

**Protestant Medical Missionary Experience
During the War in China 1937–1945:
The Case of Hubei Province**

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Submitted for the Degree of Doctor of Philosophy

Declaration

I undertake that all material presented for examination is my own work and has not been written for me, in whole or in part, by any other person(s). I also undertake that any quotation or paraphrase from the published or unpublished work of another person has been duly acknowledged.

Abstract

During the war medical missionaries were able to demonstrate fully their *raison d'être* of service and professionalism to the Chinese and their fellow countrymen. In retrospect it can be seen that the war proved to be a golden age of opportunity for individual medical missionaries providing them with professional, personal and religious opportunity. It was a period when they felt both needed and wanted in China, and they showed great resourcefulness in response to the constraints placed upon their professional work as a result of military action. When those in occupied China lost all contact with their home bases medical missionaries shouldered additional administrative responsibilities which increased their already heavy workload. Whether in Free, or occupied China, medical missionaries were forced to make their own decisions in the field, and the bureaucratic-professional relationship with their home bases became strained. On the ground they experienced a flowering of inter-denominational co-operation.

While responsible for the health of their fellow internees in the internment camps some medical missionaries were unexpectedly subjected to accusations of inexperience and nepotism. Shared hardship did not forge solidarity. The internment of medical missionaries, combined with Japanese religious policy, which deliberately sought to weaken Chinese Christian ties with foreigners, gave Chinese Christians the opportunity to manage mission hospitals and clinics without western supervision. Post-war, supported by the National government's National Health Administration policies, this newly experienced autonomy accelerated and reinforced the movement of Chinese personnel into positions of authority within mission hospitals. The end of the war thus marked not only the

ebbing away of the medical missionary golden age but also pointed to the demise of medical missionary work in China since even without the Communist takeover, as more Chinese medical personnel graduated, medical missionaries were likely to become less needed and wanted.

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Acknowledgements

I gratefully acknowledge assistance from the University of London Central Research Fund which supported my visit to the Episcopal Church archives in Austin, Texas, to consult the ACM archive where I was warmly received by all the staff. My visit to the NLK archives in Oslo was a great adventure and Erik Kjebekk provided excellent guidance while answering my questions with much patience. Frode Steen of the China Institute at NLK delighted me with a special showing of the Olfason film that gave me an unforgettable visual experience of the mission's work in China during the 1930s. Norvald Yri, also from NLK, most helpfully took time out of his busy schedule to explain the finer points of conservative and liberal theology. In Wuhan Liu Jiafeng, Associate Professor at *Huazhong Daxue*, gave me the opportunity to present my work in progress to the students of the Research Center for East-West Cultural Exchanges and their archivist and librarian, Liu Li, was most accommodating. Closer to home I am tremendously indebted to the archivists from the SOAS Special Collections Reading Room, particularly Lance Martin, who has unstintingly given his time and advice. Professor Tim Barrett at SOAS encouraged me to undertake this thesis as did Dr. Gary Tiedemann and I thank them both for their faith in me. In the Department of History thanks also go to Dr. Angus Lockyer who taught me to step back and view the war from a wider perspective and to Dr. Lars Laamann who has not only supported me throughout my research but also read the final draft providing extremely helpful and constructive comments. Very special thanks are reserved for my supervisor, Dr. Andrea Janku, always approachable and generous with her time, whose guidance and attention to detail have sustained me when things became stressful. My thanks to Chris Roberts with whom I have shared many enjoyable meals and coffees while we discussed word counts and who read my first draft and spotted my split infinitives. Thanks also to Shi Dazhi who checked my translations and unscrambled the characters I couldn't decipher from the archival material and to Chris Daily whose practical and technical advice was most useful. Kristine Sandst  carefully checked the Norwegian translations. I am also indebted to Professor and Mrs. Sylvia Dudbridge who shared their SDA translation and showed much interest in my work. Dr. Matthew Bultitude generously read the internment chapter to check the medical details and Audrey Salters read the Two-fold Call material and I am grateful to them both for their comments. It has been a privilege to have had such unlimited access to the Cram family archive and I acknowledge the support of Leslie Cram and the Late Professor John Cram who guided me around the *Pu'ai* Mission compound and introduced me to Jin Feipa and Zhang Fujing. I must thank them and my other interviewees: Frances McAll, David Landsborough, Norman Cliff and Jean Pearson for so generously sharing their time and experiences with me. It was a privilege to meet them and I regret that some of their voices are now silent. My thanks also go to Margaret McDermott who kindly interviewed her mother on my behalf. I would especially like to acknowledge the love and practical support of my family, especially my children Kathryn, Thomas and Hannah, who have travelled with me on this journey and supported me all the way, as has my mother. Finally, had my father not casually mentioned it when he discovered the subject of my thesis, I would never have learned that he had taken part in UNRRA operations in East Asia in the aftermath of the war.

Abbreviations

ap.	Appointed (to missionary service in China)
ABCFM	American Board of Commissioners for Foreign Missions
ABCIFER	Association of British Civilian Internees Far Eastern Region
ABM	American Baptist Mission
ACM (PEC)	American Church Mission (of the Protestant Episcopal Church)
Aug	Augustana Synod Mission
BAT	British American Tobacco
BMA	British Medical Association
BMS (EBM)	Baptist Missionary Society
BRA	British Residents' Association
CAN	Canada
CBMS	Conference of British Mission Societies
CC\$	Chinese Currency
CCC	Church of Christ in China
CCCMU	Central China Christian Medical Union
CCP	Chinese Communist Party
CDR	China Division Reporter
CEZMS	Church of England Zenana Mission
CIM	China Inland Mission
CMA	Chinese Medical Association
CMG	Companion of the Order of St. Michael and St. George (Knighthood)
CMJ	Chinese Medical Journal
CMM	Council on Medical Missions
CMMA	Chinese Medical Missionary Association
CMS	Church Missionary Society
CN	Church of Nazarene
CNC	Chinese National Currency
CNRRA	Chinese National Relief and Rehabilitation Administration
CR	Chinese Recorder
CO	Conscientious Objector
CovMS	Swedish Evangelical Mission Covenant of America
CRC	Christian Reformed Church
CSFM	Church of Scotland Foreign Mission
CWM	Council for World Mission
DC	District of Columbia
EPM	English Presbyterian Mission
FAU	Friends' Ambulance Unit
FMS	Finnish Missionary Society
GB	Great Britain
GER	Germany
GMD	Nationalist Party (<i>Guomindang</i>)
ICI	Imperial Chemical Industries
IHT	Institute of Hospital Technology
INTN'L	International
IRC	International Relief Committee
IRCC	International Red Cross Committee
IRM	International Review of Missions

JAMA	Journal of the American Medical Association
LBdM	Lutheran Board of Missions
LCH	Lester Chinese Hospital
LMS	London Missionary Society
LUM	Lutheran United Mission
MAB	Medical Advisory Board
MEC (MEFB)	Methodist Episcopal Church/Board of Foreign Missions of Methodist Episcopal Church
MF	Microfiche
MMS	Methodist Missionary Society
NAC	Nursing Association of China
NAJ	Nursing Association Journal
NARA	National Archives and Records Administration
NCCC	National Christian Church of China
NHA	National Health Administration
NLK	Norwegian Lutheran Mission
NMA	National Medical Association
NMS	Norwegian Mission Society
NOR	Norway
NRC	National Relief Committee
NZ	New Zealand
OBE	Order of the British Empire
PMC	Peace Maintenance Committee
PN	American Presbyterian Mission (North)
POW	Prisoner of War
PRC	People's Republic of China
PS	American Presbyterian Mission (South)
PUMC	Peking Union Medical College
PTSD	Post Traumatic Stress Disorder
RAMC	Royal Army Medical Corps
RCA	Reformed Church in America
SAD	Special Administrative District
SDA	Seventh Day Adventist
SSD	Special Service Department
SMF	Swedish Missionary Society
SWE	Sweden
UB	United Brethren in Christ
UCC	United Church of Canada
UCMS (FCM)	United Christian Missionary Society/Foreign Christian Missionary Society
UNRRA	United Nations Relief and Rehabilitation Administration
US	United States
WFMS	Women's Foreign Missionary Society
WMMS	Wesleyan Methodist Missionary Society
YM	Yale Foreign Missionary Society
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

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Chapter One

Introduction

It was an experience not to be forgotten, a hard life, with much in it to sadden and depress you if you gave it the chance, but in another sense it was a grand life and one we wouldn't have missed for anything. We, there in the hospital, nurses, doctors, evangelists and other workers were drawn closer together in team work than ever before and inspired and challenged to renewed loyalty to each other and above all to our Team Leader in the great adventure.

Dr. Keith Gillison, Surgeon and Medical Superintendent,
Union Hospital Hankou, 1939.¹

When medical professionals enrolled for mission work in China they can not have envisaged they would be called upon to work through the night operating on wounded civilians and soldiers during Japanese bombing raids. Neither can they have anticipated working in bombed out hospital theatres under muslin sheets hastily erected to protect them from falling plaster, or that they would gain valuable clinical experience through the treatment of hundreds of gunshot wounds. It would have been inconceivable to them that, in the mid-1930s, diabetic patients under their care would die because insulin supplies had become exhausted and

¹ Gillison, K., "Hankow in the Storm", in *The Chronicle of the LMS*, February, 1939, p. 31.

fresh supplies were unavailable. Yet medical missionaries experienced all these and similar occurrences in both Free and occupied China during the war years 1937–1945.

The combination of National government and Japanese actions and policies, in different locations at different times, coalesced to undermine any stereotypical idea we may have of wartime experience. Medical missionaries from different generations, mission societies and countries subscribed to their own perspectives concerning the medical missionary role. In addition, relationships with Chinese Christians and the unresolved question of devolution and Chinese Christian management of hospitals all impacted, in different ways, upon medical missionaries. There were, however, commonalities of experience and while there has been much research concerning missionaries in China, few studies have dealt in detail with medical missionaries, particularly during the wartime period. Monographs have ended in 1937 or begun in 1945 and this thesis aims to provide greater knowledge of, and enhance our understanding, of medical missionary experience during the period of war-time change from 1937 to 1945.

In the mid 1930s Christian missionaries had every reason to believe they were on the cusp of a golden age for missionary work. They had lived through the anti-Christian disturbances/anti-foreign boycott movement of the 1920s and, in consequence, were making tentative efforts to improve relationships with their Chinese colleagues by appointing some to positions of authority.² Chinese

² For an account of the anti-Christian disturbances see Lutz, J.G., *Chinese Politics and Christian Missions: The Anti-Christian Movements of 1920–28*, Notre Dame, Ind, Cross Cultural Publications, 1988. For post anti-Christian disturbances relating how missionaries began changing their attitude towards their Chinese colleagues see Bickers, R., “Changing British Attitudes to China and the Chinese, 1928–1931”, D. Phil Thesis, University of London, 1992, pp. 208–245, especially pp. 221–223 for ‘weeding out’ of personnel unsympathetic to sinification of mission work. BMS China Secretary, E.W. Burt, regarded the 1927 mission field evacuations as a positive event freeing the Chinese Church from dependence upon foreign leadership and allowing ‘the

attitudes towards foreigners had become more positive and there was "... no opposition other than here and there interference by Communists or bandits".³ Medical missionaries, in association with the National Health Administration (NHA), were beginning to participate with the National government to work towards improving the welfare of the people. An increasing cooperation between Christian and non-Christian agencies was regarded as "proof of a friendly and appreciative attitude towards Christian effort".⁴ Optimism concerning the future was encouraged by the Christian conversion of the leader of the Chinese National government, Jiang Jieshi. Furthermore, the launching of the New Life Movement suggested an affinity with Protestant moral values. Medical missionaries, such as the American doctor Ailie Gale, tended to ignore the militaristic features of the movement and supported and welcomed the aspects perceived as attempting social reforms.⁵

Notwithstanding the destruction and chaos, the war-time period was to prove a golden age for medical missionaries. It was not, however, to be the anticipated age of growth that missionary pre-war optimism had hoped for. Rather, this thesis will argue that the war was a golden age for individual medical missionaries providing them with professional, personal and religious challenges and opportunities. Most importantly, this period was perhaps the only time when medical missionaries were recognised by the Chinese government, and the people of China, as being needed in China and when they felt wanted. Moreover, under

unsuspected latent powers of our Chinese leaders' to shine through. Cited by Stanley, B., *The History of the Baptist Missionary Society, 1792–1992*, Edinburgh, T. and T. Clark, 1992, p. 316.

³ Editorial, "China's Present Attitude to Christianity", in *Chinese Recorder*, Vol., LXV, No. 11, November, 1934, pp. 674–5.

⁴ *Ibid.*

⁵ Zaccarini, M.C., *The Sino-American Friendship as Tradition and Challenge: Dr. Ailie Gale in China 1908–1950*, Bethlehem, PA, Lehigh University Press, London, London Associated University Presses, 2001, p. 123.

war-time conditions medical missionaries experienced life and death situations with their Chinese staff, sharing fear and tragedy, not only weaving closer ties with these staff but also with their fellow countrymen. The invisible walls that existed between denominations were breached and unprecedented co-operation emerged, not just between Protestants and Catholics but also between the various Protestant denominations.

The State of the Field

The main characteristics of medical missionary work during the war have been reported in the literature but not studied closely in any great detail. In this material it is often the case that only one chapter refers to the war within which medical missionary work is only a small part. A standard text relating to medical missionaries in China during the 1930s is Cheung's *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937*.⁶ Cheung evaluated the success of two missions as “change agents” aiming to change the health orientation and behaviour of their Chinese patients by comparing each one's hospital and dispensary work, medical education and public health achievements.⁷ This study has a strong regional focus comparing a South China Mission in Guangdong with a West China Mission in Sichuan. In his conclusion, Cheung proffers some general observations on medical missionaries and one of the points he stresses is the lack of homophily between missionaries and the Chinese. By this he is referring to “the degree to which pairs of

⁶ Cheung, Y.W., *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937*, Lanham MD, University Press of America, 1988.

⁷ *Ibid.*, p. 3. Cheung refers to Rogers' Theory of Innovations which describes a change agent as “an individual who influences innovation-decisions in a direction deemed desirable by a change agency”. With reference to medical missionaries the innovation was western scientific medicine. Rogers, E.M., *Diffusion of Innovations*, New York, Free Press, 2003, p. 27.

individuals who interact are similar in certain attributes” such as education, social status, social participation and “cosmopolitanness”.⁸ This thesis will argue not all medical missionaries were at odds with their Chinese colleagues. One issue Cheung considers very briefly regarding medical missionaries is the Two-fold Call, which he refers to as the physician-evangelist role conflict.⁹ This time management problem had its origins in the nineteenth century and its dwindling importance amongst the younger generation of medical missionaries during the war is considered in detail in the second half of this chapter. Cheung states that the divesting of medical missionaries from evangelical responsibilities, the move towards a “team effort” in hospitals, and the upgrading of the status of medical missionary work eased this role conflict.¹⁰ However, he offers no evidence to support this and, as his study ends in 1937, does not take into account the medical missionary war-time experience nor does he quote any individual missionary voices concerning this subject.

Ling has proposed the war brought changes to the relationship between missionaries and the Chinese Church. In her critical analysis of the situation in *The Changing Role of British Protestant Missionaries in China, 1945–1952* she notes that following the war, missionaries were aware of their change of status:¹¹

By 1945 the missionaries realised that their place in the Chinese Church would never revert to what it had been before the war.¹²

Ling attributes the abolition of the unequal treaties and the war as providing the major catalysts for this change. Ling’s thesis is that post 1945 missionaries did not, in general, fully understand they were still tainted, in Chinese minds, with the

⁸ Cheung, Y.W., *Missionary Medicine*, 1988, p. 5.

⁹ *Ibid.*, p. 19.

¹⁰ *Ibid.*

¹¹ Ling, O.K., *The Changing Role of British Protestant Missionaries in China, 1945–1952*, Cranbury NJ, Associated University Presses Inc., 1999.

¹² *Ibid.*, p. 220.

unequal treaties and that their cooperation with the Guomindang (GMD) laid them open to Chinese Communist Party (CCP) charges of partisanship and collaboration. As a result, although they were aware that change had taken place, missionaries were unable to convince their Chinese colleagues and congregations that they themselves had changed and were ready to hand over more responsibility to the Chinese Church. While providing a thoughtful contribution to post-1945 Sino-missionary history using missionary archives, the wartime period is not the main focus of Ling's study so she naturally offers only a brief précis of these war years. Also, although she provides a thorough account of the consequences of the war regarding the general missionary she provides little material specific to medical missionaries whose wartime experience was quite different. As her work is a general overview she does not include a detailed regional analysis nor does she utilise oral history. Neither Ling nor Cheung examine the war period from the medical missionary perspective and it is my intention to fill this lacuna by examining the period post 1937 where Cheung finishes, and work towards 1945 where Ling begins.

Monograph-length studies that recount medical missionary experience during the war include Austin's *Saving China: Canadian Missionaries in the Middle Kingdom, 1888–1959* and Kessler's *The Jiangyin Mission Station: An American Missionary Community in China, 1895–1951* although in neither do medical missionaries take centre stage.¹³ Similarly, Selles, in "Many Points of Contact: The Story of Christianity in Rugao, 1921–1966", while weaving the career of Dr. Lee Huizenga through his thesis, does not give medical missionaries

¹³ Austin, A.J., *Saving China: Canadian Missionaries in the Middle Kingdom, 1888–1959*, Toronto, University of Toronto Press, 1996. Kessler, L.D., *The Jiangyin Mission Station: An American Missionary Community in China, 1895–1951*, Chapel Hill and London, University of California Press, 1996.

during the war years much attention.¹⁴ Austin, Kessler and Selles have all written mission histories spanning several decades of which the war years are only a small part, and where medical missionary war-time experience is only briefly touched upon. Conversely, Grypma's *Healing Honan: Canadian Nurses at the North China Mission, 1888–1947* spans almost sixty years and over several chapters provides a comprehensive account of Canadian nurses in Henan (Honan) leading up to, during, and after the war.¹⁵ Grypma approaches her study from a gender history perspective and concludes that medical missionary nursing provided an “unparalleled opportunity for personal and professional growth because of its cloistered nature”.¹⁶ She argues that the compound's physical walls, and the socially constructed boundaries related to the women's gender, such as having male missionaries to protect and care for them within these walls, created an opportunity for the nurses to flourish. In contrast, this thesis will argue it was the disruption and breaking down of inter-denominational boundaries, the forging of external relationships, and the chaos of war removing medical missionaries from their cloistered existence, that created medical missionary professional and personal opportunity.

The 1940s period in Henan is investigated by Christensen in *In War and Famine: Missionaries in China's Honan Province in the 1940s*.¹⁷ This is an informative, mainly narrative, account focusing upon one mission with which the author's family were connected and, although it does not refer only to medical missionaries, it does consider their work in detail. As with Grypma and many

¹⁴ Selles, K.D., “Many Points of Contact: The Story of Christianity in Rugao, 1921–1966”, Nashville, TN, University of Vanderbilt, D.Phil Dissertation, 2005.

¹⁵ Grypma, S. J., “Healing Honan: Canadian Nurses at the North China Mission, 1888–1947”, D. Phil, Dissertation, Edmonton, University of Alberta, 2005.

¹⁶ *Ibid.*, p. 336.

¹⁷ Christensen, E.J., *In War and Famine: Missionaries in China's Honan Province in the 1940s*, Montreal, London, Mc-Gill-Queen's University Press, 2005.

other regional studies, there is no attempt to provide an overview of medical missionary work in China during the war years, an omission this thesis will rectify.

Latourette's work is a most comprehensive study of missionaries from all denominations making it an important source.¹⁸ His chapter "The Course in War-Smitten, Revolutionary China" provides a general account of both the Catholic and Protestant Church from the eve of World War One to the mid-twentieth century. Balme, himself a missionary, has written an informative historical account of medical missionary development up to the 1920s with an excellent bibliography on early missionaries that is a good starting point for background study.¹⁹ However, he writes little about the tensions concerning medical evangelism, and whether this is an oversight or a desire to conceal a poor conversion result is unclear. Choa's "*Heal The Sick*" *Was Their Motto* is another important text narrating the history of Protestant medical missionaries in China but, as a retired university lecturer in medicine, his focus in his treatment of the war years falls firmly upon the education of wartime students from Hong Kong University in Free China.²⁰ This is not to suggest that this focus is unwelcome but rather to point out that Choa's focus on medical missionaries during the war is narrow.

Like Latourette, Lutz is also a recognised authority on missionaries, and while perhaps best known for her writings on the anti-Christian disturbances, she

¹⁸ Latourette, K.S., *A History of Christian Missions in China*, New York, Macmillan Press, 1929. and *Christianity in a Revolutionary Age: A History of Christianity in the Nineteenth and Twentieth Centuries*, Vol., V, : *The Twentieth Century Outside Europe*, Vol. V., London, Eyre & Spottiswoode, 1950, pp. 371–411.

¹⁹ Balme, H., *China and Modern Medicine: A Study in Medical Missionary Development*, London, Livingstone Bookshop, 1921.

²⁰ Choa, G.H., "*Heal The Sick*" *Was Their Motto: The Protestant Medical Missionaries in China*, Hong Kong, The Chinese University of Hong Kong, 1990.

has also written on China and the Christian Colleges.²¹ Of particular interest to this thesis, because of its connection with a medical missionary interviewed by the writer, is her citing of Qilu (Cheeloo) Medical School in Jinan (Tsinan) as illustrating the differing viewpoints of some Chinese in Free China, regarding interaction with the Japanese, with those in occupied China. Not to be openly defiant or evacuate, as will be shown, was seen by those in Free China as tantamount to collaboration, yet those who stayed to keep the University open regarded themselves as making “the best of a difficult situation until liberation...”²²

Brook argues that Japanese religious policy during the war attempted to erase denominational differences by encouraging a Christian Union that deliberately sought to weaken the link between missionary societies and the Chinese Church which propelled the Chinese Church into self-governance.²³ Following Pearl Harbor, the internment of western missionary personnel served further to distance Chinese Protestants from western influence. This cutting off of missionary support forced the Chinese Church to become self-supporting and, in the context of this thesis, raises the question: to what extent did the internment of medical missionaries aid the Chinese Christian progression towards hospital self-governance? Very little research has been done on Japanese religious policy in China, and it is hoped that by the use of medical missionary letters and reports, this thesis will add to our knowledge by analysing medical missionary thoughts and actions in the face of this policy.

²¹ Lutz, J.G., *China and the Christian Colleges, 1850–1950*, Ithaca and London, Cornell University Press, 1971.

²² *Ibid.*, p. 368.

²³ Brook, T., “Toward Independence: Christianity in China under the Japanese Occupation, 1927–1945”, in Bays, D.H. (ed.), *Christianity in China from the Eighteenth Century to the Present*, Stanford, Stanford University Press, 1996, pp. 316–337, p. 330.

Sources

(i) Printed and Archival Sources

Periodicals, reports and documents from mission societies and other associations have helped to piece together medical missionary experience during the war. These include the missionary society periodicals *Kingdom Overseas* (MMS), *China Division Reporter* (SDA), *China's Millions* (CIM), *The Missionary Herald of the Baptist Missionary Society* (BMS), *Kineseren* (The Chinese) and *Utsyn* (Outlook) (both NLK), *District of Hankow: The Newsletter, Forth and Spirit of Missions* (all ACM).²⁴ As well as illustrating how medical missionaries were portrayed within the pages of their mission societies' publications, these journals are a valuable source for studying the public face of mission policy. They provide maps and photographs of the mission fields and information on the work and movements of individual medical missionaries and their families. There is, however, often a hagiographical element to some of the reports on individual missionaries.²⁵ The various mission society archives provide administrative information, correspondence between the executive and the practitioners in the field, and, through personal correspondence, they illuminate the private face of medical missionaries and their families. Many missionary accounts were written specifically for fund-raising purposes, and reports and letters were published, or made into small inexpensive pamphlets, for general circulation.²⁶

The official mission society papers consulted include District Committee Minutes, Policy Memoranda, China Committee Reports, Annual Reports and, most importantly, Annual Hospital Reports which not only include clinical

²⁴ ACM was also known as PEC or PECUSA.

²⁵ Refer account of Dr. Edward Stedeford's work and his being described by some Chinese as "our living Buddha" in MMS, "Three China Missionaries", in *Kingdom Overseas*, March, 1937, p.72.

²⁶ For example: MMS, *Missionary Letters from Central China*, MMS, 1934, and LMS, *Bombs on China: War Letters from Missionaries*, London, Livingstone Press, [194-?].

statistics and evangelical reports but also feature yearly reviews. The Conference of British Mission Societies (CBMS), as an interdenominational body, proved to be a helpful source of correspondence. Mission archives consulted in person include: The London Mission Society; The Methodist Mission Society and the English Presbyterian Mission in the School of Oriental and African Studies Special Collections at the University of London; The American Church Mission papers at the archives of the Episcopal Church in Austin, Texas; The Norwegian Mission Society papers at Fjellhaug Skoler in Oslo; The Church of Scotland Mission archive in Edinburgh; The Baptist Mission Society Archive held in the Angus Library, Regents College, Oxford; and The Friends Ambulance Unit (FAU) archive of The Religious Society of Friends (Quakers) in London.²⁷

The Cram family archive, through personal correspondence and diaries, chronicles the lives of Fred Cram, an MMS minister and Hospital Superintendent, and Mary Cram (née Redhead), an MMS surgeon. These papers were deposited in the Lincolnshire archives, Lincoln, in 2007; as well as covering the war years in Hubei they also include accounts of work in the province up to the family's expulsion from China in 1949. Information was also obtained from the Seventh-Day Adventist and the Swedish Evangelical Mission (CovMS) archives.²⁸

International missionary publications consulted include *The Chinese Recorder*, *International Review of Missions*, and *International Bulletin of Missionary Research*. *The Chinese Recorder*, published in Shanghai with a strong American readership, is a rich source of twentieth century academic inter-

²⁷ The ACM Episcopal Mission to China covers the period 1839–1954. Unfortunately the Personnel files are only open to 1922 but the writer was permitted limited access to Bishop Gilman's papers, the Bishop of Hankou during the city's occupation period. Text excerpted from sources in the Archives of the Episcopal Church, USA, are reprinted by Permission of the Archives of the Episcopal Church, USA, hereinafter referred to as ACM archive.

²⁸ For CovMS see: The North Bank University of Chicago, Covenant Archives Historical Library. www.campus.northpark.edu/library/archives/ (Much of the material prior to 1930 is in Swedish.)

denominational Protestant missiological thought up to 1941.²⁹ The *International Review of Missions*, published in London and New York, has provided contemporary papers written and read by missionaries during the wartime period, for example Miao's *The Christian Church in 'Occupied' China* which documents Japanese policy towards missionaries and Chinese Christians.³⁰ The *International Bulletin of Missionary Research* provides professional research papers of interest on historical missiological issues, for example Sharpe's *Reflections on Missionary Historiography* which stresses the inter-disciplinary nature of missiological studies.³¹

The *1936 Handbook of the Christian Movement in China under Protestant Auspices* provided the material for the detailed analysis of the geographical distribution of medical missions in chapter three.³² Two major problems face the researcher compiling a record of the distribution of medical missionary work in the China field on the eve of hostilities: first obtaining the material and secondly ascertaining its validity. Under the auspices of the National Christian Council of China, the *1936 Handbook* lists the number, supporting mission society, name and location of Protestant mission hospitals in 1936. This publication however is not without inconsistencies and acknowledges this in its introductory material with the statement that:

²⁹ For a history of *Chinese Recorder* see: Rawlinson, J.L., *Rawlinson, The Chinese Recorder and China's revolution: a topical biography of Frank Joseph Rawlinson, 1871–1937*, Indiana, Cross Cultural Publications Inc., 1990.

³⁰ Miao, C.S., "The Christian Church in 'Occupied' China", in *International Review of Missions*, Vol., 35, No. 35, 1946, pp. 278–282.

³¹ Sharpe, E. J., "Reflections on Missionary Historiography", in *International Bulletin of Missionary Research*, Vol., 13, No. 2, April, 1989, pp. 76–81.

³² Boynton, C.L., Boynton C.D., *1936 Handbook of the Christian Movement in China Under Protestant Auspices*, The National Christian Council of China, Kwang Hsueh Publishing House, Shanghai, 1936.

... *all totals are incomplete*. It is best in quoting these figures therefore to say “There are reported ---” rather than to say “The total number of --- is ---” One will then be well within the facts.³³

Without checking the records of every individual mission society operating in China in 1936, which even if they were all available is outside the scope of this thesis, it is impossible to verify with absolute accuracy the exact number and location of the Protestant missionary hospitals. This does not mean, however, that a useful retrospective attempt cannot be made and Boynton’s *Handbook* provides a conscientious contemporary attempt at listing Protestant medical mission work in 1936 that can be revised as and when discrepancies with mission society primary sources become apparent.³⁴

Regarding validity, this writer has assumed that mission society archives provide records that are more likely to be accurate than material in second party listings. For example, the Swedish Missionary Society entry in Boynton records only one hospital in Hubei Province at Shashi (Shasi) but a society publication records a small hospital at Huanggang (Hwangchow).³⁵ Similarly, Chinese government statistics, where there is a discrepancy with individual missionary society material, have been regarded as being less accurate than a mission society’s own records. Thus, although not without difficulty, it has been possible to ascertain the approximate number and location of medical missions in 1936/7 to provide a more accurate starting point for future research than is at present available.

³³ Ibid., p.x.

³⁴ Bays points out that the Chinese Christian churches, such as the Jesus Family and the True Jesus Church were ignored by Boynton and that the estimation in the preface of 5,000 communicants was too low. “The Growth of Independent Christianity in China, 1900–1937,” in Bays, D H. (ed.), *Christianity in China From the 18th Century to the Present*, California, Stamford University Press, 1996, pp. 307–316, p. 309.

³⁵ Boynton, C.L. and C.D., *1936 Handbook*, 1936, p.284, and Stenstrom, G., *Kyrkorna Vid Yangtsefloden / The Churches Along the Yangtse River*, Svenska Missions Forbundet, The Mission Covenant Church of Sweden, 1990, p. 22.

Relating to my research, the most valuable section of Leck's *Captives of Empire: The Japanese Internment of Allied Civilians in China 1941–1945*, is to be found in the nominal rolls for the internment camps.³⁶ These include the names, occupations, ages upon entry, nationalities, transfer details and, where applicable, the deaths of all civilian internees in the internment camps. This is the only source available listing all civilians in the Japanese internment camps in China. Leck compiled these rolls using contemporary letters and diaries, International Red Cross Committee (IRCC) reports, material from the US National Archives and Records Administration (NARA), US State Department records, Japanese National Archives, British Foreign Office records, wartime papers, class B and class C war crimes trials and information from members of the Association of British Civilian Internees Far Eastern Region (ABCIFER).³⁷

Professional medical publications such as *The Chinese Medical Journal* (CMJ) or *Zhonghua yixue zazhi* 中華醫學雜誌, *The Lancet* and *British Medical Journal* (BMJ) have provided clinical, administrative and academic information. The CMJ was the official organ of the Chinese Medical Association (CMA) or *Zhonghua yixue hui* 中華醫學會, which supported a Council on Medical Missions (CMM) that reported in the journal on a regular basis. Many Chinese medical personnel were members of the CMA and wrote papers in English and Chinese for inclusion in the CMJ which record their activities during the war. A bulletin for the Nursing Association of China (NAC) or *Zhonghua hushi hui* 中華護士會, was issued in English and Chinese. Finally, British Foreign, War and Consular Reports from the National Archives helped to place medical missionary

³⁶ Leck, G., *Captives of Empire: The Japanese Internment of Allied Civilians in China, 1941–1945*, Bangor, PA, Shady Press, 2006.

³⁷ Leck, G., in correspondence, December 10th, 2008.

work during the war in a political context. Regrettably, I have been unable to trace any complete copies of the *Central China Post* which would have cast light upon the lives of the foreign community in Hubei. This English language newspaper was launched by John Archibald in 1904 and published news from Hubei and surrounding provinces. According to Chinese sources it maintained publication in Wuhan until, following Pearl Harbor, its offices were sealed by the Japanese on December 8th, 1941.³⁸ However, a Foreign Office despatch reported that the *Central China Post* ceased publication in August 1941, partly because of Chinese demands for higher wages and partly due to “outside pressure” related to political intrigue which would not have been possible without “Japanese connivance”.³⁹

(ii) Personal Diaries

There are numerous medical missionary accounts that describe medical services within the internment camps.⁴⁰ Differing from the standard descriptions of life in these camps that chronicle daily life is Gilkey’s *Shantung Compound: The Story of Men and Women Under Pressure*, which describes in detail the gulf between missionaries and the other internees.⁴¹ Besides describing his own internment

³⁸ The daily price per war-time copy was 600 fen. Hankou zuzie zhi bianzuan weiyuanhui (ed.), *Hankou zuzie zhi* 汉口租界志 (Records of the Hankou Foreign Concessions), Wuhan, Wuhan chubanshe 2003, pp. 316–317.

³⁹ FO371/27701/F6592/858/10.

⁴⁰ Gale, G., *Interned in China*, London, Livingstone Press, 1946; Adolph, P.E., *Surgery Speaks to China: The Experiences of a Medical Missionary to China in Peace and in War*, Philadelphia, China Inland Mission, 1945; Gillison, K.H., *The Cross and the Dragon: A Medical Family in Central China*, Nottingham, Hawthorne’s, 1988; Cliff, N., *Courtyard of The Happy Way*, Evesham, Arthur James Limited, 1977 and *Prisoners of the Samurai: Japanese Civilian Camps in China, 1941–1945*, Rainham Essex, Courtyard, 1998; Michell, D., *A Boy’s War*, Singapore, Overseas Missionary Fellowship, 1988. For a child’s-eye view of internment see: Previte, M.T., *A Song of Salvation of Weihsien Prison Camp*, San Francisco, The Spring Inc., 1985.

⁴¹ Gilkey, L.B., *Shantung Compound: the Story of Men and Women Under Pressure*, London: Antony Blond, 1966.

experience, Gilkey concentrates on personal interactions between internees. The result is an account of the experiences of an insider narrated as if viewed by an outsider. Using his own internment diaries for reference, Gilkey documents the tensions and problems caused by the lack of privacy and he documents the theological arguments that arose between liberal and conservative missionaries. The MMS medical missionary Pearson's account of the beginning of the war is also different from many others because he was a Conscientious Objector (CO) opposed to the war on moral grounds.⁴² Most medical missionaries appear to have been, if not publically in support of China, at least sympathetic in the face of what they perceived as Japanese aggression. Rowland's *End of an Era – Stories from Central China during the War Years* provides an eye-witness account of the Japanese occupation of Wuchang and Hankou.⁴³

Historical records reflect the conditions in which they were created, and records fashioned during periods of hostility understandably reflect the chaos of war, being subject to physical destruction by enemy action and retreating forces. As an example, the correspondence in the *Chinese Recorder* offices was burned following Pearl Harbor, by office employees, specifically to prevent it falling into Japanese hands.⁴⁴ Records may also be incomplete, or the situation may have been so chaotic they were never created in the first place.⁴⁵ For example, *District of Hankow: The Newsletter* ceased publication in 1941 and did not resume until December 1947. Records that do exist, for example internment diaries, may have been surreptitiously scribbled in difficult circumstances, or censored, making them awkward to decipher bringing risk of misinterpretation. Such records,

⁴² Pearson, G.H., *Get Up and Go*, London, Epworth Press, 1968.

