they hoped he could study uninterrupted. Not long after he arrived, the people there prevailed upon him to open a clinic. The same thing happened: he was so swamped with medical work he neglected his language studies. Parker also became extremely sick, probably due to exhaustion and to the tropical climate.¹⁵⁰

Parker returned to Guangzhou and opened his hospital on November 4, 1835. By the end of the week, Parker was working steadily. He saw up to 200 patients a day by himself.¹⁵¹ Potential patients literally knelt in the street and begged him to treat them; some followed him home, even after the exhausted doctor told them he couldn’t see them at that time. Many patients slept on the doorstep of the hospital, waiting for Parker to open up the next morning.¹⁵² Since he was the only regular worker in the hospital, he sat with his in-patients, nursing and feeding them himself.¹⁵³ As with many medical missionaries, Parker was soon able to speak Chinese fluently, given how much time he spent with patients; his writing, however, suffered.

Teaching Language: Chinese v. English

The Chinese and the Western ways of medicine differ greatly; moreover, while Chinese understanding of pharmacopoeia was extensive, there was little known about modern medicine (e.g. germ

¹⁴⁷ Cadbury and Jones, 198.

¹⁴⁸ Parker’s diary, entries n.d. and 16 Jun 1834, reprinted in Stevens, 94-95.

¹⁴⁹ Portuondo, 6.

¹⁵⁰ *Ibid.*, 7.

¹⁵¹ Parker was the only resident doctor. Other Western doctors in Guangzhou would rotate in and out to help relieve him of some of his workload, but he still bore the brunt of it.

¹⁵² Tucker, 29; Portuondo, 14.

¹⁵³ Tucker, 156.

theory). It was one thing to treat a patient and show how to keep a wound clean; it was another matter entirely to explain the theory and the science behind it. As mentioned earlier, early missionary doctors trained their pupil-apprentices empirically, but more was needed. Their students had nothing to read.

The lack of medical texts brought one major problem: whether to use English or Chinese in the classroom and whether or not Chinese youth should learn a foreign language (English or German). Most missionaries obviously supported the idea of teaching in Chinese (specifically, Cantonese); after all, the whole point was to teach native assistants to be missionary doctors to their own people. Moreover, some missionaries, such as Calvin Mateer farther north, noticed that many Chinese were taking advantage of the low cost (often free) missionary education in order to learn enough English to go into commerce.¹⁵⁴

The first pupil-assistants had received their preclinical training in English, although their teachers spoke Chinese well. The problem they had was the same the translators had later—there was no established way to describe what they were doing.¹⁵⁵ It was too much to pioneer the first Western and modern hospital in China, to teach students, and have to figure out all the terms they would use in Chinese.

Translation

Translation was not simple. As mentioned above, the medical missionary learned Chinese when he could; the demands on his medical expertise hindered his learning of the language. The missionaries became fluent speakers but their writing suffered some. In addition, the Chinese learned by the missionaries was not the classical language of the educated. Their patients were predominantly of the poorer commoners,¹⁵⁶ although the number of government officials grew steadily. Most of the literati still viewed medicine, especially surgery, as beneath them; only those who had failed the civil exams became doctors.¹⁵⁷ The missionaries realized that for their books to be read by the educated, they had to write in classical Chinese.

The most fundamental problem did not involve the missionaries' ability to speak and write Chinese. Translation was not a matter of simply finding the Chinese counterpart to an English medical term; no

¹⁵⁴ Corbett, 20. Much to Hobson's disappointment, one of his students went off to a business house as a translator.

¹⁵⁵ Choa, 96.

¹⁵⁶ Yuet-Wah Cheung and Peter Kong-Ming New, "Missionary Doctors vs. Chinese Patients," 311.

¹⁵⁷ Leung, "Song to Ming," 381-383; Leung, "Ming-Qing," 150-151.

counterparts existed. The missionaries had to develop the Chinese medical terminology from scratch.

It was a long and tedious process to translate. First, the missionary doctor prepared the information he wished to put into the volume. (Often, the translators did not translate one text directly but compiled information from several Western sources into one volume.) The missionary then worked with a Chinese assistant (often a student) to get the English into a rough Chinese draft. It was here the missionary first coined many of the medical terms with the help of the Chinese assistant. This rough copy in Chinese was then revised and sent to a classically trained literatus; he put the book into the beautiful language in which it was printed. The text Kerr and his translation assistant Kung King [Gong Jian?] had done was revised three times by Kerr and the Chinese literatus who worked with him, Yu [You], before it went to print.¹⁵⁸

Benjamin Hobson was a dynamic organizer and a fine doctor, but his most memorable contribution was his translations. In his 1858 report hospital report, he indicated that he had hoped to contribute to educating the Chinese in modern medicine through his writing. He became the author of the first set of books on modern medicine printed in Chinese, in which he coined all his own Chinese medical terms.¹⁵⁹ Hobson wrote six books: the *Outline of Anatomy and Physiology* (1851), *Natural Philosophy and Natural History* (1851), *First Lines of the Practice of Surgery in the West* (1857), *Treatise on Midwifery and Diseases of Children* (1858), *Practice of Medicine and Materia* (1858), and *The Medical Vocabulary in English and Chinese* (1858). The first four were published in Guangzhou, the last two in Shanghai. His achievement is all the more remarkable considering Chinese was his second language, learned as an adult.¹⁶⁰

The missionary doctors enthusiastically supported Hobson's work, saying it was thorough and easily understood. One might think this is a particularly biased opinion, but the Chinese likewise found the texts helpful. Several different Chinese publishers published the same text; there was the official publisher and then all the others who bought copies and then reprinted it word for word. (Copyright laws were not strong, if they existed at all.) The Viceroy of Guangzhou even had them printed onto scrolls, as was the Chinese

¹⁵⁸ McCandliss, 163, 165; Kerr quoted in Tucker, 168.

¹⁵⁹ K. Chimin Wong, "Benjamin Hobson," in *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 15.

¹⁶⁰ Wong, "Benjamin Hobson," 16-17; Choa, 71.

custom. The Japanese ordered Chinese copies of the books and later printed versions of their own.¹⁶¹

Of Hobson, Kerr said, "To him belongs the honour of having first made accessible to the scholars and physicians of this vast empire, the anatomical, physiological, and therapeutical facts upon which are founded the rational treatment of disease."¹⁶²

Following Hobson, the number of translators grew. Most notable among them were John Dudgeon, in Beijing (a missionary and medical professor at the Tongwen Guan),¹⁶³ and Kerr in Guangzhou. Kerr had used Hobson's texts extensively in the Hospital's classes. However, as medicine progressed, Hobson's texts grew outdated. In order to provide his students with the newest information, Kerr decided to add yet another duty onto his already full workload; he began to update Hobson's texts and translate some on his own.

Dr. Kerr's greatest contribution to medicine was the translation of books, the main works being *Medicine*, *Gynecology*, *Diseases of the Eye*, *Chemistry*, *Venereal Diseases*, *Children's Diseases*, *Obstetrics*, *Diagnosis and Bandaging*. These books were not perfect, yet the object that they were written for was fully accomplished.¹⁶⁴

Between 1871 and 1899, Kerr wrote thirty-four volumes of medical texts in Chinese; this does not count his numerous tracts and pamphlets.¹⁶⁵

In hindsight, however, perhaps Kerr's greatest contribution to the field of translation was to do the unenviable but necessary (and long overdue) task of unifying the medical terminology. In Hobson's time, having any decent Chinese translation of a modern medical text was helpful because texts were so scarce. After his, other useful translations cropped up across China; unfortunately, each translator used whatever terminology he or she felt was best to describe the situation. By Kerr's time, there was already a significant amount of disunity in the nomenclature to be confusing. For his own textbooks, Kerr himself had used terms by both Hobson and John Fryer, the most prolific of any missionary translators (medical or otherwise). There were, of course, differences between Hobson's and Fryer's terminology.¹⁶⁶ When the state began to encourage large-scale translation and to pay translators for their work, the problem got bigger.

¹⁶¹ Wong, "Benjamin Hobson," 16-17.

¹⁶² Kerr quoted in Cadbury and Jones, 91-92.

¹⁶³ K. Chimin Wong, "John Dudgeon," in *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 36.

¹⁶⁴ Dr. Leung To Ching quoted in Cadbury and Jones, 188-189.

¹⁶⁵ K. Chimin Wong, "John Glasgow Kerr," in *Lancet and Cross: Biographical Sketches of Fifty Pioneer Medical Missionaries in China* (Shanghai: Council on Christian Medical Work, 1950), 25.

¹⁶⁶ McCandliss, 164-166.

Kerr bridged the gap between the pioneers and the rapidly growing number of translators across China. The Chinese Medical Missionary Association, the pioneer in the standardization of medical terminology and translating medical texts, was established in 1887 with Kerr elected as the first president.¹⁶⁷ He served on two committees and was appointed the chair of the Committee on Medical Nomenclature, a post he held for five years.¹⁶⁸ The committee had to develop a terminology that would be used by the medical profession everywhere in China—no easy task, as the committee members were scattered across China at their various missions posts. In order to coordinate their efforts, Kerr wrote letters to all the committee members, keeping the group in touch through mail.¹⁶⁹ The Chinese Medical Missionary Journal published the result of their labors in 1894 as a “Vocabulary of Diseases.”¹⁷⁰

Cantonese v. Mandarin

The Chinese-English settled satisfactorily, another much more unexpected problem appeared. One of the biggest strikes against Guangzhou was the Cantonese versus Mandarin debate.

The language question was a poser. Official documents were in Classical Chinese.... The spoken language was Cantonese, but would not be useful in other provinces until missionaries received permission to work in them. The costal areas to the east and northeast, the most likely areas of penetration in the not distant future, were themselves riddled with local languages which did not apply to any very large part of the middle Kingdom. A mastery of Mandarin was the way to converse with the largest number of Chinese, except that from the mission point of view in 1834, it applied to central China, the North China plain, and Peking, all beyond the reach of missionary activity in the foreseeable future.¹⁷¹

While some provincial dialects (such as Hunanese) are easily understood despite tonal differences, Cantonese is different. “[The Cantonese] speak an older form of the Chinese language, retaining the final consonants of -k, -t, -p and the old system of eight tones, to which they have added a ninth. Consequently, the language as they pronounce it, is practically unintelligible to other Chinese, though it is written with the

¹⁶⁷ G. Thompson Brown, *Earthen Vessels and Transcendent Power: American Presbyterians in China, 1837-1952*. (Maryknoll, NY: Orbis Books, 1997), 235.

¹⁶⁸ “Report of the Medical Missionary Society for 1897,” in *Annual Reports of the Canton Hospital (and various Medical Education Departments)* (Canton, China: Press of China Baptist Publication Society, 1898), 29.

¹⁶⁹ McCandliss, 186.

¹⁷⁰ McCandliss, 186; “Report of the Medical Missionary Society for 1895,” in *Annual Reports of the Canton Hospital (and various Medical Education Departments)* (Canton, China: Press of China Baptist Publication Society, 1898), 21.

¹⁷¹ Gulick, 37.

same ideograms.”¹⁷² The missionaries who worked in Guangzhou spoke and taught in Cantonese; it was the language of the everyday person. When China was only open at Guangzhou, this posed little problem; however, as China opened up, it became a headache for the missionaries.¹⁷³

Early warning signs had already appeared. When Parker and E. C. Bridgman served as translators with the American delegation negotiating the Wangxia Treaty, they needed help; they translated documents much the translators did books, with the extensive help of a Chinese scholar who knew Mandarin and Cantonese. The official sent by the Qing, Ch’i-ying [Qiying], reported to Beijing that Parker and Bridgman didn’t really read Chinese but relied on spoken “Cantonese which Ch’i-ying himself did not know.”¹⁷⁴

Happer had already anticipated this problem, and partly for this reason he was anxious not to put his college in Guangzhou. “In his ideal, Mandarin, the language of the capital and of the official class, and known more extensively than any of the dialects, would be the form of Chinese used in the college, but would be supplemented by the English language....”¹⁷⁵ In the 1930’s, the government made Mandarin (*guo yu*) the official language and thus, the language of instruction. The number of students leaving Guangzhou for the north jumped; they went to “Beijing for their college work...to acquire facility in speaking Kuo Yü [Mandarin].”¹⁷⁶ One missionary lamented, “Cantonese go North to study in northern schools and Canton graduates go North to practice, but the reverse is not true.”¹⁷⁷ Even the local dialect had become a liability.

The medical missionaries already had the usual problems of learning a second language, onto which was added the workload of a doctor. If that wasn’t enough, the medical missionaries had to develop a Chinese medical terminology in order to translate medical texts into Chinese—an effort begun by Benjamin Hobson, who started his career in Guangzhou, and finished by Kerr from his base in Guangzhou. The last problem concerning language was a problem particular to the more southerly provinces, including Guangzhou—teaching in the local dialect, here Cantonese, versus in Mandarin. Communication alone

¹⁷² Corbett, 4.

¹⁷³ Some other provinces also have this problem. Fujianese is particularly difficult to understand, but the area did not have the same socio-political problems Guangzhou posed.

¹⁷⁴ Gulick, 122.

¹⁷⁵ Corbett, 8.

¹⁷⁶ Corbett, 122.

¹⁷⁷ “The Need of a Christian Medical College of South China,” in *presentation to the Council on Medical Educaiton of the Chinese Medical Missionary Association, n.d.* (Board of Foreign Missions, Presbyterian Church, USA (American Presbyterian Mission Papers), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

turned out to be far more burdensome and problematic than any of them might have guessed.

The Ultimate Purpose of Medical Missions Education

The purpose of Medical Missions is not simply philanthropic, though it finds its glory in self-sacrificing philanthropy. It is not merely an enterprise to secure the...benefits of Western Medicine and Surgery for those in needy lands. Its purpose is not educative alone, although its educational influences are far-reaching; nor is it to provide a temporal benefit as a bribe for spiritual blessing. [The purpose is to] win men to Jesus Christ by the use of methods precisely comparable to those used by Christ when on earth, as the Great Succorer of Bodies, as well as the Divine Savior of souls.¹⁷⁸

One must remember that, in spite of everything, the missionary doctors who came to China were missionaries first and foremost. They used a skill to alleviate physical suffering but also to open doors to their Gospel message, doors they rightly expected to be shut to them otherwise. This motivation spurred two requirements for every medical missionary who came: “first, that they be thoroughly acquainted with their profession, and possess energy and activity; next, that they be religious, and lastly, that they be men who consider their own interest as entirely subordinate, when compared with that of the great cause in which they engage.”¹⁷⁹ Each missionary was to be dedicated to Christ and of the highest schooling in medicine.

Since the point of the medical colleges was, in essence, to produce medical missionaries—to produce native Chinese Christian doctors who would minister to their own people while also sharing Christianity with their patients—it is quite obvious that these were the two requirements put on the medical colleges also. Indeed, even the sharpest disagreements between missionaries in Guangzhou over medicine and education can be traced back to either the Christian character of the institution or the quality of it (discussed later). The missionaries and their supporting missions boards were deeply concerned with the Christian character of the colleges; they did not want to spend money on something that would not preach the Christian message.

What were not factors

There are two things to consider.

First, whenever one discusses Protestant Christianity, it is easy to suspect denominationalism causing rifts between missionaries. In Guangzhou and in the rest of China, denominationalism was not a factor

¹⁷⁸ J. Rutter Williamson *The Healing of the Nations: A Treatise on Medical Missions, Statement and Appeal* (NY: Student Volunteer Movement for Foreign Missions, 1899), 8.

¹⁷⁹ Colledge, Thomas R. *The Medical Missionary Society in China*. (Philadelphia: Medical Missionary Society in China, 1838), 6.

among the missionaries themselves. As mentioned earlier, the religious revivals that spurred the missionaries on to places like China was inherently a non-denominational one. In addition, one must remember these colleges were in China, not in the West. Chinese churches have a strong tradition of non-denominationalism (although there are a few denominational churches), a trend strongly established by its native preachers during the nascent years of the Chinese Christian church. The missionaries in China likewise put aside much of their denominationalism. While there were still enough splits to cause the Chinese Christians to criticize (given their strong non-denominationalism),¹⁸⁰ to Western eyes, the cooperation was significant.

Cadbury wrote, “There was no narrow denominationalism. Not only was [the Canton Hospital] an international institution, but also a non-sectarian one.” There were Congregationalists, the London Missionary Society, Presbyterians, Northern and Southern Baptists, the United Brethren, Methodists, and Cadbury’s own denomination, the Quakers.¹⁸¹ He wrote to his brother-in-law about denominationalism, once that “I imagine how absurd it seems to the Chinese for separate and antagonistic Christian churches to be set up, based on different ways of baptizing.” The Quaker then writes that his coworkers had asked him to preach.¹⁸² Most telling was his letter to his sister from Canton. Their parents were “distressed” because Cadbury, a devout Quaker, had married a woman who was not Quaker (but still Christian); however, he continued, “...it really cannot make much difference out here.”¹⁸³ Necessity forced cooperation—there were simply too few Christians around to fight. Moreover, they were all there for the same purpose.

Denominationalism was not a problem in China itself, although it would indirectly play a role later with the missions boards at home.

The second is the humanity of the missionaries. They were well aware that they, as people, had their faults and shortcomings. Parker hated the kowtowing done to him and finally laid down an ultimatum—he

¹⁸⁰ Lee, Shiu-keung. “American Missionaries in China (1900-1931): A Study in Cultural Contacts.” (MA thesis, Haverford College, 1941) 127.

¹⁸¹ Cadbury and Jones, xvi.

¹⁸² William Warder Cadbury, Canton, to Rufus Jones, Haverford, PA, 10 Jan 1909 and 27 Nov 1910, Special Collections, Magill Library, Haverford College, Haverford, PA.

¹⁸³ William Warder Cadbury, Canton, to sister Elizabeth Jones, Haverford, PA, 17 Jun 1911, Special Collections, Magill Library, Haverford College, Haverford, PA.

wouldn't treat the patients who insisted on such ceremonials.¹⁸⁴ There were many strong personalities in Guangzhou; no doubt that was part of the reason missions survived in Guangzhou. It took a determined person to achieve what they had, given the circumstances. It was also personalities that put missionaries at odds with one another. "‘Personalities,’ said Henry Graybill in 1912, ‘constitute a tremendous factor on the mission field.’"¹⁸⁵ Any social context is bound to have conflict, and quite frankly, there were missionaries who simply did not get along. In another place and another time, they would simply avoid each other; here, they stayed together as long as they could for their common goal of Christianizing China.

The main reason for the inclusion of this factor—i.e., missionary personalities—within this section is the fact that most of the arguments were exacerbated but not initiated by personality conflicts. The missionaries made a genuine effort to get along. In reading the letters written by the missionaries in direct conflict, one does not sense how high tensions ran; indeed, only after reading the letters of the missionaries observing the conflict does one realize how bad a situation had become. Moreover, each argument appears to have stemmed from a question about the Christian nature of an institution (or a lack thereof) or over the quality of an institution; hence, the inclusion of the "personality" factor here.¹⁸⁶

Christian v. Non-Christian

"The first question asked [of medical missionaries] is, of course, how far it [medical missions] is useful as an evangelistic agency? It was with this object it was established and it is only in this light that it is supported, at least by the home Christian public."¹⁸⁷ The medical missionaries had to justify their work in medicine (and in medical education) constantly. The Christian Westerners giving money to the missions

¹⁸⁴ Gulick, 52; Portuondo, 15.

¹⁸⁵ Lerner, 105.

¹⁸⁶ Perhaps the most revealing insight into the missionaries' fights is, indirectly, Gulick's assessment of Parker—even if it is only one man, it reveals his motivations. Gulick "complains," if one might call it that, that Parker was immensely boring. Parker had his quirks—he was unusually nervous during ocean storms and somewhat of a bumpkin in Washington society, but beyond that, he was very straightforward. What he wrote in his diaries about his feelings about certain matters and particularly about his struggles with his faith was all, according to Gulick, quite unadulterated. The biographer continues to say that Parker's heart genuinely was for China (although Tucker, in her thesis, suggests some other motives). Gulick writes that even after reading all Parker's materials carefully, there appeared to be nothing in Parker's writings, actions, and demeanor to suggest that he was faking his devotion, and he appeared to have really been the "dour" and "somber" missionary. Gulick found Parker's motives to be fairly clear and clean, and it bored the biographer to no end.

¹⁸⁷ John Dudgeon, "Medical Missionary Work as an Evangelistic Agency," *The Chinese Recorder and Missionary Journal* 15 (Jan-Feb 1884): 1.

board wondered whether or not the medical institutions really were evangelistic. Missions boards became concerned when they felt a particular missionary spent too much time treating medical needs and too little preaching; after all, they sent a salary to the medical missionaries not to be doctors but to be missionaries.

The missions boards need not have worried. Despite the confident, united front the missionaries put forth, they themselves perpetually worried over the same thing. They tried to do as much as they could; they preached on Sabbaths and always had tracts and Scripture to give those who came to be treated.¹⁸⁸ Whenever they could get a word in—usually when desperate patients told of their situations or when overjoyed (cured) patients tried to thank them—they did, attributing the patient’s recovery not to their skill but to “the God of Heaven.” This was not a boring responsibility but opportunities they anticipated “with great joy.”¹⁸⁹

Missionary educators had the same questions asked of them. Happer used examples of Biblical men and women who used education to draw people to Christianity. He also makes a strong statement: “China will only be thoroughly converted to Christ when Christian educators, native and foreign, have the leading influence in her colleges and schools.”¹⁹⁰ Many missionary educators on furlough, and those who wrote letters to their missions boards, spent their time justifying the costs of their educational enterprise.

Missionaries described the Christian schools as filling several purposes. First, the schools were agents of evangelism; many of the Chinese Christians came from Christian schools. Second, the schools were needed by native Christians for the education of their own children. Confucian rituals, considered pagan, were done in government schools; the Christians’ children needed an alternative. Third, the schools were necessary for the training of church leaders. Lastly, the missions schools provided educational opportunities for those who otherwise had none.¹⁹¹ The Chinese traditional educational system had a long history of meritocracy, and in that sense provided social mobility; the one who could pass the exams would get a government position. The reality of the matter was, however, that most Chinese could not afford the

¹⁸⁸ Wong, 27.