⁴³ Rowlands, E., *End of an Era – Stories from Central China during the War Years*, London, Livingstone Press, 1947.

⁴⁴ Rawlinson, J.L., *Rawlinson*, 1990, p. 5.

⁴⁵ For example: cessation of Annual hospital reports.

written under duress in captivity by frustrated and disorientated individuals provide an insight into the world of internment. The difficulties of working with these sketchy sources and their limitations could be one of the reasons why historians have been reluctant to undertake detailed research on medical missionaries during the war.

A pertinent example of personal wartime primary sources is the internment camp diary of Gladys Stephenson (1889–1981) Matron of the Methodist General Hospital (*Pu'ai yiyuan* 普愛醫院) in Hankou, and Principal of the School of Nursing. Stephenson was a founder of the NAC and its President in 1924.⁴⁶ Available for study are her diaries, NAC and Matron's reports.⁴⁷ Of particular significance is the diary Stephenson kept in 1945, in letter format, while interned in Longhua camp.⁴⁸ This document highlights some of the difficulties referred to above when examining a diary account written under demanding conditions; the writing is very small and difficult to decipher. The value of Stephenson's diary is its immediacy, which unlike her retrospective official reports, provides an uncensored insight into her personal internment experience as it unfolded.

There are other diary accounts of medical missionary experience during the war, such as an account of the first days of the Japanese occupation of Hankou, written by Dr. Mary Redhead.⁴⁹ This record has an immediacy and urgency missing from many retrospective accounts. Experiences recorded at the time have proved to be a much richer source than records collated retrospectively. This is

⁴⁶ The NAC was a self-supporting professional organisation of registered nurses. While not attached to any missionary society, the majority of its members were missionaries who had been trained in, or who had worked in, mission hospitals. Boynton, C.L. and C.D., *1936 Handbook*, 1936, p. 144.

⁴⁷ Stephenson Box, Methodist Missionary Archives, MMS 642/643, MF1359.

⁴⁸ *Ibid.*, MF 1393.

⁴⁹ Redhead, M., *Diary*, Cram/Papers/69, Lincolnshire Archives, Lincoln, UK.

particularly noticeable in the case of ACM Nurse Emeline Bowne who wrote letters to her family each week recounting her experiences during the war.⁵⁰ Unable to send them when completed, she accumulated them until opportunities for despatch arose. These are vibrant, on-the-spot reports, containing fascinating minutiae, and consequently, the everyday moments of wartime are captured. In contrast, Bowne was interviewed many years later, in 1985, but although she retells the same events, her account is flat and dull in comparison to her contemporary writings.⁵¹ Whether this is through boredom, because she has forgotten the details that make her war-time account so informative, or a consequence of the method of transcription it is impossible to tell, but the contrast in liveliness, and content, between the two versions is noticeable.

(iii) Oral History

Despite the passage of time retrospective oral histories of the period are useful; although, because these may have been recorded and transcribed many years following the event, memories can become blurred, recollections muddled, ‘improved’ or dulled. For example, when Redhead’s son, Professor John Cram, (1940–2008) was interviewed he related how he and his parents had left Hankou, travelled on a Japanese boat to Vancouver and arrived just three weeks before Pearl Harbor.⁵² *En route* Cram’s father had enquired of the Japanese ship’s captain what would happen if war broke out and was told that the ship would turn and head for Japan. Arriving just three weeks before the outbreak of the Pacific War, the Cram’s were fortunate to arrive just in time. However, when Cram’s

⁵⁰ Bowne, E. to her family, 1937–1945, RG270, ACM archive.

⁵¹ Bowne, E., Oral History Transcript, August, 1985, ACM archive.

⁵² John Cram was born in Hubei during the war, the son of Rev. Fred and Dr. Mary Cram, née Redhead. Following the war the family returned to Hankou where they remained until 1949.

father's diaries were studied, it became clear that the family had arrived in Vancouver in April 1941, many months before Pearl Harbor. When he discovered this, Professor Cram was genuinely mystified and said he distinctly remembered his father telling him they had only just arrived in time, but he accepted that the re-telling was, in fact, a false mistaken memory.⁵³ This illustrates the importance, and value, of placing oral testimony alongside the written records of the period. However, despite this type of factual inaccuracy, oral reminiscences can provide valuable information about work routines, housing and, in the case of medical missionaries, hospital and clinic procedures. Oral history also provides an insight into the human detail and opinions lacking in official institution, government and military accounts.

The opportunity to interview medical missionaries, internees and their relatives was a privilege that added greatly to my understanding of the period. Of these interviewees Norman Cliff was interned as a young man and was able to confirm that the liberal-conservative debates described in the literature were present in Weixian camp. He has published his experiences and the writer of this thesis was able to supplement these with his 2007 oral testimony.⁵⁴ Medical missionaries naturally took up positions within the camp hospitals which gave them an advantage over many of their fellow internees keeping them occupied and providing their lives with a purpose that others lacked. Dr. Frances McAll, from Xiaochang and Qilu University, who was interned with her infant daughter and husband Kenneth, also a doctor, was able to describe conditions in Pudong (Pootung) Camp.⁵⁵ Two Chinese nurses, Jin Feipa and Zhang Fuyin, interviewed

⁵³ Cram J., in conversation, November 9th, 2007.

⁵⁴ Cliff, N., *Courtyard*, 1977, and *Prisoners*, 1998.

⁵⁵ Frances McAll's appointment as an LMS medical missionary set a precedent in that, prior to her marriage, she was self-supporting but recognised as an LMS missionary. In practice, this applied

in Wuhan in 2007, had both worked as nurses in Hankou and were able to furnish details of their training under medical missionary supervision. Jin Feipa described how he was taught English and read medical books in English, but always read the Bible in Chinese. Both nurses evacuated west to Chongqing so were unable to supply details of Hankou under the Japanese occupation. Dr. David Landsborough (b. 1914) a former medical missionary who worked in Fujian Province during the war years in Free China, recounted how the FAU supplied medical missionaries with medical supplies in Fujian Province.⁵⁶ He also remembered receiving post that came into China via The Hump and was able to confirm that mail was able to get through to Fujian during the war years.⁵⁷

Particularly relevant, in the recording of oral history, are the interviewer's questions and the avenues pursued, so the interviewer must remain aware of her/his own reflexivity. As a writer with no missionary connections, it is perhaps easier to retain greater objectivity in interviewing, transcribing and analysing the material for this thesis than it would have been for those with familial missionary ties. However, disassociation and distance from a historical period is also to an interviewer's disadvantage. Moore has noted there is a specific language used by those who have shared experiences and that such language, rooted in the event, inevitably excludes outsiders.⁵⁸ For the wartime interviewee there is the dilemma of how everyday wartime language will be interpreted by the post-war interviewer. Should the interviewee self censor his/her account assuming the interviewer, who

only to her journey out to China as she married soon upon arrival in 1939. Cocker Brown, T., to Busby, N.M., May 12th, 1939, CWM/LMS CH/16, 1941–50, North China District Committee: Correspondence: Secretary, file E.

⁵⁶ Landsborough, D., in correspondence, February 12th, 2007.

⁵⁷ Ibid. The Hump was the wartime air route over the Himalayas between India and China.

⁵⁸ Moore, A., "The Problem of Changing Language Communities: Veterans and Public Memory in Post-war China, Japan and Taiwan", Conference, *How To Tell the Tale: The Wartime Generation and Historical Memory in Postwar East Asia*, St. Antony's College, University of Oxford, China's War with Japan Programme, May 17th, 2009.

'was not there', will not understand? How is the everyday 'banter' and 'slang' of camaraderie in the theatre of war to be translated for those of a different generation? Can the interviewer break through this barrier of exclusion or is he/she forever distanced from the experience? Positively however, as Moore also notes, the interviewee is motivated by the desire to tell his/her story, to set the record straight, to make sure that the 'truth' (their truth) is recorded. This creates a strong incentive for the interviewee to attempt to connect with the interviewer. Moore notes that the self-published memoir allows the writer the most leeway in telling the tale, particularly if they do not have a public voice. While the writer interviewed Frances McAll she referred several times to *The Moon Looks Down*, an account written by herself and her husband of their lives under Japanese occupation.⁵⁹ As McAll referred to events recorded in the book she took great care to explain small details, in particular supplying background information concerning the chaotic process of repatriation selection in Shanghai which will be referred to again in chapter six.

(iv) Chinese Material

The Protestant medical missions in Hubei province have not been the subject of detailed research for the wartime period although some work has been undertaken on the Methodist hospital in Hankou by Kang Zhijie 康志杰 of Hubei University.⁶⁰ Two recent publications were invaluable in providing material on the provision of health services in Wuhan: the *Records of the Hankou Foreign*

⁵⁹ McAll, F. and R.K., *The Moon Looks Down*, London, Darley Anderson, 1987.

⁶⁰ Kang Zhijie 康志杰 "Yizhi binghuan, yi zhang jidu zhi ai" – Yingguo xundao hui Hankou Pu'ai yiyuan yanjiu (1864–951) "医治病患，以彰基督之爱" – 英国循道会汉口普爱医院研究 (1864–1951) ("Treating sickness displaying Jesus Christ's love" – Research on the English Methodist Society *Pu'ai* Hospital, (1864–1951)), Hubei University, unpublished, 2007.

*Concessions*⁶¹ and *The Hygiene Records of Wuhan City*.⁶² The first focuses upon the history of the foreign concessions providing lists of hospitals, dates and medical statistics with information on daily life concerning banks, industrial and manufacturing concerns, newspapers and such like. The Hygiene Records relate more specifically to medical matters. Both these publications provided useful material for cross-referencing Chinese and foreign mission hospital and staff records. The Records of the *Pu'ai* Hospital⁶³ are a celebration of the hospital and its foreign and Chinese staff providing further information.

In Wuhan, the Hubei Provincial Archives despite my receiving open access to the index, were disappointing, yielding mainly post-war United Nations Relief and Rehabilitation Administration (UNRRA) reports and public sanitation papers for Hankou under the Chinese puppet government administration.⁶⁴ I had especially hoped to find contemporary Chinese references to the mission hospitals', and others', contribution to work amongst refugees and the wounded during the war. Material specifically referring to medical missionary work consisted of Annual Hospital Reports in English. Similarly, most of the papers in Chinese in the archives at Central China Normal University, which owes its origins to ACM, were concerned with educational syllabi, nominal rolls and exam results. There were papers in English but these were photocopies of educational papers from Yale University. The East-West Cultural Exchange Research Center, of the university had an excellent library of published western Christian material

⁶¹ Hankou zuzie zhi, 2003.

⁶² Wuhan difangzhi bianzuan weiyuanhui (ed.), *Wuhan shizhi: Weisheng zhi*, 武汉市志: 卫生志 (The Hygiene Records of Wuhan City), Wuchang, Wuhan daxue chubanshe, 1993.

⁶³ Wuhan difangzhi bianzuan weiyuanhui (ed.), *Pu'ai Yiyuan Zhi* 普爱医院志, (*Pu'ai* Hospital Records), Wuhan, Wuhan chubanshe, 2002.

⁶⁴ *Hankou tebie shi zhengfu si zhounian shizheng gaikuang: Weisheng* 汉口特别市政府四周年市政概况: 卫生 (Hankou Special City Government, Four Year Annual Review Sanitation Record, 1942,) bB13 7, Hankou City archives, p. 70.

from many countries, but again, there was no Chinese material relevant to my research. The Hankou City Archives department of the Provincial Archives presented a different problem in that the index was not made freely available to the public and I had to rely on the archivists to produce material they thought relevant. Although useful information in official published documents was produced, it proved impossible to deduce exactly what lay within this archive. The diaries and personal correspondence found in abundance in western archives appeared to be absent in all the archives consulted in Wuhan. This does not seem to be unique to the Wuhan archives as other researchers have commented on this lacuna in Chinese archives.⁶⁵ With reference to memoir literature, Coble notes that not only was having private documents dangerous during the Cultural Revolution when Red Guards were searching homes for evidence of “enemy agent” activity, but also that:

Anyone in China old enough to have been active in the war and literate enough to keep letters or diaries has been through the events of the Mao years. Could such a person go back and “remember” without going through the prism of struggle sessions, life histories and worries of the consequences of “historical remembering”?⁶⁶

How much harder, then, it is to ‘remember’ working for a western, imperialistic, medical institution. It appears that such memories have been either physically destroyed or mentally laid to rest.

Chinese records relating to foreign medical missionaries’ Chinese colleagues and patients are also sparse because so many of the latter were illiterate. Not only, therefore, is there a dearth of archival material but also a

⁶⁵ Selles notes that while successful in piecing together “a picture of many of the Christians in Rugao, I have been able to hear only whispers of their voices”. This he attributes to the destruction of documents in the 1950s and 60s and he notes existing documents are difficult to obtain being deemed politically sensitive. Selles, K.D., *Many Points*, 2005.

⁶⁶ Coble, P.M., “China’s ‘New Remembering’ of the Anti-Japanese War of Resistance, 1937–1945”, in *The China Quarterly*, Vol., 190, June, 2007, pp. 394–410, p. 407.

shortage of opinions. The societies did, however, use articles about their Chinese colleagues in their fund raising magazines to enlighten those at home concerning the Society's work in the field. Two articles were written about Dr. Chiang (*Jiang Huchen* 江虎臣), of the Hankou *Pu'ai yiyuan* for the *Foreign Field of the Wesleyan Methodist Church Journal*.⁶⁷ Having trained in Edinburgh, Chiang wrote with full fluency in English, as illustrated by the letters he wrote to the Home Board requesting a rise in his salary in 1919.⁶⁸ Chiang would have been able to document his personal experiences in Chinese, and English, but does not appear to have done so.

Chinese doctors, educated in the West, and who were fluent in a European language, do not appear to have left personal memoirs of their working lives. There are some Annual Hospital Reports in western archives written by Chinese medical professionals, such as Dr. Chiang. However, Annual Hospital Reports are official documents that reveal few, if any, of the personal thoughts and feelings of the writer. The vast majority of personal accounts of the wartime period are those written by returning missionaries who interviewed staff, and thus the period from 1942 to the autumn of 1945 can only be explored second hand through a western perspective. Regarding this thesis this has resulted in a bias towards western material and interpretation. There is however, some SDA material in *Zhonghua sheng gong shi* 中華聖工史 (History of Sacred Work in China), which is a collection of interviews with Chinese missionaries and includes some medical

⁶⁷ Gedye, E.F., "The Story of Dr. Chiang", in *Foreign Field of the Wesleyan Methodist Church*, April 1917, pp. 148–9; Minty, C.S., "Tending the Chinese Wounded", in *Foreign Field of the Wesleyan Methodist Church*, December, 1927, pp. 63–66.

⁶⁸ For a comprehensive account of Chiang's correspondence with the society see Chang, N.J., "Tension Within the Church: British Missionaries in Wuhan, 1913–1928", in *Modern Asian Studies*, Vol., 33, No. 1, 1999, pp. 421–444. For an example of his correspondence see Chiang, H.T., to Hill, J.K., May 14th, 1918, WMMS Box 7, MF 310.

missionary life histories.⁶⁹ While these are mainly of a narrative character it has been possible to glean some facts about these missionaries unavailable elsewhere.

Some personal Chinese oral history accounts can be found in the *Wenshi ziliao* 文史资料 (Collections of Historical Materials) which are a national, provincial and city/county collection of materials on economic, social and cultural matters.⁷⁰ Because these accounts were created post-1960 they have to be treated with caution as they were written under strong Communist constraints.⁷¹ The *Wenshi ziliao* are retrospective accounts and therefore have possibly undergone revision and, as officially published accounts, they are edited. However they remain useful in providing an insight into relations between Chinese and foreigners, and produce links to other relevant information. A number of these records take the form of autobiographical accounts of life during the Republican Period. For example: “My fifty Years in Hubei Parish”.⁷²

Hunt and Westad, in discussing research problems in the PRC in 1990, stressed the sensitivity of some of the Chinese archives and noted:

The state and the party still regard the past as well within its sphere of control and hence claim the prerogative to direct the development of the [research] field along politically acceptable lines.⁷³

⁶⁹ SDA, *Zhonghua sheng gong shi, xia ce*, 中華聖工史, 下冊 (History of Sacred Work in China), Vol., 2, Chinese Union Mission of the Seventh-day Adventists *Jidu fulin anxiri hui – huaan lianhehui*, 基督復臨安息日會 – 華安聯合會, Hong Kong, 2002. I am grateful to Professor and Mrs. Sylvia Dudbridge for alerting me to this publication and for allowing me to access their translations.

⁷⁰ Kampen, T., “An Introduction to the *Wenshi ziliao*”, Institute of Chinese Studies, University of Heidelberg 2004, <http://www.sino.uni-heidelberg.de/database/wenshi/intro.htm> accessed August 28th, 2009.

⁷¹ *Ibid.*, p.1. Compiled in response to a speech given by the Chinese Prime Minister Zhou Enlai on April 29th, 1959 stressing the importance of recording historical material since 1898.

⁷² Zhu, Yunguang, 朱运广, “Wo zai Hubei jiaoqu wushi nian” 我在湖北教区五十年 (My Fifty Years in Hubei Parish), in *Wenshi ziliao cunqao xuanbian*, Beijing, Zhongguo wenshi chubanshe, 1986, Vol., 25, pp. 825–833.

⁷³ Hunt, M.H., Westad, O.A., “The Chinese Communist Party and International Affairs: a Field Report on New Historical Sources and Old Research Problems”, in *The China Quarterly*, No. 122, June, 1990, pp. 258–272, p. 264.

Even in 2009 an awareness of the Chinese government's sensitivity to foreign criticism must be borne in mind when dealing with Chinese material. At the time of writing this thesis, medical missionaries seem to be regarded as being the least controversial by the CCP. In April 2008, a three-day conference on "Body, Soul and Nature: Christian Medical Missions and Social Works in China" under the auspices of the Ricci Institute for Chinese-Western Cultural History and the Center for Judaic and Inter Religious Studies of Shandong University was held at Jinan.⁷⁴ The papers presented covered all denominations and included, amongst others, "The Educational Significance of Christian Medical Work" and "The Testimony of Life: An Appraisal of Modern Christian Medical Work".⁷⁵ This public acknowledgement and academic interest in medical missionary work in China will, however, probably be too late to encourage the last few survivors to record their experiences retrospectively.

Thesis Structure

Having presented the main arguments of this thesis and considered the relevant scholarly literature and outlined the methodology the remainder of this chapter will examine the medical missionary role. The second chapter will explore the medical missionary group legacy and individual motivation and will also attempt to explain why medical missionaries chose to remain in China when others

⁷⁴ Ricci Institute, "Shenti, linghun, Zhongguo jidujiao yu yiliao, shehui shiye yanjiu" 身体, 灵魂, 中国基督教与医疗, 社会事业研究 (Body, Soul and Nature: Christian Medical Missions and Social Works in China), unpublished papers, Ricci Institute for Chinese-Western Cultural History and the Center for Judaic and Inter Religious Studies of Shandong University, April 18th–20th, Jinan, 2008.

⁷⁵ Liu Xinli 刘新利 (Shandong University), "Jidujiao yiliao shigong de jiaoli yiyi" 基督教医疗事工的教理意义 (The Educational Significance of Christian Medical Work), pp.23–26; Kang Zhijie 康志杰, (Wuhan Provincial University), "Shengming de jianzheng: jindai jidujiao yiliao shigong pingyi" 康志杰, 生命的见证: 近代基督教医疗事工平议 (The Testimony of Life: An Appraisal of Modern Christian Medical Work), Ricci Institute, Shenti, 2008, pp.45–58.

retreated. Chapter three will provide an overview of medical missionary work in China during the war to place the Hubei case study in perspective. In chapters four and five the focus falls upon the Hubei province regional study in which urban and rural medical missionary work can be examined and the medical missionary wartime experience evaluated. The records of medical missionaries from eight mission societies provide the foundation for these regional study chapters.⁷⁶ The internment experience is considered in chapter six, and reveals that some medical missionaries experienced unexpected reactions from their fellow internees while highlighting the contribution medical missionaries made to medical work within the camps. Chapter seven examines the immediate post-war period with a continued focus on Hubei.

The Medical Missionary Role

(i) Theological and Generational Tensions

Despite the new found inter-denominational co-operation that, as will be argued, grew up between missionaries during the war, a long-standing problem within Protestantism that exercised Mission Board executive and missionary minds persisted; the liberal-conservative theological argument.⁷⁷ The conservatives had little regard for social work or political or economic issues and believed their role was to evangelise and convert as many people as quickly as possible. The millennium could arrive at any time, souls had to be saved from eternal suffering and damnation and, despite China's economic and social problems, in the

⁷⁶ LMS, MMS, ACM/PEC, SDA, CSFM, NLK, SMF, CovMS. See Appendix II for key to these acronyms.

⁷⁷ Conservatives and fundamentalists shared the same doctrine but the latter were actively aggressive towards liberals whereas the conservatives were prepared to show tolerance towards them. Varg, P.A., *Missionaries, Chinese and Diplomats: The American Protestant Missionary Movement in China, 1850–1952*, Princeton, Princeton University Press, 1958, p. 212.

conservative view, the missionary's role must be essentially spiritual.⁷⁸ The liberals and conservatives were, in effect, operating opposing methodologies with the shared aim of bringing Christianity to China. Liberals, also known as modernists, were less concerned than conservatives with prioritising evangelism and more intent on illustrating God's Word through western medicine and education.⁷⁹ The Bible Union of China, an anti-modernist movement, complained that Christianity in China was being subordinated to social work.⁸⁰

In particular the YMCA and YWCA were considered to be at fault for not emphasizing the evangelistic side of Christian work and Mission Boards were criticised for failing to demand from evangelists the high standards they expected from their teachers and doctors.⁸¹ Hutchison writes that liberals were considering a more collaborative approach to non-Christian religions and non-western cultures.⁸² In short, liberal missionaries were regarded by fundamentalists and conservatives as subordinating conversion. One pre-war conservative critic publicly called for a decrease of emphasis on education, medicine and social service.⁸³ We shall see, in chapter seven, that despite wartime change some missionaries retained their conservative views. One missionary interpreted war time change, increased cooperation with the National government and increasing Chinese autonomy as an opportunity to pass all responsibility for education and medicine to the Chinese government so that all missionary work could be directed

⁷⁸ Cliff, N., "A History of the Protestant Movement in Shandong Province, China, 1859–1951", D.Phil Thesis, University of Buckingham, 1994, p. 269

⁷⁹ Ibid., p. 215.

⁸⁰ Hutchison, W.R., *Errand to the World: American Protestant Thought and Foreign Missions*, London and Chicago, University of Chicago Press, 1993, p. 139.

⁸¹ Ibid.

⁸² Ibid., p. 145.

⁸³ Ibid., p. 140. W.H. Griffith Thomas, a British conservative Old Testament Scholar who began teaching in Toronto in 1910 first expressed this view in the 1920s.

towards evangelising Christianity.⁸⁴ Such opinions had always infuriated liberal medical missionaries but were particularly exasperating to them in the post-war period when they wanted to build upon the foundations they had laid down during the war.

Generational tensions were linked with this liberal-conservative debate. Young medical missionaries, such as Drs. Kenneth and Frances McAll and Dr. David Landsborough who all arrived in China in the late 1930s, had the advantage of modern scientific medical training and, as a generation, were much more influenced than their predecessors by the ideas of the new social consciousness of the Social Gospel.⁸⁵ They were more liberal in outlook than their predecessors and were motivated more by scientific professionalism than the spiritual. This younger generation regarded their Chinese colleagues as competent equals in contrast to some of their predecessors, who retained paternalistic attitudes towards their colleagues, although this began to change in the 1930s with the appointment of Chinese Christians to positions of authority.⁸⁶ However, these appointments were too insignificant to result in any major transformation of practice and failed to completely open the doors to Chinese management of medical institutions. As a result of their out-dated attitudes the older medical missionaries, such as Lee Huizenga (b.1881), were unable to advocate fully the stand-alone Chinese Christian Church which had been the proclaimed goal of the Protestant mission in China, since 1869. Although outwardly these medical missionaries espoused The

⁸⁴ Rowlands, W.F., "Some Notes on LMS Policy in China", February 1947, CWM/LMS CH/51, 1941–50, Notes on North and East China, Rowlands file.

⁸⁵ This movement grew out of the industrialisation of American cities. In China the Social Gospel was translated into medical social schemes such as vaccination programmes and educational work on literacy. For a missionary account of Jimmie Yen's educational work with the one thousand character literacy scheme see Hubbard, Dr. H., *Transcriptions of Hugh W. Hubbard's Tape-Recorded Reminiscences of a Lifetime of Service in China, 1908–1952*, Bethesda, Maryland: Poolside Publications, 1989.

⁸⁶ For example: Dr. David Landsborough's respect for the Chinese surgeon at Putien. Refer p. 60.

Three Selves (*san zi* 三自) goal of self-support, self-government and self-propagation, most remained unable to hand over the reins perhaps realising it would signal their own redundancy.⁸⁷ Had the younger generation held positions of greater authority, perhaps the appointment of Chinese Christians to positions of authority would have been more numerous.

Mission Board executives and missionaries of all kinds also theorised over the “Christ–culture” tensions of missionary work. These tensions arose between Christianity, the missionaries’ religion, and their own civilisation or society and are described by Hutchison as consisting primarily of three forms.⁸⁸ In its first form missionaries preached Christianity yet originated from a civilisation that had a hidden darker side that included the slave traders and land grabbers who had originally paved the way for the missionaries. Missionaries attempted to conceal their conflicts with their fellow commercial, military and diplomatic representatives from the foreigner parishioners to whom they were preaching in order to present a united front but, when at home, they complained about how their work was undermined by these fellow compatriots. Secondly, there were tensions concerning the unspoken, but underlying quandary, of whether Western civilization was, in fact, superior to indigenous culture and thirdly, the question was asked as to how much of their culture were missionaries employed to transmit?⁸⁹ However, for *medical* missionaries the most often discussed tensions surrounding their work concerned the question: what exactly was the medical missionary role?

⁸⁷ The Three Selves were advanced by Rufus Anderson (1796–1880) Secretary of the American Board of Commissioners for Foreign Missions in 1869 as a theory for missions. Cliff, Norman, “A History”, 1994, p. 165.

⁸⁸ Hutchison, W.R., *Errand*, 1993, p. 9.

⁸⁹ *Ibid.*, p. 9–12.

(ii) The Two-fold Call

Medical missionaries had, over the years, theorised over tensions related to their mission role and debated to what extent they were practising medicine, and to what extent satisfying their own, or their Mission Boards', evangelising requirements.⁹⁰ This issue separated them from other missionaries and extended beyond the individual medical missionary to the medical ministry:

Whether the captive audience of proud Moslems or Buddhists in a hospital ward were to be preached to and prayed over, or just healed, was the sort of symbolic and practical issue that could determine the nature, and sometimes the fate, of any missionary endeavour.⁹¹

Should a medical missionary's primary allegiance be the propagation of the Gospel or the practice of medicine? In what role did medical missionaries perceive themselves and how did others perceive them? To what extent did medical missionaries inherit their role as a historical legacy? Was this role revised as a result of the changes experienced during the war? An attempt to answer these questions will aid our understanding of some of the tensions underlying war-time medical missionary work and help identify the outcomes.

In the nineteenth century, medical missionaries in China were used by their mission societies as an advance guard to convey Christianity. Fanning out from the cities into the rural areas they operated a 'wedge' tactic whereby medical missionaries would gain access into an area and pave the way for other missionaries - 'God's Soldiers' - to follow. The mission societies' aim was that potential converts would be drawn to medical missions for western medical

⁹⁰ This issue was referred to as a 'two fold mission' by Balme, H., in *China*, 1921, p. 7; in 1937 H.O. Chapman, a medical missionary in Hankou, refers to the 'two fold aspect' of medical missionary work in "The Function of Christian Medical Work in Modern China", in *Chinese Recorder*, Vol., LXVIII, No. 10, October, 1937, p. 632; and Howard Somervell, an LMS missionary in India in 1945/6, wrote "For the medical man who is a Christian there will always be that twofold call". Somervell, T.H., "Medical Missions To-day", in *Triple Jubilee Papers 1942-1945*, London, Livingstone Press, 1946, Paper 10, p. 4. I have chosen to refer to this as the Two-fold Call.

⁹¹ Somervell, "Medical Missions", 1946, p. 13.

treatment simultaneously providing a captive audience that could be presented with the Gospel. Following treatment, patients would return home and relay the Word of God. As a result, Christianity would spread throughout China and an indigenous self-propagating Chinese Church would evolve.

By 1913, medical missionaries, as a professional body, perceived the advance guard role thrust upon them by their mission societies negatively and, at a meeting of the China Medical Missionary Conference, resolved that:

Medical missions are not to be regarded as a temporary expedient for opening the way for, and extending the influence of, the Gospel, but as an integral coordinate and permanent part of the missionary work of the Christian Church.⁹²

(iii) The Medical Missionary and his Peers in the Nineteenth Century

In February 1838 the first medical missionary association in China, the “Medical Missionary Society in China,” was established in Canton by the Presbyterian Peter Parker (1804–1888) who is generally acknowledged as the first medical missionary to China. The first two aims of the society’s manifesto provide a clear indication of the society’s underlying philosophy; to encourage western medicine and pass the benefits of western science to the Chinese. It is not until the third aim that the Gospel is introduced:

3. To cultivate confidence and friendship, and thus introduce the Gospel of Christ in place of heathenism.⁹³

Thus, the first medical missionaries in the newly founded Chinese field perceived their role primarily as medical with propagation of the Gospel playing an auxiliary role.

The “body-soul dichotomy”⁹⁴ that characterised the Two-fold Call in the

⁹² Cited in Shields, R.T., “Medical Missions in China”, in IRM, Vol., 33, 1944, p. 288.

⁹³ Association’s aims cited by Balme, H., *China*, 1921, p. 42.

⁹⁴ This term appears to have first been used by Grundmann, C., “Proclaiming the Gospel by Healing the Sick? Historical and Theological Annotations on Medical Mission”, in *International Bulletin of Missionary Research*, Vol., 14, Issue 3, 1990, p. 120.

nineteenth Century was complicated by a secular argument in the official journal of the British Medical Association (BMA), *The Lancet*.⁹⁵ This argument was motivated more by the BMA's desire to protect its professional reputation than from a desire for genuine debate concerning the medical missionary role.⁹⁶ A *Lancet* editorial reported it had been approached by the London Missionary Society (LMS) seeking to place an advertisement for medical missionaries for China but it was not published in that edition because space would not allow.⁹⁷ Whether this was accurate or not it is not now possible to ascertain but this writer would suggest it likely that *The Lancet* perceived an opportunity, via its editorial column, to solicit opinion on the placing of such an advertisement. Otherwise why mention it? The editorialist advises its readers against any haste in taking up such an appointment:

We feel assured, however, that no members of our profession... will hastily close with the proposals which the Society have to make.⁹⁸

The advertisement appeared the following week under "*Proposal of the London Missionary Association to Introduce Christianity into China by the Agency of English Surgeons*"⁹⁹ The LMS expressed very definite ideas concerning the quality of applicant by seeking men of "true piety" who would not expect profitable remuneration and who could "endure hardships and sacrifice personal comforts".¹⁰⁰

⁹⁵ Published in London since 1823. The BMA was founded in 1832.

⁹⁶ Young, T.K., "A Conflict of Professions: The Medical Missionary in China, 1835–1890", in *Bulletin of the History of Medicine*, Vol., 47, No. 3, May–June, 1973, pp. 250–272.

⁹⁷ Cited by Young, T.K., "A Conflict of Professions: The Medical Missionary in China, 1835–1890", in *Bulletin of the History of Medicine*, Vol., 47, No. 3, May–June, 1973, pp. 250–272.

⁹⁸ BMA, *The Lancet*, London, Vol., 2, June 24th, 1837, p. 490.

⁹⁹ *Ibid.*, Vol., 2, July 1st, 1837, p. 520.

¹⁰⁰ *Ibid.*

Two weeks later, *The Lancet* published a letter from the MMS in China taken from the *Canton Press* of November 1836 which concerned the poor results of fundraising for an Ophthalmic Hospital in Canton.¹⁰¹

We [the Medical Missionary Society in China] hoped that the foreign community at Canton would come forward with liberal subscriptions, to advance these benevolent plans. Some subscriptions have been received but the public (so liberal on other occasions) has but coldly co-operated with the promoter of the medical missionary scheme and funds are not forthcoming very readily.¹⁰²

While providing no editorial comment the unspoken message is clear; work in China was unsupported by the foreign community and it would be unwise to consider taking up such an appointment. Thus discouragement from the medical professional body, the BMA, added to the complications surrounding the body-soul dichotomy.

In the second half of the nineteenth century the medical profession was beginning to regulate itself and attempting to improve its public image.¹⁰³ If good medical work was practised abroad the BMA required credit to pass to the missionary in his role as a professional doctor, not as a missionary. Certainly the editor of *The Lancet*, Thomas Wakley, who had been the editor throughout the correspondence referred to above, remained definite in 1855 that medicine and theology did not blend; he feared religious fervour would take the place of sound scholarship.

...and the man who, like the Pharisee in the Temple, has taken pains to perform his devotional exercises with judicial ostentation, is preferred to the most able and accomplished student of medicine.¹⁰⁴

¹⁰¹ *Canton Press* 1835–1844, newspaper owned by Dent & Co.

¹⁰² *Lancet*, Vol., 2, July 15th, 1837, p. 608.

¹⁰³ The 1858 Medical Act established the General Medical Council, regulated the qualifications of medical practitioners and established a register of qualified physicians.

¹⁰⁴ *Lancet*, Vol., 1, January 13th, 1855, p. 44.

The medical establishment, as represented by *The Lancet*, therefore, was against medical missionary work fearing an eclipsing of the profession by missionary evangelism. Members of the BMA had good reason to fear their professional standards might be compromised by medical missionary work. The *BMS Missionary Herald* in 1880 reported that some brethren considered a shorter course in surgery and medicine than that normally provided by medical schools would suffice for medical missionary work. As noted above, this was contrary to the proclaimed aims of the first medical missionary society in China. The *Missionary Herald* proposed medicine should only be seen as secondary to:

the one great purpose of all missionary toil in China or elsewhere – ‘the Preaching the Gospel of the blessed God’; and this is exactly the view which the Committee at home take with regard to the special medical training of missionary candidates.¹⁰⁵

This illustrates BMS’ priorities were firmly rooted in the evangelistic side of its medical missionary work, but the proposed dilution of medical professionalism by a shorter course, and relegation to an auxiliary role, was precisely what concerned the BMA.

There were those, among the missionaries, who acknowledged the significance of the ‘wedge’ tactic yet regarded it as imperative that medical standards in the field should be upheld. Writing in 1886 to BMS headquarters, the Rev. Alfred Jones (1846?-1905) acknowledged the usefulness of the tactic writing that it was “irrefragably true of China” that medicine was the “best pioneer”.¹⁰⁶ In the same letter, Jones went on to appeal for several medical missionaries to be sent to China and stressed the need for continuity, for men who were “fully qualified” [Jones’ emphasis], and able to cope with professional and social

¹⁰⁵ *The Missionary Herald of the Baptist Missionary Society*, May 1st, 1880, p. 153.