¹⁸⁹ Parker quoted in Gulick, 52.

¹⁹⁰ Happer, 12.

¹⁹¹ Brown, 236-237.

teachers needed to get their sons to reach that level of education. Moreover, girls were excluded from the exams. Christian schooling, often free (at least very inexpensive), was better than nothing.¹⁹²

As the demand for Western scientific knowledge grew, Protestant missions plunged on to starting colleges. "...the colleges made valiant attempts to retain their Christian character. After all, this was the reason for their existence. But there was no agreement on the best way to do this"¹⁹³—hence, the arguments. Bible courses and chapel services were mandatory at some places and voluntary elsewhere; the YMCA and the YWCA were on almost every campus.¹⁹⁴ Still, concerns about the propriety of spending missions money on regular colleges continued. Both these suspicions about medical missionaries and about missionary educators were coupled in the medical missionary educator.

The University Medical School (UMS): 1909 (1910) – 1914, Part I

The University Medical School was the first attempt at a medical college. Unlike Kerr's school in the Canton Hospital, this medical school was a separate entity entirely and more closely affiliated with the Canton Christian College. Its founding and part of the reason for its failure are related to the issue of quality and will be addressed later. Its failure, however, also stemmed from this problem of Christian and secular purposes. At the turn of the century, the Christian Association at the University of Pennsylvania established a medical mission in Guangzhou. Through the Association, students, faculty, and alumni of the university supported Penn medical school graduates going to Guangzhou to set up a permanent hospital and real medical school.¹⁹⁵ Funding for the project came entirely from donations to the association.¹⁹⁶

Despite the association's various activities, it was a religious group. On the UMS staff applications, there was one question about medical training (perhaps because they knew the quality of Penn graduates?) but several about religious faith. This was clear: a medical missionary had to believe that the infallible Bible

¹⁹² Many of the services provided by the missionaries were free for both Chinese and Westerner, in keeping with their mission statement. They soon found that the Chinese then thought that missionary medicine was useless—anything free couldn't have been worth much. (Some of the Western doctors in port complained about this.) The missionaries then began to charge, setting a price for treatment that was almost always waived or lowered for those who couldn't pay.

¹⁹³ Brown, 241.

¹⁹⁴ Ibid., 241.

¹⁹⁵ Lerner, 4.

¹⁹⁶ Ibid., 16.

was the only rule for faith and that the first priority was to “win souls.”¹⁹⁷ The point was to produce Chinese Christian doctors, thus making the Chinese medical profession self-sufficient.¹⁹⁸

These specifics, however, did not prevent the association from being nondenominational.¹⁹⁹ The staff of the association had Presbyterians, Quakers, Baptists, and Episcopalians. The UMS was associated with the Canton Christian College, a nondenominational institution whose faculty was interdenominational. The UMS faculty was also interdenominational;²⁰⁰ the staff even before it began was already mixed. The first president was Presbyterian Josiah McCracken; the dean, William Warder Cadbury, a Quaker.²⁰¹ The devotion of these men, despite their different denominations, was not in question.

Barron Lerner, in his study of the University of Pennsylvania’s role in Guangzhou, cites a few reasons for the demise of the University Medical School. One was lack of local support; at least two can be attributed to the problem of expense and quality (discussed later). What he found key, however, was the theological dispute between the Christian Association and the Canton Christian College, with which the Medical School was affiliated.²⁰² Supposedly the CCC was not sufficiently evangelical and focused too much on educational aspects—an odd claim, considering the unusually high number of CCC students who did convert. Of the forty-seven at the college in April of 1911, twenty-seven were converts.²⁰³

In reality, the official statements of the CCC and the Christian Association were quite similar. The CCC’s purpose statement indicated that students were to receive instruction “in the Holy Scriptures and come to know Christ as both Saviour and Lord.” The statement had to be a “...simple and general [one] with religious purpose and aim” due to the nondenominational nature of the CCC.²⁰⁴ The Christian Association’s began, “My purpose as a University man [was] receiving Jesus Christ as my Saviour, Lord and God, to live a consistent Christian life as I understand it to be set forth in the Bible.”²⁰⁵ Both organizations wanted their college students to enter into the Christian definition of a personal relationship

¹⁹⁷ Ibid., 18, 21.

¹⁹⁸ Ibid., 38.

¹⁹⁹ The Christian Association was one of the few nondenominational home missions boards.

²⁰⁰ Ibid., 105-106.

²⁰¹ Ibid., 23-24.

²⁰² Ibid., 98.

²⁰³ Ibid., 101-102.

²⁰⁴ C.K. Edmunds, Canton, to Arthur J. Brown, New York, 8 Jan 1913 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²⁰⁵ Lerner, 18.

with Christ, but the differences in the wording were enough to cause a rift; one can see, however, that the two statements are nearly identical. “In fact, the strict language of the statement that association members and foreign representatives were required to sign would eventually produce irreconcilable differences between the association’s mission in China and its affiliated institution, the Canton Christian College.”²⁰⁶ More’s the pity that an administrative feud took precedent, however well-intentioned the disagreement was.

It was another dispute that finally killed the University Medical School. The UMS faculty had asked the Christian Association to relieve McCracken of his duties at the school; he had made a few decisions unilaterally and against the wishes of the staff. When the Association decided to keep McCracken, the rest of the staff resigned. In order to maintain the peace, McCracken himself resigned, hoping to keep the group together and the school running. The conflicts between the missionaries and the administrative boards in the States were too much, however, and the rest of the staff decided not to withdraw their resignations. The Christian Association officially withdrew from Guangzhou in April of 1914.²⁰⁷ The school had been established in 1909 but had its first class in 1910, making it a short life of only four to five years.

St. John’s University invited the Christian Association to Shanghai, so the UMS moved there. McCracken invited the staff to go with him, but they elected to stay in Guangzhou. Cadbury “regret[ed] this whole affair exceedingly, and it [was] bound to cause gossip. ... [He] fear[ed] the whole thing date[d] back to [the Christian Association’s] Trustees’ disagreement with Dr. Woods [of the CCC] on theological grounds.” He had a strong friendship with McCracken but felt that “he simply cannot fit here now.”²⁰⁸

To finish the story of the University Medical School: it went to St. John’s in September of 1914 and took over the weak medical department, established in 1896. The arrival of the University Medical School, backed by the University of Pennsylvania, did much to enhance the department there. It is interesting to note, however, that the University Medical School joined an already existing department in Shanghai and did not have the troubles it had in Guangzhou of founding a school from scratch.²⁰⁹

²⁰⁶ Ibid.

²⁰⁷ Ibid., 105-107; William Warder Cadbury, Canton, to sister Elizabeth Jones, Haverford, PA, 25 Jan 1914, Special Collections, Magill Library, Haverford College, Haverford, PA.

²⁰⁸ William Warder Cadbury, Canton, to sister Elizabeth Jones, Haverford, PA, 25 Jan 1914, Special Collections, Magill Library, Haverford College, Haverford, PA.

²⁰⁹ Lerner, 108.

The now empty buildings in Guangzhou met a slightly more curious fate. For having had a bitter disagreement over fundamental beliefs, the Canton Christian College and the Christian Association came to an easy and amicable resolution about the buildings once occupied by the University Medical School. The Christian Association Trustees had planned to sell the plant. They came to an agreement with the CCC that allowed the college to use the medical school property, which adjoined the CCC campus, for two years; then, the college could buy it. The Christian Association had spent \$37,950 to build the property; they would part with the buildings, facilities, and equipment for \$25,000.²¹⁰ Thus ended the University Medical School.

The Gong I Yuan: 1909-1920's

The Gong I (Kung Yi or Kung Yee) medical school encountered the same questions. Paul J. Todd, a missionary doctor at the Canton Hospital, opened the school the same year the University Medical School opened, in 1909. It was supposed to continue the training of the students who had been in the Canton Hospital medical classes, which had closed.²¹¹ Gong I represented “the most interesting and promising development of Chinese cooperation...realized.”²¹² it was funded by the Chinese, not the missionary societies. It had over one hundred fifty students and a Chinese board of directors.²¹³ Moreover, since most of the medical missionary educators wanted their classes in Chinese, Gong I had that additional appeal.

The missionary doctors' concern lay with the purpose of the college. The Chinese directors at first did not forbid their missionary professors from their religion, but they did not want religious teaching.²¹⁴ This was evident in the missionaries' discussions about beginning a union (interdenominational) medical college. The official statement read that they saw a great need for a “medical school under Christian auspices.” Todd, Gong I's dean and founder, had urged that the “Christian auspices” be replaced by

²¹⁰ Ibid., 107; William Warder Cadbury, Canton, to sister Elizabeth Jones, Haverford, PA, 25 Jan 1914, Special Collections, Magill Library, Haverford College, Haverford, PA.

²¹¹ *A Brief Sketch of the History of Kung Yee* (Hong Kong: Victoria Printing Press, 1925).

²¹² Robert Speer and David Bovaird, “The Problem of Medical Education in Canton,” July 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²¹³ Ibid.

²¹⁴ Ibid.

“Christian influences,” a move that was voted down.²¹⁵ One might assume that the missionaries were not entirely sure about the Christian nature of Gong I and thus were not so willing to pour missions money into it.

Moreover, the missionaries were concerned with the stability of the school. It appeared to them that the Christian influence of the school was restricted to Todd, and they were fairly sure that if he were at any point to leave the school, Gong I would restrict all religion. “...Kung Yee [Gong I] was unstable, dependent upon Dr. Todd who founded it, and...were he not there, the attitude of the Chinese Directors might be very different.”²¹⁶ In February of 1919, a four-person delegation went to a conference of the Chinese Medical Missionary Association in Beijing. Upon their return, they found that

the Kung Yee [Gong I] Medical Society had made rather important changes in its constitution whereby co-operation with missionary organizations would be placed on a very unstable basis, especially as these changes were made without any intimation being made of them to any of the foreigners working on the staff of the Kung Yee [Gong I] Medical School.²¹⁷

The changes were such that in a short four pages, four times it is mentioned that the missionaries had all voted and felt they were no longer able to affiliate with Gong I.²¹⁸ Some years later, Cadbury wrote that to maintain stability, “the directors should be Christian men or at least strongly in sympathy with the missionary propaganda. They must be men of the highest motives....”²¹⁹ In the discussions about a future union medical school, Gong I’s lack of a missionary purpose made the missionaries understandably reluctant about it.

Whether the missionaries made the correct decision is open to question. In many respects, Gong I was what they wanted—a medical school of fairly good quality with Chinese support. Their purpose in China, however, was to preach Christ; that prevented them from giving their full support. In any case, Gong

²¹⁵ J. O. Thomson, Canton, to A.J. Brown, New York, 14 March 1917 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²¹⁶ Ibid.

²¹⁷ William Warder Cadbury, "Mission Hospital and Medical Educational Work in Canton," *China Medical Journal* no vol. (Sept 1920), 1-2 (page citations are to the reprint edition).

²¹⁸ Ibid., 1-4. Medical missionaries used to teach at Gong I very often. Many were stretched quite thin; all worked at the local hospitals and several taught at both Gong I and the Hackett Medical College for Women.

²¹⁹ William Warder Cadbury, "Education of Chinese Physicians," in *Medical Missions Word in and Near Canton in 1914, May 27, 1914*, by the Canton Missionary Conference (Canton: no publisher, n.d.), 20-21.

I soon devolved out of missionary hands entirely. As mentioned before, the strike scheme that had wounded the Canton Hospital and merely scared Lingnan killed Gong I, and the government took over the college.²²⁰

The Union Institution, Part I

Throughout these failures, the missionaries in Guangzhou continued to plan a Union institution, one Christian medical college that would provide quality medical education in Guangzhou. Skittering their resources about between the different medical colleges only made for small, understaffed classes, and very early they saw the benefits of a union institution.

Denominationalism here plays a role. As mentioned before, the missionaries from various denominations cooperated in China out of common goals and out of necessity—there were hardly any Christians in China, much less those of their own denomination. They and their supporting missions boards easily saw the benefit of union institutions. The problem with a union institution was the fact that it did *not* have one missions board responsible for supporting it. The nondenominational Lingnan University (the Canton Christian College) had encountered this very problem during its earlier years before it finally made a name and a reputation for itself among the Chinese and gained their support. Each denominational board was more likely to spend money on its own projects first, leaving the union institutions by the wayside. It became a classic problem of everyone expecting the other to “pick up the slack.”²²¹

The Union institution never happened the way the missionaries had thought it would, as a brand new school. Since 1910, the missionaries had thrown about various schemes for the union institution, only to have one of the participants reject it. Finally in the summer of 1933, they came to a consensus and used the institutions which already existed. The result was the eventual closing of Hackett Medical College for Women and its absorption into Lingnan University as its medical department; the Canton Hospital would move into Lingnan’s hands and be the teaching hospital for the medical students.²²²

²²⁰ Corbett, 100.

²²¹ Mr. Speer to Dr. Brown, 21 May 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA; C. K. Edmunds, Canton, to Robert Speer, New York, 16 Jul 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²²² William Warder Cadbury, "Union in Medical Education in China," *China Medical Journal* no vol. (Oct 1933), 1 (page citations are to the reprint edition).

'Finally let us consider the fundamental reasons that led the various missions boards to send medical missionaries to China. Was it that a few doctors should spend their lives in treating the sick, only to be replaced by other doctors sent out by the missions boards? ...I know that our friends at home are expecting us to train men and women to take our places in the shortest possible time.'²²³

²²³ Dr. Edward Hume quoted in Cadbury, "Education of Chinese Physicians," 26.

Quality over Quantity

Shoddy, inefficient work is dishonest work and should not be tolerated by a Mission Board or in any Mission Hospital or School.²²⁴

Shall we dare to say that a mediocre or garbled form of Christianity is good enough for the Chinese people! Our religion will be judged by our educational and medical work. If these fall below the standard to Europe and America the Chinese will be very quick to argue that our religion is likewise inferior, judging us by our fruits.²²⁵

The goal of the medical missionary was to win souls to Christ—the obvious emphasis on the Christian nature of their medical colleges is thus understandable. The second important point was the matter of quality. Poor medical work reflected badly on Christianity; those “...who, possessing an imperfect knowledge of the healing art, attempt to make it a means of introducing themselves to the confidence of the heathen, as by such men incalculable mischief may be done, both to their fellow-creatures and to the cause of religion itself.”²²⁶ Moreover, on a personal level, it was dishonest and morally wrong; to do one’s best work was a glory to Christ. Bringing quality missionaries to China and producing quality students became key.

The Medical Missionary Society stated from the start that a missionary doctor “may not unite in his own person, the two professions of divinity and medicine; ...the all-absorbing duties of the active physician would leave him but a scanty portion of time to devote to any regular form of religious instruction: moreover the profession of medicine is *replete* with responsibility, and requires unremitting attention....”²²⁷ Lockhart agreed: “It is for this reason I urgently advise that the medical missionary be strictly a layman, for as a layman, he can do all teaching and preaching that he has opportunity and ability for; but he ought to have no responsibility as a pastor, or he will become distracted from his own line of operation....”²²⁸ John Dudgeon provided the reason why: “Every medical man like ever[y] preacher wishes to attain to excellence in his department. The combination of the two is calculated to impair the one or the other.”²²⁹ Thus the medical missionaries had to “furnish satisfactory certificates of their medical education, approved by the [missionary]

²²⁴ Walter Lambuth, *Medical Missions* (NY: Student Volunteer Movement for Foreign Missions, 1920) 187.

²²⁵ Cadbury, “Education of Chinese Physicians,” 26.

²²⁶ Colledge, 12-16.

²²⁷ *Ibid.*

²²⁸ Lockhart, vi. Both Colledge, who wrote the MMS statement, and Lockhart, cite Peter Parker as an exception to the rule. Parker had both a divinity and a medical degree, although his work at the hospital is akin to what layman missionary doctors did—i.e., spend their time on the medical, and telling patients about Christianity whenever they could, preaching on Sundays and the like. Parker was called by Colledge a “*rara avis in terris*” (Colledge, 6) for his work.

²²⁹ Dudgeon, 3.

society sending them out, --with testimonials from some religious body as to their piety, prudence, and correct moral and religious character²³⁰—but not a certificate showing a theological degree.

The missionaries were serious about quality medical care. Charles Seymour, the American Consul-General at the time of Kerr's superintendency at the Canton Hospital, once pointed the doctor out to a newspaper reporter taking a walk with the American official. The reporter wrote that Seymour said of Kerr:

‘To my person knowledge he undertakes, almost daily, cases which our distinguished surgeons at home do not dare attempt, in Philadelphia, the medical capital of our country. I suppose that humble man might just as well be enjoying an income of from \$50,000 to \$75,000 a year, instead of his small present salary, if he were only practicing in the city of New York on his own account. And I suppose he knows it too.’²³¹

The reporter continued that Seymour's statement became real when he himself visited the hospital and looked at the photographs of operations already done and saw the patients to be treated that afternoon.²³²

What always amuses those researching the medical missionaries is the fact that many spent their furlough years sitting in medical classes as students, of their own free will. Without fail, each researcher mentions a curiosity about what was said between the professor and the missionary doctor. The medical missionaries had treated meningitis, malaria, tuberculosis, leprosy, non-pneumonic plague, and even bubonic plague (twice),²³³ and probably had more experience than the professors. When Parker was not discussing China with Washington politicians, he sat in class, either at the University of Pennsylvania or Jefferson Medical College.²³⁴ Unfortunately only a few anecdotes exist, such as this about John Swan. He was visiting Boston and attended a clinic by a Harvard professor of urology. The professor was demonstrating an operation for the removal of a bladder stone and, when it was done, announced that it was his 86th operation for vesical calculus. At the end of the class, someone privately pointed out Swan, sitting quietly on a bench, and proceeded to inform the professor that Swan had removed over 2000 bladder stones.²³⁵

²³⁰ Medical Missionary Society in China, *Address*, 5.

²³¹ Nameless reporter quoted in Cadbury and Jones, 112.

²³² Cadbury and Jones, 112.

²³³ William Warder Cadbury, Canton, to "Friends," Philadelphia, 1 May 1948, Special Collections, Magill Library, Haverford College, Haverford, PA; William Warder Cadbury, Canton, to Warfield Longcope, Philadelphia, 15 May 1911, Special Collections, Magill Library, Haverford College, Haverford, PA; Cadbury and Jones, 136-137.

²³⁴ Gulick, 107.

²³⁵ Cadbury and Jones, 254. Swan wasn't even the most famous for vesical calculus operations—his predecessor Kerr was #2 in the world for the number of vesical calculus operations performed, bested by only one other (European) doctor.

The issue of money

Quality is expensive. Although some Chinese may have thought otherwise at first, medical missionaries were “invariably overworked” and “underpaid.”²³⁶ Education, particularly good education, cost money; moreover, good medical education cost more. The amount of cash needed for textbooks, lecture materials, and especially lab equipment put it at a much higher cost than just regular education. Medical schools had big troubles: they were invariably understaffed, underequipped, had few textbooks, and almost no laboratories.²³⁷ Quality education was extremely difficult without the right funding, and in Guangzhou, funding was a constant problem. Money could probably be considered the immediate (and simple) reason for the medical colleges’ failure; they lacked financial support.

English as a Teaching language

The use of English in classroom instruction was one ongoing battle. One can perhaps see the very beginnings of it in the schism of the Medical Missionary Society in Hobson and Parker’s time. After the first Opium War, Hong Kong was ceded to the Britain “in perpetuity” in the Treaty of Nanjing. The MMS Macau hospital moved with Benjamin Hobson to Hong Kong, and increasing numbers of British missionaries went to Hong Kong first. They wanted to move the Medical Missionary Society meetings to Hong Kong and use the new British-controlled city as a base of operations.²³⁸ As Hobson would point out many years later, British law was (obviously) much more conducive to the teaching of Western medicine than Chinese law would be, particularly in allowing for dissections.²³⁹ Parker balked. To him, Hong Kong was “usurped territory,” taken from China. It was associated with the opium trade and the foreigner. Moreover, there were not many Chinese there.²⁴⁰ To him, Hong Kong was not an option, because it wasn’t “China.”

Perhaps it was partly an issue of national pride, as Gulick says.²⁴¹ The Americans remained in Guangzhou. The British were in Hong Kong and were still sensitive about the Nanjing treaty and the

²³⁶ Rockefeller Foundation quoted in Brown, 224.

²³⁷ Lerner, 49-50.

²³⁸ Gulick, 126.

²³⁹ Benjamin Hobson, “An Appeal for Medical School at Hong-Kong,” 6.

²⁴⁰ Gulick, 126.

²⁴¹ *Ibid.*, 128.

cessation of Hong Kong. The problem was, no doubt, exacerbated by Parker's blunt personality.²⁴² Even so, at the heart of the problem was what each group thought to be more beneficial to China.

Since the point of the medical education was to produce native doctors who could minister to the Chinese, it was logical to stay in China and to teach in Chinese; as mentioned before, this was hampered by the lack of medical texts in Chinese, so some turned to teaching in English as a solution. The medical missionaries as a whole did not agree with this policy and taught in Chinese.²⁴³ This became a point of contention between the medical educational program, begun by John Kerr out of the Canton Hospital, and the premier educational program in Guangzhou, the Canton Christian College, begun by Andrew Happer.

"In [Guangzhou] there was a sharp rivalry between John G. Kerr and Andrew Happer. Here again were two extremely able missionaries, each of whom made lasting contributions to the Christian movement but who simply could not get along."²⁴⁴ Since Happer himself was a medical doctor, that probably did not help the situation. Part of their disagreement was, no doubt, over the issue of language. Happer was adamant about teaching English, making it a requirement at his college. The college maintained this position for decades until the Nationalist government took over and ordered Mandarin to be the teaching language. This requirement would put Lingnan's reputation for excellent English training in jeopardy.²⁴⁵ Kerr and the medical missionaries, however, had always taught and continued to teach in Chinese.