¹⁰⁶ Jones, A.F., to Baynes, A.H., March 25th, 1886, CH/6 Letters to Baynes, 1886 file, BMS archive.

isolation.¹⁰⁷ Despite acknowledging the usefulness of the ‘wedge’ tactic, Jones, in common with the views held by the medical establishment at home, was of the opinion that healing and preaching could not be performed by one man, without standards being compromised. William Lockhart (1811–1896) of LMS shared a similar view, although his position was that, while medical missionaries should evangelise as they worked, and hand out Christian literature, they should be professionally trained physicians, not pastors, as a man could not follow two professions.¹⁰⁸

Jones also stressed the importance of competent linguistic skills for medical missionaries since treating patients necessitated being able to understand their symptoms. He shared the view that medical professionalism was all important but, as outlined below, BMS, as a society, did not adopt his recommendation that medical missionaries should separate healing from preaching. The society, in common with other societies supporting medical missionary work, perceived their medical ministry as, essentially, a tool to aid the propagation of Christianity. Medical work held an auxiliary position within the hierarchy of the foreign mission, and this stance inevitably impacted upon the bureaucratic-professional relationship between society executives and their medical professionals. Mission societies were constant in their evaluation of medical missionary work as primarily a purveyor of evangelism, and had no qualms about combining religion and medicine whereas some of their medical missionaries, working in the field, questioned their priorities and this led to discord.

¹⁰⁷ Ibid.

¹⁰⁸ Lockhart opened the first mission hospital in Beijing in 1844. Lockhart, W., *Medical Missionary in China: A Narrative of Twenty Years Experience*, London, Hurst and Blackett, 1861, pp. 117–119.

Another issue supporting the BMA's fears that the medical missionary's professionalism would be subordinated by his/her dual responsibility as medical professional and evangelist lay in the genuine concern that medical missionaries travelling to China were unnecessarily placing their lives at risk. From an emotionally-detached perspective, there was also the concern that early death resulted in a squandering of a medical missionary's professional skills. Such concerns were not ill-founded as exemplified by one missionary doctor's life; Robert Schofield, (1851–1883) M.A., M.S.Oxon., B.Sc.Lond., F.R.C.S.E., had a brilliant career gaining a first-class honours degree in Natural Science, an Open Scholarship in Natural Science and a Radcliffe Travelling Fellowship. Schofield died of Typhus at the age of 32 in 1883 after only two years in China. His *Lancet* obituary stated:

It was now that he [Schofield] announced his intention to devote himself to medical missions abroad; and to that resolve, in spite of all opposition, he steadfastly adhered.¹⁰⁹

It is not apparent whether the “opposition” stemmed from his professional peers or his family and friends. Young focuses upon Schofield's life as an example of a medical missionary who was able to combine medicine and evangelism:

[Schofield] always kept the more directly spiritual part of his work in view, not only conducting the daily morning service for the patients himself, but in the Sunday meetings, in the street chapel, tea-shops, or crowded thoroughfares.¹¹⁰

However his death serves also to highlight the health dangers faced by medical missionaries.

The Two-fold Call in the nineteenth century was therefore not only a professional matter for individual medical missionaries to ponder but also a

¹⁰⁹ *Lancet*, Vol., 2, October 20th, 1883, p. 711.

¹¹⁰ *Ibid*, cited by Young.

subject of debate within the medical establishment, which continued into the twentieth century.

(iv) Serving the Two-Fold Call in the Twentieth Century

Moving to the twentieth century, Chapman (1884–1972), an MMS surgeon at the Hankou Union Hospital during the war, who qualified as a doctor in 1907, publicly endorsed the Two-fold Call as a central factor in twentieth century medical missionary work. In “The Function of Christian Medical Work in Modern China” he wrote:

This [the Christian Church’s medical work] has always a two-fold aspect: on the one hand it is eager to heal the body as well as the soul of those who suffer: and on the other it is deeply concerned with the character and spirit of those whom it employs in this work.¹¹¹

Chapman’s “two-fold aspect” consisted of the body-soul facets of medical missionary work, and the development of the hospital staff’s Christian character. He considered the hospital a beacon of Christianity as well as a place of healing. Chapman’s paper was written in response to a League of Nations report on medical work in China in 1936 by Andrija Stampar.¹¹² Chapman interpreted the report as maintaining that the foreign medical missionary contribution to China had been less valuable than it might have been because medical missionaries had refused to pool resources and not paid enough attention to rural areas. While this argument is certainly a valid one Chapman’s response was to cite the Two-fold aspect of medical missionary work to demonstrate there was more to medical

¹¹¹ Chapman, H.O., “Function”, 1937, p. 632.

¹¹² Ibid., p. 630. “Report by Dr. A. Stampar on His Missions to China”, in *Quarterly Bulletin of the Health Organisation*, Vol., 5, No. 4, December 1936, pp. 1090–1126. Stampar was sent by the League of Nations as an adviser to the National government from 1933–1936. He was one of the founders of the World Health Organisation.

missionary work than just healing. His article illustrates that the body and soul dichotomy of medical missionary work remained relevant to some medical missionaries, on the eve of the war.

Not all medical missionaries prioritised their profession over the spiritual side of their work. During the war years, the medical missionary role was theorised over by Huizenga of the Christian Reformed Church (CRC) in Rugao.¹¹³ Huizenga (1881–1945) was a leprologist and active member of the CMA who regularly submitted papers to the CMJ. He was a conservative theologian and, in comparison with some medical missionaries during the war years, was an older-generation missionary having been born in 1881.¹¹⁴ Huizenga argued that medical missionary service had three stages: “Go”, “Preach”, and “Teach” and he upheld that the second stage was the most important.¹¹⁵ If a “high standard of service” is maintained in the third stage then this, he asserted, would lead naturally to a fourth stage – an indigenous church, a viewpoint he elaborated upon:

The healing of the body is and always has been the inseparable companion of the preaching of the Gospel, and will remain so until the forgiven soul re-enters the resurrected body. As to what is most important let us rest ourselves at the thought that both are important and that no Christian physician will deny the necessity of the care of soul’s diseases, no more than any evangelist denies the necessity of the Christian healing of physical diseases... As to priority, the spiritual takes preference to the physical, even as the breath of God existed before the formed clay.¹¹⁶

Huizenga’s priority of soul over body indicates not only his conservative theological perspective, but also that there were medical missionaries during the war years who gave evangelism a higher priority than healing. For him, and those

¹¹³For an account of this mission and Huizenga’s work see Selles, K.D., “Many Points”, 2005.

¹¹⁴ The conservative perspective was that China’s problems were essentially spiritual, not social or economic.

¹¹⁵ Huizenga, “The Ultimate Need for the Christian Ministry of Medicine”, in *Chinese Recorder*, Shanghai, November, 1938, pp. 557–563, p. 560.

¹¹⁶ *Ibid.*, p. 561.

who held similar views, the war was an opportunity to evangelise amongst refugees and wounded, and an opportunity to further the pre-war goal of evangelising throughout China:

During these war times the medical missionary ministry has shown its true nature. It lingered longest in the war torn areas, it returned first, it served as a handmaid, not to governments, not to individuals, not to evangelists, but to the evangelization of a country. *It served the cause, not persons.* Refugee camps too became evangelization workshops and the Christian medical service led the way, true to its nature”.¹¹⁷

Huizenga was alert to the evangelistic possibilities of the situation, as he saw them, and resolute in considering the cause of evangelism superior to all other aspects of the medical ministry. Dr. Wilfred Flowers (1898–1958) of the BMS was also alert to this war-time opportunity, recognising the evangelistic opportunity it provided but he also recognised that others held different priorities:

Admittedly our ordinary missionary propaganda is going to be difficult of achievement [*sic*] with the Chinese mind supremely occupied with the one subject of the Japanese aggression. Bible reading has had to take second place to the reading of the latest war news.¹¹⁸

Chapman, Flowers and Huizenga were of the senior generation of medical missionaries active during the wartime period born in the nineteenth century. We therefore only have access to their letters and official reports, and these official publications were, of necessity, formal, for public consumption and subject to mission board editing.¹¹⁹

Adolph, born in 1901, a China Inland Mission (CIM) surgeon in China until 1941 followed CIM policy and evangelised while he worked. He was aware

¹¹⁷ *Ibid.*

¹¹⁸ Flowers, W.S., to Chesterman, C.C., September 17th, 1937, CH/58, Flowers file, BMS archive.

¹¹⁹ Bickers, R.A., Seton, R., *Missionary Encounters, Sources and Issues*, Richmond: Curzon Press, 1996, p. 4, “...the missionary letter reprinted and circulated as a pamphlet by a grassroots worker might be the product of several blue pencils and publicists’ rewrites. It is no sure guide to the thoughts of that individual: but it is sometimes the only surviving indicator of them.”

that medical missionaries ran the risk of being accused of using “Bible bashing” methods to browbeat their patients into conversion:

Sometimes we meet folks in America who imagine that we force “religion” down the throats of helpless hospital people. This was not true. For those of us who had felt constrained by the love of Christ to leave friends and comforts back in America and had come to China for the purpose of helping the Chinese, it was only natural that, as we helped the Chinese back into physical health, we should also be impelled to share with them that which we believed was important for their spiritual health.¹²⁰

Without wishing to cast aspersions upon Adolph’s sincerity, it should be noted he was writing under the editorial auspices of the CIM mission board. By 1945, the date of publication of his memoirs, there was, as we shall see, greater sensitivity and a questioning of the medical missionary role in China, particularly by the mission society executive. As a result, mission societies were anxious to deflect potential criticism of any perceived “Bible-bashing” form of evangelism and Adolph’s memoirs reflect this revised stance.

T. H. Somervell’s (1890–1975)¹²¹ interpretation of the Two-fold Call was that of the ‘*imitati Christi*’ role of the medical missionary founded on the belief that Christ healed for love and, therefore, medical missionaries should aim to imitate Christ. He wrote that he always gave of his best because he imagined all his patients were Jesus and he highlighted the privilege of being called to be a medical missionary.

I feel amazed that God in His mercy has granted to me, with all my faults and shortcomings, the wonderful privilege of being in the humblest way associated with the *great and glorious work* of bringing His love to men and women and children who need it.¹²² [Italics added.]

¹²⁰ Adolph, P.E., *Surgery*, 1945, p. 40.

¹²¹ Somervell took a Double First in Natural Sciences from Cambridge and worked in a Casualty Clearing Station in France during the First World War then became an LMS surgeon in India. He joined the 1924 British expedition to Everest.

¹²² Somervell, T.H., “Medical Missions”, p. 7.

During the war, BMS used its official publications to present medical missionaries actively evangelising while they worked. This is illustrated by a dialogue written for the *Missionary Herald* by Dr. Ellen Clow, a wartime medical missionary in China. The dialogue, “A Doctor’s Job”, written to answer the question “What does a missionary doctor do?” provides an example of how a medical missionary’s daily work was portrayed to BMS’ supporters.¹²³ Costumes for this dialogue could be hired from the BMS Lectures Department for performances at missionary meetings.

A small child and her mother are consulting a woman doctor (British) wearing a white coat, with stethoscope and pen. After establishing the child has a painful wrist the doctor asks:

DOCTOR: “How long has he had it? How many years?”

MOTHER: “Since two years ago when he lost his temper. Then it dissolved, and each time he loses his temper it gets swollen and painful.”

DOCTOR: “Tell him not to lose his temper.”

MOTHER: “How can anyone help losing their temper? It can’t be helped.”

DOCTOR: “If you will come to church on Sunday we will tell you all where you can get help not to lose your tempers.”

MOTHER: “His father would never let him go into a *foreigner’s* worship hall. He only let him come here because we had tried all the other doctors in the town in vain, and because he is so precious. All our other children are only girls.”

CHILD: “Those doctors needled me. I *won’t* be needled. She will want to put in needles and let out the evil. I *won’t!* I *won’t!*”

DOCTOR: “73, [his name] if you keep quiet I’ll give you a sweet.”

MOTHER: “73, if you don’t keep quiet the doctor will beat you.” (*Child cries silently*)

DOCTOR: “The worship hall is not foreign. It is Chinese and the pastor is Chinese and Jesus the Spirit who will help you, isn’t a Westerner. Jesus is Asiatic. Come and See.”...¹²⁴

While obviously artificially composed for educational discussion and fundraising purposes, this dialogue illustrates the society’s policy was to present

¹²³ Clow, E.M., “A Doctor’s Job”, in *The Missionary Herald of the Baptist Missionary Society*, Vol., 123, August, 1941, pp. 84–85.

¹²⁴ *Ibid.* LMS operated a Medical Missions Exhibition with illuminated models and panels of photographs to aid visualisation of the work of their medical missions. LMS, “A Medical Missions Exhibition”, in *The Chronicle: A Magazine of World Enterprise*, June, 1937, LMS, p. 128.

the medical missionary as carrying out pro-active evangelism while healing. This, therefore, was the sanctioned public face of BMS' medical missionary work.

The complications of the war years were to bring changes to medical missionary work which impacted upon the Two-fold Call aspect of their work as professional demands constantly subordinated and undermined any pro-active evangelical role. As a result of their increased work load, medical missionaries became further and further removed from their societies' perception of the medical missionary role as first and foremost purveyors of evangelism. On a practical level they just did not have the time to engage in evangelical work if they were to maintain peacetime professional standards of care under wartime conditions. Ronald Still, (1908–1985) a doctor at the BMS Foster Hospital in Zhoucun (Chouts'un), in justifying his request for additional administrative help at the hospital pointed out to the society that under the circumstances [1939]:

... it is impossible for the medical staff to spend more than a very small proportion of their time in direct evangelistic work if clinical work is to be done satisfactorily.¹²⁵

Despite his reference to the hospital staff carrying out direct evangelism Still's personal motivation regarding his Christian beliefs was that he was convinced that "the way he lived his life was the most important statement he could make about what he believed".¹²⁶

David Landsborough was newly qualified and in his twenties during the war years and therefore, with Still, a member of the junior generation group of medical missionaries. A Presbyterian medical missionary in Fujian Province in

¹²⁵Still, R. J., to Chesterman, C.C., and Williamson, H.R., May 21st, 1939, CH/65, China 1936-1940, Still file, BMS archive. Still was 27 when he took up his post at the Foster Hospital in 1937.

¹²⁶Salter, A., *Bound with Love: Letters Home from China 1935–1945*, St. Andrews, Agequod Publications, 2007, p. 175.

Free China, Landsborough initially expressed surprise when asked in 2007 for his personal view on the Two-fold Call aspect of medical missionary work. He wrote:

You have taken up a question which very few people ask! – i.e. How much “preaching” or means to bring the Christian faith – i.e. “preaching” do medical missionaries actually do?? May I write to you again about this?? It is hoped that what nurses and doctors, and all personelle [*sic*] in a “mission” or “Christian” hospital actually do are in line with the Christian faith in which we believe.¹²⁷

In further correspondence Landsborough was more definite about his definition of preaching:

You asked me earlier about “preaching”! Our work was – I hope done in the spirit of the Good Samaritan. Medical missionary service is medical, and done, as far as we can, in the spirit of Christ and in the love of Christ – (Which sounds portentous [pretentious?]). Preaching therefore is almost entirely through action rather than words. But when a doctor does explain or encourage faith people are influenced.¹²⁸

Landsborough’s experience, in common, as will be illustrated, with many of his contemporaries, was of spreading God’s Word through subtle lifestyle example rather than via pro-active evangelism.

Frances McAll (1916–2007), like Landsborough, was a junior generation medical missionary who worked, with her husband Kenneth (1910–2001) for LMS at Xiaochang (Siaochang) in North China and in Qilu during the war.

McAll found the concept of a Two-fold Call strange:

McAll - You went as a Christian primarily, and you offered your skills as a doctor, your skills as a teacher or your skills as a minister...if it’s your life it [religious faith] comes out in your conversation, your attitude to people, it’s all one, you can’t box, what’s the word?

Chatterton – Compartmentalise?

McAll – No, you can’t. It’s all one, you don’t think now I’m going to be a Christian, now I’m going to be a doctor. It comes out in the way you care for people. That is what wins people. It’s just what you are... the point is wherever you are in the world you are your message and then so it’s all one...it [the Two-fold Call] would only be said by people that hadn’t a clue what it meant.¹²⁹

¹²⁷ Landsborough, D., in correspondence, January 2nd, 2007.

¹²⁸ Ibid., May 9th, 2007.

¹²⁹ McAll, F., in conversation, March 1st, 2007.

McAll (LMS), like Landsborough (EPM) and Still (BMS), regarded her medical missionary work during the war as an integral part of her Christian way of life. The way she lived her life as a Christian was the way she evangelised her faith so the concept of the Two-fold Call was not a legacy she wished to adopt.

Dr. Joan Pillow (born 1911) appointed in 1938, another junior generation MMS surgeon in Hankou, recalled:

Her [Pillow's] appointment was solely to do medical work, and of course, by her work and attitude to be a Christian witness, but with no requirement for preaching or evangelistic work.¹³⁰

She related there was no “hard pressure” evangelism within the hospital. “Ward prayers were held each morning and at Christmas there was carol singing and a nativity play on each ward”. In communion with Drs. Frances McAll, Landsborough, and Still, Pillow perceived Christian example as being more by attitude and behaviour than by direct evangelism. John Cram, Mary Redhead's son wrote:

My mother never did any preaching in China. ‘Just getting on with the job in hand’ is exactly the matter-of-fact attitude I was aware of, thinking back.¹³¹

Thus, by the mid-1930s, the Two-fold Call remained the cornerstone for debate, as it had always been amongst some of the senior generation of medical missionaries but for the junior medical missionaries it had become an irrelevance. Bickers has documented tensions arising from “generational differences” between conservative older missionaries and the post First World War generation in the early 1930s.¹³² The young doctors born in the twentieth century arrived in the field with the benefit of up-to-date training in western scientific medicine and

¹³⁰ Dr. Pillow was interviewed on my behalf by her daughter Mrs. Margaret McDermott.

¹³¹ Cram, J., in correspondence, March 8th, 2007.

¹³² Bickers, R., “Changing”, 1992, p. 210.

their priorities were at variance with those of the senior generation medicals. Their views reflected the influence of a growing scrutiny of the Bible and a questioning of its literal interpretation. This questioning had begun in Germany and England in 1880 and thence spread to North America with European immigrants.¹³³ Ecumenicalism, church unity, was the liberal goal and this theology was grounded in the Social Gospel that grew out of the industrialisation of American cities. A growing awareness of the corporate wealth of Protestant benefactors such as the Rockefellers and Vanderbilts, and the Social Gospel movement reflected a new social consciousness towards industrial workers. Liberal theology and the Social Gospel together promoted beliefs of Christian service and example as legitimate methods of evangelisation.¹³⁴ The Social Gospellers supported wide ranging social work in America's industrial cities and were opposed to aggressive evangelism. Between the two World Wars, the Social Gospel became more idealist, humanist and pacifist.¹³⁵ In China the Social Gospel was translated into medical social schemes such as vaccination programmes. The junior generation of western medical missionaries carried their liberal views with them to China and as a result, because they supported the new social consciousness amongst workers, found it easier to work alongside their Chinese colleagues on more equal terms than previous generations. It was also likely that professionally the medical missionaries and their Chinese counterparts had

¹³³ Marty, M., "North America", in McManners, (ed.), *The Oxford Illustrated Dictionary of Christianity*, Oxford, Oxford University Press, 1992, pp. 384–419, p. 411.

¹³⁴ Hutchison, W.R., *Errand*, 1993, p. 111.

¹³⁵ Richardson, A. (ed.), *A Dictionary of Christian Theology*, London: SCM Press Ltd., 1969, p. 314. The YMCA introduced the Social Gospel's ideas of social service to China in the early 20th Century and Xing notes that during the five week Sino-Japanese hostilities of 1932 tensions arose concerning the institution's pacifist policy concerning the largely western educated Chinese secretaries' nationalism and the American secretaries' pacifist stance. Such tensions may well have re-surfaced during the 1937–45 war. Xing J., *Baptized in the Fire of Revolution: The American Social Gospel and the YMCA in China, 1919–1937*, Bethlehem, Lehigh University Press and London, Associated University Presses, 1996, p. 142–145.

received the same level and quality of medical training which would have served to foster greater professional empathy between the two. Landsborough walked for a total of four days over difficult terrain to consult a Chinese surgeon whose opinion he valued as senior to himself.¹³⁶

There was a *senior; a very fine Chinese surgeon* based North of Chuanchow. Putien, there was a hospital run by the Church Missionary Society, Anglican. It was a jolly good hospital and a very good Chinese surgeon and he was fully trained, a FRCS which is not easy, a Fellow of the Royal College of Surgeons... We would sometimes ask him things and even so you had to get from Chuanchow to Putien and it was 2 days walking you know...It was very nice to have a very experienced Chinese surgeon two days away who we could consult sometimes.¹³⁷ [Italics added]

During the war, it will be illustrated in this thesis that hardship, shared dangers and population displacement combined to strengthen many foreign and Chinese Christian relationships despite vestiges of paternalism amongst some of the senior generation.

While the junior generation dispensed with the Two-fold Call concept, Huizenga, Chapman, and Somervell, representatives of the senior generation of medical missionaries, continued to ponder the body-soul aspect of medical missionary work. Huizenga's writings illustrate that even in the mid 1930s he regarded himself and his medical colleagues as labouring under the time-honoured medical missionary 'wedge' tactic of opening China at the point of a lancet:

In its relation to the evangelical work, the medical missionary service goes before as a wedge, it aids as it progresses, steps in in emergencies and often is last to leave.¹³⁸

Huizenga, it will be recalled, advocated "Go", "Preach", and "Teach", and promoted the spiritual over the physical. His conservative theological stance was

¹³⁶ Landsborough, D., in conversation, February 24th, 2007.

¹³⁷ Ibid.

¹³⁸ Huizenga, L., "Ultimate Need", 1938, p. 561.

reinforced by the fact that he was one of the few medical missionaries operating in an area of China in the 1930s that had been virtually untouched by Christianity.¹³⁹ Rugao, in Jiangsu province where Huizenga was based, was isolated from Shanghai's main transportation routes, and in the missionary movement's thrust towards the interior of China had been overlooked. The medical missionaries of the CRC therefore perceived themselves as part of an advance guard, utilising, like so many of their predecessors, the 'wedge' tactic. It is not, therefore, surprising that Huizenga associated himself more closely with the concept of the Two-fold Call in comparison to those working in well established areas with Chinese evangelists. Younger generation medical missionaries, in their twenties, who arrived in China in the mid-and late-1930s, were working in areas that had experienced Christianity for some time, where missionaries were familiar figures, and there was less need for any aggressive evangelism.

The medical missionaries and their descendants available for interview at the time of writing indicate that, by the late 1930s and early 1940s, the junior generation of medical missionaries represented in this thesis were secure in regarding their role first and foremost as providers of a professional scientific medical service. They did not perceive themselves as actively taking part in any advance guard for Christianity and appear to have been content to leave pro-active evangelism to paid Chinese evangelists. Within their peer group, they referred to each other as 'medicals' illustrating this was how they first and foremost regarded themselves, whereas other missionaries generally referred to their peer groups as 'other folk'. In comparison with previous generations, the junior generation

¹³⁹ Selles, K.D., "Many Points", 2005.

perceived their role to encompass both physical health and social conditions, yet they were working alongside older colleagues in authority over them whose motivation, while medical, leaned more upon the spiritual side of medical missionary work. The senior generation, and medical missionaries before them, had laid the foundations of medical missionary work and nurtured it under their foreign leadership; support from the junior generation and wartime change would enable China's medical professionals to build upon these foundations in the post-war era of medical work in China. While perhaps not recognising it at the time, foreign missionaries played an important part in encouraging post-war autonomy within China's medical fraternity. The handing over of responsibility for mission work prior to internment, the cementing of closer relationships as a result of shared hardships in hospitals in both Free and occupied China, and an increasingly public acknowledgement of growing respect for their Chinese colleagues' professionalism all went some way towards supporting the Chinese medical profession's belief that they could supervise and run hospitals free of foreign assistance.

Chapter Two:

The Medical Missionary in China in Context.

Love your enemies, bless those that persecute you: I don't. The Japanese are persecuting the foreigners alright. Here's a month therefore in & there's no mail nor likelihood of it: no way out or in... Previously I hadn't realised the Japs would try so systematically to obstruct Third Powers.

Dr. Mary Redhead, MMS Surgeon, *Pu'ai yiyuan*, Hankou, 1938.¹

Introduction

This chapter aims to place medical missionaries and their work in a general context within the China of the 1930s and, in an attempt to set the scene, briefly outlines their relations with the National government, the Communists and the Japanese. This will be followed by a consideration of individual personal issues which, in tandem with broader social, economic and institutional issues, encouraged medical missionaries as a group to remain at their posts when war broke out.

¹ Redhead, M., Diary entry, November 21st, 1938, Cram/Papers/69, p. 29.

Institutional Context

(i) The Mission Board and the Medical Missionary in the 1930s

That any change emanating from ‘the field’ would be slow to be adopted by home bases is understandable since mission society committees were often headed by ex-missionaries who had served in China and whose ideas remained framed by their own experiences.² As Hood noted:

The controlling body of such [missionary] societies, their Boards and councils were largely self-perpetuating bodies to which members were elected in recognition of their devotion and diligence in the Cause of Mission.³

Most mission society administrators had been doctors of divinity, or educationalists, rather than doctors of medicine and could not always appreciate the medical perspective. Thus, the financial and evangelical often took priority over the clinical. In addition it was difficult for administrators to perceive how things had changed since their own day and they may have been reluctant to accept any increasing Chinese Christian competence or to embrace the more liberal outlook of the younger generation. Pillow confirmed this problem regarding MMS and reported:

...the [MMS] Mission Board in England was lagging behind development on the ground with still an anachronistic and paternalistic approach which was resented by the Chinese and ignored by the missionaries on the spot!⁴

² For example, Thomas Cocker Brown, B.A., B.D., a missionary’s son, was a pastor and an educational missionary for LMS in China from 1907 until 1933 becoming China and Africa Foreign Secretary in 1933 until 1948. The Rev, Harold B. Rattenbury B.A. B.D., (1878–1962) began his missionary career in Wuchang in 1902 for WMMS and was appointed the China and Burma Home Organisation General Secretary in 1938.

³ Hood, G., *Neither Bang nor Whimper: The End of a Missionary Era in China*, Singapore, Presbyterian Church in Singapore, 1991, p. 33.

⁴ Pillow, J., April 4th, 2007.

In the early 1930s Turner, coordinating the “*Home Base and Missionary Personnel*” section of the Laymen’s Foreign Missions Inquiry⁵ proposed a change in the worldwide missionary service that was to prove particularly pertinent for post-war medical work in China:

The missionary must decrease and the native leader must increase... The missionaries, now in the prime of their lives in missionary service, are finding this change in relationships exceedingly difficult. No longer are they to be “*in charge of the work,*” with their native colleagues working under their direction; they must now work with the native leaders who are to be in charge of the work, missionaries serving under their native brethren. Some *useful* men and women will find it impossible to remain on the mission field in this relationship.⁶ [Italics added].

The above is quoted in order to support the argument that during the 1930s, attention was being directed at the missionary role as perceived by the worldwide missionary body. The movement towards Chinese autonomy required a subordination of the concept of foreign superiority and a fresh evaluation of Chinese competence. The changes brought about by the war, in combination with a viable government health policy, accelerated the progression towards Chinese management of mission hospitals. Two processes were at work; the increasing professionalism of Chinese medical personnel and a growing awareness that Chinese management could be a realistic option. However, as cautioned in Turner’s quotation above, some “useful” medical missionaries of the senior generation, even in the post-war period, expected to remain “in charge of the work” in China’s hospitals and could not let go.

⁵ The Laymen’s Foreign Missions Inquiry was the final report of a three year study by seven Protestant bodies on foreign missions in China, Japan and India funded by John D. Rockefeller. “The study was made to consider the purposes of missions, their bases of support and their methods of work...The Commission said that missions should continue but that far-reaching changes were obviously needed”. Landis, B.Y., “Organised Religion”, in *The American Journal of Sociology*, Vol., 38, No. 6, May, 1933, pp. 905–912, p. 908.

⁶ Turner, F.P., “Missionary Personnel in India, Burma, China and Japan”, in Petty, O.A. (ed.), *Laymen’s Foreign Missions Inquiry Home Base and Missionary Personnel*, Vol., V11, Part Two, New York, London, Harper and Brothers Publishers, 1933, pp. 155–193, p. 192.

Bureaucratic direction from above, and mission society paternalism towards missionary staff, had previously discouraged self reliance on the ground when operative decisions could be vetoed by Mission Board executive.⁷ This thesis will illustrate that war aggravated what had already proved to be a strained “bureaucratic-professional” relationship between medical missionaries and their home bases. While the home bases effectively directed operations, by controlling major finances, such as allocation of international budgets, it was the medical missionaries in China that interpreted these Mission Board directives. Medical missionaries had daily contact with the Chinese and when, during the war, communications with home became impossible they were forced to take up the home base’s mantle. This autonomy, thrust upon medical missionaries by wartime conditions, appears to have been embraced.

(ii) Medical Missionaries and the National Government

Until 1928 there were no recognised effective official regulations in China to safeguard the practice of medicine, so any charlatan could set up in business as a medical practitioner.⁸ In some cases men had enrolled to train as nurses and then resigned to set themselves up as medical practitioners.

We learned to our sorrow that the average man nurse who came in to us took nurses’ training as a shortened medical course and then went out and practised medicine. The girls didn’t!⁹

⁷ Hood has illustrated the hierarchical committee structure of mission societies: Hood, G., *Neither Bang*, 1991, pp. 10–25.

⁸ In 1922 the Ministry of Interior attempted to introduce licences for traditional and modern practitioners but it was not until the establishment of the Nanjing government that effective regulation was achieved. Crozier, R.C., *Traditional Medicine in Modern China: Science Nationalism and the Tensions of Cultural Change*, Cambridge, MA, Harvard University Press, 1968, p. 133.

⁹ Dizney, H., Oral Transcript, China Missionaries Oral History project, Henry Luce and Claremont Graduate School, California, 1970, p. 6.

It is also likely that many missionaries, away from the towns, who were not medically qualified, provided some form of unofficial unregistered and, to a large extent, unrecorded primary care medical service. In rural areas western scientific medicine was of little threat to existing traditional practices and missionary medicine undertook a curative rather than preventative role.¹⁰

1928 to 1936 saw a consolidation of medical work under National government auspices in an attempt to raise standards. Public health was linked to the state of the nation and thus became a legitimate concern of the state. As a result, the wellbeing of the nation became intertwined with the country's reconstruction as much as it concerned improving the population's health.¹¹ On October 30th, 1928, the new government established a Ministry of Health which brought together medical practice and public health under central government control.¹² In December "Regulations for the Registration of Medical Practitioners" were drawn up requiring the official registration of physicians, pharmacists and midwives during 1928–29, dentists by October 1935 and nurses by January 1936.¹³ In 1930 hospitals were informed they would be required to register with the government but by 1931 any urgency seems to have lapsed and it is only in June 1936 that nursing schools were required to register.¹⁴ A concerted attempt

¹⁰ Unschuld, P.U., *Medicine in China: A History of Ideas*, Berkeley, Los Angeles, London, University of California Press, 1985, Chapter 9, "Medicine in Twentieth-Century China", pp. 229–262 is a concise account of western medicine in China that also deals with medical missionaries' objectives and methods, pp. 235–242.

¹¹ Yip, K.C., *Health and National Reconstruction in Nationalist China: The Development of Modern Health Services, 1928–1937*, Ann Arbor, MI, Association for Asian Studies, 1995, Refer Chapter Two, "Health and Reconstruction", pp. 26–43.

¹² *Ibid.*, p.46.

¹³ *Ibid.*, p. 58. 575 Nurses were registered in 1937 and 4,540 (949 males) in 1938, *Ibid.*, p. 165. Registration created problems with practitioners of Chinese medicine who felt they were being excluded. In 1940, the government, as an emergency wartime measure, instigated a special registration for those practising western medicine who were not fully qualified but who, during a 6 months period in a designated public health hospital, could prove their competency. "National Health Administration" in *CMJ*, Vol., 61, No. 1, 1943, pp. 75-84, p. 82. See also Wong, C.K., Wu, L.T., *History of Chinese Medicine*, Tientsin, Tientsin Press Ltd., 1932, p.508.

¹⁴ Gale, G., "Annual Report 1940, Tsinan," CWM/LMS CH 2, Central China Reports, p. 3.

was being made to create a viable health service that would reach the long neglected rural areas.

The government oscillated between whether to adopt a preventative state system or a scientific model such as that favoured in the United States. In effect the choice was between a system of public-health programmes or a clinical practice based upon sophisticated laboratory research with a medical registration system. The question was whether it was better to try and produce as many highly trained health workers as possible from lower medical schools or whether to concentrate on investing in special medical colleges that would produce highly trained specialists in western scientific medicine. A committee was formed in 1928 to address this question of medical education and the League of Nations was approached to provide an expert to report.¹⁵ Dr. Knud Faber (1852–1956) was sent to China on behalf of the League of Nations and produced the Faber Report which recommended China institute both types of tertiary medical education; lower schools and higher colleges that would produce practitioners of a high grade who would be trained to teach and act as administrators. The overall recommended aim was to work towards increasing the numbers graduating from the higher colleges.¹⁶ For mission hospitals access to large numbers of highly trained Chinese physicians offered the prospect of considerably easing staff recruitment although their very existence, in the long term, could have been regarded as potentially threatening leading to foreign medical missionary redundancy.

In April 1931, economic considerations linked to the general depression forced cut backs in the government's plans, and the Ministry of Health, which had

¹⁵ Wong, C.K., Wu, L.T., *History of*, 1932, p. 566.

¹⁶ *Ibid.*, p. 567.

been created as an autonomous body was reorganised into a semi-autonomous body; the National Health Administration (NHA) *Weishengshu* 衛生署.¹⁷ The NHA announced a Three-Year Plan of hierarchical healthcare consisting of four different units. At the grass roots level 100 families would have access to one part-time worker and, at the subsequent level, every 5,000 to 10,000 inhabitants would have access to a substation with a trained nurse in charge. Next, one doctor, one midwife, a general nurse and a sanitary inspector would care for between 50,000 and 100,000 people in a health station. The apex of the system would be the county (*xian*) health centre with a hospital providing at least 30 beds and a hygienic laboratory.¹⁸ The establishment of this government-sponsored health-care system became, for medical missionaries, “a very live issue”.¹⁹ While welcoming what could only be a rise in the country’s health standards, medical missionaries were now confronted with the question of whether or not to voluntarily register with the government’s scheme or wait until registration was imposed upon them.

Concerns were expressed in the CMJ regarding the viability of private medical practice by non-missionary medical practitioners in the large cities.²⁰ However, medical missionaries were unconcerned over the viability of private practice, should state medicine be introduced, and some embraced the scheme. They reported on their co-operation with the government with pride and enthusiasm, recognising an opportunity to increase their influence within China’s medical administration as shown by the Hankou Union Hospital’s 1935 annual medical report:

¹⁷Yip. K.C., *Health and National*, 1995, p. 50.

¹⁸Chapman, H.O., “Function”, 1937, p. 630, and Yen, F.C., “Medicine of the Future in China” in CMJ, Vol., 50, No. 1, 1936, pp. 155–158.

¹⁹Chapman, H.O., “Function”, 1937, p. 630.

²⁰Oldt, F., “State Medicine Problems”, in CMJ, Vol., 51, No.5, 1937, pp. 797–802.

More and more it is being recognised that medical work is a matter for co-operation not only between the different Missions and Churches but also between the Missions and the public bodies in the localities where the work is carried on... It means that instead of being outsiders “butting in”, we become an important factor in national life, and our influence is thereby vastly increased.²¹

Dr. Edward Cundall (1887–1954) also of the Hankou Union Hospital, wrote:

We are taking every opportunity of helping the authorities in Public Health work. China is very enthusiastic about it and the government is craving for statistics.²²

Chapman, in *Chinese Recorder*, expressed the view that working alongside the government was acceptable but, in line with his view of the Church as a beacon of Christianity, the missionary input must receive full recognition, and missionary work must not be weakened. Medical missionaries were anxious that credit for good work done by them would be siphoned off by the National government: this echoes the fears expressed by the medical hierarchy in the nineteenth century in *The Lancet* who feared subordination of the medical by the spiritual. Chapman, whose views on the Two-fold Call stressed the importance of the Christian character, was fearful that the missionary element of the mission hospital would be diluted in the “far-flung net of a rural health service”²³ and that the “team spirit”²⁴ of Chinese/foreign, Christian/non-Christian, mission hospitals could not be reproduced under a state-controlled system. At the same time he envisaged the training of doctors and nurses as the medical missionaries’ greatest practical function and envisaged Christian hospitals being given a great opportunity to assist the government as base hospitals for rural workers. Despite striving to maintain the distinction of being willing to work alongside the government but not supporting it politically, accusations of political collaboration arose later from

²¹ MMS *Annual Report, China Medical Mission Report, 1935*, p. 91. MMSL MG309.

²² *Ibid.*

²³ Chapman, H.O., “Function”, 1937, p. 632.

²⁴ *Ibid.*

the Communists based upon missionary association with Jiang Jieshi.²⁵ Ling makes the point that missionaries were driven by serving God's purpose and that as a result they analysed events from a providential perspective. They regarded their involvement in China as working God's purpose out untainted by economic or political exploitation. They ignored the means – for example the unequal treaties and interference in Chinese politics – through which they achieved their own ends of propagating the Gospel.²⁶ However, by their association with secular agencies such as the GMD they carried the stigma of “emissaries and agents of their governments”.²⁷ For example: Dr. Homer Bradshaw of the American Presbyterian Mission North (PN) Van Norden Hospital at Lianzhou (Linchow) in Guangdong was arrested by the Communists in 1951 for spying and expelled in 1955.

Rosenbaum (interviewer) – What do you think was the real reason for the Communists denouncing you [in 1951]?

Bradshaw – We were American “imperialists” and as far as they were concerned, We were spies, and that was the only reason we were out there. I was just posing as a doctor and the others were just posing as this, that and the other thing. It was an official government Communist plot... We were American spies trying to take over China and exploit China²⁸

Similarly: Virginia Hebbert, (b. 1911) a nurse instructor and hospital social worker at the ACM St. James Hospital at Anqing (Anking) related that within the first week of the Communist Liberation of the city in April 1949, the hospital staff were being accused of being spies.

... they were sure that we were in communication with President Truman, that we were sending, that we were like the C.I.A. would be, you know; that we were sending messages. They asked us very carefully, they inspected our radios.²⁹

²⁵ Ling, O.K., *Changing Role*, 1999, pp. 188–189.

²⁶ *Ibid.*, p. 187

²⁷ *Ibid.*, p. 188.

²⁸ Bradshaw, H.V., Oral Transcript – 1971, China Missionaries Oral History Project, Henry Luce Foundation and Claremont Graduate School, Claremont, California, 1972, p. 49.

²⁹ Hebbert, Virginia, Oral History Transcript, August, 1985, Disc Two, p. 4, ACM archive.

It was not only Americans who were to be denounced as spies. Dr. Flowers reported that a Swedish missionary, Miss. Linell, was given a public trial, accused of taking money from the poor, of wasting people's time by holding church services, of spreading poisonous propaganda by preaching the Gospel, and of acting as a spy. She was found guilty on all charges and "handed over to the mob, together with the church elders, to be beaten to death by sticks, there and then".³⁰ While missionaries would have vehemently denied operating as spies and agents of any government there could, however, be no denying that they were observers from the very fact of their being in China.

It was but a short step for the CCP to categorise foreign missionaries not only as agents of their own government but also as agents of the GMD. Although, as Ling noted, many missionaries supported the GMD only as an alternative to Communism and these same missionaries were critical of Jiang Jieshi in the later years of his rule. She cites John Leighton Stuart, the last U.S. Ambassador to China as a missionary teacher who was openly anti-Communist and a supporter of the GMD.³¹

James Paterson (1884–1952), a senior missionary doctor working in the Lester Chinese Hospital (LCH) in Shanghai, reported that cooperation with the government had smoothed relations with local officials and, as an example, stated this had made vaccination schemes much easier.³² With an astuteness and foresight he could not possibly have appreciated at the time, Paterson queried whether increasing control of hospitals and closer co-operation with non-Christian

³⁰ Flowers, W.S., to Williamson, February 9th, 1948, CH/58, Flowers correspondence, BMS archive.

³¹ Ibid.

³² Paterson, J.H.L., "Modern China and Medical Missions", in *The Chronicle: A Magazine for World Enterprise*, February, 1937, LMS, p. 30.

officials and gentry would cause problems, and if not at the present time [1937], would it do so in the future?³³ (Paterson may have lighted upon officials and gentry as representative of groups with which medical missionaries had limited contact although we cannot be sure.) In the immediate post-war period it was to be Paterson's hospital, the LCH, which was to pave the way for post-war Chinese autonomy. Paterson did not envisage co-operation with the government's health scheme as potentially problematic, or anticipate it would result in any secularisation of the hospitals. His positive perception was that new contacts would be made and some of the smaller local chapels and meeting places could attain greater status which would increase evangelical opportunity. Viewed externally, however, the type of co-operation with the National government Chapman and Paterson advocated was to place upon medical missionaries the label of 'agents of the GMD government'. As noted, this propaganda title was used with great success by the Communists in their attempts to denounce missionaries in the late 1940s. Missionary and Chinese Christian failure to question the *status quo* caused them to be regarded by the CCP as "allies of the reactionary forces in society".³⁴ They were accused of being uncritical of China's economic and social structure because they treated rich and poor equally failing to identify with the victims of oppression.³⁵ Although in respect of medical missionaries, an argument could be made that the poor were given preferential medical treatment in mission hospitals because fees were waived when patients

³³ Ibid.

³⁴ Ling, O.K., *Changing Role*, 1999, p. 189.

³⁵ Ibid,

could not pay.³⁶ However, the Communist perspective was that all treatment should be free.³⁷

The thoughts voiced by the western mission commentators of the time, as might be expected, dwelt on the effects of co-operation with the National government from the mission perspective of maintaining a Christian influence. Dr. Yen, Superintendent of the Chinese Red Cross Hospital in Shanghai, writing in the same edition of *Chinese Recorder* in 1937 as Chapman, provided the Chinese Christian medical missionary perspective, which took a “what is best for China” stance rather than an evangelical perspective. Yen regarded the ultimate adoption of state medicine as the logical end result of the NHA scheme.³⁸ He asked the same question as the western writers; what would become of Christian medical work? In tandem with them, he supported medical missionary co-operation with the government while stating that:

Christian medical work must become more definitely related to the life of China. While retaining its independence, it should be integrated with the health programme of the government.³⁹

In what was effectively a *crie de coeur* for Chinese self-government he also wrote:

It may mean turning some hospitals over to the care of responsible Chinese Christian physicians, to be operated with the aid of local Christian hospital boards.⁴⁰

Yen did not mention that, at the time of writing, there were mission hospitals under the supervision of Chinese physicians, such as Dr. Chiang at the MMS General Hospital in Hankou, perhaps because they remained firmly under foreign management. Yen perceived the mission hospitals as “indispensable units in

³⁶ Jin Feipa, in conversation, November 8th, 2007, confirmed poor patients received free treatment.

³⁷ Flowers, W.S., “Memo on Communist Attitude Towards Missionaries and Christian Medical Work”, 22nd, July, 1948, CWM/LMS CH/55, 1941–50, China/Hong Kong, , Medical Work in Communist China, 1947–49 file.

³⁸ Yen, F.C., “What is the Function of Christian Medical Work in Modern China?”, in *Chinese Recorder*, Vol., LXVIII, No. 10, October, 1937, pp. 627–629, p. 627.

³⁹ Ibid.

⁴⁰ Ibid.

China's health program" which, if prepared to "become naturalised in the soil ready to fit in with the government's health programme" would, provided they maintained their high standards of practice and teaching, be "certain to have a permanent place in China".⁴¹ Yen supported the western medical missionary presence but the unspoken implication was that the success of the scheme would ultimately force mission hospitals to operate under Chinese supervision. He recognised medical missionary support was crucial in working towards a successful NHA, but he looked forward to the time when China could support its own health care. Thus, in 1937, as the war began, medical missionaries were gravitating towards co-operating with the National government in the implementation of its NHA's policies.

An increasingly professional Chinese medical service, requiring official registration of institutions, medical and nursing schools and medical personnel had an impact upon western medical staff. Despite the relatively strong position that mission hospitals held in China new medical recruits were aware of the new situation even before they arrived in China. Before taking up his first post Landsborough suggested to his Home Board that, considering the National government's new registration regulations, it might be advisable for him to study at post-graduate level after qualifying:

This [post-graduate work] is also perhaps especially important in view of the Chinese government's campaign for up-to-date medical services – and their demands on mission hospitals.⁴²

With the onset of war, the government turned to medical missionaries for support. Madame Jiang Jieshi was not only particularly fulsome in her praise of medical missionaries but also made statements that described *all* missionaries in

⁴¹ Ibid., p. 628

⁴² Landsborough, D., to Mr. James, correspondence, September 26th, 1937, PCE/FMC/3/02/21.

China as examples to mankind.⁴³ Given such apparent interest in medical missionary work and with Madame Jiang being resident in Wuhan it is understandable that hospital matron, Gladys Stephenson, no doubt with pride in her hospital's work, would forward a copy of the *Pu'ai* Hospital's latest [1937] Annual Report to Jiang and his wife. While Madame Jiang's response upon receipt of the report, on behalf of her husband, could be dismissed as a rather standard reply, she did bother to reply in person. Such gestures could only serve to foster good relations between the medical missionaries and the National government which, even if writing in a private capacity, Madame Jiang ultimately represented.

Wuchang, 2 April 1938...

The Generalissimo and I appreciate the splendid work which the hospital has been able to do, especially in aiding the victims of the terrible war in which we have been plunged. We wish continued success to the Hospital in its excellent work. We also thank you for the encouraging expressions in your letter.

Yours sincerely,

Mayling Soong Chiang.⁴⁴

A personal letter from the Generalissimo's wife, issued from the Government's Headquarters, was indicative of the highest support. Madame Jiang also wrote to a friend in the United States praising the work of the medical missionaries:

Our people are learning of the great sacrifices Christianity is prepared to make as evidenced by the courage of the missionaries in defying the Japanese so that they may give help, protection, and comfort to our people. Throughout the regions where the barbarism of Japan has been unrestrained the missionaries have stood their ground and have saved the lives of great numbers of our people. For all this the Generalissimo and I have publicly expressed our deep gratitude.⁴⁵

⁴³ LMS, "Message from Madame Chiang Kai-Shek", in *The Chronicle: A Magazine for World Enterprise*, July, 1938, p. 81.

⁴⁴ Stephenson box, MMS 642/643, MF 1359.

⁴⁵ Letter dated May 2nd, 1938. Chiang, M.S., *Madame Chiang's Messages in War and Peace*, Hankow, China Information Committee, 1938.

It is however, recognised by the writer of this thesis, that at this time China was looking to the United States for support and, to be cynical, a letter giving fulsome praise to missionaries in China – of which the greater number were American – would not have harmed China's cause.

Hankou, the war capital of the National government for a short period before it fell to Japan in October 1938, served as an International Red Cross Committee (IRCC) and Central Government relief centre, with personnel being provided mainly from the Christian churches. The Hankou IRCC received \$200,000 from the Central Government to assist mission hospitals with the care of wounded soldiers and Madame Jiang made an initial personal grant of \$50,000.⁴⁶ However, not all government requests were acceded to. The National government requested the names of doctors and nurses for service at the front, but the Union Hospital declined to provide the information.⁴⁷ This reluctance to disclose the names of their staff was to guard against them being enticed away; a problem which became more and more acute as the Japanese army advanced, and staff, pushed by fear of the Japanese and enticed by higher wages, changed their allegiance from missionary work to military hospitals, a topic discussed further in chapter three.

That the missionaries, as a whole, were happy to support the government is understandable because the Generalissimo and his wife were Christians, which inspired confidence. The Rev. Findlay from Mukden speaking at a religious conference in Scotland in 1939 summed up the general attitude:

⁴⁶ Fitch, R.F., "The Christian Church and War Relief", in *Chinese Recorder*, Vol., LXIX, No. 3, March, 1938, pp. 125–130, p. 129.

⁴⁷ LMS, *Report of Union Hospital Hankow, 1937*, China Local Reports, CWML A.3/3.

Yet in no sense were they [the Japanese] breaking down the spirit of young China, led by the great Christian general, Chiang Kai-Shek, inspired by that great Christian lady, his wife.⁴⁸

Initially, this would appear to be a ringing endorsement of the Generalissimo; these words, however, were quoted in *The People's Tribune: A Fortnightly Review of China and the Far East*, an English language periodical emanating from Chongqing, another of the government's wartime capitals. Clearly Jiang Jieshi had no qualms about using missionary quotations as propaganda to bolster his cause but the traffic of information was not all one way. Jiang was approached by the LMS *Chronicle* and asked if he would care to send any word to them for insertion in their "China Number". A Wong Wen replied on Chiang's behalf with a message of "... congratulations upon past achievements and of goodwill for future success" which was duly published.⁴⁹ Such public declarations would provide further evidence to support future Communist claims that missionaries had been 'hand in glove' with the National government.

The People's Tribune provided a clear message for its readers regarding its perspective on the medical missionary role. The April 1939 edition cited "with sincere gratitude" the words of an un-named English missionary whom the periodical described as a "friend of the Chinese":

If the missionary carries on with his *ordinary work* he is definitely assisting the Japanese. The holding of church services at such a time is helping the Japanese to establish law and order. ...Hospitals should remain open to meet the needs of the sick, but their work should not make a positive contribution to the reconstruction of the area. Missionaries should be working in refugee camps, because the very existence of such camps will hinder the people from returning to their homes and being forced to co-operate with the enemy.⁵⁰ [Italics added.]

⁴⁸ T'ang, L. (ed.), "Missionaries and the War in China", in *The People's Tribune: A Fortnightly Review of China and The Far East*, Chungking, April, 1939, pp. 35-37, p. 35.

⁴⁹ LMS "A Message from Marshall Chiang Kai-Shek", in *The Chronicle: A Magazine for World Enterprise*, July, 1938, p. 222.

⁵⁰ T'ang, L. (ed.), "Missionaries", 1939, p. 37.

This policy of absolute resistance reduced the available choices to a narrow black and white question of “for us or against us”, which insinuated that those not actively working against the Japanese were guilty of supporting the Japanese war effort and therefore were, by inference, collaborators. Yet, at the same time there is a message for medical missionaries that carrying on with “ordinary work” aided the Japanese while hospitals should remain open. Thus, there was confusion over the medical missionary wartime role even within publications emanating from Chongqing. Frances McAll, who worked at the Qilu University hospital after it was occupied, when asked her opinion as to whether it was accurate to accuse those who had remained in occupied China of collaboration replied:

We certainly weren't collaborating with the Japanese we were putting up with them.... There is a big difference in putting up with them and collaborating.⁵¹

Medical missionaries in occupied China operated in a no man's land; technically the Japanese were not, under International Law, the medical missionaries' enemy until Pearl Harbor. Consequently, medical missionaries found themselves in a delicate position regarding the Japanese occupation; they were physically within the theatre of war, and, while they professed to be apolitical and therefore politically removed from it, through their association with National government hospital and relief work, even if they did not regard themselves as a part of this theatre, the National government, and the Communists, did.

(iii) Medical Missionaries and the Communist Party

Medical missionaries could not be accused of complicity with the CCP. Incompatible ideology lay at the heart of the Communist–missionary relationship

⁵¹ McAll, F., in conversation, March 1st, 2007.

since religion and Communism could not happily co-exist but as always, real life was more complex, and at least they shared commonalities such as serving the people and supporting the underprivileged. Zhu De is quoted by the LMS *Chronicle* as saying, in August 1938:

The 8th Route Army has no prejudice against missionaries. On the contrary, we welcome them. For our war of resistance fights not only for the independence and freedom of the Chinese nations, but also for the maintenance of world peace. In this respect our goal is just the same”.⁵²

Similarly Zhou Enlai is cited by Bates as saying “We are not against religion, especially not against Christianity, with which we have so much in common”.⁵³

Such statements appearing in missionary publications during the war served to foster hopes that the CCP was sympathetic to Christian missionary work although Bates writes that the period prior to 1937 was one during which Communists were “professedly hostile” to Christian missions.⁵⁴

However, despite such public declarations of support, Communist leaders such as Zhu De and Zhou Enlai had no desire to convert missionaries to their own cause, and in some areas Communists remained openly hostile; expelling missionaries and destroying mission stations. The mission station at Xiaochang was completely destroyed by Communist forces almost as soon as the LMS missionaries withdrew although whether this was due to Communist hostility or a desire to make the buildings uninhabitable for Japanese use is unclear.⁵⁵ Certainly the departing medical missionaries, the McAlls, interpreted the action as hostile rather than defensive.

⁵² This message was sent via an unnamed missionary doctor who had spent three months with the 8th Route Army. LMS, “A Message from the Chinese 8th Route Army”, in *The Chronicle: A Magazine for World Enterprise*, November, 1938, p. 250.

⁵³ Bates, M.S., “The Sino Japanese War and the Christian Movement in China”, in IRM, Vol., 30, 1941, pp. 449–476, p. 475.

⁵⁴ Fitzgerald, C.P., *The Birth of Communist China*, Harmondsworth, Pelican Books, 1966, p. 134.

⁵⁵ McAll, F., in conversation, March 1st, 2007.

Notwithstanding isolated episodes of hostility, Fitzgerald argues that Communism bears a strong resemblance to a religious organisation through, in part, its “complete belief and unquestioning acceptance of a dogmatic creed”.⁵⁶ Contact with Christian missions and first-hand knowledge of their work proved useful to the Communists in later years.⁵⁷ That medical missionaries thought that there was Communist sympathy towards Christianity is shown by Stephenson’s 1937 Hankou Union Hospital Matron’s Report.⁵⁸ There were memories of “bitter treatment” being meted out by the Communists ten years previously to the “despised Christians” and so to hear that there had been a “real change of heart” on the part of some of the Communists was worthy of some note:

At a meeting held in the Y.W.C.A. to welcome some secretaries from Shanghai, we heard from a veteran missionary leader that the previous day one of the most notorious Communist leaders had visited him and talked with him on the question of Christ’s constructive policy versus the policy of Communism. The wife of another of these leaders, a very vigorous personality, who had lately come from the Eight Route Army, was present at the meeting and gave a very impassioned speech. She said she had studied Marx and Lenin but had come to realise that only the spirit of Christianity could achieve world peace and defeat military might. We could scarcely believe our ears, it was such a tremendous change.⁵⁹

That this was deemed noteworthy enough to form a major part of the hospital Matron’s official report indicates how importantly medical missionaries perceived their relations with the Communists. However, it is noted this information had been transmitted second-hand, not having been witnessed by the report’s writer.

While Paterson, in 1937, had been aware that participation in NHA schemes might cause problems in the future it is doubtful whether, when they

⁵⁶Fitzgerald, C.P., *Birth*, 1966, p. 133.

⁵⁷ *Ibid.* CCP policies regarding rural health work were similar to those proposed by medical missionaries in the post-war period which will be discussed in chapter seven.

⁵⁸ MMS, *Union Hospital Hankow 1937 Annual Report*, Matron’s Report, p. 16, Stephenson Box, MMS 623/624, MF 1359.

⁵⁹ *Ibid.*

decided to remain *in situ* during the war, medical missionaries anticipated that after the war issues of collaboration might focus upon them just because they had carried on with their ordinary work.⁶⁰ They could not have anticipated that the Communists would adopt a strong line concerning those they regarded as having collaborated with the Japanese and also with the Nationalist government or that they themselves would be included in this category. Austin notes that such CCP total non-negotiable condemnation included Chinese who were “opposed to ‘the will of the people’” such as landlords, money lenders and intellectuals and also hospital directors.⁶¹ The Communists extended this attitude beyond their fellow-countrymen to include western imperialists of which medical missionaries were highly visible symbols. However, such animosity was not apparent during the war years.

Medical missionary attitudes towards the Communists were not totally antagonistic. Dr. Clarence Holleman, an American medical missionary with the Reformed Church of America, who was captured for a short time by Communist soldiers in 1929 and who was Superintendent of the Hope and Wilhelmina Hospital in Xiamen (Amoy) during the war, in retrospect expressed respect for their policies and sincerity.⁶²

I am not pro-Communist and I don't want you to get the idea that I am speaking in favor [*sic*] of them, but they did have sharing of the land with the people and the cooperatives they established everywhere and things of that nature which Communism preaches. And practised at times. Because whatever else you may say about the Communists, you cannot deny that they are 100% sincere.

⁶⁰ Paterson, J.H.L., “Modern China”, 1937, p. 30.

⁶¹ Austin, A.J., *Saving China*, 1996, p. 293.

⁶² Holleman, C.H., Oral Transcript – 1969, China Missionaries Oral History Project, Henry Luce Foundation and Claremont Graduate School, Claremont, California, 1972, pp. 81–92.

(iv) Japanese Religious Policy and Medical Missionaries

Japanese religious policy was to play a substantial role in preparing the way for the shift towards Chinese hospital management in the post-war period. This was, however, an unintentional result. Prior to Pearl Harbor westerners were “Third Party Nationals” and, therefore, under International Law, technically not enemies of Japan. In Nanjing the International Committee of Westerners offered to co-operate as equals, but this was politically unacceptable to the Japanese authorities because if Japan was to create a “New Order for East Asia” it must be distanced from western influence. Brook notes Japan’s perception that Christianity held a political identity.

[Christianity] was part of the hegemonic ideology of Western nations whose power Japan aspired to exclude from the New Order in East Asia.⁶³

The “New Order for East Asia” was announced in November 1938 and became the “Greater East Asia Co-Prosperity Sphere” in August 1940. This New Order, it was stated, would replace the old order of Anglo-American power.⁶⁴ The Japanese aim was to rescue China from the Nationalism and Communism it had ‘contracted’ from the West and the policy attempted to isolate Chinese Christians from western influence.⁶⁵ The Japanese wanted to be seen by the Chinese as China’s saviour from nationalism, communism and western imperialism; as a result they could not appear to be on equal terms with westerners. The Japanese

⁶³ Brook, T., “Toward Independence”, 1996, p. 317.

⁶⁴ Duus, P., “Japan’s Wartime Empire: Problems and Issues”, in Duus, P., Myers, R.H., Peattie, M. R. (eds.), *The Japanese Wartime Empire, 1931–1945*, Princeton, Princeton University Press, 1996, Introduction, p.xxiii.

⁶⁵ Brook, T., *Collaboration: Japanese Agents and Local Elites in Wartime China*, Cambridge, MA., London, Harvard University Press, 2005, p. 132.

were also aware that western support favoured Jiang Jieshi, not least to protect western business interests in China.⁶⁶

The irony of the eventual outcome, as Brook argues, was that the Japanese policy of Church Union served to strengthen the indigenous Chinese Church.⁶⁷ Under the Chinese Christian Union Policy, all Christian denominations were to merge and become detached from western supervision. By removing western influence, this policy allowed the Chinese Christian Church to attain an independence it could never have achieved while western missionaries remained in leadership positions. Looking through a medical missionary lens, Chinese Christians working as medical personnel for western missions, in some areas during the war, but not all, proved they could successfully administer medical work and mediate with Japanese officialdom, despite the withdrawal of western missionary support. Japanese religious policy thus added impetus to the progression to a Chinese Christian Church and also towards Chinese administered hospitals.

The Japanese adopted a policy of integration and supervision. Nurse Bowne wrote to her family in April 1938 from Anqing that:

... the latest rumour is that the Japanese plan to take over the Church paying the preacher's salaries and using them as agents!!! They do have brilliant ideas!!! It probably means that some of our clergy will be shot when they refuse to accept the post of Japanese agent. We do live in perilous times.⁶⁸

⁶⁶ "At the end of 1936 investments by Western nations in China totalled some \$1.8 billion". Great Britain led with \$1.08 billion (just under 57%), the U.S. \$220 million, France \$180 million and Germany \$140 million. Katsumi, U., "The Politics of War, 1937-1941", in *The China Quagmire: Japan's Road to the Pacific War*, New York, Columbia University Press, 1983, pp. 309-435, p. 338. Totals refer to US dollars. In reports and documents pertaining to and originating from within China, unless it is explicitly stated, it is assumed that \$ refers to Chinese currency (CC\$). American and Mexican dollars were generally identified as such using US\$ and Mex\$ respectively. It is, however, not always obvious which currency is indicated.

⁶⁷ Brook, T., "Toward Independence", 1996.

⁶⁸ Bowne, E., to family, April 8th, 1938, RG270 Box 2 Folder 9, ACM archive.

In Shanghai, after their sanatorium was destroyed, the SDA were allowed to continue in their clinic under the directorship of the Chinese physician-in-chief, Dr. Andrew Chen, but later the army appointed a Japanese Seventh Day Adventist's wife, a Japanese nurse, to take complete charge.⁶⁹

The irony of the situation was not lost on Payne, a BMS missionary, who wrote that Japanese pastors in North China, described by him as being under the direction of the Japanese military, began holding large classes for “spiritual training” in Beijing and Jinan.⁷⁰ The intention was to “inspire” Chinese Church leaders with the spirit of “Greater East Asia”.⁷¹ It was at these meetings, whose attendees numbered over a thousand church leaders that the Chinese were ordered to break off their Anglo-American connections.⁷² Missionaries were accused of hypnotising people with the Gospel and working to protect their governments' assets and imperialistic ambitions.⁷³ Payne observed that the Japanese pastors were acting in the same vein as the Americans and British, following the same imperialist path and he reported that Japanese generals had informed the Chinese that to disobey their new masters would involve being “severely punished”.⁷⁴

Still, writing in 1947, recognised that being forced to disband their original groupings and form a United Church of Christ cut worshippers off from their local denominational churches. He regarded this as a positive development: “a form of Church Union for which many had hoped for in vain in times of peace

⁶⁹ Spalding, A.W., *Origin and History of Seventh-Day Adventists*, Vol., 4, Review and Herald Publishing Association, Washington, U.S., 1962, p. 154.

⁷⁰ Payne, H., “Ourselves and the Chinese Church”, in *Through Toil and Tribulation: Missionary Experiences in China during the War of 1937–1945: Told by Missionaries*, London, Carey Press, 1947, pp. 10–20, p. 19.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid., p. 20.

⁷⁴ Ibid.

has now arisen as a military necessity”.⁷⁵ Still’s description of Japanese religious policy at Zhoucun reinforces Brook’s argument that this policy fostered Chinese Christian unity.

Compared with other aspects of medical missionary experience during the war, there is a paucity of reference to the Japanese religious policy of Church Union in the missionary society archives and personal papers consulted for this thesis. As this was a policy targeted at the Chinese it was only after Pearl Harbor when the missionaries had evacuated, been removed by internment or repatriation, that the Japanese were able to implement the policy aggressively enough to make a noticeable impact. Consequently, because they did not actively observe its implementation in the field or experience its true impact at the time, the missionaries may either have thought it was in the past and of little relevance to post-war China or did not feel able to reflect it accurately having heard about it only via third-party hearsay. In 1948, LMS medical missionary Ivy Greaves recognised internee isolation from this Japanese policy:

We in the camp just let the world go by, but they [the Chinese] had the great strain of living under Japanese rule which for those in positions of leadership in the compulsorily united “North China Church” was specially heavy...⁷⁶

Frances McAll confirmed the missionary presence was perceived as representative of the West and her opinion was that westerners were a nuisance to the Japanese:

Their [Japanese] main reason for getting us out of the way was that we represented the West to local Chinese and meant they had to maintain a presence in our area to keep an eye on our activities when they had other things to think about.⁷⁷

⁷⁵ There is no indication whether Still came to these conclusions during or after the war. Still, R. J., “A Mission Hospital in Occupied China”, in *Through Toil*, 1947, pp. 101–110 p. 106.

⁷⁶ Greaves, I., Annual Report from Peiping, March 1948, CWM/LMS CH2/5, 1941–50, China/Hong Kong Reports, Greaves file 1940–48.

⁷⁷ McAll F, in correspondence, May 8th, 2007.

Just by being in China, missionaries acted as eye witnesses particularly to major events such as the occupation of Hankou in October 1937 and the bombing of Canton in June 1938, and this also made the Japanese uncomfortable with their presence. In Fujian a PEC missionary, R. Tully, is listed in the society's archives as acting as a Reuters' correspondent in Gulangyu (Kulangsu), although it was remarked upon that "...after they [journalists?] get the news from Reuter, they have a great habit of 'enlarging' what is actually sent to them."⁷⁸ Missionaries were considered by some to be experts, to a greater or lesser degree at evaluating Chinese domestic events, even though they were generally political amateurs. Up until Pearl Harbor missionaries were able to play the role of unofficial mediators between the Japanese and their governments.⁷⁹ As the situation worsened and Japanese anti-western policy became more aggressive, why did medical missionaries not evacuate and retreat when they realised war was imminent?

Remaining in the Field

(i) Motivation

International governments began issuing instructions to their nationals in the autumn of 1937 advising them to leave China. Craft suggests the American government advised all its citizens to withdraw, not just for their own protection, but also in part to protect America from becoming embroiled in the war as a result of imprudent actions by its nationals.⁸⁰ This reflected America's post-World War One isolationist policies: its refusal to join the League of Nations, the imposition

⁷⁸ Anderson, Executive Committee of Council, correspondence, Kulangsu, Amoy, April 4th, 1938, PEC/FMC Series 1, Box 14, file 2, p. 3.

⁷⁹ Denning, M.B., "The American Missionary and U.S. China Policy During World War II", in Neils, P. (ed.), *United States Attitudes and Policies Towards China: The Impact of American Missionaries*, NY, M.E. Sharpe Inc., 1990, pp. 211–229.

⁸⁰ Craft, S.G., "Peacemakers in China: American Missionaries and the Sino-Japanese War, 1937-1941", in *Journal of Church and State*, Vol., 41, Issue 3, Summer 1999, pp. 575–592.

of import tariffs on European goods, and its immigration quotas. However, while the American government was outwardly maintaining this isolationist position, the country's economy was benefiting from the Sino-Japanese hostilities; American firms were supplying Japan with much of its war material, a decision it would later regret. In 1937 the United States supplied Japan with US\$22,103,000 of crude oil, US\$20,644,000 of refined oil and US\$37,418,000 of scrap iron and steel. In 1938 the value of crude oil exported to Japan had risen to US\$29,858,000 and in 1940 the value of refined oil exported to Japan had risen to US\$35,303,000.⁸¹ American missionaries were aware of the situation:

EMBARGO OF WAR SUPPLIES TO JAPAN. The irony of protesting against the barbaric bombing of the civilian population in Canton and simultaneously supplying Japan with the bombs, airplanes, scrap iron, gun, cotton, war chemical, lubricating oil and aviation gasoline---and even the money --- to make those bombings possible, is striking an increasing number of leaders and organizations in this country...

On April 30th 1938, the General Conference of the Methodist Episcopal Church, South, passed a resolution calling upon the American President and Congress to take such measures as may be necessary to prevent the material and financial resources for the government or citizens of this country [U.S.] from being used either directly or indirectly to aid Japan in her war of aggression upon China.⁸²

Robert McClure (1900–1991), a United Church of Canada (UCC) surgeon, publicly accused the Canadian government of exporting nickel to Japan in a speech in Toronto in 1940. He was summoned to Ottawa and given the choice of apologising for making such accusations or face a jail sentence. It was made clear that he had not been misinformed but should not have made the information

⁸¹ Source: U.S. Department of Commerce, Bureau of the Census, Foreign Commerce and Navigation of the U.S. from Wilkins, M., "The Role of U.S. Business", in Borg D., Shumpei O. (eds.), *Pearl Harbor as History: Japanese American Relations 1931–1941*, Columbia University Press, NY, 1973, pp. 341–376, p. 372.

⁸² CBMS, Supplementary Material for the China Information Service Bulletin, June 23rd, 1938, CBMS Box 368, file 1.

public. McClure chose to apologise, feeling he would not be much use to China in jail.⁸³

British policy towards the Sino-Japanese hostilities, put simply, was one of benevolent neutrality. Britain was militarily far too overstretched in the Far East to confront Japan, and intended to support British interests in China while simultaneously attempting to maintain her relations with Japan. The British administration thought the war would eventually lead to a stalemate between China and Japan and that, after dealing with its problems in Europe, Britain could then turn its attention to the Far East. By lending money to Jiang Jieshi's government at such a stage of stalemate Britain would then be in a position to secure its interests in China.⁸⁴ Consequently, British officials, like their American counterparts, were wary of imprudent actions by nationals that might spark off international incidents as can be gleaned in the advice given to a BMS missionary in Xian (Sian) on 10th, March 1938, by G. S. Moss, the Hankou Consul General:

...Should the Japanese arrive in Sian you must be guided by circumstances, and act with prudence and common sense. Keep indoors and try to avoid contact with any parties of troops without officers of apparent discipline... Do not attempt any quixotic protection of people you cannot protect. Be realistic, restrict your movements and activities at first, but feel your way and test your position warily... And if God gives you strength and resolution to stay your example may have an enormous steadying effect for good. But don't be obstinate and do not add avoidable international incidents to the difficulties we already have if you can possibly help it.⁸⁵

Dr. Flowers at Zhoucun sought advice on medical missionary neutrality from the British Ambassador but received an unhelpful reply:

⁸³ Scott, M., *McClure: The China Years*, Ontario, Penguin Books Ltd., 1979, pp. 284–287.

Despite verging on the hagiographical this is an interesting account of McClure's work in China.

⁸⁴ Lees, B.A., *Britain and the Sino-Japanese War, 1937–1939*, Stanford University Press, California, USA, 1973, p. 212.

⁸⁵ Moss to Russell, F.S., BMS missionary in Xian, March 10th, 1938. This letter, with Moss' permission, was copied to other missionaries with the instructions "Of course you will be careful as to what you do with it". Copy letter - CBMS Box 368, file 2.