There were no doubt other things contributing to the Kerr-Happer conflict. It became so sharp that Kerr eventually took a long furlough stateside, ostensibly to educate his small children, and most likely also to avoid a personality conflict.²⁴⁶ J. Fleming Carrow was appointed in his place, but that was disastrous—the Chinese began to complain about the lack of quality of care, and B.C. Henry reported that the Hospital was in "truly...a bad state."²⁴⁷ Carrow also felt perfectly justified in taking fees for a private practice, which

²⁴² Ibid., 127.

²⁴³ Ballantyne, 28; McCandliss, 207.

²⁴⁴ Brown, 71.

²⁴⁵ Corbett, 8, 122.

²⁴⁶ Cadbury and Jones, 102. The ostensible reason was to educate his small children, but the health of his family also played a factor. Cadbury records that Kerr lost three small children in Guangzhou in ten years; his first two wives also died early, possibly due to illness brought by the climate.

²⁴⁷ Tucker, 185-186.

was against the missionary policy and practice.²⁴⁸ For 1878, he reported he had 969 in-patients; A-lo, one of the Chinese assistants, reported there were only 200 to 300 patients.²⁴⁹ Unfortunately, Carrow wouldn't leave and no one had the authority to fire him; the missionaries were dumbfounded and at a total loss as to what to do. This had never happened before; no one even anticipated it. (Perhaps it would have been almost comical if it were not so dire.) However much Kerr and Happer disagreed, each was dedicated to China and the evangelization of its people, and also specifically to the cause of a quality medical education. Kerr, despite being quite happy in his home in California (working with the Chinese), considered returning to China; Happer wrote personally to ask him to return.²⁵⁰ Kerr took up his original position at the hospital.²⁵¹

John Swan and the South China Medical College, 1904-1911

No one questions the contributions Kerr made to medical education; however, he had been trained in the old school of medicine and was used to the pioneering style. In his situation in Guangzhou, it was appropriate, as many times the conditions the missionaries operated under in China were still years behind the more modern hospitals in the West. Nevertheless, it remains that Kerr had been trained before the modern knowledge of sterilization and antiseptics. Dr. F. O. Wisner's story was perfect evidence of it:

'I had...an injury to my foot, and neglect on my part induced a swelling of a gland in the groin. This neglected part became inflamed and collected pus. I was confined to bed and Dr. Kerr came to see me. After a jovial remark or two he asked to see my leg. I exposed it, throbbing with pain, and the next instant was aware of a sudden stab and instant relief while Dr. Kerr calmly remarked, "I thought it was pus there." Then he laughed and said, "That won't trouble you anymore. ..." He had his pocket knife open in his hand and without any antiseptic preparation of the blade or the surface had just stabbed, and that was that.'²⁵²

This likely would have horrified Kerr's junior colleague and successor, John Swan, who was of the newer school—thoroughly trained in antiseptics, cleanness, and sanitation.²⁵³ If the early medical missionaries were shocked at the state of medical care when they arrived, Swan was, perhaps, even more so.

²⁴⁸ Tucker, 184-192.

²⁴⁹ McCandliss, 102. In contrast, Kerr had 446 inpatients in the first month after his return.

²⁵⁰ Tucker, 184-192.

²⁵¹ Another point of contention between Kerr and Happer was the addition of a female physician to the Canton Hospital staff, which will be discussed in the section on women's education.

²⁵² Cadbury and Jones, 113.

²⁵³ *Ibid.*, 199-200.

John Swan was a dynamic, energetic man. In the few years he was at the hospital, he set up the hospital's entire antiseptic unit, the laundry and the bathrooms, a sterilizer, and the proper operating procedures for the operating room. His wife took over the kitchen, taking charge of dietetics.²⁵⁴ Swan cut all translation and dispensary projects affiliated with the hospital in order to funnel the money into upgrading the Hospital and the education program.²⁵⁵ Those two were always the bare basics in a medical program, at least in missionary eyes. Swan had one of the shortest superintendencies, but in the few years he was there, he singlehandedly reformed the hospital into a new, updated one.

It was under Swan that the medical classes first moved out of the hospital as the South China Medical College, opening in its own buildings in 1904. It had a four-year curriculum in Chinese. No anatomy dissections were to be had, but students had a skeleton and *papier maché* models. Swan also had ten professors on staff for a school where there were only fourteen in the one graduating class.²⁵⁶ The college was well-equipped, but Swan's insistence on near perfection hurt it. Swan had to supervise personally nearly everything.²⁵⁷ He had had a rough upbringing as a child, and as a result was immensely efficient and dedicated.²⁵⁸ His haste and brusqueness, however, alienated many. He spent a year on furlough, and when he returned, two doctors on staff (including Paul Todd) had resigned.²⁵⁹ In Todd's letter tendering his resignation, he writes that he hopes he had made allowance for Swan's "maturer years" and experience and, very interestingly, states that he enclosed a copy of the letter to Swan. Todd had apparently tried to speak with Swan about his resignation before Swan's furlough, but Swan's busy schedules had not permitted it.²⁶⁰

Todd's resignation was only one of many. The teaching staff was so depleted that although the enrollment at South China Medical College approximated fifty students, no teachers were to be had. The college was forced to close. It reopened in 1909 with eleven teachers, but by 1911, no teachers were left and

²⁵⁴ Wong, 103-104.

²⁵⁵ Tucker, 273-274.

²⁵⁶ Wong, 104-105.

²⁵⁷ Cadbury and Jones, 205-206.

²⁵⁸ Wong, 105.

²⁵⁹ Cadbury and Jones, 183.

²⁶⁰ Paul J. Todd, Canton, to Arthur Brown, New York, 18 March 1905, (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA. Microfiche 182 vol. 2 # 29.

the college again closed. “The [Canton Hospital], which had been the mother of medical education in China and from whose doors so many trained doctors had gone forth was compelled to close its medical college.”²⁶¹

The University Medical School, Part II

At the same time as the South China Medical College was the University Medical School, mentioned earlier. The founders felt the two medical missionary schools currently operating in China in 1906 were of questionable quality. Andrew Woods of the Canton Christian College felt that Hackett Medical College for Women and the Canton Hospital medical schools were accepting unqualified students and preparing them inadequately. The Christian Association hoped to establish a school up to American standards.²⁶²

The medical missionaries in general were usually unsatisfied with the standards their schools had because they compared them to the schools available in the West. On their limited budgets, they strived to raise the level of quality demanded both of incoming students and of their graduates. In China, though, by both the Faber report and by general consensus, the medical missionaries’ medical schools were some of the best.²⁶³ Of course this didn’t stop people like McCracken and Woods.

Only one class ever attended the UMS—four males and one female, officially enrolled in 1910. They had had no premedical training.²⁶⁴ The teaching at the UMS ended abruptly in 1912 when China’s Educational Commissioner awarded three of the five students scholarships for study in the United States. The school planned to admit a second class in March 1912, never did.²⁶⁵ The school official closed in 1914.

The University Medical School had some of the toughest entrance requirements for their incoming students. First, the UMS, like its affiliated school, the Canton Christian College, required prior knowledge of English (the teaching language). The school screened each student very carefully and many of the students applying were not considered qualified.²⁶⁶ The money problems were not huge at the start but grew; by

²⁶¹ Cadbury and Jones, 183.

²⁶² Lerner, 43.

²⁶³ Faber, 17-18; Lerner, 56. Faber adds, “there has been, very naturally, a strong feeling on the part of the staff [of all the missionary, two of the private, and the four national medical schools] of their responsibility to produce only very well trained doctors..., and they have not yet felt it their business to train as large a number as possible to relieve the need for doctors in China.”

²⁶⁴ Lerner, 52.

²⁶⁵ Ibid., 54.

²⁶⁶ Ibid., 59, 54.

1912, the medical school needed a fully-equipped surgeon, a sanitation/hygiene specialist, a trained nurse, and a business manager. They also needed dormitories and residences for the professors. The staff was insufficient.²⁶⁷ Then, the school decided not to admit any more students until they could procure more teachers and equipment, not wanting to fall into the common trap of having many students with nothing to use.²⁶⁸ Andrew Woods of the affiliated Canton Christian College went so far as to say that the money problem was the factor that closed the UMS, not the theological dispute mentioned earlier.²⁶⁹

The UMS's high demands for quality education, though admirable, actually helped kill the school. It might have worked much better for the school to build gradually up to a higher standard of education. One suspects, however, that the medical missionaries felt that would take too long.

The Union Institution, Part II

The lack of money for quality education had already killed two medical colleges, and it would affect the last case Guangzhou hoped to make for a missionary medical college. The question of English versus Chinese instruction, even into the twentieth century, was still a factor.²⁷⁰ Moreover, there was competition from Chinese-run medical colleges. Several schools of this type dotted China, including one in Guangzhou; Faber considered them of a lesser quality.²⁷¹ They were well attended, however; students who did not want to give money to or to spend time in Christian colleges went to these schools. “[The presence of so many medical schools]...leads to the production of great numbers of poor doctors. Therefore the standard of Mission Schools should be materially raised so that their graduates can gain the respect of the Chinese and can uphold the reputation of western medicine which in some places is fast falling into disrepute.”²⁷²

The solution was to combine the various medical educational programs into one union institution.

We have arrived at a stage in China when all medical and surgical work done in the name of Christianity should be of the highest order, and we therefore recommend, in the interests of

²⁶⁷ Ibid.,94-95.

²⁶⁸ Ibid., 54.

²⁶⁹ Ibid.,95.

²⁷⁰ Robert Speer to Arthur Brown, 21 May 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²⁷¹ Faber, 16.

²⁷² Martha Hackett and Harriet Allyn, Canton, to Arthur Brown, New York, 23 Aug 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

economy and efficiency, that wherever possible small and poorly equipped hospitals should unit to form thoroughly equipped institutions.²⁷³

However, “no mission...offered to enter into affiliation with the Canton Hospital, except the Canton Christian College....”²⁷⁴ Gong I could not secure the backing of more than just one missions board.²⁷⁵ Missions boards stated regretfully that they were unable to join any plans for medical education; they had limited budgets and none were willing, “at the expense of other branches of its work, to meet the heavy, constant, and insistent obligations of a great institution undertaking modern medical education.”²⁷⁶

All the Protestant missionary doctors already in Guangzhou, coming from and supported by the different missions boards, were already employed by the medical colleges. Only two still learning Chinese were not teaching.²⁷⁷ In that sense, the boards were providing support (by paying the professors) to medical education in Guangzhou already. The costs of maintaining a college, however, went far beyond that.

In a last ditch attempt to secure the funding they needed, they appealed to the Rockefeller Foundation’s China Medical Board. John Rockefeller had designated that part of his fortune was for the missionary medical schools. Missionaries recognized quickly the kind of money that Rockefeller would be able to provide: “The Foundation has the financial resources with which to do in the laboratory, class room, and hospital what no one Board, nor half a dozen Boards with their other obligations, could possibly do.”²⁷⁸ The missionaries knew well how high the cost of quality education was.