A society or a neutral country can only afford the assistance of its medical personnel etc., to a belligerent with the previous consent of its own Government and authorisation of the belligerent concerned. H.M. Embassy suggest that the best course would be to get in touch with the headquarters in the United Kingdom of the Voluntary Aid Detachment Council whose constituent societies are all recognised by H.M. Government, asking them to consult with the Foreign Office.⁸⁶

After Flowers had relayed this information to London the society replied to him that the Embassy's response was "interesting", and couched in terms that avoided any "compromise internationally". The society recommended the hospital treat cases brought in to it without asking any questions.⁸⁷ Flowers was advised not to take part in any Red Cross work behind either Japanese or Chinese lines but, while commenting that from the society's point of view the situation was "perfectly clear", it also recognised Flowers' position was "not very enviable".⁸⁸ Whether the course of action advised by the Ambassador was taken up is unclear but we can see that medical missionaries and their respective societies were alert to the fact, early in the war, that there were going to be ethical problems for third party nationals operating in a war zone.

Most medical missionaries from all societies in Hubei remained at their posts deciding only to evacuate some wives and children. Other missionaries, according to LMS Superintendent A.J. Gedye, were less happy to remain and he notes that "there is a curious evacuation mentality among our missionaries".⁸⁹ In particular he commented that it was the younger missionaries who had arrived around 1927 or just after, that thought more easily of evacuation. This was not the case with medical missionaries. Dr. Logan Roots, the Bishop of Hankou's son and surgeon at the ACM Church General Hospital in Wuchang, decided that he

⁸⁶ Flowers, W.S., to Chesterman, C.C., September 17th, 1937, CH/58, Flowers file, BMS archive.

⁸⁷ Chesterman, C.C., to Flowers, W.S., October 16th, 1937, C/58, Flowers file, BMS archive.

⁸⁸ Ibid.

⁸⁹ Gedye, A J., to Rattenbury, H., August 18th, 1937, WMMS CH Box 9, MF 428.

and his wife, a nurse, and their two small children would remain in the city indefinitely. Roots and his wife “felt the call to stay where their professional services would be in special demand”.⁹⁰ This ‘call to stay’, primarily based on service to others also had a vocational basis. Not only did they have a moral and medical responsibility towards their patients, staff and converts but to some doctors and nurses the prospect of caring for refugees and the wounded served to reaffirm their vocation.

At a time when the most recent medical missionary arrivals to the China field subscribed to the view that the best method of bringing converts into the fold was by personal lifestyle example, a retreat would have been unthinkable. There was also the personal embarrassment that medical missionaries would experience if they left and a fellow medical professional subsequently arrived in China to take their place:

We have had urgent messages from the American Consul to the Americans to get out and a meeting of the medical group [in Qilu] was called to decide policy. At this meeting Jock (Dr. Smyly) read a message from the British Consul commending to our notice an appeal from China to all nations for first aid and for medical supplies. The contrast was remarkable and it was obvious that Jock had no [*sic*] given a thought to going, and for us other Britishers that appeal clinched matters. We should look fools getting out if complete strangers from home volunteered for what is really our job.⁹¹

To place this issue in the war-time language of the day, medical missionaries had no wish to be classified as ‘LMF’: Lacking Moral Fibre.⁹²

(ii) The Martyrdom Legacy of Duty

By refusing to flee in the face of danger, medical missionaries were following in the footsteps of their predecessors supporting the Roll of Honour tradition that

⁹⁰ ACM, *District of Hankow: The Newsletter*, Vol., XVII, No. 7, September/October, 1937, p. 29.

⁹¹ Anderson, Miss., to unknown recipient, September 26th, 1937, CBMS Box 368, File 2.

⁹² This was an abbreviation used by the Royal Air Force during World War Two.

recognised stoicism in the face of suffering and potential martyrdom in the field. Memorialised with the “Boxer Martyrs” and others, and having a basis in fact, these deaths transcended into the realm of myth. They became a shared element of the medical missionary legacy whether death was as a result of disease, accident or violence. This Roll of Honour marked suffering and martyrdom as a recognised possible consequence of medical missionary work. It created a legacy of responsibility to remain when danger threatened and contributed towards the decision of medical missionaries to remain at their posts when war broke out in 1937.

The deaths of Dr. Henry Wyatt, Nurse Beulah Glasby and their Chinese chauffeur illustrate that the martyrdom tradition remained in place during the wartime period. Wyatt, Glasby and two missionaries, while travelling from Jinan to Taizhou (Taichow) in a chauffeur driven lorry, and possibly because the vehicle was chauffeur driven, were mistaken for Japanese officers and fired upon by Chinese irregulars. Wyatt went to the rescue of the injured chauffeur and despite waving the Union Jack “volley after volley” was fired into both men.⁹³ Glasby refused to take shelter away from the lorry and was also killed. The two remaining missionaries, the Rev. and Mrs. Jasper, were held captive and beaten until eventually they were able to convince their Chinese captors they were in fact British. When the error was realised there were “obviously sincere expressions of regret”.⁹⁴ That these deaths were as a result of mistaken identity makes them particularly poignant and Wyatt’s eulogy recorded: “The manner of his death

⁹³ BMS, “Death of Dr. Wyatt and Miss. Glasby: The Story of the Tragedy”, in *Missionary Herald*, July, 1938, CH/67 Wyatt, Dr. H.G., 1925–38, file, BMS archive, p. 135.

⁹⁴ Ibid.

redeems it from tragedy and transforms it into an epic of missionary history”.⁹⁵

Wyatt was the sixth BMS doctor to lose his life in China but the first to die a violent death. His obituary, which does not distinguish his death from the non-violent deaths, places his sacrifice firmly within the martyrdom tradition:

In quality of character and service Harry Wyatt was altogether worthy of a place beside these others [the five other doctors] of fragrant memory.⁹⁶

(iii) Conscientious Objectors and Pacifists

The war created personal dilemmas for some individuals, such as pacifists and Conscientious Objectors (CO), who had to confront their personal principles. There were precedents: Dr. George Pearson, a CO during the 1914–18 war, was called to attend a tribunal when he declined a post with the Royal Army Medical Corps (RAMC).⁹⁷ He was exempted from military service on condition that he left the country within three months for relief work with the Friends Relief Units in Russia. When war broke out in China in 1937 he was working in an MMS hospital in Shaoyang. He found himself under suspicion when he offered to vouch for the neutrality of some German missionaries from the CIM Associated “Liebenzeller Mission” to prevent them being interned by the Chinese. His vouching was accepted but only if he housed them in his own house. This led to “a lot of talk locally” with one Chinese Christian commenting that “This is just as though a Chinese family had taken a Japanese family into their home”.⁹⁸ There appear to have been no actual repercussions and the Germans remained with him for the duration of the war. Pearson was called home to England before the

⁹⁵ BMS, “Memorial Service for the late Dr. H.G. Wyatt: Address delivered by the Rev. H.R. Williamson, Peking June 4th, 1938”, CH/67, Wyatt file, 1925–38, BMS archive.

⁹⁶ BMS, Obituary notice, *Missionary Herald*, July, 1938, CH/67, Wyatt, Dr. H.G., 1925–38 file, BMS archive, p. 136.

⁹⁷ Pearson, *Get up*, 1968, p. 18.

⁹⁸ *Ibid.*, p. 109.

Japanese overran Shaoyang and so his pacifism was not tested regarding treating Japanese wounded.

The official MMS position was published in the 1937 Minutes of Conference following a December 1936 meeting of ministers and laity who were unable to reach a consensus on individual participation in a wartime situation. As a result Conference presented two statements: one from “members of the Committee who accept the Pacifist position” and one from the “members of the Committee who do not accept the pacifist position”.⁹⁹ Other than presenting the two sides of the argument MMS did not officially direct their members but did recognise that war was contrary to the Gospel, that Methodists should strive to overcome evil with good, that governments should aim for a peaceful international order and that the Methodist Church upheld liberty of conscience. In effect the society was allowing its members to act as their loyalties and conscience dictated.

A medical missionary whose attitude changed when confronted by the realities of war was Owen Beynon (1894–1977), an LMS pharmacist at the LCH in Shanghai, who had considered war a crime against humanity and held the view that “pacifism was nothing if not absolute”.¹⁰⁰ His wartime experiences however, made him question this ‘absolutism’ so that by 1941:

The realization came to me when thinking again and again quietly over this problem that to be an absolute pacifist would mean just this; that I would be the bully’s best friend and ally.¹⁰¹

⁹⁹ MMS, *Minutes of the Annual Conference of the Methodist Church held in Bradford*, London, Methodist Publishing House, 1937, pp. 383–388.

¹⁰⁰ Beynon, O.G.R., *LMS Annual Report, East China, Jan 1941*, p. 2, CWM/LMS CH/1, 1941–50, China/Hong Kong Reports, Beynon File, 1939–40.

¹⁰¹ *Ibid.*

Writing to the Presbyterian executive prior to taking up his appointment at Quanzhou, Fujian, Dr. Norman Tunnell (1916–1976) (PCE) stated that if called up for military service he would:

... absolutely refuse to fight, but I feel rather doubtful about any work in the armed forces as I cannot see any justification in Christianity for war in any circumstances at all.¹⁰²

The executive replied with sympathy while pointing out that as a doctor his way “might be clearer than that of others”.¹⁰³

The Seventh-Day Adventists published a guide for their members which clearly laid out the society’s policy regarding pacifism: primarily Seventh-Day Adventists were unable to observe the Sabbath because on that day they were unable to undertake any kind of work, and fighting was the “hardest kind of work”.¹⁰⁴

Confronting their principles caused some to question their previously held medical missionary role. The pacifist Society of Friends (Quakers) permitted some British and Canadian medical COs to join the FAU.¹⁰⁵ The FAU felt strongly that their pacifist outlook should not be compromised. After learning that Dr. Graham Milne, of the New Zealand Mission, who was not a pacifist, was to join them, the FAU made the decision that he would be regarded officially “not as a Unit member but as a member of the Presbyterian Mission on secondment”.¹⁰⁶ Milne spent only four months with the FAU but it affected the way he viewed his

¹⁰² Tunnell, N., to Mr. James, September 2nd, 1938, PCE/FMC/Series 1 Box21, file 4.

¹⁰³ Mr. James to Tunnell, N., September 7th, 1938, PCE/FMC/Series 1, Box21, file 4.

¹⁰⁴ Wilcox, F.M. (ed.), *Seventh Day Adventists in Time of War*, Washington, D.C., Review and Herald Publishing Association, 1936, p. 37

¹⁰⁵ For an account of Canadian pacifists in the FAU see Socknat, T.P., “The Canadian Contribution to the China Convoy”, in *Quaker History: The Bulletin of Friends Historical Association*, Vol., 69, No. 2, 1980, pp. 69–91. For the British Conscientious Objector Tribunal process and FAU training camp regime prior to service in China see Simpson, J.E., *Letters from China: Quaker Relief Work in Bandit Country*, Cambridge, Ross-Evans, 2001.

¹⁰⁶ Cameron, C., Brodie, J., Brodie, A. (eds.), *Go Anywhere, Do Anything,: New Zealanders in the Friends’ Ambulance Unit in China, 1945–1951*, Wellington, New Zealand, Beech Tree Press, 1996, p. 45.

medical missionary role, and most significantly occasioned a change in how he prioritised his work. While watching a colleague nurse a dying woman he found the experience conflicted with the view he had previously held which was to attempt to convince those close to death to accept God so they could be received into heaven. Milne's witnessing of the nurse quietly caring for and comforting the dying woman put him out of step with the "traditional missionary thinking" that prioritised evangelism.¹⁰⁷ Milne's witnessing of the nurse and the dying woman provides an example of a medical missionary during the war coming face to face with the Two-fold Call aspect of his work and, as a result of this experience, changing from a position that prioritised evangelism, to one where comforting the dying took priority, even though the case was clinically hopeless. Milne's major concern from that point became people's physical suffering; he wrote: "...and I really was prepared to leave the question of their souls...to the Good Lord himself".¹⁰⁸

(iv) Evangelistic Opportunity

While the war raged it provided new opportunities to evangelise, a prospect that was welcomed by conservative medical missionaries who would be supremely placed to impart The Word to vast numbers of distressed refugees and the wounded. In their imagination the movement of refugees westwards potentially promised a captive congregation of hundreds of thousands, and perhaps God's Word would seem attractive and helpful to these people in their time of crisis. As one SDA missionary noted:

¹⁰⁷ Ibid., p. 52.

¹⁰⁸ Ibid.

When people are sick they are more susceptible to the gospel and it is the privilege of the missionary doctor and nurse to minister to both body and soul¹⁰⁹

A similar attitude was described by Flowers writing of the BMS mission in Zhoucun:

Under such prevailing uncertainty, with all their props knocked out from under them, there has been a remarkable turning to the church for leading and sanctuary. Many have sought sanctuary simply for personal safety – Christians wear a badge which guarantees a measure of immunity from the more unpleasant actions of the Japanese – but they are being trained and taught the Christian way of life and sent forth to live it. A large influx has great promise but naturally at such a time carries with it great danger. Our pastors and evangelists are grasping the opportunity with its responsibilities, and seeking to build up healthy Christian lives.¹¹⁰

How many of these ‘wartime Christians’ turned to Christianity as a measure to obtain their protective badge and how many from a true desire to learn about Christianity is impossible to ascertain. However, from a conservative perspective the opportunity for evangelism was presenting itself as a direct result of people’s suffering during the war. With such an opportunity to spread The Word there could be no question of abandoning the people who needed them.

Although, as we shall see in greater detail below, much emphasis was placed on the evangelistic opportunity provided by the war, reports on the results of this opportunity are noticeably silent. There is much mention of interest and enquiry but a general lack of statistical data to back up any great conversion to Christianity. For example: a report for May 1939 noted evangelism had been “outstandingly successful during the past year” with over 40 baptised on Christmas Day.¹¹¹ This initially reads well; although over 40 (but presumably closer to over 40 than to just under 50) seems rather sparse for a wartime period

¹⁰⁹ Ragsdale, M., “Ministering to Body and Soul”, in *The China Division Reporter*, Vol., 8, No. 4, Shanghai, Seventh Day Adventist, 1938, p. 10.

¹¹⁰ Flowers, W.S., to Chesterman, C.C., March 21st, 1938, CBMS Box 368, file 2.

¹¹¹ LMS, “Shanghai, 1938”, in *The Chronicle: A Magazine for World Enterprise*, May 1939, pp. 115–116, p. 115.

of evangelistic opportunity. The report proceeds to say that 30 of these were adults who had undergone a long preparation which suggests a period well over a year as was usually the case for preparation for baptism. Reading between the lines possibly only just over ten were new converts or, perhaps more likely, children of the baptised since the fact that 30 were “adults” is singled out for mention. Even with the most optimistic interpretation the report does not actually provide evidence of the “outstandingly successful” evangelistic year it claims to report.

(v) Economic Considerations

A total withdrawal of medical services would have caused enormous damage to mission society capital assets. School books and hymn books could be easily transported, but delicate, often expensive, medical equipment was awkward to transport over long distances of broken transportation lines, even if arrangements could be made to transfer such material to a place of safety. Although Chinese factories, businesses, universities and hospitals were being efficiently moved westwards with government and private business support, it was no simple matter for a mission hospital to relocate its equipment. The average medical missions did not have access to the funds, manpower or transportation required to realise a long-distance move. Hospitals and dispensary buildings, where owned by the missions, were immovable capital assets and abandonment left them subject to Japanese requisition and possible destruction. Placing them in the care of Chinese staff, at a time when home bases did not credit their Chinese staff with a great deal of competence, was not, at the time, seen as a potential solution to the problem.

Anxiety relating to the wanton destruction of mission goods was not limited to those on the ground but was relayed to the American public via the American press fuelling concerns at home. The Herald Tribune on March 1st, 1938, under the headline banner of “EPISCOPAL CHURCH SUFFERS FROM \$350,000 SHANGHAI LOSS” reported:

... It seems that the Japanese go out of their way again and again to loot and burn deliberately, and otherwise destroy foreign mission property, giving the impression of deliberate anti-foreignism,” the Rev. Mr. Smith, [ACM] said. “Of forty-five mission stations outstanding in this diocese [Shanghai], only nine are functioning at present. And of these, four are in the International Settlement and French Concession. Mission buildings, churches, schools, hospitals and residences have been destroyed by bombing or deliberately burning after Japanese occupation. Many mission buildings and compounds still are occupied by Japanese military units. The churches are, in some cases, used as stables and otherwise desecrated.”¹¹²

Such reportage fuelled the very real fear both in the mission field and at home, that a withdrawal by medical missionary personnel would almost certainly occasion the sacrifice of valuable medical equipment, supplies and buildings.

(vi) Mission Society Evacuation Policy in 1939

Before war was declared in Europe, missionary society policy was to continue with field work wherever possible. Concerns were expressed regarding unmarried women, wives and children but missionaries were left to make their individual decisions regarding evacuation. After the declaration of war in Europe in September, 1939, concern was expressed in London at a meeting of the Medical Advisory Board (MAB), a sub-committee of the Conference of British Missionary Societies (CBMS), that medical personnel would resign from the mission field

¹¹² ACM, “Episcopal Church Suffers From \$350,000 Shanghai Loss”, in *Herald Tribune* Report March 1st, 1938. This is an example of a \$ amount that is most likely to be American dollars but could be Chinese \$. Newspaper cutting inserted in the Gilman Papers – RG 64 69–13, ACM archive.

and volunteer for duty in active service.¹¹³ Still considered whether he should volunteer for national service but was informed by the Consul General in Qingdao that there was “no immediate pressing need for medicals at home”.¹¹⁴ The main problem appears not to have arisen with those in China, but with those at home on furlough who, actually being in Europe, were much more aware of the situation at home and for whom joining up for national service would have been relatively simple. Flowers, Still’s superior at Zhoucun, volunteered for national service while on furlough serving for two years at the Wharncliffe Hospital in Sheffield before returning to Free China to work for the British Red Cross.¹¹⁵

The minutes of the MAB meeting provide an indication of its deliberations. The MMS representative announced two of their doctors were considering joining up for the duration of the war which would lead to understaffing in the field but MMS policy was to return missionaries to the mission field whenever possible.¹¹⁶ The LMS representative reported the society did not think their missionaries would join up for national service because “they would seriously embarrass work of the society”.¹¹⁷ Deputising missionaries would have to remain longer in a place but “the missionary witness was to continue in spite of difficulties”.¹¹⁸ The First World War was cited as a precedent when no LMS missionary had been allowed to take up national service unless their work in the field was provided for. Nevertheless, LMS conceded no-one would be refused permission to apply for national service if their position in the field was covered either by a colleague in

¹¹³ The CBMS, an association of more than 40 Protestant missionary societies, was founded in 1912 following the 1910 Edinburgh Conference.

¹¹⁴ Still, R.J., to Chesterman, C.C., September 28th, 1939, CH/65, Still, China 1936-1940 file, BMS archive.

¹¹⁵ Obituary, W.S. Flowers, *British Medical Journal* Vol., 2, November 1st, 1958, p. 1109.

¹¹⁶ Medical Advisory Board, Minute No. 421, “Plans regarding Medical Missionary Service in Wartime”. MAB, CBMS Box 506. Representatives: Dr. A.W. Hooker, MMS, Dr. Thompson, LMS, Dr. C.C. Chesterman, BMS.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*

the field or a Chinese colleague. CMS cancelled all furloughs and urged their medical missionaries to remain although they too acknowledged at the meeting that those wishing to apply for national service could do so if their position in the field was covered. BMS also recalled the First World War when it had experienced post-war difficulties as a result of its failure to send out new recruits during the hostilities and they were attempting to avoid a repeat of this. Strong signals were thus being sent from the mission boards in London in 1939 that they would prefer their medical missionaries to remain in the field even though war had broken out at home.¹¹⁹

Summary

Medical missionaries, by 1937, were publicly co-operating with the National government and its NHA. This was perceived as a satisfactory progression by most, although a few expressed anxieties that medical missionaries would be perceived as serving the government which would nullify their avowed apolitical stance. When war broke out, the National government sought to emphasise the Christian connections of its leader and his wife as they looked to medical missionaries for support. This served only to confirm to CCP onlookers that medical missionaries were in collusion with the National government.

Although the personal motivations of all the medical missionaries when war broke out cannot now be ascertained, official reports and interviews suggest they were motivated by their personal beliefs and the example of their Christian faith to use their medical skills to help others. The decision to remain is not particularly remarkable, although had all missionaries known exactly what they

¹¹⁹ Ibid. Many educational missionaries moved west with the evacuation of their schools.

were committing themselves to in experience and time their decisions may have been more measured. Medical missionaries had to confront their individual principles but these were secondary to the 'call to stay', the opportunity to evangelise, the ethos of providing Christian example, concern for their Chinese staff's spiritual welfare, and the protection of medical equipment, supplies and buildings. All these combined to take precedence over home government advice to evacuate, which conflicted with mission board encouragement to remain, and personal concerns over the physical dangers of living in an active war zone. There was also the strong motivation that having decided upon a medical missionary career in the first instance, making difficult decisions concerning family, health and salary, to make further sacrifices in the line of duty was not something they would have shirked from. Whatever their motivation, whether as a result of a few of the factors outlined above or a combination of them all, the vast majority of medical missionaries chose to stay in China rather than withdraw and many even returned, during the war years, from furloughs abroad. Having considered medical missionary legacy, belief and motivation, we can now examine their actual wartime experiences.

Chapter Three

Disturbed Times: Change and Opportunity

Today is the day of great opportunity in China. War cannot stop God's work. Buildings can be destroyed, but the spirit of this message in the hearts of our believers can never be destroyed, and that's what counts, after all.

N.F. Brewer, Seventh-Day Adventist Counsel Officer, 1941.¹

Introduction

An investigation of medical missionary work in China to place Hubei and Wuhan within a wider context is the objective of this chapter. Based on a discussion of the available statistical data on medical missions in China as a whole, this thesis will highlight characteristic features of medical missionary experience in Free and occupied China within both urban and rural areas. The qualification for inclusion within this chapter has been that each area, personal history, or hospital investigated should contribute to our general understanding of medical missionary experience in all China and material will be provided that can be compared with the experiences of medical missionaries in Hubei. This will enable the following

¹ Brewer, N.F., "China Division Symposium", in *The Advent Review*, June, 1941, SDA, RH1941/28, p. 154.

question to be addressed in this thesis' conclusion: Was medical missionary experience in Hubei during the war representative of medical missionary experience in China as a whole?

Wartime changes occurred within distinct time periods in an environment characterised by constantly fluctuating geographical boundaries. The major geographical division was the boundary demarcating occupied from Free China. This boundary, which generally ran along transportation routes was particularly fluid. The most significant change, after the outbreak of war itself, followed the attack on Pearl Harbor when missionaries experienced an overnight change, exchanging their third party national status for enemy non-combatant. As a result, they were to experience events in a similar way to their Chinese colleagues. While medical missionaries had no control over the theatre of war, their experiences, reactions and strategies provide us with an insight into the changes the hostilities brought. Before documenting these changes and experiences it is helpful to focus attention on the geographical distribution of medical missionary activity in China on the eve of war to obtain an outline of the missionary presence.

The listing of clinics and dispensaries poses a problem for the researcher because there appears to have been no officially recognised definition of what exactly constituted either, and the terms appear to have been used interchangeably in society records. Boynton records 50 separate dispensaries in China of which 48 are American supported and 38 of them PN.² The Norwegian Lutheran Mission (NLK) Hubei dispensary at Macheng is an example of a dispensary omitted from this list. All hospitals appear to have operated some form of out-patient department which could lend itself to classification as either dispensary or clinic.

² Boynton, C.L., and C.D., *1936 Handbook*, 1936, see mission station listings pp. 243–303.

Hospitals, by virtue of the fact that they treated in-patients, provide a more reliable indication of committed medical investment by mission societies than dispensaries and clinics. Hospitals did, however, vary considerably in size; for example the ACM St. Luke's hospital in Shanghai supported 170 beds while the LMS General Hospital in Hweian, Fujian Province supported only 48. Boynton records a total of 16,492 mission hospital beds for 1936.³

The recording of the number of nursing schools has also proved problematic when trying to quantify medical missionary activity, with different sources quoting quite different figures. For example, Matron Stephenson reported 183 Schools of Nursing in 1937 whereas the 1938 China Yearbook lists 109 registered nursing schools and 31 unregistered.⁴ As a result of these statistical irregularities this thesis has focused on hospitals as reliable indicators of mission society commitment to medical missionary work.

The Medical Mission Ministry

(i) Statistical Data

The 1937–1943 government sponsored *China Handbook* records 268 Protestant mission hospitals describing this as pertaining to approximately 75% of civilian hospital beds.⁵ Shields quotes the secretary of the CMA, Dr. Sze, writing in 1935 that there were 235 mission hospitals.⁶ However, as the hospitals are not individually listed it is impossible to cross-check these figures. Boynton lists 232

³ Ibid., p. 186.

⁴1. Stephenson, G., "The Story of Christian Nursing in China", p. 25. A copy of this report was made available to me by Dr. Andrew Pearson's wife Mrs. Jean Pearson.

2. *China Yearbook 1938*, Council of International Affairs, Shanghai, North China Daily News and Herald Ltd., 1939, p. 453.

⁵ Chinese Ministry of Information *China Handbook 1937–1943*, New York, Macmillan Co., 1943, p. 776.

⁶ Shields, T.R., "Medical Missions", 1944, p. 290.

hospitals and branches for May 1936.⁷ This thesis identifies 246 mission hospitals operating in China just prior to the war.

Medical missionary work in China, in the mid 1930s, as illustrated by Table 1, was dominated by North America with 131 of a total of 230 single-society hospitals having their supporting base in America, and 12 in Canada.⁸ This dominance in the field was reinforced by North American medical missionaries associated with CIM, which, although officially classified as an international society, recruited many of its missionaries from the North American continent.⁹ Individual mission stations of all nationalities usually, but not always, supported one hospital per mission station.

<u>Supporting Country</u>	<u>Mission Societies</u>	<u>Medical Mission Stations</u>	<u>Hospitals</u>
<u>United States</u>	30	124	131
<u>Canada</u>	1	11	12
<u>Britain</u>	10	57	61
<u>International (CIM and SA)</u>	2	16	16
<u>Norway</u>	2	3	3
<u>Sweden</u>	1	2	2
<u>Finland</u>	1	1	1
<u>Germany</u>	2	3	3
<u>New Zealand</u>	1	1	1
<u>Totals:</u>	50	218	230

Table 1: Single-Society Supported Mission Hospitals by Country¹⁰

⁷ Boynton, C.L., and C.D., *1936 Handbook*, 1936 p. 188.

⁸ Bates notes, Canadians were not rare in North American organisations but rarely reported as such. He puts the Canadian organisations as being 9% of the North American total. Bates, S.R., "The Theology of American Missionaries in China, 1900–1950", in Fairbanks, J.K., *The Missionary Enterprise in China and America*, Cambridge, MA., Harvard University Press, 1974, [Harvard Studies in American East Asian Relations], p. 136.

⁹Ibid.

¹⁰ Data obtained by analysing mission station information listed in Boynton pp. 243–303 and society records.

In addition to the 230 single-supported hospitals five hospitals were supported by more than one society, and 11 were connected to seven mission supported tertiary level educational establishments.¹¹

<u>Type of Hospital</u>	<u>Number of Hospitals</u>
Single-society supported	230
Jointly supported	5
Attached to 7 medical school/higher education establishments	11
Total:	246

Table 2: Types of Mission Hospitals Operating in China in 1936¹²

(ii) Geographical Distribution, 1936/37

The treaty ports sustained the greatest concentration of Protestant medical institutions. This concentration is not unexpected considering the protection, and density of foreign population that treaty ports offered in the early days, and this also reflects provision of medical care for missionaries themselves. It did not, however, necessarily follow that a major treaty port city supported a large number of hospitals. For example, in Nanjing, the Union Hospital, attached to the city's university and supported by MEFB and UCMS, provided almost the only western medical care in the city and this hospital was to evacuate westwards during the war. Similarly, in the frontier post Yunnan region none of the treaty ports had Protestant medical missions: the four hospitals for this region being situated in towns that had no treaty port status. The reasons underlying the choice of these

¹¹ St. John's University, Shanghai; Women's Christian Medical College, Shanghai; University of Nanking, Nanjing.; West China Union University, Chengdu; Hackett Medical College, Guangdong; Qilu University Hospital, Qilu; Yale in China, Changsha.

¹² Data obtained by analysing mission station information listed in Boynton pp. 243–303 and society records.

towns are unclear. The ten ports defined by the Chinese Maritime Customs as the Yangtse Ports all had Protestant medical mission stations. Likewise all those under the Central Ports category were served by medical mission stations and of the Southern Ports nine out of the 13 had medical mission stations. The 16 Northern ports were mostly Japanese with two medical missions at Tianjin (LMS and WFMS) and Yantai (Chefoo) (PN and CIM).

Protestant mission hospitals, which are listed in full, by province, in Appendix III, were not alone in providing western medical care during the war years. As well as hospitals operating under government auspices there were also 266 Catholic hospitals and asylums for the infirm.¹³ Large Japanese hospitals operated in Shanghai and Tianjin with the latter described as providing some of the finest medical facilities in China.¹⁴ The Japanese *Dōjinkai* 同仁会, Universal Benevolence Association hospitals were funded by Boxer funds that supported four hospitals established in China in 1914: in Beijing, Qingdao, Jinan (Tsinan) and Hankou.¹⁵ Although these Japanese hospitals were open to Chinese residents, Chinese attendance fluctuated over the years registering patient response to the state of political relations between China and Japan.¹⁶ Following the outbreak of hostilities in July 1937, Japanese hospitals closed then later re-opened to coordinate with military requirements specifically to “take care of Japanese and

¹³ *China Handbook 1937–1945*, 1946, p. 571.

¹⁴ Peattie, M.R., “Japanese Treaty Port Settlements in China, 1895–1937”, in Duus, et al. (eds.), *The Japanese Informal Empire in China 1875–1937*, 1989, pp. 166–209, pp. 176 and 198.

¹⁵ Plans for a medical school in Shanghai never materialised although one was established in Qingdao from 1924 to 1930. The hospitals employed both Chinese and Japanese staff with the latter out-numbering the former by approximately 3:1. Lo, M.C.M., *Doctors Within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan*, Berkeley, University of California Press, 2002, p. 155. Chapter 6 documents Dōjinkai projects in China, pp. 151–180.

¹⁶ Lee, S., “The Foreign Minister’s Cultural Agenda for China: The Boxer Indemnity”, in Duus et al. (eds.), *Japanese Informal*, pp. 272–313, p. 299.

Chinese patients and facilitate the pacification teams of the Military”.¹⁷ Lo notes that the Japanese were intent upon their medical work being seen as specifically Japanese to be distinguished from American or British work of a similar nature.¹⁸

Mission societies followed differing policies in the geographical distribution of their hospitals with some appearing to have operated an *ad hoc*, or unplanned, development plan over time, such as the American Presbyterians (PN and PS) supporting 42 hospitals in ten provinces. (For hospital distribution maps refer to Appendix – Maps.) Another example of an *ad hoc* development society was CMS which supported 13 hospitals, eight in Fujian and one each in Guangdong, Guangxi, Sichuan, Yunnan and Zhejiang respectively. The impression is that these hospitals were established as and when the opportunity arose rather than under any pre-formulated strategy while other societies preferred to spread their hospitals more strategically using a planned provincial development plan. CIM, in particular, followed this strategy supporting 15 hospitals in 11 provinces duplicating only in Henan, Hunan, Gansu and Shanxi. Neither the American Presbyterians nor CIM participated with other societies in any jointly supported hospitals. Twenty societies supported only one hospital in China, which provided them with a strong, focal, medical spotlight, for their work. However, the expectation of success for these individual hospitals must have been high and the responsibility on the hospital Superintendent to maintain a successful ‘medical flagship’ to promote fundraising in the home country relentless. In addition, societies funding only one hospital would perhaps have been less amenable to change over time since they had more to lose if their only hospital failed. For example, a move towards Chinese self-support might have been

¹⁷ Japanese Minister of Foreign Affairs cited by Lo, M.M., *Doctors*, 2002, p. 156.

¹⁸ *Ibid.*, p. 159.

perceived as placing a single society hospital in jeopardy. If the society's only hospital ran into serious difficulties, for whatever reason, potential donors could have argued that, if the society's missionaries were not overseeing the hospital then was the society still operating a medical mission? Home Boards could have raised the paternalistic question of "How will our fundraising public view our only hospital if it is managed by Chinese?" Thus, the move towards Chinese management and self-support could have been perceived as less attractive for societies supporting only one hospital.

Falling between extensive *ad hoc* development and single-development societies was planned, cellular, concentrated investment involving a small number of large hospitals. For example, ACM operated five large urban based hospitals: two in conjunction with St. John's University in Shanghai and three others in Anqing, Wuxi, and Wuchang. During the war, the ACM operation had the advantage of having no outlying rural medical stations that had to be supplied or overseen, as was the case in Hubei, to distract from the main operation. Despite occupation, all four cities were able to maintain communications with each other and continue with their work. The ACM Bishops had always played a strong administrative role in hospital administration and, during the war, this continued as the mortar that linked the four hospitals. Such a tightly-organised investment also had the advantage over more geographically-extended medical missions, of being easier to administer. The *ad hoc*, development policy ran the risk of producing a disconnected, over-extended network, under a multi-layered administration responsible for extensive staff levels. However, the *ad hoc* developers had the advantage of publicising themselves on a national scale, and in the case of the American Presbyterians, were able to cast American religious

influence and awareness of western scientific medicine over a greater area than any single or cellular development society could have hoped to do.¹⁹ Positively, from the missionary society perspective, an extended network of hospitals was impressive and radiated economic and physical commitment.

EPM followed a policy of consolidation operating its five hospitals only in the southern areas of Fujian (3) and Guangdong (2). Such coastal concentration was rooted in the society's early settlement in Chinese territory but to what extent this became confining in later years, a pattern from which there were neither the funds nor the will to break away from, it is difficult to assess. Certainly smaller societies were confined by economic and staffing issues which would have constrained any grand development plans however much they might have wished to expand. Societies that arrived later in China enjoyed the advantage of being able to expand further inland not being 'tied' by any pioneer economic investment to the initial geographical confines of nineteenth century missionary development.

There were anomalies such as BMS which began work in China in 1874 and later established a hospital in Xian (Sian), which in 1936 was the only Protestant mission operated hospital in Shaanxi province (Refer Appendix – Map 2). Being, in parts, the CCP base area, this region was problematic for missionary hospital development, and may have contributed to a reluctance to commit the required funds to establish and maintain a hospital in this area. Another anomaly was the Bethel Mission (BeM) which operated only one hospital and this was in the urban setting of Shanghai where there were many other hospitals and where

¹⁹ The American influence referred to here does not infer attempts by missionaries to forge a militaristic or cultural empire but rather to the opportunity to propagate the Gospel over a large area.

costs would have been high.²⁰ However, societies with hospitals in Shanghai had the advantage of visitors passing through ‘in transit’ and staff were able to socialise with other missionaries and their professional peers. The CMA and NAC had their administrative offices in Shanghai providing convenient meeting places for medical professionals. Essentially, underlying the establishment and successful administration of the hospitals of all the medical mission stations, whatever expansion strategies they chose to implement, was the financial security and size of the society.

The location of mission hospitals, by province, in 1936, reflects their geographical distribution along lines corresponding to the early years of missionary influence (Refer Appendix – Map 2). Thus, the major concentrations were to be found in the coastal provinces of Guangdong, Fujian, Jiangsu and Shandong where 111 of the 246 hospitals were situated. The establishment of medical missions in the interior areas followed the natural and man-made transportation routes into Hubei, Henan, Hebei, Hunan and on into Sichuan providing a total of 84 hospitals for these provinces. As could be expected, the remoter, more geographically challenging provinces of Gansu, Yunnan, Guangxi, Guizhou, Shanxi and Shaanxi, had considerably fewer medical missions totalling only 26 for the five provinces. Unexpectedly there is a relative paucity of hospitals in the more accessible Anhui, Zhejiang and Jiangxi triangle of provinces which totalled only 23. Zhejiang’s small number of hospitals reflects its mountainous terrain which, compared with the lower landscape in Jiangsu, would have presented a considerable barrier to development. Similarly, the more difficult terrain would also explain why Jiangxi had six hospitals. But Anhui

²⁰ This hospital was established in 1920 by Mary Stone and Ida Kahn, both Chinese women brought up by missionaries and educated in America.

appears to present something of an anomaly as, despite the Yangzi valley flowing through its central area, the province had only nine hospitals, all American. Manchuria supported two Protestant hospitals; the SDA Shenyang (Mukden) Sanatorium and CSM Hospital

Protestant medical missionary work amongst lepers appears to have been most strongly concentrated in Fujian and Guangdong provinces although Dr. James Maxwell (1873–1951) acknowledged that because leprosy workers combined to “hide their work under a bushel” accurate information was difficult to obtain.²¹ He made specific mention to the fact that due to this lack of publicity his paper listing leprosaria and leprosy clinics may have held “errors of statement”.²² Maxwell also commented that, in similar fashion to hospital dispensaries, leprosy clinics were difficult to define, with some being attached to hospitals and some operating in rural districts. It appears that much work, including some operated by medical missionaries, was financed by The Mission to Lepers (International) and The Chinese Mission to Lepers.²³ In summarising the leprosy situation Maxwell is disparaging about many of the leprosaria noting that medical treatment could be non-existent with consequently high mortality rates. Data from Boynton lists the following leprosaria:²⁴ In Fujian three British (all CMS), and two American leper homes (CEZMS, WFMS), and in Guangdong two British (CMS, EPM) and two American (PN). Leper homes were also situated in Shandong, under the supervision of Qilu University described by

²¹ Medical Adviser to The Mission to Lepers (International) and The Chinese Mission to Lepers. Maxwell, J., “Leprosaria and Organised Leprosy Clinics”, in *CMJ*, Vol., 49, September, 1935, pp. 957–962, p. 962.

²² *Ibid.*

²³ The Rotary Club also supported leprosy work.

²⁴ Data obtained by analysing mission stations information listed in Boynton, *1936 Handbook*, pp. 243–303. For a list including Roman Catholic and private institutions refer to: Maxwell, *Leprosaria*, 1936.

Maxwell as the only ‘hospital’ for lepers (PN), in Zhejiang (CMS), Hebei (LMS), and Xiaogan in Hubei (LMS), described by Maxwell as being “excellently planned, well built and very well run”.²⁵ This last leprosaria will feature in the Hubei chapters.

(iv) Medical Missionary Professional Staff



Fig. 1: Matron Gladys Stephenson and Graduate Nurses at the MMS General Hospital (*Pu'ai yiyuan*) Hankou, 1937²⁶

In 1937 there were approximately 5,800 Protestant foreign missionary staff in China of whom 297 were doctors and 262 nurses, totalling 559 professionally qualified foreigners engaged in medical work.²⁷ By way of comparison the mission societies employed 515 professionally qualified Chinese doctors and 1,161 Chinese nurses totalling 1,676 Chinese medical professionals employed in Protestant medical missions. Thus the ratio of foreign to Chinese doctors in missionary institutions in 1936 was 1:1.7 and of foreign to Chinese nurses 1:4.4.

²⁵ Maxwell, “Leprosaria”, 1936, p. 960.

²⁶ Cram/Photograph/0842.

²⁷ The *China Handbook 1937* lists total Protestant missionaries in China in 1935 as 5,816 representing 18 denominations. *China Year Book 1938*, p. 453. Based upon data from the May 1937 figures issued by the Council on Medical Missions Prayer Cycle of the CMA 1936–37.

<u>Foreign</u>		<u>Chinese</u>		<u>Ratio</u>
Doctors	297	Doctors	515	1:1.7
Nurses	262	Nurses	1161	1:4.4
<u>Total:</u>	559	<u>Total:</u>	1676	

Table 3: Medical Missionary Staff in all China 1936²⁸

The dependence of medical missionary work upon Chinese nurses is noteworthy, especially when the 3,707 student nurses working alongside the qualified professionals are taken into account as supplementary support creating a ratio of 1:42.8.²⁹ Of interest here is not only that there were more Chinese than foreign, but how few there were, in total, underpinning Protestant medical missions in China. This provides us with an overview of how small the foreign medical missionary presence in China was in numerical terms on the eve of war compared with the estimated Chinese population of 450 to 480 million.³⁰ The influence extended by these hospitals in their immediate catchment areas, however, far exceeded their statistical presence and data supporting this is provided in chapter four with reference to the hospitals in Wuhan.³¹

Within the Protestant missionary movement foreign medical professionals accounted for just over 10% of all mission society staff. Although this thesis is concerned with medical missionaries, it is recognised they did not function in isolation but as part of a wider missionary community that provided support in

²⁸ Boynton, C.L. and C.D., *1936 Handbook*, 1936, p. 188. Based upon data from the May 1937 figures issued by the Council on Medical Missions Prayer Cycle of the CMA 1936–37.

²⁹ Ibid.

³⁰ 450 million: Yip, K.C., “Disease and the Fighting Men: Nationalist Anti-Epidemic Efforts in Wartime China, 1937–1945”, in Barrett, D.P., Shyu, L.N. Shyu, L.N. (eds.), *China in the Anti-Japanese War, 1937–1945: Politics, Culture and Society*, New York, Lang, 2001, p. 180. 480 million: Ho, P.T., *Studies on the Population of China, 1368–1953*, Harvard University Press/Oxford University Press, 1959, p. 86.

³¹ Refer Table 6, p. 165. For example 44 government physicians working in 18 hospitals supported 423 beds plus outpatients, whereas 42 Protestant physicians in only 5 hospitals supported 798 beds plus outpatients.

varying ways both administratively and practically. An unforeseen source of support staff came from German Jews who fled Nazi Germany and entered Shanghai during the war. These refugees were required to register with the CMA and, by the autumn of 1940, over 100 had done so, with most being placed in positions away from the coastal areas and 12 being employed by mission hospitals.³²

Other medical professionals worked in China. Independent foreign doctors travelled to China after the outbreak of war but did not associate themselves with medical missions. One of the most famous was the Canadian thoracic surgeon Dr. Norman Bethune (1890–1939) who worked with the CCP 8th Route Army and died of blood poisoning obtained whilst performing surgery.³³ Contemporary references to Bethune are scarce and he is regarded rather ambivalently by some: McClure wrote home that an ex-SPG nurse who had worked with Bethune thought well of him and McClure quotes her as saying “once he [Bethune] gets away from his alcoholic beverages he does a good job of work and is not a bit afraid of hardship”.³⁴ Bethune’s work for the CCP was celebrated in the establishment of The Bethune Hospital, with by 1943, an attached medical school,

³² “Yearly Review”, in *International Review of Missions*, Vol., 29, No. 29, January, 1940, p. 20. H. Oertel, a German Jewish doctor worked at the General Hospital in Hankou. Dr. Hirschl was engaged by EPM in 1939 in Quanzhou. PEC/FMC/Series 1/Box 14/file3.

³³ Before going to China Bethune was a member of the Canadian Communist Party and worked with the Eighth Route Army from March 1938 where as well as providing medical care he attempted to teach basic medicine. Shewmaker, K.E., *American and Chinese Communists, 1927–1945*, Ithaca, NY, Cornell University Press, 1971, p. 92. Despite his reputation, Bethune falls outside the scope of this thesis as he was not a medical missionary. As accounts of his work did not circulate freely until after the war years his influence on the wartime medical missionary experience was negligible although he became a hero to the CCP. In 1949 the Public Health Bureau chose the tenth anniversary of his death to hold a public hearing against the Union Hospital over a post-partum haemorrhage death. “Hankow Union Hospital Board of Directors Medical Superintendent’s Report”, December 1st, 1949, CWM/LMS CH2, Central China Reports.

³⁴ There is no further information concerning Miss. Hall from McClure other than she was a New Zealander, “too elevated to know anything about politics”, and was supported by a “left-wing group” from Hong Kong. Scott, M., *McClure*, 1979, p. 273.

at Shijiazhuang, on the Hebei–Shanxi border.³⁵ Other independents who worked for the 8th Route Army were five doctors who, as part of an Indian medical mission, were sent to China in response to an appeal from Zhu De. They arrived in Hankou in 1938 where they met Zhou Enlai and worked in the ex-Japanese concession in the 64th base hospital temporarily established there in 1938. Later they served in Yanan, home to The International Peace Hospital, situated in caves on the edges of the town, and in mobile medical units with the 8th Route Army.³⁶ In contrast to the co-operation that was to develop during the war between different missionary denominations and nationalities, political differences were to prove more resistant to change. For, despite the common enemy, the Japanese, ideological differences remained, as exemplified by the Indian doctors referring amongst themselves to one ACM missionary as “Rasputin” because of his “close connection with the Chiang Couple”.³⁷

Change and Medical Missionary Experience

The changes that were the most difficult to prepare for or predict were the momentous events completely outside medical missionary control such as the commencement of hostilities in July 1937 and Pearl Harbor in December 1941. The initial outbreak of war and the outbreak of the Pacific War brought new rules and regulations, triggered troop movements and bombing raids, destroyed communication lines, and so on. The change brought about by these events, in a domino effect, then set in motion further smaller changes such as the censoring of

³⁵ China Defence League Report, “International Peace Hospitals”, in CMJ, Vol., 61, No. 2, April–June, 1943, pp. 190–191.

³⁶ For an ideologically biased account of this Indian medical mission refer to Basu, B. K., *Call of Yanan: Story of the Indian Medical Mission to China, 1938–43*, All Indian Kotnis Memorial Publication Committee, 1986, reprint, Beijing, Foreign Languages Press, 2003.

³⁷ *Ibid.*, p. 81.

mail and the necessity for travel passes, and as the war progressed it becomes impossible to separate cleanly which changes were a direct result of the war and which had no relation to the war. There were changes over which medical missionaries had some degree of control even if they could not predict the consequences. For example that the chaos of war would seriously disrupt medical missionary work was predictable and could be planned for by stockpiling drugs where possible and this, along with changes in clinical practice, were relatively easy to plan for and incorporate. That refugees, and ultimately hospital staff, would move westwards was similarly a reasonable prediction but less foreseeable were the subjective, human changes that occurred during the war such as the co-operation between denominations and the golden age of individual opportunity. The only way to label change that occurred solely as a result of the war would be to isolate change that would have happened if there had been no war and that is an impossible task. Thus we have to accept that the changes that occurred were as closely linked as the individual strands of a tightly woven mystic knot, each a visible strand in its own right yet impossible to unravel tidily. Nonetheless that does not mean that wartime change cannot be analysed in a thematic way and the following six sub-sections represent such an attempt.

(i) Immediate Effects of Hostilities

An analysis of the immediate wartime effects upon medical missionary work indicates that the onset of hostilities resulted in instantaneous communication and transportation disruption with consequent economic problems in areas under occupation and attack. This disruption in turn impacted upon the movement of goods and medical supplies creating logistical problems for suppliers and purchasers. In addition to the traffic of goods, population movement became

chaotic as refugees fled and others became subject to the rules and regulations of occupation which impacted upon military, civilian and refugee movement and the transportation of the wounded.

Changes did not occur in isolation and ‘knock on’ effects were created. For example, ACM’s St. Elizabeth’s Hospital in Shanghai expanded overnight, in August 1937, from 200 to 300 beds but its gas supply was interrupted. There were no facilities for sterilising, and staff had to fall back on electricity and liquid sterilisation.³⁸ As a result of these changes, the hospital’s electricity bill doubled in a month. Previously, the maternity section had dealt with 120 to 130 women a month but in August 1937 this jumped to 342 as maternity hospitals in Shanghai were closed or reduced as staff evacuated. Cotton pads used in maternity care became scarce, which led to an increase in their price.³⁹ St. Elizabeth’s services were further stretched by the refugee influx which naturally increased patient numbers. These changes occurred in tandem with the first resignations of the Chinese staff that began to move to the west. Thus, the outbreak of hostilities led to logistical problems at a time when the demand for services and goods within the hospital had more than doubled and the staff were fewer. These developments were compounded by rising costs and shortages of basic medical supplies which in turn led to changes in clinical practice.

³⁸ Anon, “St. Elizabeth’s Meets War Challenge” in *Spirit of Missions*, Vol., CIII, No. 3, March, 1938, p. 105.

³⁹ *Ibid.*, p. 107. Cellulose cotton in July 1938 was 68 cents a pound, by August it was \$1.15, and sterilised brown paper was substituted which cut expenses in half. Nurse Emeline Bowne (1896–1993) records a similar practice in Anqing where sterilised absorbent paper replaced gauze as an outer dressings cover. Bowne, E., to family, October 10th, 1937, ACM archive.

(ii) Communication and Travel

Communications between China and the outside world, and within China itself, were disrupted and travel became slow, erratic and hazardous. A trip that before the war had taken three hours by road could take as long as five days by foot during the war.⁴⁰ Missions in Free China were able to maintain communication with their home bases using cables and letters, although the latter could take three months or more to arrive. It was, however, still possible to complete and submit annual reports and returns that kept those at home belatedly in touch with the China field. Those in occupied China, particularly after Pearl Harbor, were completely cut off with no communication with the outside world. Landsborough, in the Free China area of Fujian, described the continued, albeit tenuous, contact with home base as “comforting”.⁴¹

Travel from, and within, Japanese occupied territory became subject to tiresome rules and regulations. Foreigners were effectively marooned within mission premises. For example, in Tianjin the concession area around the LMS Mackenzie Memorial Hospital was cordoned off and passes required for exit and entry. The result was that Chinese suppliers could no longer deliver food or goods, forcing missionaries to make time consuming trips outside the Concession to purchase supplies. The hospital’s business manager had to make three separate visits to the Flour Exchange and then negotiate for four hours to buy 50 bags of flour which was a complete waste of a business manager’s time.⁴² A further complication was that the undertaker lived in the Chinese city and as a result of the cordon his services became unavailable raised problems over burials which

⁴⁰ Landsborough, D., in conversation, February 24th 2007, cited these journey times when describing two trips he made on foot between Quanzhou and Fuzhou.

⁴¹ Ibid.

⁴² LMS, *Mackenzie Memorial Hospital: The War Emergency*, 1937, CWML A 3/3, p.6.

were not only of a practical nature but also concerned issues of public health. A substitute undertaker was engaged but on one occasion a corpse was “arrested” by the city’s Auxiliary emergency Corps and held until proof of origin could be obtained from the hospital.⁴³

If movement for foreigners within the towns and cities was tiresome, it was even more complicated for those wishing to travel between cities in occupied China. No travel was possible without a pass and these were difficult to obtain.⁴⁴ A declaration had to be signed:

⁴³ Ibid, p. 7.

⁴⁴ Bowne, E., to family, June 30th, 1940, ACM archive.

IMPERIAL JAPANESE MILITARY HEADQUARTERS

I, the undersigned, in consideration of the Japanese Military and Naval forces taking me up the Yangtse River on one of their transports, do hereby agree:

1. That I will strictly obey the orders of the captain and officers.
2. That I will not get off of the steamer until I reach my destination.
3. That I will weather all hardships on board without complaining.
4. That I will not make any sketches nor take any photographs nor make any movie films during my trip up the Yangtse River.
5. That I make this trip at my own risk and neither I nor anyone in my behalf will make any claims for losses under any circumstances.
6. That I will not say or write anything of what I have seen or heard about the Imperial Japanese Military or Naval forces operating in Central China.
7. That I leave with the understanding that the Japanese authorities cannot under any circumstances guarantee my return to Shanghai.

Signature

Nationality

Address in Shanghai

Destination & Address at Destination.

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Fig. 2: Declaration Required for Travel by Medical Missionaries Between Anking and Shanghai under the Japanese Occupation of Anking⁴⁵

⁴⁵ Bowne, E., Inserted in file RG 270-9-5, ACM archive.

In addition, all baggage was carefully examined by the Japanese authorities:

Before any foreigner leaves the city all his or her luggage has to be examined so as to avoid this being done at the city gate the Military Police have come to our houses to examine them there... They go pretty much through everything and are interested in all our possessions. A little thing like that doesn't affect you at all after a while.⁴⁶

As travelling became increasingly complicated and subject to more and more red tape, communication between dioceses had to be undertaken by cable, making their contents more public and less secure than in the past. In March 1938, the Japanese introduced mail censorship and all written communication became subject to scrutiny.⁴⁷ The Anqing medical missionaries prepared cable codes that could be used to communicate with the Bishop of Hankou via the ACM cable address "Anchumiss". "BABY SICK" indicated "Situation threatening – may need help", "BABY WORSE SEND SERUM" translated as "Situation dangerous arrange for immediate evacuation", "POST SUPPLIES" was "Steamers not stopping, evacuation if necessary would be impossible without help". Possible replies from the Bishop included "SERUM UNAVAILABLE DISPATCHING LATER" which meant "means of evacuation not immediately available, will arrange as soon as possible" or "SERUM BY EXPRESS POST ON (state day)" translated as "Launch leaving on day designated".⁴⁸ While there is no reference to the codes ever being used they provide a good example of a strategy laid in place by medical missionaries to overcome censorship.

(iii) Relationships

Medical missionaries without outside contact, such as that sporadically enjoyed by Landsborough, were particularly isolated. United Christian Missionary Society

⁴⁶ Bowne, E., to family, March 23rd, 1941, ACM archive.

⁴⁷ *North China Herald*, March 9th, 1938.

⁴⁸ Bowne, E., Inserted in file RG 270-9-6, ACM archive.

(UCMS) Nurse Mushrush was described as the only foreigner in Nantung, Jiangsu, when it was occupied by the Japanese army on March 17th 1938.⁴⁹ Mushrush had 200 women refugees, including ill and wounded, under her sole administrative and clinical care during a period when the Japanese burned over 1,000 houses in the city in reprisal for the killing of some troops by city residents. Thus Mushrush was isolated from fellow missionaries while living in an unpredictable, dangerous environment. It is reasonable that under such circumstances medical missionaries, in both Free and occupied China, formed closer relationships with their Chinese colleagues. The increased formation of these relationships was a wartime change that emphasised that the paternalistic attitudes of previous years were anachronistic.

Lewis Smythe (b.1901) a missionary sponsored by the Congregational Church and a Professor of Sociology, and his wife Margaret (b. 1901) who was a doctor were on their way to Lushan, a retreat known to missionaries as Kuling, for their summer vacation when hostilities broke out in 1937. Smythe returned to Nanjing immediately before the city fell and remained there during the occupation. His wife and two daughters evacuated initially to Hong Kong and later to the Philippines returning in 1940 to meet up with Smythe. The family then travelled to Chengdu where they remained for six years. Smythe resumed his work with the evacuated University of Nanjing and his wife worked in a mission hospital where her speciality was Tuberculosis. Describing her time in Chengdu, Margaret Smythe commented upon the change in her relationship with her Chinese Christian colleagues:

⁴⁹ Anon, *War Conditions in Nantung, Kiangsu*, 1938, Conference of British Missionary Societies (CBMS) 368, File 1.

... we felt that our fellowship with our Chinese Christian co-workers who had come with us was closer there than it had been back home, because we were all sort of exiles together in a way... So it got to be really, quite a close-knit fellowship and we were closer to them than we'd been back home...⁵⁰

The unstated implication here is that such a close-knit fellowship had previously been unusual between foreign medical missionaries and their Chinese Christian colleagues, or such new-found fellowship would have raised no comment. Shared wartime experience of hardship and evacuation, combined with closer proximity in living conditions, had created new bonds and understanding between foreigner and Chinese. Although there was some pre-war movement towards greater fellowship, particularly between the younger generation and their Chinese colleagues, wartime change during the war accelerated this trend.

However, some occasions witnessed tension between foreign medical missionaries and their Chinese colleagues such as that which arose between Dr. John Roberts (b. 1903), a medical missionary at St. Andrew's Hospital in Wuxi (Wusih) from 1936 to 1940 and his Chinese hospital staff. A Japanese civilian was brought into the hospital with an ectopic pregnancy. He recommended she be sent to the Japanese hospital in Shanghai as an emergency case but, as it was a three-hour journey, he agreed to operate despite never having previously performed the operation.

So I had a little trouble with the staff. But, of course, they said she was the enemy of the country. And I said, "Well, we are going to do it anyway." So we operated on her. ...And, the next thing, I heard, was, that morning, the Japanese military were out in the office and wanted to know why we weren't registered with the puppet government in Nanking. So the only thing I could tell them, "We don't recognise the puppet government." ...and the thing that saved the whole thing was that the patient began to get better. And when she got better she was a very appreciative patient.⁵¹

⁵⁰ Smythe, M.G., Transcript of interview for *China Missionaries Oral History Project*, Henry Luce Foundation and Claremont Graduate School Oral History Collection, 1972, p. 43.

⁵¹ Roberts, J., interview transcript, 1984, p. 14, Oral History Project, ACM archive.

Roberts distinguished between a Japanese woman experiencing a medical emergency and the administrative demands of the occupying force; He was prepared to provide emergency medical service but balked at co-operating politically by registering the hospital with the puppet government. That he was not afraid to take the latter stance indicates, clearly, he was not easily intimidated by the Japanese. Whether he wanted the woman to go to the Japanese hospital in Shanghai because she was Japanese or because he had never operated on an ectopic pregnancy is unclear; but, he was prepared to overrule his Chinese staff's opinions to treat a patient and he had the authority to do so. Did Roberts, by his authority, place his colleagues in a position where they felt they were collaborating with the enemy? It seems he did. However, what would have been the position if the woman had died: would he and his staff have been liable to accusations of incompetence or even murder? What if he had refused to operate? Would he have been supporting his Chinese colleagues' sensibilities while breaking his Hippocratic Oath and ignoring the Christian ethos of service to others? Roberts' actions illustrate how medical missionaries could use the power of their outsider position to involve their colleagues in potentially collaborative acts. This critical emergency illustrates several levels of power; Japanese authority over Roberts, his authority over Chinese colleagues, the power of the medical emergency activating the doctor's professional response and, perhaps, the power of fear forcing action to negate any possible repercussions should the woman have died. This episode provides a glimpse of some of the tensions experienced by both foreign and Chinese medical staff.

(iv) Chinese Staff Move West

By the third week of August, 1937, the Chinese had blocked the Yangzi River at Zhenjiang (Chinkiang) in an effort to protect Nanjing, with the result that all through-traffic from Central China to Shanghai ceased. Fewer ships were navigating the rivers because of the danger to shipping, and because cargo tonnage had dropped. Restriction of movement coincided with the period when civilians began moving west. The first Chinese civilians to migrate westwards were those with resources who could afford to relocate via boat and rail. One consequence of this was that the mission hospitals lost the fee-paying patients they relied upon to balance their budgets.⁵² For some hospitals dependence upon local fees was great. For example; local income covered 90% of the ACM General Hospital's expenditure.⁵³ Loss of this income created economic instability just as the costs of running hospitals increased. Donations from the National government and relief agencies for refugee care went some way to offset the balance and make up the shortfall, but many hospitals soon found themselves with financial problems, especially when funds from mission bases also dried up. The first wave of refugees was followed by those who had fled on foot carrying their possessions with them. The further they travelled the poorer they became as their meagre resources became depleted or were stolen by thieves.⁵⁴ Families ran the risk of being broken up, and by the time they reached Central China many were destitute.

Staffing shortages compounded the medical missionaries' problems as Chinese hospital staff began resigning to journey west. Many Chinese staff left

⁵² *Spirit of Missions*, Vol., C11, No. 10, October, 1937, p. 468.

⁵³ ACM, Bishop's Column, *District of Hankow: The Newsletter*, Vol., XV111, Jan/Feb, 1938, p. 2.

⁵⁴ Extracts from "Letter from Changsha", in *China Information Service Bulletin*, Issue 9, June 23rd, 1938, New York, p. 27, CBMS 368, file 1.

earlier than they thought necessary, as reported by an inspector for a CMA report on relief work, but they reasoned they had to take advantage of transportation as it became available rather than risk being trapped in occupied territory.⁵⁵ At the BMS Foster Hospital in Zhoucun, the majority of the male nursing students left soon after war broke out, and the hospital was forced to employ ward orderlies to replace them.⁵⁶ The SDA year-end report for 1937 recorded a total medical staff of 360 but by December 1938 this had fallen to 200: a loss of eight doctors, 14 graduate nurses and 138 trainee nurses.⁵⁷ The greatest losses haemorrhaged from Shanghai, Hankou and Yancheng which respectively lost 87, 35 and 23 staff. However, the 1939 SDA year end report recorded a total rise of 41% in staff numbers to 282 with an increase of ten graduate nurses and 72 trainee nurses.⁵⁸ Thirty staff had been engaged in Chongqing, and there had been a substantial increase, 36, in the staff of the Shenyang Sanatorium. This increase must to some extent reflect the re-engagement of some of those who evacuated in 1938 and, having arrived at their destination in the west, resumed employment although it does not explain the staff increase in Shenyang.

That many resumed work with SDA suggests they were not deserting SDA hospital mission work and neither is the impression given that the Christian message had not been strong enough to convince them to remain to provide service to others; they were evacuating for safety ahead of the advancing Japanese. However, these evacuees were arriving at a new destination just as the western

⁵⁵ Brown, R.E., "A Report on Relief Work Inspection", in *The Chinese Medical Journal*, Vol., 56, July, No. 1, 1939, pp. 95–98, p. 96.

⁵⁶ The positive side to this was that it accelerated the transition already begun of training female student nurses rather than male. Foreword, Foster Hospital Report, Choutson, Shandong, 1940, BMS archive, [no page numbers in this report.].

⁵⁷ SDA, "Medical Department, China Division, Summary", in *China Division Report*, Vol., 8, No. 8, 1938, p. 6, and Vol., 9, No. 8, 1939, p. 6.

⁵⁸ *Ibid.*, Vol., 9, No. 8, 1939, p. 6.

provinces were experiencing a refugee influx and, it would have been convenient and prudent, to resume employment with SDA rather than to attempt to gain employment with a new mission society, so resumption of employment may indicate convenience rather than loyalty to the mission.

Trainee nurses continued to graduate during the war and may have been recorded as a trainee loss, so a recorded loss on paper could, in fact, reflect a more competent professional nurse. For example, Tatsienlu, in 1939, records a loss of 3 trainee nurses and an increase of three graduate nurses which may document the same members of staff. Being year end figures, fluctuations within the year are not clear and some staff were drafted for war service by the Chinese authorities. Those least likely to move were the physicians who tended to remain fairly fixed, reflecting the fact that most of them were foreign although, again, where a station is recorded as having one doctor there is nothing to indicate whether it is the same doctor at the beginning and end of the year. Despite the limitations of the recorded data it is clear SDA staff were moving around the country away from the central theatre of war to what was perceived as the relative safety of the border areas. The SDA year-end figures for 1941 and the rest of the war years, as a consequence of Pearl Harbor, were never produced, thus providing an example of wartime conditions forcing a change in mission society data publication.

This draining of staff westwards caused a reassessment of the relationship between medical missionaries and their Chinese colleagues. Attitudes varied with some missionaries seeing such leave-taking as desertion whereas others appreciated their Chinese staff would face difficulties from which they, as third-party nationals, were exempt. Emeline Bowne expressed her thoughts to her family in December 1937:

We foreigners will be holding the fort – it is right for any Chinese colleagues to go as it would be impossible for them to be here should the Jap. come in.⁵⁹

In the hospital at Weihui (Weihwei) Henan, to the dismay of the Canadian mission staff, all the Chinese doctors and 75% of the student and graduate nurses had left by the end of 1937:

The infection of fear spread and on one never-to-be-forgotten day twenty of our staff left. Within two weeks our staff was reduced to one Canadian doctor, two Canadian nurses and seven Chinese graduates and pupils.⁶⁰

For some, this sudden exodus was fuelled by a desire to work in the government hospitals where they could more obviously see their contribution aiding the Chinese war effort.⁶¹ An added incentive was the higher salaries paid by government hospitals at a time when supplies were scarce and prices rising.⁶² By January 1940, 30 nurses had left St. Elizabeth's Hospital in Shanghai and were serving with the regular military forces.⁶³ The foreign staff had to confront the fact that some of the Chinese staff they had thought loyal to the Christian mission, when faced with choosing between mission hospitals and mission wages, and government hospitals and government wage levels, chose the latter. Thus, some evacuees may, under the guise of patriotic duty, have chosen economic security over Christian service.

The westward movement of Chinese staff was not without some short term benefit. Central provinces such as Hubei and Henan in the early stages of the war were able to make use, temporarily, of the large numbers of qualified Chinese medical staff that passed through their midst while fleeing the Eastern Provinces. We can only speculate whether the Chinese Christian staff would have felt more loyalty towards the mission hospitals if they had had more autonomy. Steps, which will be identified in the next chapter, were being taken towards

⁵⁹ Bowne, E., to family, December 13th 1937, ACM archive.

⁶⁰ Cited by Grypma, S.J., "Healing Honan", 2005, pp. 211–212.

⁶¹ Ibid.

⁶² De Jong, G.F. *The Reformed Church in China, 1842–1951*, Grand Rapids, Michigan, Eerdmans Pub. Co., 1992, p. 265.

⁶³ *Spirit of Missions*, Vol., CV, No. 8, August, 1940, p. 9.

devolution but still, in the mid 1930s, foreigners, particularly doctors, remained in positions of leadership over their Chinese staff. It was to be the changes described in this and the following chapters that were to accelerate advancement towards Chinese medical control.

(v) Medical Supplies and Goods

In Shanghai, during the early months of the war, hospital supplies were augmented by donations from drug companies and businesses. For example, in October 1937, Jardine Mathieson donated cotton wool, Burroughs Welcome chloroform, Allen Hanburys drugs and dressings, and Cathay Hotels towels.⁶⁴ In the same month, all medical supplies and surgical instruments became exempt from import duties.⁶⁵ Not all areas were on the receiving end of generous donations, and the staff of the MMS Blyth Hospital in Wenchow, Zhejiang province, during 1937, thought they would have to close the hospital due to the interruption of its medical supplies from Shanghai. The problem was resolved after Asiatic Petroleum and British cargo boats resumed operations and were able to transport supplies.⁶⁶

The CMA acted as a coordinator for medical supply donations and began issuing consignments of goods in January 1938.⁶⁷ By September, the CMA Relief Fund had received \$50,928.93 from donors as varied as the British Fund for Relief Work in China (CC\$6,000) and the Joint Women's Associations of Shanghai (CC\$100). Recipients included CC\$21,000 for the American Red Cross Budget, CC\$2,077.43 for wounded soldiers and emergency hospitals, and

⁶⁴ *North China Herald*, October 13th, 1937, p. 64.

⁶⁵ *Ibid.*, October 27th, 1937, p. 132.

⁶⁶ *MMS Annual Report, Review of 1937*, MMS 85.

⁶⁷ *CMJ, Council on Medical Missions*, Vol., 54, No. 5, November, 1938, p. 484.

CC\$3,891.40 purchased gauze, ether, quinine and other goods.⁶⁸ The Association's Medical Secretary reported 20 consignments of medical supplies had been despatched in July and, during November, 31 consignments sent to 25 different cities.⁶⁹ Recipients included not just Protestant but also Roman Catholic missions, the Red Swastika Society (a Buddhist relief organisation) and other Chinese charitable institutions.⁷⁰

Quinine, in particular, was in short supply and Dr. J. L. Maxwell Secretary of the British Society to the IRCC, expressed grave concern. Despite a million tablets of quinine having been sent by overseas Chinese from the South Seas, these had all been depleted and existing supplies in Central China were almost exhausted.⁷¹ The CMA responded and by November was able to report \$3,000 worth of quinine tablets had been issued.⁷² However, the service encountered logistical problems when, in December, it was announced the Director of the Post in Shanghai had issued a notice to the effect that from November 18th all parcels would be examined by Japanese censors and all medical supplies destined for Central China would be confiscated to prevent them reaching the Chinese government.⁷³

In Free China, the Chinese government's laboratories were unable to keep up with the demand for anti-smallpox vaccine and an urgent request was made to the Secretary General of the League of Nations. The League responded, and 4,000,000 doses were ordered to be sent to French Indo-China in an attempt to

⁶⁸ CMJ, *Council on Medical Missions Secretary's Interim Report for July*, Vol., 54, No.3, September, 1938, pp. 395–396.

⁶⁹ *Ibid.*, p. 484.

⁷⁰ *Ibid.*, Wong, K.C., Medical Secretary's Interim Report for July, p. 390.

⁷¹ Maxwell, J.L., "Shortage of Quinine", in CMJ, Vol., 54, No. 4, October, CMJ, 1938, p. 375. Landsborough, in conversation, referred to the generosity of overseas Chinese during the war to their Chinese relatives in Fujian. There is no explanation for the 'South Seas' referred to in this article but it seems likely that this refers to Southeast Asia, referred to as *Nanyang* by the Chinese.

⁷² CMJ, Vol., 54, No. 5, November, 1938, p. 484.

⁷³ CMJ, Vol., 54, No. 6, December, 1938, p. 582.

stave off an epidemic in China's war areas.⁷⁴ Fears of a smallpox epidemic were not without foundation as December 1938 saw 331 Chinese and 23 foreigner's deaths in Shanghai, bringing the total number of deaths during the outbreak in the city to 1,100.⁷⁵

The CMA vacated its premises in Shanghai in December 1938, and the CMM, under Dr. Brown, carried out an inspection of over 40 medical and relief organisations visiting 13 districts including the Red Cross Medical Headquarters at Chiyang, Fujian. In his summary of this tour, Brown reported the greatest problem for medical missionary work was disruption to transportation. In all the areas visited, discussions were held with missions, foreign relief workers, provincial governors and their officials, National government members and relief workers. All reported their greatest need was to keep communication lines open expressing a desire to "keep the wheels turning".⁷⁶ Mission hospitals in particular were reported as being hampered by a lack of transportation for supplies and staff. Brown recommended coordination with the British Chinese Red Cross Medical Division, which had access to trucks. In July 1939, the CMA moved to emergency offices in Chongqing where despite being cut off from contact with medical missions in occupied China, it was well placed to aid Free China:

Perhaps never before has the CMA been in such regular and intimate touch with hospitals. Hospitals from all corners of the country are in constant correspondence reporting their special needs and problems. For example the C.M.S. Hospital at Kunming and the Missionaries Memorial Hospital at Chaotung have written of their problems of high costs in Yunnan...⁷⁷

Every effort was made to relay supplies to hospitals. The Canton Hospital, (UCC/UB) through the CMJ, reported that when the river was closed, it would

⁷⁴ CMJ, Vol., 55, No. 1, January, 1939, p. 90.