Unfortunately for Guangzhou, it appeared that the Foundation had already decided to support the Peking Union Medical School (Beijing) and another medical center in Shanghai,²⁷⁹ with the rest of the money going to other schools in other cities. The director of the Rockefeller Foundation’s China Medical Board, the group overlooking the distribution of cash, wrote to the Canton Hospital Staff on August 10, 1920, and said that he could recommend to the China Medical Board to give Guangzhou a conditional grant

²⁷³ Medical Missionary Society recommendations reprinted in Lambuth, 237.

²⁷⁴ C.K. Edmunds, Canton, to R. Speer, New York, 16 July 1915 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²⁷⁵ Martha Hackett and Harriet Allyn, Canton, to Arthur Brown, New York, 23 Aug 1915.

²⁷⁶ China Council and Missions in China, “#83 South China Mission,” in Board of Foreign Missions, Presbyterian Church, USA Papers, Archival Records, Presbyterian Historical Society, Philadelphia, PA; E. M. Dodd to Charles Arthur Hayes, 6 June 1925 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

²⁷⁷ Martha Hackett and Harriet Allyn, Canton, to Arthur Brown, New York, 23 Aug 1915.

²⁷⁸ Lambuth, 185.

²⁷⁹ Ibid.

of between 50,000 and 100,000 Mexican dollars towards a medical college, with 5,000 to 10,000 Mexican dollars per annum for five years. The conditions were that other interested organizations and people had to agree to be responsible for the school. “If only one or two [missions boards interested in South China] are willing to participate it is doubtful whether [the director should] be able to recommend the grant from the China Medical Board, and still more doubtful whether a grant would be given even if recommended....”²⁸⁰ Guangzhou did not get the needed number of participants to get Rockefeller funding. Perhaps many thought that the American Presbyterian Mission, as it had for a long time, could cover the costs; the Presbyterian Mission Board was sure that more cooperation was needed from the other missions. Perhaps also the self-supporting status of the Canton Hospital made supporters underestimate the amount of money necessary for a medical education project. Whatever the reason, much to the frustration of those actually in Guangzhou, there were not enough partners to make a union medical college.

Quality has its costs, and a missionary budget was not anywhere near enough to cover some of the costs of running a full medical college. Even so, the medical missionaries tried. John Swan’s South China Medical College had the makings of a quality institution and was tied closely to the Hospital; however, his expectations were perhaps placed unreasonably high, and his faculty soon resigned in frustration. The University Medical School was started because the doctors did not feel that medical education in Guangzhou was up to par; however, its stringent requirements, in combination with some other factors, killed it. The Union Institution would have been the easiest way to pool resources in order to get a college together, but they were unable to pull enough boards together to do so.

²⁸⁰ Rockefeller Foundation China Medical Board director quoted in letter from W. H. Grant, New York, to A. J. Brown, New York, 16 Dec 1920 (Board of Foreign Missions, Presbyterian Church, USA Papers), Presbyterian Historical Society, Philadelphia, PA.

The Unusual Case of the Hackett Medical College for Women

Women's studies have provided an indispensable look into a side of history heretofore neglected. Quite often they reveal how women empowered themselves even in the most restrictive situations. Recent studies about Chinese women have been no different, showing how they managed to wield their own brand of power in society. In light of this, it is easy to forget that the women were still in a society repressive by today's standards, although their accomplishments become all the more notable because of their restrictions.

Missions made huge contributions in higher education for women and medical (and nursing) training.

Missions institutions...initiated work in these fields [and] continued to allocate to them a greater portion of their resources than did national schools. Even after government universities and other private schools assumed some responsibility for medical training and for college education for women, several of the Christian schools remained...leaders.²⁸¹

Missionaries were also helped by the fact that the Chinese had little precedent in either of these fields, so Christian educators were under less pressure to adjust to a Chinese mode of education. One can only guess at how strange the Chinese found the concept of a college modern medical education for women; the missionaries "hardly realized the extent to which their work constituted a break with the Chinese heritage."²⁸²

Nineteenth century China was still very neo-Confucian socially.²⁸³ Women stayed at home to care for their husbands' families. They kept to a minimum any contact with men not in their immediate family (husbands, brothers, and/or fathers). The women of the literati class may have been educated, but in general most women had little education, if any at all.²⁸⁴ "The best hope of a girl who aspired to literacy was to benefit from the instruction of tutor hired to educate her brothers or to obtain instruction from her father and brothers."²⁸⁵ Since a girl became a member of her husband's family upon marriage, "...it seemed a poor

²⁸¹ Lutz, *China and the Christian Colleges*, 130.

²⁸² *ibid*, 131-132.

²⁸³ Charlotte Furth, "Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing Dynasty China," *Journal of Asian Studies* 46, no. 1 (Feb 1987): 7-8.

²⁸⁴ Pui-Lan Kwok, "Chinese Women and Protestant Christianity at the Turn of the Twentieth Century," in *Christianity in China from the Eighteenth Century to the Present*. ed. Daniel H. Bays. (Stanford: Stanford University Press, 1996) 196.

²⁸⁵ Lutz, *China and the Christian Colleges*, 130.

investment to spend money educating a daughter."²⁸⁶ Moreover, the goal of education was to pass the civil exams and get a government job, which were closed to women; thus, educating a girl seemed to a waste.²⁸⁷

This social construct developed into a medical dilemma for the Chinese and later the medical missionaries. Physician Kou Zongshi of the Song was the first to complain about it: since a woman was not supposed to meet men not in their families, she could not be thoroughly examined—even touched—by the doctor.²⁸⁸ A proper upper-class woman had to lie behind bed curtains, with only her hand and arm exposed to the doctor. More than this was inappropriate.²⁸⁹ Some women took this to the extreme, forbidding their doctors from actually hold their wrists to take their pulses (“palpitation”). The doctor would tie a string tightly around a woman’s wrist, pull it taut, and sense her pulse through the string. Often, women indicated to their doctors where their pain was by pointing it out on a doll.²⁹⁰

A solution was to train women thoroughly in medicine so they could treat female patients. Some Ming and Qing gentry women, born into medical families, learned Chinese medicine.²⁹¹ They were tested by court physicians; the competent ones were taken into the imperial employ. "However, they did not make much progress since the idea of a woman practising as a physician did not take root in a conservative community. The main duty of women was in the home."²⁹² Educating a girl was an unnecessary waste.

The dominant female practitioner was usually a midwife. She was scorned by the male literati, who considered her to be "unlettered" and "opinionated" although necessary since these men themselves could not help with childbirth. The literati insinuated that the midwives exaggerated and made a show of activity in order to get merit and also to milk a patient's unsuspecting family for money.²⁹³ Yuan Cai's "Precepts for Social Life" declared that women who did acupuncture and moxibustion should not be allowed in the house; by Yuan times, midwives were lumped together with shaman-healers and both were included among the pejorative *sangu liupo*: "three (old) female devotees and six (old) wives." The implication was that these

²⁸⁶ Ibid.

²⁸⁷ Ibid.

²⁸⁸ Charlotte Furth, “Ming-Qing Medicine and the Construction of Gender,” *Modern Chinese Women’s Studies (title translated)* 2 (June 1994): 235-236.

²⁸⁹ Ibid., 241.

²⁹⁰ Choa, 81.

²⁹¹ Furth, “Construction of Gender,” 248-249.

²⁹² S.M. Tao, “Medical Education of Chinese Women,” *Chinese Medical Journal* 47 (1933): 1011.

²⁹³ Furth, “Construction of Gender,” 249; Furth, “Concepts,” 17-18.

women were morally loose and corrupting the upper class women. It did not help that these women's male counterparts (acupuncturists, surgeons, etc.) were also increasingly despised by literati medical scholars.²⁹⁴

The first medical missionaries, all male, knew about these restrictions on Chinese women but had never seen them in practice. They both underestimated and overestimated how restrictive the rules were. They were shocked at how women were diagnosed; at the same time, they were overly nervous about treating the women who showed up in their clinics. It is interesting to note, then, that Parker's first patient at the Canton Hospital was a young, blind Chinese woman.²⁹⁵ However, the flow of female patients into the hospital after that first patient was barely a trickle. Parker wrote that his female patients "manifest[ed] anxiety lest their female friends should hear of their speaking to strange men and consider their reputation dependent on their secrecy." He wrote that it was a long while before upperclass women were willing to apply for medical advice; even then, "they show[ed] considerable hesitation before they [would] state their cases."²⁹⁶ Parker was happy that any woman showed up.²⁹⁷

The Chinese found a way around the problem: they had a male relative there, either a husband with his wife, a son with his mother, a brother with his sister. "Difficulty was anticipated in receiving females as house patients, it being regarded as illegal for a female to enter the foreign factories," but apparently the solution of having a male relative with the female patient worked well. Parker was so pleased that he declared "the difficulty has proved mere imaginary than real."²⁹⁸

There still other difficulties. Quite often, much to their frustration, the missionary doctors were not called until there was little hope left for the patient. A few times, patients died while doctors were still enroute. One woman had already died in labor four hours before medical missionary Mary West Niles was even called to come.²⁹⁹ It took just a little time before the female patients warmed up to the new female

²⁹⁴ Leung, "Song to Ming," 396-397.

²⁹⁵ Tucker, 1.

²⁹⁶ Parker quoted in Cadbury and Jones, 36.

²⁹⁷ Cadbury and Jones, 36.

²⁹⁸ *Ibid.*, 39.

²⁹⁹ *Ibid.*, 147.

medical missionaries. Niles, the first female missionary doctor in Guangzhou, arrived in 1882, and Mary Fulton in 1884. There were six gynecological-related calls in 1884 and thirteen in 1885; by 1894, 162.³⁰⁰

The female medical missionary became an integral part in the missionary community; through them the missionaries reached the other half of the Chinese population. Dudgeon writes, "China and India with their seclusion of women have been supposed to be fields peculiarly suitable for female agency, whether medical, educational, or directly missionary."³⁰¹ "In China, a woman physician conforms with the high ideals of Chinese propriety."³⁰² When Niles arrived, she was immediately put in charge of the female wards. In seven years, Niles did 683 surgical operations and visited 164 patients in their homes. She treated everyone from the very poor to the wife of the provincial governor.³⁰³

The social taboo was broken by three groups: Western men willing to break with custom, Chinese women who allowed themselves to be treated and then told others about it, and the Western-trained women coming to China as doctors.³⁰⁴ The next step was medical education for women.

That began in 1879 when John Kerr agreed to take a few girls into the medical classes he had at Canton Hospital. They came from the True Light Seminary, a girls school opened by Harriet Noyes and Lillie Happer in 1872 and situated across the alley from the hospital. The girls had asked permission to study medicine. After some discussion, Kerr was approached, and he agreed to take the students into his classes, "promising them the same advantages and instruction that the young men received."³⁰⁵

What was interesting was that this event, considered monumental now, garnered the same response as the arrival of Dr. Niles: nothing.³⁰⁶ There was little notice made by either the Chinese or the Westerners,

³⁰⁰ Ibid., 148.

³⁰¹ Dudgeon, 2.

³⁰² Mary Fulton, "*Inasmuch*": *Extract from Letters, Journals, Papers, etc.* (West Medford, Mass: Central Committee of the United Study of Foreign Missions, n.d.) 77-78.

³⁰³ Brown, 88.

³⁰⁴ Tucker, 21. Perhaps some would argue that if there had not been this type of neo-Confucian restrictions on women, Western female missionary doctors would never had played such a large role in China; however, there were these restrictions and as a result, Western women in China played a large role. One must remember that the missionaries did not come as agents of social change; they came as missionaries to preach the Gospel. They pushed for a larger role for women both in their own missionary communities and in China as a whole; what changes resulted from that were good but *not* their goal.

³⁰⁵ Kerr quoted by Noyes quoted in Tucker, 210.

³⁰⁶ A. P. Happer had suggested that a new woman physician open a separate women's and children's hospital, thus taking over Kerr's female patients. Some said that this was suggested partly to dilute the authority of Kerr, with whom Happer often disagreed. This development was not opposed but not necessarily sought out by Kerr; his first letter on the subject said only, "We have heard that Dr. Happer is negotiating to have a Lady physician sent to Canton. This may be only a rumor." Kerr's colleagues were much less restrained. The problem appeared to be that the issue had never been discussed among those missionaries working in Guangzhou;

much less opposition.³⁰⁷ There was only passing reference to the girls joining the class; so uneventful was it that there is still a discrepancy over how many girls there actually were in that first coed class. Noyes said there were only two girls in 1879, but the Medical Missionary Society's report for January 1880 (covering 1879) said there were three. One of these first students was later hired as an assistant in the hospital, and another taught school in a local village while also conducting a private practice. By 1890 the number was up to nine, and by 1898 there were 37.³⁰⁸

For the next twenty years, girls were trained regularly in the Canton Hospital medical classes. Like their male counterparts, they provided assistance in the hospital during their student years. The women especially began hospital work immediately; the female patients' professional care improved quickly. Also, under Kerr's supervision, these students made house calls to upper-class women. By 1880, at least one of the medical students was deemed competent enough to go off alone on house calls and perform minor operations on private female patients. By and large they were superb students.³⁰⁹

After graduation, they had successful practices throughout Guangzhou and in larger inland towns not so accessible to the missionaries. One of the early women graduates of Kerr's practiced in Honolulu, having first passed with flying colors a special examination by authorities in Hawaii. Apparently the authorities questioned her real competence because of her apprentice-style training in Canton Hospital.³¹⁰

The arrangement worked well for twenty years. It ended abruptly in 1899, when Kerr retired from the Canton Hospital. For many years he had wanted to open an insane asylum, and while many people supported his idea, he could not find sufficient financial support. Finally, he left the hospital and struck out on his own, building as much of the hospital as he could out of his own funds. A medical missionary who would remain unknown to Kerr put up the monetary difference.³¹¹ When he left, thirty of young men in his

moreover, many felt that Kerr was being personally attacked by the request for the lady physician (without consulting Kerr first). Both men and women felt that Happer was being high-handed and slighting Kerr; it appears that the objections to the arrival of Dr. Niles were never really centered around the presence of a female doctor but around the process by which they asked for her. By the times Niles had come, the hoopla had died down. Niles was welcomed like any other doctor. She proved herself ably and became quite popular with her colleagues. She was of little help to Happer; she and Kerr got along swimmingly. Kerr was so kind to his junior colleague that Niles said he was like a "second father." (Tucker 219-222)

³⁰⁷ Tucker, 210.

³⁰⁸ Cadbury and Jones, 178-179, 180; Wong, 24.

³⁰⁹ Tucker, 211-212.

³¹⁰ Ibid.

³¹¹ Cadbury and Jones, 106-107

medical class followed him; they were instrumental in helping him run his Refuge for the Insane while they finished their training. Mary West Niles also resigned when Kerr did.³¹²

The next year, Mary Fulton, the second woman physician in Guangzhou, also left the Canton Hospital. She was willing to work with John Swan, but she was concerned for the five female students who had been left behind in 1899 when Kerr had taken the male students. No provisions had been made for the female students or their two Chinese instructors.³¹³

Fulton's brother, who had been in the Guangzhou missions station even longer than his sister, came forward to help. From American supporters and from former patients in the Guangzhou area, they raised \$2500, which paid for a piece of land (an old pig farm) for a medical college. The "Kwongtung [Guangdong] Medical College for Women" opened in 1901.³¹⁴ The resources were meager at first—it was just the ground floor of the local First Presbyterian Church. Students shared living quarters with the outpatient clinic.³¹⁵

In 1902, the David Gregg Hospital for Women and Children opened³¹⁶ and was closely followed by the opening of the Julia Turner School of Nursing, named after a generous benefactor.³¹⁷ In 1903 and 1905, Dr. E. A. Hackett of Indiana provided enough funding to build several new buildings, and the college was renamed in his honor.³¹⁸ Some years later, Hackett opened the Yan Tsai [Yan Zai] School of Pharmacy, the only school of its kind in the south. It closed in 1936 due to lack of staff, its last class graduating in December of that year.³¹⁹ The college, with its hospital and its nursing school, was the largest medical complex available to women. Students came from as far away as Honolulu in order to study.³²⁰

The successful school was truly a place for women's education. They had a few male professors, but female doctors dominated the hospital. When three male missionary doctors visited the Gregg Hospital to

³¹² Jessie Lutz, "The Role of the Christian Colleges," 160, Tucker, 270-271.

³¹³ Tucker, 272.

³¹⁴ Lutz, "The Role of the Christian Colleges," 160. Often the date is listed as 1899, as in Li Tao's statistics reports on the medical colleges. The discrepancy may be one over when the college began classes (1899) and when it was officially "opened" (1901).

³¹⁵ Lutz, "The Role of the Christian Colleges," 1.

³¹⁶ Brown, 228; Tao, 1012.

³¹⁷ Fulton, 80.

³¹⁸ Lutz, "The Role of the Christian Colleges," 160.

³¹⁹ Hackett Medical Center Report of the Director, 1936-1937. (Board of Foreign Missions, Presbyterian Church, USA Papers) Archival Records, Presbyterian Historical Society, Philadelphia, PA. Sometimes "Yautsai" instead of "Yan Tsai."

³²⁰ Brown, 228.

help with some operations, “the students were deeply interested, as some of them had never seen a man operating.” One little girl who had been raised in the women’s hospital spotted a visiting male physician and shouted in surprise, “Why, he’s a man!”³²¹ Application numbers easily surpassed the number the college could take. Hackett students were considered fine, educated women and were quite in demand as wives. The college lost so many women and potential doctors to marriage that the founder, Mary Fulton, finally made a rigid rule: anyone engaged to be married was forbidden from studying at Hackett.³²²

There is no sign that the women's college was any worse off than the rest of the medical colleges in Guangzhou. They faced the same problems—lack of financial support and later, student-administration problems. College registration with the government was a contentious issue, as it was for all the schools. The Nationalist government had laid down some regulations concerning the colleges when it first came in to power, but it was in 1928 that the strict guidelines distinguishing between national and private (including missionary) medical colleges came out. Some private schools were of questionable quality, and the government refused to approve them. In order to get a diploma recognized by the state, one had to register with the government. In order to get an approved registration, religion could not be a required course and religious instruction was forbidden in the classroom.³²³ Patriotic students wanted Hackett and the other schools to register as soon as possible; understandably, the missionaries were not so quick to agree.³²⁴ Hackett eventually registered, and its diplomas bore the governmental seal.³²⁵

Moreover, the repeated failures in establishing a men’s college did not help. “...the development of [Hackett] will depend on the active cooperation of the men doctors, who naturally consider the men's school quite as important as the women's, and so would probably not be willing to give their lives solely to the latter, though very willing to actively help.”³²⁶ There was talk of opening Hackett to men;³²⁷ the move

³²¹ Fulton, 91-92.

³²² *Ibid.*, 94.

³²³ Choa, 96-98.

³²⁴ Report of President of Hackett Medical College, Canton to Board of Directors, New York, 1927-1928 (Board of Foreign Missions, Presbyterian Church, USA Papers), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

³²⁵ Fulton, 123.

³²⁶ J. O. Thomson, Canton, to A.J. Brown, New York, 14 March 1917 (Board of Foreign Missions, Presbyterian Church, USA), Archival Records, Presbyterian Historical Society, Philadelphia, PA.

³²⁷ Ballantyne, 30.

seemed to be one designed to get the male students into a regular educational environment and also to funnel money into Hackett, whose financial situation took a turn for the worse in the 1930's.³²⁸

The Laymen's Foreign Mission Inquiry of 1932 suggested that "'Hackett would be immeasurably more useful if it could unite with Lingnan University and the Canton Hospital in a co-educational program."³²⁹ In 1933, plans were made to affiliate Hackett with Lingnan University in what would be the Union medical college that had eluded the missionaries for so long.³³⁰ On July 1, 1936, the Hackett Medical College for Women, along with the Canton Hospital, was fully incorporated into Lingnan's new medical program, thus closing almost forty years of educating young women into the medical field.³³¹

What allowed Hackett to succeed where the other colleges failed? It faced all the same problems as the others, but it developed a medical college, a teaching hospital, a school for pharmacology, and a school for nursing. Did it have something to do with its founder? Guangzhou had shown that one determined person—like Parker and Kerr with the Canton Hospital—could make an institution succeed; at the same time, other institutions running on this same principle had failed. Did it perhaps have something to do with the growth of women's education in the West? If so, why did the coeducational and men's colleges fail?

One might argue that its status as a women's college helped it stay afloat: it was less prone to government regulation and it appealed to many wealthy, religious and/or philanthropic women (especially widows) in the United States seeking to support a charity. While its women-only status helped Hackett, it probably also hurt it. Chinese women wanted female doctors but were much more reluctant to allow their own daughters to go to the college. Many women left the school to marry. As for finances, Hackett may well have attracted donors for being a women's college, but many donors were men; moreover, Hackett ran into financial problems a couple years later, like any of the other schools, and eventually had to close. Its long-term success continues to be difficult to explain.

³²⁸ Wong Men, Canton, to William Cadbury, 23 March 1936 (William Warder Cadbury Papers), Special Collections, Magill Library, Haverford College, Haverford, PA.

³²⁹ Inquiry board quoted in Cadbury and Jones, 187.

³³⁰ Tao, 1012.

³³¹ Report of Director at Hackett Medical College, 1936-1937 (Board of Foreign Missions, Presbyterian Church, USA Papers), Archival Records, Presbyterian Historical Society, Philadelphia, PA; "Report of the special planning committee on Lingnan policy," n.d. (late 1940's-1950's) (William Warder Cadbury Papers), Special Collections, Magill Library, Haverford College, Haverford, PA.

Conclusion

Missionary medical colleges failed in Guangzhou for reasons probably inexplicable to the missionaries founding them. They saw colleges like the ones they wanted flourish elsewhere in China and were probably rather frustrated as to why theirs in Guangzhou did not succeed. The failure were due to the bad mix of their missionary goals, which they would not abandon as a matter of principle, with the particular atmosphere in Guangzhou.