⁷⁵ Ibid.

⁷⁶ CMJ, Vol., 56, No. 1, July, 1939, p. 96.

⁷⁷ CMJ, Vol., 58, No. 3, September, 1940, p. 496.

have been impossible for the hospital to obtain necessary supplies of medicines without help from the U.S.S. gunboat *Mindanao*.⁷⁸

Some hospitals were fortunate enough to have staff with foresight. Landsborough described how extra supplies ordered for Quanzhou by his predecessor had lasted throughout the war:

Certainly before she [Dr. Florence Read] left she was very cunning, very wise I think, for instance take ether and chloroform for general anaesthesia, there wasn't any gas or anything. There was chloroform and that was it. But she made a big order, a great big order of big bottles of chloroform and ether, especially ether, about that high. [indicates with his hand approximately one metre from the ground] A huge order of ether from Shanghai and these came down even before we arrived and they were stored where we lived a little bit further away from the hospital, they made a huge hole in the ground and built a storehouse with a concrete lid...and so these bottles lasted us right through the war.⁷⁹

After the war Landsborough and his colleague Tunnell published a paper describing an improvised technique they had developed during the war enabling them to perform 100 operations under endotracheal anaesthesia when “few hospitals in China can have had facilities for modern endotracheal anaesthesia”.⁸⁰ Although Reed's foresight and Landsborough and Tunnell's improvisational technique secured the hospital's supplies of anaesthetics the sourcing of other drugs proved a problem for the hospital. Despite remaining in Free China for the duration of the war the hospital was permanently on a war footing as the Japanese were only one day's march away in Xiamen and tensions were fuelled by 'nuisance' bombing raids.

Hospitals in Free China were supported by the FAU which transported supplies from West China under the leadership of McClure. Fuzhou was Fujian's

⁷⁸CMJ, Vol., 59, No. 3, March, 1941, p. 294.

⁷⁹ Landsborough, D., in conversation, February 24th, 2007.

⁸⁰ Landsborough, D., Tunnell, N., “Simple Endotracheal Anaesthesia”, in CMJ, Vol., 65, Nos. 9 and 10, (single edition) September/October, 1947, p. 367.

dispersal point and, although he never met any of its members personally,

Landsborough regarded the FAU as:

... an absolute life-saving thing...Now take Fuzhou a big city where there were two big hospitals there. One was the American Methodist Hospital [Christian Union] and then the Church Missionary Society C.M.S. Hospital [Christ's Hospital] in Fuzhou these two big hospitals there and the other mission hospitals dotted around. And medicines were not really made in the area, they depended upon being brought in and so that's when the supplies had to come in from West China, they were not many but they came from West China and how could we get supplies from West China? It was through the Friends' Ambulance Unit.⁸¹

The FAU, even though they operated within Free China, still had tedious logistical problems transporting the supplies. Within Fujian many of the roads had been destroyed to impede Japanese movement inland but this also obstructed the FAU. Truck drivers had to be trained mechanics in order to make running repairs at the side of the road with one of the main problems along the Burma Road being access to water to cool the engines.⁸²

Mission hospitals were also subject to the over-use of existing resources both material and human. The LCH in Shanghai reported that increased usage of its equipment would lead to earlier replacement than in the past. In the first quarter of 1938, the LCH's work had increased by 47%, compared with the corresponding period for 1937. Regarding the hospital's human resources the problem was not finding people to work but of overwork by existing staff already exhausted.⁸³ In August 1937, between 90 and 100 new wounded were arriving at the LCH each day, and even when services were stretched to breaking point, new

⁸¹ Ibid.

⁸² The Burma Road was built by the Chinese in 1937 connecting Lashio in Myanmar (Burma) with Kunming. It was notoriously difficult to negotiate, partly because of the hair-pin bends, and supplies were transported along it into China during the war, particularly by the FAU using temperamental charcoal driven trucks. For an account of the daily life of an FAU driver working this route see: Llewellyn, B., *I Left My Roots in China*, London, Allen and Unwin Ltd., 1953, pp. 15–43.

⁸³ LMS, "Lester Chinese Hospital, Annual Report and Accounts 1937", *LMS Triple Jubilee Papers*, CWML A.3/3

wounded were still being admitted. The new wounded were Koreans and Chinese, who were brought in as suspected spies, or Japanese, after “being set on by the crowd”.⁸⁴ These patients then had to be guarded until police protection arrived, which hindered and delayed staff even further. Such overwork and stress was, however, only the beginning and by August 24th, the day after the accidental Chinese bombing of the Sincere Department Store, when it was reported that 150 people had been killed and 450 wounded, the hospital staff’s previous experience was put to good use. The work of the LCH following the bombing is described by the hospital’s chief surgeon and illustrates not only the way the hospital operated but also the type of injury medical missionaries and their staff had to contend with:

I was really proud of the way our people went at it. The experience of nine days before stood us in good stead. By 3.30 we had cleared up. Operations of course went on to much later. Our rooms in out-patients and emergency were cleared – floors washed – light cases sent off – about 10 medium cases transferred to other hospitals and about 40 left in our wards. On trestle beds, floors etc. By 4 p.m. even the courtyard had lost its blood stains, fresh stock of dressings &c were in the rooms and all ready for another burst which one prays may never come. Five have died overnight... One man who was brought in dead was completely severed across the middle, but was held together by almost uninjured clothes.⁸⁵

An unexpected side-effect of the transportation problem was that the arrival of military wounded from the front to all hospitals was often delayed, and many died of their wounds while in transit. As a result, unusually for hospitals operating in a war zone, more medical than surgical cases were received. In Shanghai, and other large cities, the wounded had easier almost instant access to hospitals. Consequently, wounds that would have been fatal for military wounded isolated on the front line could be treated promptly in the cities and lives saved.

⁸⁴ Paterson, J.L.H., Confidential extract from correspondence, August 16th, 1937, CBMS Box 368, File 2.

⁸⁵ *Ibid.*, August 24th, 1937, CBMS Box 368, File 2.

In the early months of the war the numbers treated could be high and in Shanghai the LCH dealt with 1,176 gunshot wounds during a two week period between August 13th and 31st 1937.⁸⁶

(vi) Enemy Action: Medical Missionaries and Mission Property

Personal injury and damage to mission property were unavoidable consequences of enemy action. Medical missionaries, as a collective group, appear to have escaped major injuries during the war, but damage to mission property was common-place. An account of a typical bombing raid resulting in damage to mission property was recounted by Dr. Ayers from Zhengzhou (Chengchow) in Hunan:

Bombs started dropping all around, anti-aircraft guns and machine guns firing, people screaming, dogs howling etc. Eighteen planes came over and dropped about eighty bombs, of which number 70 percent were in the environs of the different missions and the remaining Lunghai Gardens and residential compound. Eight bombs landed in the south compound, one in the hospital compound, twelve in the Catholic Mission Compounds, and many around the missions... At least nearly three thousand dollars worth of damage was done to our compounds...⁸⁷

In addition to being damaged by bombing raids, hospitals and mission property were also occupied and, in some cases, looted as the Japanese advanced. The CMM made efforts to tabulate mission hospital losses. The initial CMJ report covered information received up to March 1938 and reported 14 hospitals had been occupied, damaged, looted or destroyed with an estimated loss of \$400,000.⁸⁸ A second report published in March 1939 covered 34 mission

⁸⁶ *North China Herald*, October 13th, 1937, p. 64.

⁸⁷ Ayers, Dr., "A Mission Doctor in the War", Spring, 1938, CBMS 368, File 1.

⁸⁸ Wong, K.C., "Medical Secretary's Interim Report for March 1938", in CMJ, Vol., 53, No. 6, June, 1938, p. 612. As American dollars were denoted in the CMJ as US\$ this amount would seem to refer to CC\$.

hospitals and clinics with an estimated loss of between \$1,000,000 to \$1,500,000.⁸⁹

	March 1938	March 1939
Occupied	Huchow General Hospital Soochow (Suzhou) Soochow Hospital Wilkinson Hospital Yanchow (Yangzhou) Baptist Hospital	Huchow General Hospital Kashing (Jiaxing) General Hospital Shanghai General Hospital Shanghai Sanitarium Clinic Soochow (Suzhou) Soochow Hospital Wilkinson Hospital Yangchow (Yangzhou) Baptist Hospital
Damaged	Chouts'un (Zhoucun) Foster Hospital Nanchang Ida Kahn Women and Children Hospital Paoting Taylor Hodge Memorial Hospital Shanghai Margaret Williamson Hospital St. Luke's Hospital Taiyuan (Daizhou) Schofield Memorial Hospital	Chenchow (Chenzhou) General Hospital (Hua'ai) Chouts'un (Zhoucun) Foster Hospital Nanchang Ida Kahn Women and Children Hospital Paoting Taylor Hodge Memorial Hospital Shanghai Margaret Williamson Hospital St. Luke's Hospital Taiyuan (Daizhou) Schofield Memorial Hospital Tingsien (Dingxian) Leprosy Asylum Yencheng (Yancheng) General Hospital

⁸⁹Wong, K.C., "Medical Secretary's Interim Report", in CMJ., Vol., 55, No. 3, March, 1939, p. 295. There is a calculation discrepancy in the report. It calculates 11 mission hospitals destroyed not 10, 8 occupied not 7 but tabulates the actual hospitals as set out in Table 6 above from which the writer has made her calculations.

Looted	<p>Wusih (Wuxi)</p> <p>St. Andrew's Hospital</p> <p>Changsha</p> <p>Church Hospital</p>	<p>Changsha</p> <p>Church Hospital</p> <p>Haichow (Haizhou)</p> <p>E. L. Graham Hospital</p> <p>Nanning</p> <p>Seventh Day Adventist Sanitarium</p> <p>Wusih (Wuxi)</p> <p>St. Andrew's Hospital</p>
Destroyed	<p>Kiangyin</p> <p>Christian Hospital</p> <p>Soochow (Suzhou)</p> <p>Elizabeth Blake Hospital,</p>	<p>Chiaotoutsen (Jiaotouzhen)</p> <p>Seventh day Adventist Clinic</p> <p>Kiangyin</p> <p>Christian Hospital</p> <p>Liuho (Liuhe)</p> <p>Grace Hospital</p> <p>Nantung</p> <p>Christian Hospital</p> <p>Shanghai</p> <p>Bethel Hospital</p> <p>Soochow (Suzhou)</p> <p>Elizabeth Blake Hospital</p> <p>Tooker Memorial Hospital</p> <p>Waichow</p> <p>Seventh Day Adventist Hospital</p> <p>Wuchang</p> <p>Seventh Day Adventist Clinic</p> <p>Wuchow (Wuzhou)</p> <p>Stout Memorial Hospital</p>
Closed		<p>Jukao (Rugao)</p> <p>Mission Hospital</p> <p>Taichow (Taizhou)</p> <p>Sarah Walkup Hospital</p> <p>Tingsien (Dingxian)</p> <p>Salvation Army Hospital</p> <p>Yencheng (Yancheng)</p> <p>General Hospital</p>

**Table 4: Council on Medical Mission Assessment of Loss to Mission
Hospitals and Clinics, March 1938 and March 1939⁹⁰**

An addendum to the 1939 list noted that since the information had been compiled most of the occupied hospitals had been returned, but many were damaged and equipment either missing or beyond use such as in the case of the ACM St. Luke's Hospital, Shanghai, when, in January 1938, the operating theatre was open to the elements with one of its walls torn out. The CMM report noted:

The entire change of conditions, the lack of financial resources, makes it now impossible to carry on the work as before. Future medical work may have to be greatly modified and built on a much simpler basis so as to cope with the present urgent needs.⁹¹

Thus, institutionally, it was being recorded that adaptations had already had to be made as a result of wartime change and that the long term consequences of the situation would probably necessitate further modifications to working practices. Medical staff were having to cope with uncertain, often disastrous, wartime conditions that, in the short term, were not expected to improve.

The Post-Pearl Harbor Period

(i) Chinese Staff

With the attack on Pearl Harbor medical missionaries' Chinese colleagues lost the privileges and protection they had received through their association with the foreign missionaries and some suffered greatly as a result. Early on December 8th 1941, the Japanese arrived at the Kate Ford Whitman Hospital at Fenchow, Shanxi Province, and detained all the missionaries. The next day, the first wave of

⁹⁰ Wong, K.C., "Medical Secretary's Interim Report for March 1938", in CMJ, Vol., 53, No. 6, June, 1938, p. 612. Wong, K.C., "Medical Secretary's Interim Report", in CMJ, Vol., 55, No. 3, March, 1939, p. 295.

⁹¹Wong, K.C., "Medical Secretary's Interim Report", in CMJ, Vol., 55, No. 3, March, 1939, p. 296.

Chinese Christian arrests began, including two Chinese nurses from the hospital and Pastor Wang Ching Wen, Principal of the Bible School, Chairman of the Hospital's Board of Management, the Boys' Primary School and the Middle School. The Rev. Harold Matthews, General Secretary of the mission, and Miss. Noreen, Hospital Superintendent, were also detained for five and three days respectively.⁹²

The second wave of Chinese Christian arrests began on January 25th 1942, and included Dr. Wang, the hospital doctor, and several others from the hospital. Altogether, 41 Chinese Christian workers from the hospital and church were arrested, and 20 taken in for questioning. All were beaten and tortured. Those arrested in the second wave were tutored by those from the first wave and advised it was in their best interests to confess to being Communists. They were coached to say they had only joined because they had been told to, had no knowledge of the party's organisation and had done nothing. It was suggested that those who answered in this way would face the least trouble.

Later, it was mooted that the Japanese had been seeking such confessions to try and establish that the Executive Committee of the Fenchow Church was the Executive Committee of the Fenchow Branch of the Communist Party, with links to a Communist headquarters in Peiping. Pastor Wang, who was questioned for the longest period and beaten the most severely, was asked; "What orders does the United States government give to this mission at Fenchow?", "When the Chinese army retreated in 1938, where were the soldiers concealed who were left on the mission premises?" and "What is the connection between the Fenchow Church

⁹² Chao H.H., "The Clouds of Witnesses: A Record of Experiences of the Fenchow Christian Church, Shansi, China on and after December 8th, 1941", 1944, translated by Alfred Heiniger, *China Missionaries Oral History Project*, Henry Luce Foundation and Claremont Graduate School Oral History Collection, 1972.

and the Central Government in Chungking?”⁹³ Upon his release after being sentenced to two months imprisonment, Dr. Wang entered the hospital at Taiku, Shansi, as a patient.

This linking of Chinese Christians with the CCP and the United States government anticipated post-Pearl Harbor change in CCP missionary policy from one of aggression and animosity towards missionaries, to regarding them as a valuable conduit to China’s allies. As the National government was China’s diplomatic delegate, the CCP was distanced from official contact with China’s allies. Tao Feiya suggests missionaries became valuable facilitators of an “International Relations Bridge”, between the CCP and China’s allies.⁹⁴

On March 4th, 22 of the Fenchow prisoners were informed they were to be executed, given a final lecture in which they were told their suffering had been to change their pro-American hearts, and then, unexpectedly, released. Of the 22, six were ill and seven taken ill after release, and of these, two subsequently died. Among the other 19 prisoners, Dr. Wang was given a two-year prison sentence (later commuted to 9 months) making a total of just over a year of imprisonment. Another prisoner was executed.⁹⁵ Thus, the protection the hospital’s Chinese medical workers had received, via association with third party nationals, had evaporated and the foreign missionaries were powerless to protect them.

After the war, Alfred Heineger (b. 1891), who had returned to oversee the rebuilding of the hospital found Dr. Wang had survived. Discovering that the Japanese had cremated their dead in the eastern part of the mission Heineger described the day of his return as “about as depressing a day as I have ever

⁹³ Ibid., p. 8.

⁹⁴ Tao, Feiya 陶飞亚, *Guoji guanxi de qiao liang* 国际关系的桥梁, *Kang zhan shiqi Zhonggong dui jidujiaohui de xin zhengce* 抗战时期中共对基督教会的新政策 (New Communist Policies towards the Christian Church in the War of Resistance) in *Wenshizhe*, No. 5, 1995, pp. 10–15.

⁹⁵ Chao, H.H., “The Clouds”, 1972, p. 9.

experienced”.⁹⁶ In February 1946 Pastor Wang and Dr. Wang took part in a Conference on “The Rehabilitation of the ABCFM’s Congregational work in North China”. Heininger made this comment:

Think what it means to be *partners* with men like these in the tasks of rebuilding in their NEW DAY for China! [Italics added]⁹⁷

The use of the word “partners” illustrates how Heininger regarded his relationship with his Chinese colleagues. Shared suffering and wartime experiences had occasioned this public expression of Heininger’s sense of partnership. In 1925 an ABCFM report for Heininger’s mission at Teichow had expressed the hope that:

The future will justify our assurance as to Chinese leadership which is to replace the missionaries within a few years⁹⁸

While the Chinese devolution hoped for in 1925 had still not arrived there was a post-war recognition that shared experiences and partnership had replaced foreign missionary instruction.

(ii) Mission Hospital Reports

Information concerning mission hospitals in occupied China became harder to glean following Pearl Harbor, but repatriated medical missionaries were able to provide information. The *Gripsholm’s* first voyage carrying repatriates from China arrived in New York on August 25th 1942 and carried 41 doctors and 30 nurses from the Far East.⁹⁹ Her second voyage ended in New York on December 1st 1943, and transported 43 doctors, of whom 25 had been associated with

⁹⁶ Heininger, A.D., *Some Reminiscences and Comments Regarding My Third Term in China, 1945–6*, China Missionaries Oral History Project, Henry Luce Foundation and Claremont Graduate School Oral History Collection, 1972, p. 5.

⁹⁷ Chao, H.H., “The Clouds”, 1972, p. 10.

⁹⁸ ABCFM, “North China Mission, Shantung District, Tehsien (Techow) Station, General Report for 1925”, Special Collections, Honnold/Mold Library, Claremont, USA, p. 5.

⁹⁹ CMJ, Vol., 61, No. 4, October-December, 1943, Washington, D.C., 1943, p. 356. The first American repatriation ship, the *Conte Verde*, left Shanghai for Singapore and Mozambique on June 28th, 1942, to rendezvous with the *Gripsholm*, carrying mainly allied personnel and 236 American citizens. Cliff, N., *Prisoners*, 1998, p. 116.

mission hospitals.¹⁰⁰ There were also 8 dentists and 41 missionary nurses from either occupied China or the Philippines and while on board ship medical missionaries held four meetings.¹⁰¹ The first two covered internment camps; conditions, deficiency diseases and nutritional disturbances. Observations from different locales were collated and it was hoped the findings would be published in full. Thus the war had provided medical missionaries with the opportunity for research and consequent professional development.¹⁰² The third meeting was held to familiarise the returnees on recent developments in American medical practice and registration for war service. The fourth meeting was specifically for missionary doctors and nurses to report on conditions within the hospitals and medical schools in occupied China, and to draw up post-war plans. This pooling of knowledge went some way towards creating a partial report of medical missionary work in 1943, and helped clarify the situation in occupied China. The publication of this information in the CMJ provides a vignette of medical missionary thought.

80 hospitals were reported by name, and of these, 47 remained operational, with 37 reported as closed. Of those remaining one was closed but the staff were carrying on elsewhere, and in two the Japanese had opened military hospitals with former staff carrying on elsewhere.¹⁰³ One hospital building was destroyed, but had established itself at a new site while another was reported as being used as a Japanese civilian hospital with the Chinese staff carrying on elsewhere. Of 31

¹⁰⁰ The second American repatriation ship, the *Teia Maru*, carried 1,624 passengers (1,564 American and 60 Canadians) and rendezvous-ed with the *Gripsholm* on the West Coast of India arriving in New York on December 1st, 1943. *Confidential - The Second Voyage of the Exchange Ship Gripsholm: Extract from Summary*, Office of Strategic Services, Research and Analysis Branch, FO 916/1035.

¹⁰¹ *Ibid.*

¹⁰² *Ibid.*

¹⁰³ CMJ, Vol., 61, No. 4, October/December, 1943, CMA, Washington, D.C., p. 359. There is a discrepancy in these figures. The total number of hospitals reported upon was 80 but only 79 are detailed.

hospitals reported as being under Chinese control, 19 were Christian, 4 civilian and 8 government-run. Of 24 under Japanese control, 19 were civilian and 5 military. The hospitals are not identified so it is impossible to place them geographically, but it is significant to note that despite closure, damage, and requisition, of the 31 hospitals reported upon as being under Chinese control, over half were being managed by Chinese Christians. In a further 32 hospitals, similarly unidentified, it was reported former Chinese staff were retained in whole or in part.¹⁰⁴

Following their discussions, the *Gripsholm* medical missionaries drew up six resolutions to aid rehabilitation of medical missionary work after the war. Chinese leadership was the second resolution to be tabled and significantly, emphasis was placed upon the ‘local’ as opposed to the ‘national’ or ‘international.’

Chinese Leadership: This should be given increasing emphasis in the control through *local* boards of directors and administrative positions, promoting *local* cooperation of the church and community in the matter of health, education, and financial support. The *place* of the foreign doctors or nurses in the mission hospital should be determined by the special needs of the case and the approval of the older members of the Chinese staff. [Italics added.]¹⁰⁵

There is a sea change in attitude here with the recommendation that Chinese staff approve the “place” of the foreign doctors and nurses and not, as previously in many areas, of Chinese staff being subservient to foreign staff. Continued cooperation with Chinese Health Organisations was supported, to aid preventive medicine in the fight against infectious diseases and public health. The final sentence of the resolution statement stresses the importance of a return to

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., p. 361. The other resolutions referred to the relative importance of different aspects of medical work, cooperation with the NHA and provincial health organisations, foreign contributions (financial and otherwise), the training of missionaries and, publicity.

China of medical missionaries who have empathy with the Chinese and their customs and reinforces the idea of returning to help the Chinese rather than lead them:

After the close of the war we believe there will be a period of active reconstruction and growth throughout China, and doctors and nurses who are familiar with people, the customs and the language of the country will be those best qualified to return and help the Chinese leaders in this work of rehabilitation.¹⁰⁶

The argument the repatriates were taking back with them was one of support for Chinese medical personnel in China, rather than governance over them, but crucially they did not anticipate any necessity for a reduction in their own presence. By the end of the war, when some Chinese staff had proved they could manage mission hospitals effectively under difficult conditions and when the post-war call sounded for Chinese autonomy in mission hospitals, as will become clear, Mission Boards were forced to appreciate they could no longer defend an argument for continued western governance. What also became difficult to defend was the foreign medical missionary presence itself.

Medical Missionary Work in Free China

Free China's provinces were more provincial than the areas the majority of refugees had vacated, and the population was more self-sufficient, having always been removed from the main areas of modernising influence.¹⁰⁷ The newcomers were not readily-accepted by the inhabitants who were suspicious of the new arrivals. Distinctions were made between 'people who had come down the river' (*xiajiangren* 下江人) and local people (*bendi ren* 本地人).¹⁰⁸ Initially the *xiajiang*

¹⁰⁶ Ibid., p. 362.

¹⁰⁷ Bowne, E., to family, March 22nd, 1942, ACM archive.

¹⁰⁸ Esherick, J.W. (ed.), *Remaking the Chinese city: modernity and national identity, 1900–1950*, Honolulu, University of Hawai'i Press, 2000, p. 174.

ren arriving in Free China did not even unpack their belongings, thinking their westward exodus would prove to be only temporary.¹⁰⁹

Outside supplies were unobtainable, and the population was forced to live entirely from the land. In Chengdu and Chongqing, the university medical schools and hospitals provided a modern western medical service, with up-to-date equipment and services. Austin describes the men's hospital at the West China Union University as a "magnificent, multi-pavilioned, two-storeyed edifice..."¹¹⁰ In the rural areas of Free China conditions were more primitive; there were few drug supplies, fuel was scarce and, as a result, working hours often limited to daylight. Work in the rural areas of Free China was, however, less dangerous as they were spared the intensive bombing raids endured by the cities. In February 1941, Bishop Craighill ordered the ACM staff to evacuate Anqing.¹¹¹ Emeline Bowne journeyed to Wuhu and from there, disguised as a Chinese woman, travelled to Maolin in southern Anhui. She began operating a small clinic, attending mostly to farmers' legs and infected fingers and hands reflecting the area's tea picking agricultural base. A Chinese doctor, Dr. Wei visited weekly. There were few drug supplies, the rice situation was serious and Bowne contracted malaria.¹¹² She established a record and ticket system for Nationalist soldiers who came and went "like will and the wisps"¹¹³ requesting sulphanilamide for meningitis.¹¹⁴ How the sulphanilamide was obtained is unclear, although reference is made to a Mrs. Wu, who moved through Japanese and

¹⁰⁹ Smythe, M.G., Oral Transcript, 1972, p. 42.

¹¹⁰ Austin, A.J., *Saving China*, 1945, pp. 175–6.

¹¹¹ Bowne, E., to family, February 27th, 1941, ACM archive.

¹¹² *Ibid.*, May 28th, 1941.

¹¹³ *Ibid.*, March 19th, 1945.

¹¹⁴ Bowne, E., Oral Transcript, 1985, Disc Two, p.66, For a vivid account of Chinese soldiers' ailments see: White, T.H., Jacobee A., *Thunder Out of China*, New York, Da Capo Press, 1947, pp. 131–134.

Chinese lines.¹¹⁵ Currency regulations decreed missionaries were only allowed to draw ten percent of society and personal funds from the bank in Huangshan (Tunki), because the army could not access the funds it needed from the west to pay its troops. Thus missionary funds, personal and institutional, were, effectively, underwriting Nationalist soldiers' wages. Funds that could be withdrawn were paid in high denomination bank notes of \$50 and \$100, which incurred a ten percent charge from local profiteers, although Bowne thought they were fortunate to be able to change them at all. Soap became as "precious as gold" and they struck as few matches as possible.¹¹⁶ Despite medical and economic difficulties, personally and institutionally, Bowne was able to keep the clinic operational.

In August 1944, Bowne moved further westwards to Kunming where a pad of writing paper cost \$500, a prophylactic toothbrush \$1,000 and three yards of material \$18,000.¹¹⁷ At Kunming Bowne described conditions as "primitive" and her work consisted of general nursing while operating a de-lousing campaign in a temple.¹¹⁸ Professionally she was fulfilled:

This is just the sort of work I have been longing to do and Maolin was a fine preparation. It is like regular hospital nursing – practically no equipment and I concentrate on eyes. The very sick as much as possible, scabies treatments, keeping hot water boiling on hand and generally trying to keep up with things... I am still trying to find some way to get a hospital number attached to every pt. [patient] so that we won't lose them. They are transferred with great rapidity from one tent to another or to the temple.¹¹⁹

While attempting to organise the hospital's administration, Bowne also operated her own, unofficial, hospital accounting system with donations she received personally. With these funds, she bought stoves and carried just enough

¹¹⁵ Bowne, Transcript, 1985, p. 62.

¹¹⁶ Bowne, E., to family, September 14th, 1942, ACM archive.

¹¹⁷ Ibid., September 25th, 1944.

¹¹⁸ For a detailed account of the de-lousing process see: Llewellyn, B., *I Left*, 1953, pp. 45–55.

¹¹⁹ Ibid., March 19th, 1945.

charcoal to the hospital for the day's needs. She also bought cooking utensils and "various other things".¹²⁰

In comparison to her nursing work in Anqing, where a Medical Superintendent oversaw secretarial and administrative work, in Free China, Bowne took charge and ran all sections; secretarial and economic and perhaps more importantly: in an emergency wartime situation. As well as establishing and operating the de-lousing campaign she organised the collection of 6,000 catties of fuel for each general de-lousing. In July 1945, she contracted typhus despite having been inoculated.¹²¹ Her reward was a heightened sense of her professional worth because, in retrospective review of her wartime experiences in Free China, she commented that what she had really learned was that while people could have medicine and medical care, without nursing care things were impossible.¹²² Personally acknowledging the importance of her profession's skills, Bowne was experiencing a golden age in her career, in spite of the personal privations she was experiencing.

When Hankou fell in October 1938, Dr. Herbert C. Liu and Dr. Samuel Pang, two Chinese Christian doctors working in a small SDA medical clinic, evacuated and established a medical centre in Chongqing.¹²³ They left Hankou with no equipment or funds and managed to run the hospital as a self-supporting concern throughout the war. At the 1945 SDA Mission Symposium Autumn Council in Grand Rapids, Michigan, their achievement was noted by one of the delegates:

I think I am safe in saying that, aside from some Ingathering funds appropriated that first year, and from a small donation of two thousand

¹²⁰ Ibid.

¹²¹ Ibid., May 25th, 1945.

¹²² Bowne, E., Oral Transcript, 1985, Disc Two, p. 67.

¹²³ Both doctors had studied medicine at the SDA Loma Linda medical school in America.

pesos from an interested person in the Philippines, that institution [Chongqing Medical Centre] has developed and grown from its own income.¹²⁴

The medical centre flourished from its opening in spring 1939, and by 1945 had evolved into an 85 bed hospital with a nursing school.¹²⁵ The founding and operating of this hospital highlights not only the competence of Chinese Christian missionary medical workers but also illustrates the opportunity given to them by the wartime conditions to demonstrate this competence. In addition to day-to-day administration, they had to deal with the problems of running a hospital in a city that was regularly bombed during the day.

Adaptations to clinical practice had to be made: major surgical operations were undertaken with crude, out of date instruments, and sterilisation procedures were reliant upon pressure cookers. Medicines were scarce and those that could be sourced were expensive.¹²⁶ The hospital operated permanently under 'bombing alert', and medicines and supplies remained boxed up for easy transportation during raids. Each staff member had a designated task and within 20 minutes patients and equipment could be transferred to dug-outs in a hill behind the hospital. Following bombing raids, a first-aid ambulance travelled to areas of the city where they could be of most use.¹²⁷ In July 1941, the hospital received a direct hit that divided one sixty-foot building into two halves, leaving a 25 foot crater in the centre open to the sky; the operating theatre was completely destroyed and operations transferred to the chapel where plaster had been forced

¹²⁴ Longway, E.L., "A Note of Courage From China", in *The Advent Review and Sabbath Herald*, January 10th, 1946, SDA, RH 1946-02, p.17. Harvest Ingathering was an SDA annual event when a call was made for funds from church members.

¹²⁵ Liu, H., "Our Medical work in Free China", in *The Advent Review and Sabbath Herald*, March 8th, 1945, SDA, RH1945-10, p. 14.

¹²⁶ SDA "China Division Symposium", in *The Advent Review and Sabbath Herald*, June 4th, 1941, SDA, RH1941/28, p. 152.

¹²⁷ Howard, M.D., "The Chungking Medical Center", in *The Advent Review and Sabbath Herald*, Vol., 118, No. 58, December 11th, 1941, Washington DC, SDA, RH1941 - 58, p. 11.

off the walls. For makeshift protection from falling plaster and to catch the dust muslin was slung under the ceiling over the operating table.¹²⁸ Due to the bomb damage the hospital needed to be rebuilt. Conditions were therefore extremely difficult and decisions had to be made on the spot under greater than normal pressure. The Chinese Christian medical staff were able to administer and supervise the hospital professionally, and run it as a self-supporting venture raising the necessary funding as and where they could find it. Without the war this opportunity would not have been available and the two doctors would probably have continued working in the small clinic in Hankou under foreign direction.

Summary

Although the changes that occurred as a result of the war brought difficulty and hardship, they also provided medical missionaries and their Chinese Christian colleagues with opportunity in both occupied and Free China. These health professionals, who were trained to provide Christian medical care, devised strategies to cope with situations they never imagined they would have encountered when they signed up for medical missionary work. Every moment of the war they had to be prepared to meet the challenge of the unexpected. The consequence of coping with these social, economic and occupational changes resulted in professional and personal development, and foreign staff reassessed their working and personal relationships with their Chinese Christian colleagues.

It was predictable that working in a war zone would lead to professional development as medical professionals treated war wounds and diseases with

¹²⁸ Ibid.

which they were unfamiliar in peacetime, and in numbers they had never previously encountered. The war provided medical professionals with the opportunity to gather clinical information for research purposes. It could be expected, that within the theatre of war, medical personnel would become inventive and improvise as goods and medical supplies became scarce and expensive. Less predictable was the successful way both medical missionaries and their Chinese colleagues embraced the administrative role that the war demanded of them. While those previously in authority had experience of the administration involved in running hospitals and dispensaries, there were those who found themselves alone or with depleted staff numbers with no such experience. For most, but not all, new levels of professional and personal competence were achieved as they grappled with wartime change.

Chapter Four

Pre-Occupation Hubei : The Protestant Medical Missionary Contribution

Now is the day of opportunity, if ever, for our medical missionary movement to function ...¹

Dr. H.W. Miller, SDA, 1938.

Introduction

Hubei was chosen as a regional study area for this thesis because it provides an opportunity to examine the wartime experiences of British, American and Scandinavian medical missionaries within a clearly defined administrative area. Wuhan was not occupied until October 1938 so it is possible to compare medical missionary pre-occupation, and occupied experience, within both urban and rural contexts.² The rural districts, although constantly fought over, remained free for varying periods and as Hubei was never completely overrun, the contrasting experiences of occupied and free Hubei continued throughout the wartime period. An additional point sparking interest was that Hankou contained the world's largest Methodist Missionary Hospital in the 1930s; the Methodist General

¹ SDA, "Medical Secretary's Report", in *China Division Reporter*, Vol., 8, No. 2, 1938, p. 10.

² Where relevant this thesis will refer to each individual city, or to the conurbation of Hankou, Wuchang and Hanyang as 'Wuhan'.

Hospital, Hankou, or in Chinese the Hankou Hospital of Universal Love, (*Pu'ai yiyuan* 普愛醫院), founded in 1864.³



Fig. 3: Matron Gladys Stephenson at the entrance to the MMS General Hospital, (*Pu'ai yiyuan*), Hankou, 1937⁴

Medical Missions in Hubei

In 1937 amongst 17 missionary societies operating in Hubei eight were actively involved in medical missionary work: LMS, MMS, ACM, CSFM, SMF, SDA, NLK, and CovMS.⁵

³ This hospital, also known as the MMS General hospital will be referred to as the *Pu'ai* in order to avoid confusion between it and the ACM Church General Hospital which will be referred to as the General Hospital.

⁴ Cram/Photograph/4062.