The city was a historically unusual choice for a project as large as this, and the suspicion the Cantonese had towards the Westerners made it all the more difficult. Even local officials were sometimes hostile to the missionaries. There was also the problem of language. If learning to communicate in Chinese was not difficult enough, the missionaries had to develop their own set of medical terms with which to teach. Guangzhou had one last punch to throw: spoken Cantonese is very different from the official Mandarin, and many Cantonese students left Guangzhou for Northern schools.

Within the missionary community, dedication to two particulars may have helped to stall the medical colleges; the first was unpopular with the Chinese and the second too costly. As the medical missionaries' purpose in China was evangelization, they were determined to make Christian colleges, something about which the Chinese were less than pleased and thus less willing to support missionary colleges. The missionaries also insisted on first-class education. Quality medical education has always been costly, however, and the missions boards and the missionaries did not have the financial resources necessary for it.

The consequences of being picky in a less than accommodating environment was failure. The lone exception to the depressing rule was Hackett Medical College for Women. It faced the same obstacles as the other medical colleges but lasted forty years before becoming the basis for Lingnan University's medical department. Perhaps its success was because it was a women's school. That had its advantages, but it also had its disadvantages. One must ask if those advantages were enough to overcome all the other obstacles faced by the college. After all, the college soon closed for the same reason as some of the others—financial.

Guangzhou warrants close study both because of its significance as the birthplace of modern medicine in China and also because of the lessons to be learned from the missionaries' experiences there.

The success stories of the colleges in other Chinese cities eventually trace their histories back to Guangzhou, where the first medical education took place. The failure stories, however, teach just as much (if not more) than the success stories. Guangzhou and the medical missionaries provide an interesting look into just how differently Western missionary society and Chinese society function. There is also the most obvious consequence of medical missionary education: nothing less than the establishment of modern medicine in China.

Teach them first to be Christian gentlemen and secondly to be thorough doctors who may be relied upon to introduce the blessings of modern scientific medicine to...China.

*William Warder Cadbury, medical missionary, 1927*³³²

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³³² Cadbury, "Education of Chinese Physicians," 27.

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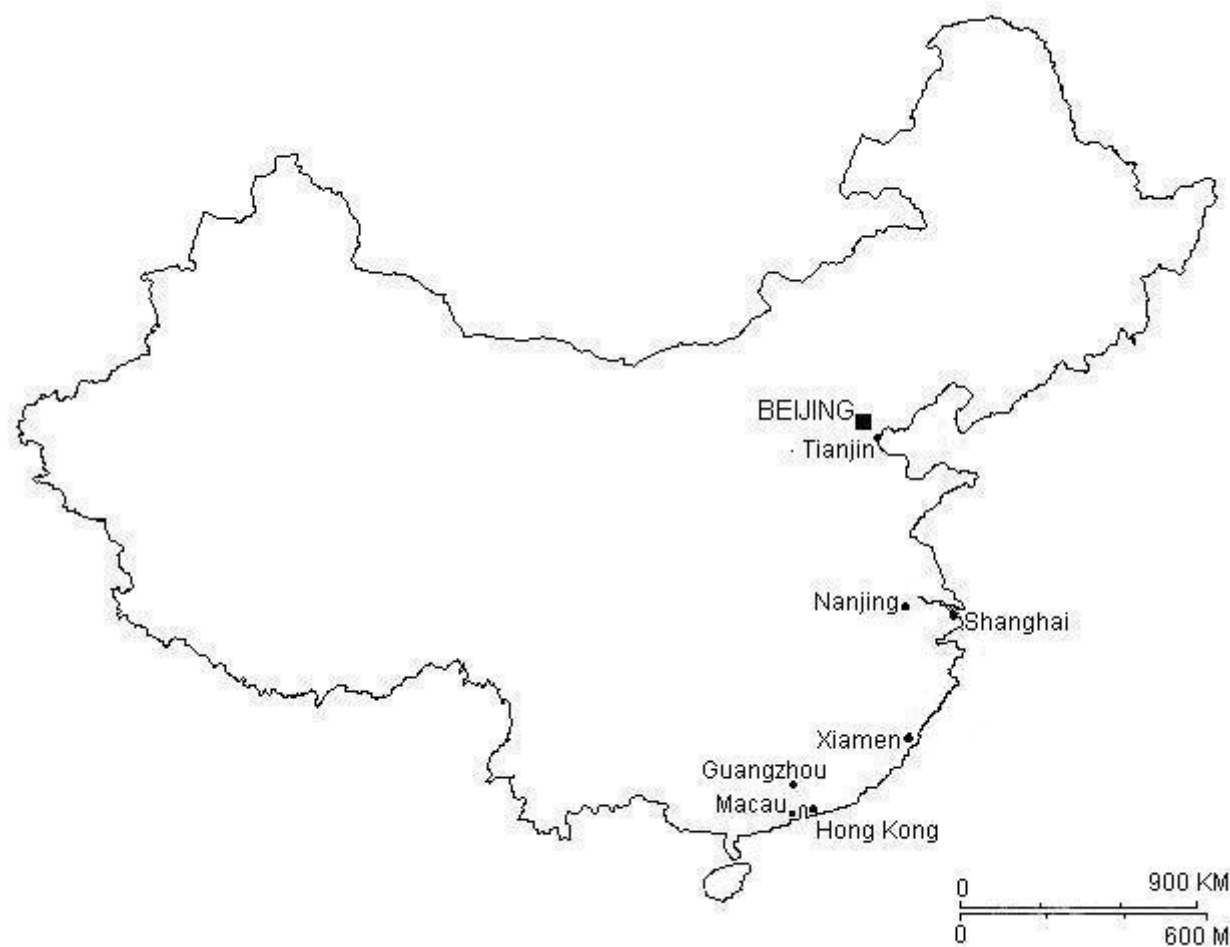
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Appendix A



The Wade-Giles equivalent to the place names are given in parentheses.

Beijing (Peking)

Shanghai (Shanghai)

Fujian (Fukien)

Tianjin (Tientsin)

Guangdong (Kwangtung) Province

Xiamen (Amoy)

Guangxi (Kwangsi) Province

Guangzhou (Canton)

Xiang Gang (Hong Kong)

Macau (Macao)

Nanjing (Nanking)

Appendix B

- 1807 Robert Morrison, the first medical missionary, arrives at Macau
- 1827 opening of Ophthalmic Hospital in Macau by Thomas Colledge
- 1834 Peter Parker arrives in Macau
- 1835 opening of Ophthalmic Hospital in Guangzhou by Parker
- 1837 Parker takes Guan Du as a pupil
- 1838 Medical Missionary Society in China founded
- 1839 William Lockhart, Benjamin Hobson arrive in Macau
- 1839-1842 *Opium War between China and Britain*
- 1840 Hobson takes Lin Chong as a pupil
- 1843 *Treaty of Nanjing (1842) goes into effect: Hong Kong ceded to Britain, treaty ports opened*
Macau hospital moved to Hong Kong with Hobson
- 1850 - 1864 *Taiping Rebellion*
- 1851 Hobson publishes his first textbook
- 1853 Huang Kuan graduates from the University of Edinburgh
- 1855 John Glasgow Kerr assumes superintendency of the Canton Hospital
- 1856-1858 *Opium War #2 ("Arrow" War) between China and Britain*
- 1862 Tongwen Guan founded in Beijing with a department of "medicine" headed by medical missionary John Dudgeon
- 1884 *Sino-French War*
- 1894 *Sino-Japanese War*
- 1899 *Boxer Rebellion*
John G. Kerr resigns, Swan begins superintendency at the Canton Hospital
Hackett Medical College for Women by Mary Fulton
- 1904 South China Medical College by John M. Swan
- 1906 St. John's University, Shanghai
- 1909 University Medical School by Josiah McCracken
Gong I Yuan by Paul J. Todd
- 1911 *Overthrow of the Qing Dynasty, inauguration of the Republic of China*
South China Medical College closes for good
- 1914 University Medical School moves to St. John's University
- 1920's Gong I Yuan shut down; taken over by the government 1926
- 1931 Publication of Knud Faber's report on medical colleges in China
- 1936 Faculty of Medicine at Lingnan University, Guangzhou

Appendix C

Below are the names of the medical missionaries mentioned throughout the thesis. The dates are the years during which the missionary served in China. The names are arranged in alphabetical order by last name.

William Warder CADBURY

(1909 / 1910 – 1950's) The Penn medical graduate first came to Guangzhou with the University Medical School as its dean and stayed in the city even after the UMS went to Shanghai. He served as the Canton Hospital superintendent for a few years and also on the staff of Lingnan University.

Thomas COLLEDGE

(1826 – 1838 retired) The devout East India Company doctor and founder of the Macau Hospital fought to get a medical missionary sent to China. He was the first president of the Medical Missionary Society.

Mary FULTON

(1884 – 1920 retired) The second female medical missionary to Guangzhou and colleague of Many West Niles' founded the Hackett Medical College for Women.

GUAN Du (Kwan Ato)

(1837 – 1874 died) Peter Parker's most famous student worked as a doctor at the Canton Hospital for the rest of his life. His uncle was Lamqua, who painted the famous portraits of Parker's tumor patients.

Andrew HAPPER

(1844 – 1894 died?) This farsighted man became the founder of the Canton Christian College, later Lingnan University.

Benjamin HOBSON

(1839 – 1859 retired) The London Missionary Society missionary and pioneer played a key role in opening a medical college in Hong Kong. He was also the first translator of medical texts into Chinese.

HUANG Kuan (Wong Fun)

(1857 - ?) The first official Chinese MD, an University of Edinburgh graduate, worked all across China. He even worked for Li Hongzhang and Sir Robert Hart but always returned to Guangzhou.

John Glasgow KERR

(1854 – 1901 *died*) Parker's successor organized the first school at the Canton Hospital and also did extensive translation work; he developed the Chinese medical nomenclature.

William LOCKHART

(1839 – 1864 *retired*) The London Missionary Society missionary and pioneer stayed in Guangzhou only briefly before moving north.

Josiah McCracken

(1909 / 1910 - ?) The University of Pennsylvania graduate headed the short-lived University Medical School and moved with it in 1914 to Shanghai's St. John's University.

Mary West NILES

(1882 – 1928 *retired*) The first female medical missionary to Guangzhou was warmly welcomed by the Chinese women and children, whom she was assigned to treat.

Peter PARKER

(1834 – 1855 *retirement*) The first medical missionary in China founded the now famous Canton Hospital and trained the first Chinese youth in modern medicine.

SUN Yat-sen

The one-time student of John Kerr's transferred to the Hong Kong College of Medicine. Even after his 1911 revolution, he was a firm and generously supporter of missionary medical education in Guangzhou.

John Myers SWAN

(1885 – 1914 *retired*) Kerr's successor singlehandedly made the Canton Hospital into a modern facility. He also founded the short-lived South China Medical College.

Paul Jerome TODD

(1902 – 1939 *died*) The founder of the Gong I Medical College is remembered most for how he partnered closely with the Chinese in order to start his medical college, Gong I.