<u>Arrival in Hubei</u>	<u>Mission Societies in Hubei</u>		<u>Denom- ination</u>
1861	LMS	London Missionary Society* 倫敦會	Anglican
1862	WMMS	Wesleyan Methodist Missionary Society* 大英循道會	Methodist
1868	ACM	American Church Mission* 美國聖公會	Anglican
1878	CSFM	Church of Scotland Foreign Mission* 蘇格蘭福音會	Presbyterian
1889	CIM	China Inland Mission 內地會	Inter-denom.
1890	SMF SDA	Swedish Missionary Society* 行道會 Seventh Day Adventist* 基督复临安息日會	Lutheran Anglican
1891	CovMS	Covenant Missionary Society * 北行道會	Lutheran
1893	CMA	Christian and Missionary Alliance 宣道會	Other
1894	NLK LUM	Norwegian Lutheran Mission* 中國基督教滌的會 Lutheran United Mission 豫鄂信義會	Lutheran
1911	YMCA	Young Men's Christian Association 男青年會	Association ⁶
1912	Aug	Augustana Synod Mission 信義會	Lutheran
1912	FMS	Finnish Missionary Society 湘西北信義會	Lutheran
1916	LBdM	Lutheran Board of Missions 信義公里會	Lutheran
1934	Ex-LMS (retired)	Miss Coxon	Anglican
1935	YWCA	Young Women's Christian Association 女青年會	Association

Table 5: Dates of Arrival of Protestant Missionary Societies in Hubei Province *denotes medical missionary work⁷

⁵ CovMS, based in Chicago, worked in cooperation with other Swedish Missionary Societies. Both CovMS and SMF appear to have been referred to as Xingdao hui 行道會, now The Evangelical Covenant Church.

⁶ The YMCA and YWCA although categorised as 'Associations' by Boynton, they are not, strictly speaking, missionary societies. Boynton, C.L. and C.D., *1936 Handbook*, 1936, p.133.

Hankou, where the National government temporarily established its wartime headquarters in November 1937, was an interior treaty port established in 1858 as a result of the signing of the Treaty of Tianjin which opened China's interior to missionary endeavour.⁸ Following a period of relatively tentative 'colonisation' by British and American societies beginning in 1861, there followed a flurry of activity between 1889 and 1894 bringing the number of mission societies operating in Hubei to ten.⁹ The foreign presence now included Swedish and Norwegian supported societies; SMF and NLK. The arrival of the YWCA in 1935 complemented the Protestant presence.

As they sought to establish themselves medical missions encountered financial insecurity, civil disturbance, and staffing problems. Dr. Porter Smith, the first WMMS doctor to arrive in Hankou in 1864, opened a dispensary eight days after he arrived that evolved into the *Pu'ai*.¹⁰ Smith and his successor, Dr. Hardey, each managed only one term in the field before ill health forced them to return home. On both occasions the *Pu'ai* had to be closed, and following Hardey's term the hospital was closed for a further period of two years. Additional closures followed bringing cessation of medical services and

⁷ Data obtained by analysing mission station information listed in Boynton pp. 243–303 and society records.

⁸ The British Concession was relinquished in 1927 and the Russian in 1925. By 1937 only the Japanese and French Concession remained as Germany was deprived of hers in 1917. For a comprehensive account of the Treaty of Tianjin see Fairbank, J. K., "The Creation of the Treaty System," in *The Cambridge History of China*, Vol., 10, Cambridge University Press, 1978, pp. 249–252.

⁹ This flourish of activity demonstrates the growing importance laid upon evangelisation of the world during the period of imperialist expansion during the last decades of the 19th Century. It is illustrated by the success of the Student Volunteer Movement for Foreign Missions founded in 1886 which encouraged university students to volunteer for missionary work abroad. The SVM "Watchword" was "The evangelization of the world in this generation". Hutchison, *Errand*, 1993, chapter 4, pp. 91–124.

¹⁰ Hospital of Universal Love. Kang Zhijie, "Yizhi binghuan", 2007, Kang's references include WMMS Annual Reports and "*Pu'ai* Hospital Records".

consequent termination of evangelistic opportunity and financial loss.¹¹ The erection of the iron-works in Hanyang, and the city's cotton mills in the 1890s, as part of the Qing government's self-strengthening policy, finally brought much needed income. The workers at Hanyang, unaccustomed to operating machinery, were prone to industrial accidents, and the government negotiated a contract with WMMS for these industrial injuries to be brought to the *Pu'ai* as fee paying patients.¹²

Civil disturbances included rioting in Guangji (Wusueh) in 1892, when the WMMS' women's hospital had to be closed four times and in 1899 in Anlu, where Dr. Arthur Morley's premises were attacked on three separate occasions.¹³ In 1900, as a result of the Boxer Rebellion, women and children were ordered, by the Consul, to retreat to the coast but the *Pu'ai*, while closed to its in-patients for almost a year, managed to keep the out-patient department functioning.¹⁴ The anti-Christian disturbances that affected all societies in the 1920s have already been referred to.

The financial insecurity of the mid 1930s is exemplified by ACM, where, with nearly \$10,000 Mex cut from the 1934 appropriation budget, as a consequence of the depression, there was a call from the society to economise.¹⁵ Over the winter of 1933–1934 heat had been discontinued in some wards of the General Hospital in Wuchang to save coal for the following winter, and discussions had taken place concerning a possible closure. Fees were to be

¹¹ Tatchell, A., *Medical Missions in China in Connection with the Wesleyan Methodist Church*, London, Robert Culley, 1909, p. 121.

¹² *Ibid.*, p. 124.

¹³ A Methodist preacher and a British Customs officer were killed. WMMS, *Report of the Wesleyan Methodist Association Society for the Year ending April 1892*, London, WMMS, p. 85. Findlay, G.G., Holdsworth, W. W., *The History of the Wesleyan Methodist Missionary Society*, Vol., V., London, The Epworth Press, 1924, p. 519.

¹⁴ Tatchell, A., *Medical Missions*, 1909, p.157.

¹⁵ Church General Hospital Report, *District of Hankow: The Newsletter*, Vol., XIV, No. 2, February 1934, RG64 121–19, p. 8.

increased and charges introduced for X-rays and outside referrals.¹⁶ The funding situation became more and more critical and when the newly installed diesel engine, described as “like a child with a congenital disease” finally gave up leaving the X-ray machine out of action, the hospital was forced to rely on oil lamps.¹⁷

LMS, despite experiencing similar financial problems and civil disturbances to the other missions, played an important role in the establishment of a strong legacy of medical care and education in China.¹⁸ The key figures in Hubei were Drs. Thomas Gillison (1859–1937) and Percy McAll (1870–1937) spending 55 and 37 years respectively as medical missionaries in China.¹⁹ These two Scottish doctors founded a Hankou medical school in 1902 that become part of the Qilu University of Shantung in 1918. McAll was particularly celebrated for his work on the standardisation of medical terminology working until two years before his death at the University’s Medical Translation Department.²⁰

The situation in Hubei in 1937, before war broke out, was superficially little different from previous decades with the three major mission societies supporting medical work in the province still facing financial and staffing problems in an environment not yet completely free from the potential threat of civil disturbance. However, the anti-Christian disturbances belonged to a different decade and the National government had been established for ten years, and was

¹⁶ Ibid.

¹⁷ ACM, “One Week at the Hankow Hospital”, in *District of Hankow Newsletter*, Vol., XV, No. 4, May, 1935, RG64 123–19, p. 9.

¹⁸ John Mackenzie founded the first LMS modern medical school in Tianjin in the 1880s. Goodall, 1954, p. 519.

¹⁹ Gillison was first appointed to China in 1882. His son, Keith, was a surgeon at the Union Hospital, Hankou, during the war.

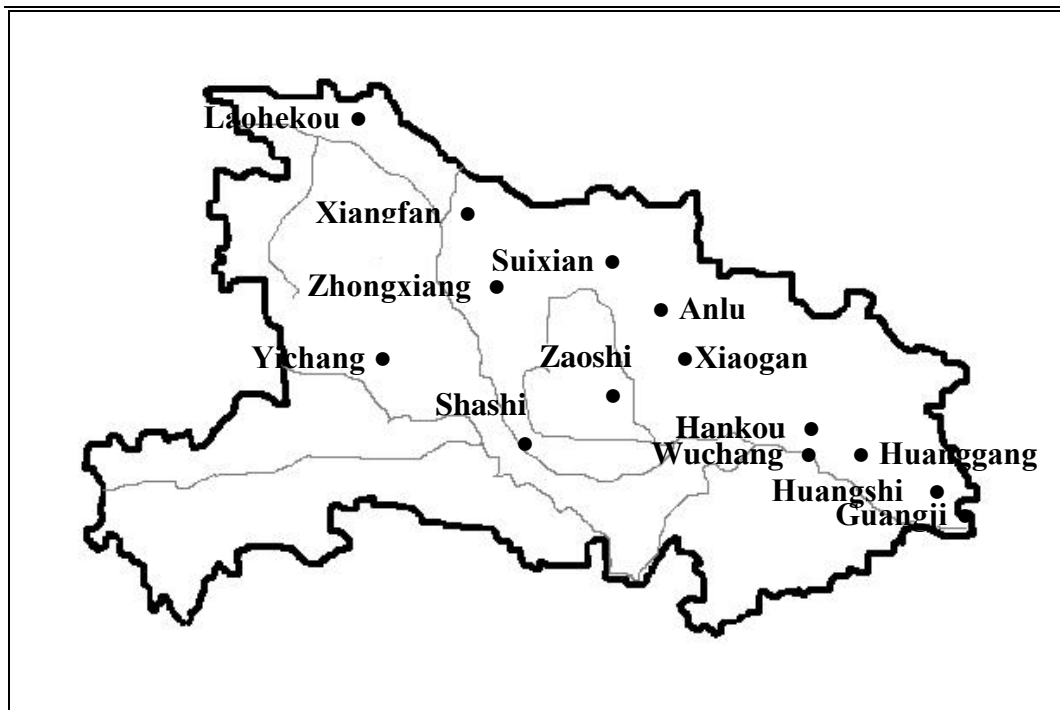
²⁰ McAll was the father of Kenneth McAll and father-in-law of Frances McAll interviewed by the author. He was first appointed to China in 1898. CMA, Obituary of Percy Lonsdale McAll, CMJ, Vol., 51, No. 5, May, 1937, pp. 693–4.

now looking to medical missionaries for support for its health policies. Western medicine was gaining greater acceptance which could surely only lead to increasing patient numbers with associated increased funding. In this post anti-Christian disturbances period medical missionaries can be excused for hoping and thinking that, perhaps, at long last, they were finally on the cusp of more settled times both financially and politically.

Medical Ministry in Hubei in 1937

(i) Distribution of Medical Missions in the Hubei Field

Map 1 shows that the positioning of Hubei's medical missions was closely related to the physical geography of the province following the natural communication links created by the rivers and shunning the less populated mountainous areas to the west.



Map 1: Protestant Medical Mission Stations in Hubei Province in 1937
(ii) The Wuhan Cities



Map 2: British Consulate Map of Wuhan 1931²¹

MMS *Pu'ai yiyuan* LMS/MMS Union Hospital ACM Church General Hospital

Wuhan, situated at the confluence of the Yangzi and Han rivers, was a city accustomed to new arrivals and transients and had a tradition of accepting, if not necessarily welcoming, strangers, which initially aided missionary work in

²¹ British Consulate Map of Wuhan National Archives, WO 106/5351 345134

Hankou.²² When the National government transferred to Hankou, in January 1938, the city adopted a new lease of life that triggered a blossoming of cultural activity. MacKinnon has described how for the ten months that the government was based in Hankou artisans, writers and publishers blazed a trail to the city bringing with them something of the spirit of pre-war Shanghai. There was a “unity of spirit against the Japanese at Hankou” as Nationalists, Communists and rival Militarists participated in and attempted to manipulate and influence an explosion of the Chinese press.²³ Within those ten months the number of journals published rose from thirty to over two hundred.²⁴ One result of this sudden influx of journalists and foreign visitors²⁵ was that an international spotlight was placed on Hankou that romantically likened its predicament to the ongoing 1938 siege of Madrid. This new atmosphere and some success by the Chinese army encouraged the optimistic view in the city that the Wuhan area could act as a barrier to the Japanese advance.²⁶

In July 1937 when war broke out, prior to Hankou’s cultural blossoming, the mission societies were operating hospitals in several areas of the province. The LMS, as can be seen in Map 3, operated hospitals with foreign staff in Wuchang (2), Xiaogan and Zaoshi and cooperated with MMS in administering the Union Hospital, (*Pu’ren xiehe yiyuan* 溥仁協和醫院), in Hankou.²⁷

²² Rowe, R.T., *Hankou: Conflict and Community in a Chinese City, 1796–1895*, Stanford University Press, Stanford, 1989, pp. 4 and 27.

²³ MacKinnon, S., “The Tragedy of Wuhan”, in *Modern Asian Studies*, Vol., 30, No. 4, October, 1996, pp. 931–943, p. 935.

²⁴ *Ibid.*, During this period the only English newspaper published in Hankou was the *Central China Post* published daily which described itself as the “Finest Advertising Medium in Central China”, *The China Yearbook, 1938*, p.562

²⁵ For example: Smedley, Bethune, Capa, Auden and Isherwood.

²⁶ The Chinese victory at Taierzhuang in March–April 1938, MacKinnon, S., “The Tragedy”, 1996, p. 932

²⁷ The Union Hospital was founded in 1927. The LMS was contracted to put all its services at the hospital’s disposal. The WMMS for five years from 1927 would provide \$3,000 per annum and in the sixth year \$2,500 reducing each subsequent year by \$500 until the grant ceased. Staff were



Map 3: LMS Medical Missions in Hubei Province 1937



Map 4: MMS Medical Missions in Hubei Province 1937

provided and maintained by both. MMS, "Hankow Hospital Union, Preliminary Statement and Constitution", MMSL CH 259.

MMS was operating hospitals with foreign medical staff in Hankou (the *Pu'ai* and the Union with LMS), Anlu,²⁸ Huangshi (Shehuiyao), and with Chinese medical staff overseen by non-medical foreign staff in Suixian, Guangji and Zhongxiang. (Refer to map 4). MMS maintained a greater presence in the rural areas of the province than LMS and the *Pu'ai* was situated in the heart of Hankou's Chinese area of the city at *WuShenMiao* enabling MMS to establish close ties with the Chinese population.



Map 5: *Pu'ai yiyuan* at *WuShenMiao* in the Chinese City²⁹

The Wuhan provincial government listed 51 city hospitals in 1937 but while all these institutions were officially classified as hospitals, 11 were established in 1936 and appear to have been small out-patient clinics with only one doctor and

²⁸ The Anlu referred to here is the present day Anlu which was previously known as Anluhsien, Anluxian or Teian. To complicate matters further Zhongxiang, prior to the period of this study, was also referred to as Anlu. Shihuiyao and neighbouring Tayeh are now Huangshi,

²⁹ *Xin Wuhan Zhinan* 新武汉指南 (New Wuhan Guidebook), *Wuhan Wenhua Chubanshe* Bianyin, 1946 [Cram/Papers/617].

no beds.³⁰ Table 6 below illustrates that of the remaining 40 institutions five were Protestant mission hospitals, one the Roman Catholic Commemorative Hospital (*Meishen yiyuan*), seven were government administered hospitals, 24 were private and one was a 100 bed Red Cross hospital established in 1933. The two Japanese hospitals were both *Dōjinkai* – Universal Benevolence Association tongren – hospitals established in 1902 and 1923.³¹

	<u>Number of hospitals</u>	<u>Number of in- patient beds</u>	<u>Number of physicians</u>	<u>Number of pharmacists</u>	<u>Number of nurses</u>
Protestant	5	798	42	9	179
Catholic	1	200	2	5	13
Government	18	423	44	15	65
Private	24	175	50	27	54
Japanese	2	123	22	6	22
Red Cross	1	100	2	1	16
<u>Total</u>	51	1819	162	63	349

Table 6: The Wuhan Hospitals in June 1937³²

As can be clearly seen from Table 6, the 5 Protestant mission hospitals, (only a tenth of the hospitals listed), provided a disproportionate amount of Wuhan’s medical services; almost half the in-patient beds (44%), half of the nurses (51%), a quarter of the doctors (26%), and 14% of the pharmacists. Among the private hospitals, the International Hospital (*Wanguo yiyuan* 萬國醫院) established in Hankou in 1917, catered for the foreign community of French,

³⁰June 1937 data certified produced under the seal of the Hubei Provincial Government Secretariat reproduced in: Wuhan difangzhi bianzuan weiyuanhui, (ed.), *Wuhan shizhi*, 1993, pp. 196–198.

³¹ *Ibid.*, p. 196.

³² *Ibid.*

English, Americans and Germans. Other private hospitals were sponsored by industrial and financial concerns such as the Guangdong Bank, which established the first privately run hospital in Wuhan in 1912, and the Pinghan Railway Riverbank Hospital (*Pinghan tielu jiangnan yiyuan* 平漢鐵路江岸醫院) established in 1916.³³ The first government maintained hospital, the Hankou City Hospital (*Hankoushi yiyuan* 漢口市醫院), had been established in June 1927 under the leadership of a Japanese trained doctor, Dr. Li.³⁴ This hospital was to be completely destroyed by Japanese bombing.

(iii) The Rural Stations

Wuhan housed the province's largest hospitals in 1937, the greatest number of mission offices, and the largest accumulation of medical missionary personnel, but there was much medical missionary activity in the rural areas. The CSFM, NLK, CovMS, and SMF operated medical missions exclusively in the rural areas. When these smaller societies arrived in Hubei they had to establish themselves away from the dominating sphere of the larger societies and they set up missions in the countryside to the west of the province. A brief examination of the history of two of these mission stations highlights the legacy that 1930s medical missionaries inherited from their predecessors, and demonstrates some of the problems they experienced in the years leading up to the war, both as a result of their own making, and as a result of external forces.

CovMS founded a base at Xiangfan and set up a small infirmary and dispensary at Xiangyang in 1902 after many internal financial problems, partly

³³ This hospital moved to Guiling prior to the Japanese occupation of Wuhan. Wuhan difangzhi bianzuan weiyuanhui, (ed.), *Wuhan shizhi*, 1993, p. 195.

³⁴ Now the Number Three Wuhan Hospital (第一三医). Wuhan difangzhi bianzuan weiyuanhui, (ed.), *Wuhan shizhi*, 1993, p. 194.

due to mismanagement by the home base treasurer, who had neglected the China field.³⁵ Despite efforts to recruit medical staff they were never able to overcome adequately staffing problems, but in 1915 were able to open the CovMS Bethesda Union Hospital in Xiangyang. The period 1912 to 1926 was the high point for Covenant missionary work and the foreign mission staff increased from 25 missionaries in China in 1915 to 52 by 1925.³⁶ The anti-Christian disturbances in 1927 took their toll on personnel and, following the advice of their government, many returned to the United States to resign subsequently from mission service. These resignations coincided with a falling off of domestic donations and when in 1933 six missionaries became available to serve in China after decades of being without staff there were insufficient funds to support them³⁷ .

NLK entered the China field in 1892 and the society's missionaries followed the route of the Han River to settle in Laohekou in 1894.³⁸ Incidents concerning NLK personnel reflect the dangers of living in rural areas where bandit and Communist activity undermined the political stability of the province. Dr. Tømmes Frøyland, was murdered by bandits in 1914 and in 1928 the Frøyland Memorial Hospital at Laohekou was opened in his memory. Another NLK missionary, Knut Samset, met with apathy when he opened a dispensary at Neixiang in Henan and after six months, when no-one had consulted him for medical help, he moved to Lushan in 1907 to continue with missionary work.³⁹ In 1922 he settled in Laohekou becoming Superintendent over all NLK work in China in 1932. His capture by Communists in 1936 while travelling to Wuhan,

³⁵ Olsson, K. A., *By One Spirit*, Chicago, Covenant Press, 1962, p. 442–3.

³⁶ Adult church members numbered approximately 2,500. Olsson, *By One Spirit*, 1962, p. 450.

³⁷ *Ibid.*, p. 453.

³⁸ Now a district of Guanghua.

³⁹ Kjebekk, E., “Knut I Samset – Missionary and Martyr in 1937, A Norwegian Missionary Who Compiled a Chinese Hymn Book,” an unpublished paper made available by the author, 2007.

and his death under mysterious circumstances, caused much distress and alarm among missionary circles while reaffirming the missionary martyrdom legacy.⁴⁰

Chinese Christian Medical Staff

Chinese medical staff in Hubei provided essential support for the western medical ministry. Who were these Chinese colleagues? What did they experience working in medical missions? Chinese sources, as noted earlier, in comparison to the volumes of western sources available to the researcher are sparse but we can catch glimpses of these people.

In 1919 Dr. H T. Chiang (1883–1962)⁴¹ the WMMS's first Chinese doctor to be placed in sole charge of a hospital in China at Huangshi (Tayeh), reflected the growing awareness of, and confidence in the professionalism of Chinese doctors. Chiang's appointment coincided with a period of change for China's medical personnel who were being trained both abroad and in China, and beginning to hold positions of authority in hospitals, medical schools, and colleges. Following the training of nurses starting in Guangzhou, Hankou and Chongqing in 1900, and at Anqing and Nanjing in 1908, the Nursing Association of China (NAC) was founded in 1909, the same year that the first Chinese nurse, Miss. E. Mawfung Chung, graduated abroad.⁴² The NAC began producing the NAJ in English in 1918 and followed this with joint English and Chinese editions in 1920.

⁴⁰ Ibid., Samset was travelling to Hankou to deliver the manuscript of a revised Lutheran hymn book containing 456 hymns when captured. He wrote ransom demands but his whereabouts were never ascertained. He apparently died from illness in February 1937 although it was suspected he was shot.

⁴¹ Chiang, Huchen. Educated at a WMMS mission school, St. John's University in Shanghai and Edinburgh University. Chang, N.J., "Tension Within", 1999, p. 428.

⁴² Chung graduated from Guy's Hospital, London and chose the name for the NAC. Wong, K.C., Wu, L. T., *History of Chinese*, 1932, p. 400.

The Chinese-led National Medical Association of China (NMA) under the Presidency of Harvard graduate Dr. F. C. Yen was founded at a Conference of the China Medical Missionary Association (CMMA) in 1915.⁴³ As a professional body the NMA required its regular members to be graduates of recognised medical schools and colleges approved by the Association and they had to be “acquainted” with at least one western language.⁴⁴ The NMA and CMMA held joint conferences in 1917 and 1920 and amalgamated in 1932 to form the CMA the first eight Presidents of which were European and American trained physicians.⁴⁵ From the Boxer Rebellion to the founding of the National government in Nanjing in 1927 there was a recognition and acceptance by foreigners and Chinese alike of the growing professionalism of Chinese medical personnel. While this growing professionalism was initially supported and encouraged by the NAC and CMMA, both ostensibly foreign led institutions, the increase in membership of the NMA from 80 members at its first conference in 1916 to “about 400” at the eighth conference in 1930 indicates that this desire for formal recognition of China’s medical personnel’s professionalism stemmed from the Chinese themselves.⁴⁶

An expansion in medical missionary work from 1917 to 1936 coincided with growing Chinese medical staff demands for official recognition and greater

⁴³ The CMMA, predominantly of foreign membership was founded, in 1886. Balme, *China and Modern*, 1921, National Medical Association of China Object 1, p. 216.

⁴⁴ Ibid. National Medical Association of China Membership Class 1. The other two membership classes were: Associate who were qualified but had no foreign language, and Honorary who were medical men or women of any nationality who had rendered special service to China.

⁴⁵ Lambton, D.M., *The Politics of Medicine in China: The Policy Progress, 1949–1977*, Boulder, Colo, Westview Press Inc., 1977, p. 10.

⁴⁶ Wong, W., *History of Chinese*, 1932, p. 529. In Britain the British Medical Association was formed in 1856 to implement the General Medical Act of 1858 which introduced a qualified practitioners’ medical register. The American Medical Association was formed in 1847, the Association Générale des Médecins de France in 1858 and the Canadian Medical Association in 1867. Bynum, W.F., Porter, R., *Encyclopaedia of the History of Medicine*, Vol., 2, London and New York, Routledge, 1994, p. 1137.

autonomy. Kang argues that it was the impact of the May 4th Movement that led to the appointment of Chiang to a position of authority in 1919.⁴⁷ However this does not take into account that already in May 1918 Chiang was in written negotiations with the WMMS executive for a higher salary, improved living conditions, and greater autonomy:

I would be empowered to have a free hand in the administration of the hospital in charge without undue interference from the Superintendent of the circuit.⁴⁸

Chiang also requested a six to twelve month furlough every seven years for post-graduate work. At a meeting of the Wuchang local committee, in August 1918, a unanimous decision was reached that Chiang be given full professional autonomy having the same status as his European colleagues, his salary was to be increased, a furlough period agreed and other concessions met.⁴⁹ Thus his appointment to Huangshi predates the May 4th Movement.

During the anti-Christian/anti-foreign boycott movement disturbances in 1926 mission property in Wuhan was plastered with placards bearing slogans such as; “Down with Christianity – the forerunner of Imperialism”, and “Christianity is the enemy of Nationalism”.⁵⁰ The missionaries in Huangshi were attacked and confined by the magistrate for their own safety before being evacuated to Hankou.⁵¹ Again, Chiang took sole authority for the hospital. Similarly another Chinese doctor, Dr. Hwa, chose to remain at her post in Anlu to continue the hospital’s work. By June 1927, as a consequence of the disturbances, all the rural country stations were evacuated by foreign staff, but work, where

⁴⁷ Kang, “Yizhi binghuan”, 2007, p. 8.

⁴⁸ Chiang, H.C. to Hill, J.K., May 14th, 1918, WMMS Box 7, MF 310.

⁴⁹ Report of the Local Committee, October 24th 1918, unsigned, WMMS, Box 7, MF 317.

⁵⁰ WMMS, *The One Hundred and Thirteenth Report of the Wesley Methodist Missionary Society*, London, WMS, 1927, p. 68.

⁵¹ *Ibid.*, p. 69.

possible, was maintained by the Chinese staff.⁵² Chiang's work was singled out for praise:

After the departure of Dr. Pell Dr. Chiang continued the work and has won glorious opinion by his tact and ceaseless energy. He has been ably seconded by Mr. Yü, the nursing superintendent, who is a sincere Christian and an efficient worker.⁵³

This was recognition at the highest level since it was unusual for any Chinese staff member of a mission hospital to be singled out in an Annual Report.

In 1928, the same year the National government established the Ministry of Health in an attempt to formalise and improve China's medical service, the hospitals at Huangshi, Zhongxiang and Anlu were all under the charge of Chinese doctors. Although it would appear that the promotion of these Chinese doctors to positions of authority indicated a handing over of responsibility from foreign to Chinese management, this was not as autonomous as it appears. Rattenbury (1878–1962), the WMMS Chairman of Hupeh District, and his colleagues in Hankou during the anti-Christian disturbances, from the sanctuary of the Concession, were “kept busy corresponding with the Chinese workers at the country stations”.⁵⁴ Thus, the society's foreign missionaries although not *in situ*, remained directing operations from Hankou. Chiang thus set a precedent when he became the first Chinese WMMS doctor to be placed in a position of real authority within a hospital in China paving the way for later Chinese management. In 1932 he was appointed Superintendent of the *Pu'ai*.

Kang suggests the *Pu'ai* used Christianity to create a central axis for western medical education and evangelism and that its gradual entry into Chinese

⁵² Ibid., p. 70.

⁵³ WMMS, *The One Hundred and Fourteenth Report of the Wesley Methodist Missionary Society*, London, WMS, 1927, p. 99.

⁵⁴ WMMS, *The One Hundred and Thirteenth Report of the Wesleyan Methodist Missionary Society*, London, WMS, 1926, p. 70.

society resulted in a rich interchange of Chinese and Western culture.⁵⁵ Certainly being situated in the Chinese City area of Hankou granted the *Pu'ai* closer contact with the Chinese population and provided a central axis for education and evangelism but there does not appear to have been extensive cultural interchange when, for example, ward reports had to be written in English. Such proximity may, however, as will be referred to below, have worked towards lessening the strange foreignness of western medicine. It is clear that the period from 1919 leading up to the war years was one where the Chinese medical community was beginning to assert itself and demand indigenous genuine autonomy but that there was still a long way to go.

The Chinese Staff in 1937

The use of English by Chinese staff was required by the *Pu'ai* and Union Hospitals. Zhang Fuying 张馥英, a nurse who worked at both hospitals, recalled her nursing reports at the end of each shift had to be completed in English to be corrected by Stephenson, the Matron and Nursing School Director. Zhang was born in Yichang in 1918 and joined the Union Hospital's Nurses' Training Course following a hospital recruitment visit in 1934.⁵⁶ She began her training aged 16 and her family paid \$100 for her to enter the course which she confirmed was a great deal of money at that time. Wages were commensurate with the amount of years the students had studied; the first year's monthly wage was \$1 during which they cleaned doors and windows, cleared the rubbish bins and looked after the patient's dirty things. The second year the monthly wage

⁵⁵ Kang, Z., "Yizhi binghuan", 2007, p. 10.

⁵⁶ Zhang Fuying, aged 89, was interviewed by the writer at her home in Hankou on November 7th, 2007.

increased to \$2 and the students began learning how to take temperatures, change bandages, allocate medicines and carry out simple jobs. Zhang described it as “waiting around and providing a service”.⁵⁷ The third year’s monthly salary brought another dollar increase and by the fourth year, when the students’ monthly salary was \$4, they were in the highest level at the school.⁵⁸ Zhang began with general nursing at the *Pu’ai* for her first two years and then transferred to the Union Hospital to study midwifery where her main responsibility was to wash the women and babies after birth. When she returned to the *Pu’ai* as a graduate, she became the administrator for the obstetrics department. She remembered having a holiday each year on Florence Nightingale’s birthday. All student nurses were expected to follow the Christian religion and were baptised. Besides attendance at Sunday prayers in the hospital wards, attendance at the 9 o’clock Church Service was compulsory. Regarding the administration of the MMS, and communication with the Mission Board, Zhang had no experience of this and had no knowledge of the society’s intentions regarding Chinese Christian Church self support. Despite being an administrator herself, it seems that Zhang’s responsibilities were solely within the confines of the hospital, and – as her position within the hospital suggests – she was not required, or encouraged, to have contact with the society’s home base executive and neither did she expect to. As a result, she had no influence on policy or management, although she commented she felt she was regarded as an equal and that the foreign doctors and nurses were good people.

⁵⁷ Ibid.

⁵⁸ In 1938 the CSFM Yichang Mission Council set Chinese nurse’s salaries at between \$20 and \$28 per month. Acc 7548, B194, Ichang Minutes (there are no Minute numbers), 1938–45, CSM archive. In 1940, a newly graduated nurse in a private Shanghai clinic received between \$15 and \$40 a month, which included food but no lodging. CMJ, Vol., 58, No. 3, September, 1940, p. 380.

Jin Peifa 金培发, an MMS nurse at Anlu who, like Zhang, began his training aged 16 was aware of an inequality of salary between himself and the foreign nurses. He said this did not worry him and he did not think it wrong “because they had a higher level of knowledge”.⁵⁹ He did not know exactly what the foreign nurses were paid because their salaries came direct from the society, but he confirmed he knew they earned more than he did. As a nursing student he was paid two or three ‘silver dollars’ a month which he regarded as enough for a single man’s living. He also received one, and later, two *yuan* of paper money for life’s essentials such as toothpaste and soap.⁶⁰ He commented that the western people he worked with were “very kind”. He too was required to attend church services but, coming from a Christian background with Christian parents, this was natural to him.

Relations between the foreign medical missionaries and their Chinese staff appear on the whole, to have been amicable with disagreements being of a contractual and professional nature. At the LMS Zaoshi hospital in 1938, where relationships were described by Nurse Haward as for the most part of the happiest, there had been a problem with Dr. T’ien who had requested a three month holiday five months before his Agreement specified and \$100 holiday pay to which the Hospital Board thought he was not entitled.⁶¹ When Dr. T’ien learned there was no automatic renewal of his Agreement he backtracked and made what was described as “tantamount to an apology” but his contract was not renewed. Haward also reported that a nurse who had been with them for three years and

⁵⁹ Jin Peifa, aged 86, was interviewed by the writer in Hankou on November 8th, 2007.

⁶⁰ Email communication November 16th, 2008 via John Cram. After the war in 1946 when he had returned to Anlu as head of the out-patient department his salary was 100 and later 200 *yuan* of paper money which he said was quite enough to support the family. The paper money was Guomintang *jinyinquan* (gold silver tickets)

⁶¹ Haward, M., Report, *Ups and Downs*, July 19th, 1938, CWM/LMS CH/64, Central China, Incoming and outgoing Correspondence, 1937–1939, Haward file.

who would have been useful had had to leave for “repeated indiscretions” and a male nurse had had to be dismissed for “wilful neglect of a cholera patient”.⁶² All this only compounded staffing problems as two other members of staff had left to take up posts in Sichuan because of the approaching Japanese and, in addition, a nurse had left to get married.

As the Japanese approached Wuhan, the staffing problems in the hospitals became more acute. The main problem was the continual turnover of Chinese staff. Zhang and Jin both evacuated with their families and worked during the war in Chongqing. This was at a time when the number of patients was increasing and when staff were required more than ever. Chinese medical professionals from *Dongbei* (Manchuria) *en route* to Sichuan were employed by the *Pu'ai* but only remained for a short period.⁶³ Similarly refugee nurses passed through rural Hubei on their journey west, but as Dr. Garnick noted:

The loss of the students is to a certain extent made up by refugee nurses of all sorts and sizes who come along from the east and north China – some of them are a great help but many are unreliable for they are just getting useful when they decide to go off again.⁶⁴

It was not fear of death that made them leave since they remained calm during air-raids and were willing to die for their country but fear of falling into the hands of the Japanese, particularly those who had heard accounts of the fall of Shanghai and Nanjing.⁶⁵ Hankou could no longer offer the safety of a British Concession and medical missionaries were therefore unable to protect their staff as they might have done previously. The staffing problems prior to the Japanese

⁶² Ibid.

⁶³ Wuhan difangzhi bianzuan weiyuanhui (ed.) *Pu'ai Yiyuan Zhi*, 2002, p. 4.

⁶⁴ Garnick, M.K., Annual Report, Union Hospital, December 31st, 1937, CWM/LMS CH/12 (a) Central China Reports, 1886–1940.

⁶⁵ Ibid. Mackinnon notes that refugee flight “exploded exponentially” following Japanese massacres. Mackinnon, S.R., “Refugee Flight at the Outset of the Anti-Japanese War”, in Mackinnon, S.R., Lary, D. (eds.), *The Scars of War: the Impact of Warfare on Modern China*, Vancouver, UBC Press, 2001, pp. 118–134, p. 121.

occupation highlight how dependent the foreign missions were on their Chinese staff. Working in a mission hospital however carried neither the same patriotic reward as working in a government hospital nor the higher salaries. How many Chinese staff remained at their posts through loyalty, Christian conviction or through a lack of qualification for a governmental post is not apparent.

Finances, Staffing and Government Registration

As we learned earlier, in medical missionary circles in China three topics had long been under discussion when hostilities broke out in July 1937: financing, staffing, and government registration. As a result of falling donations at home linked to the depression, mission societies were suffering financially and this was affecting their overseas mission. MMS publications and reports publicly discussed an official period of retrenchment, and hospital budgets in Hubei, for 1936, had been trimmed by 15 per cent.⁶⁶ Some missionary staff were donating money from their own salaries to prop up the society's finances.⁶⁷ Additionally there were staffing problems; Franklin, the Vice-Chairman of ACM's National Council, following a visit to the "Orient" in 1936 stated that he regarded the society's medical work as "abundantly justified" and noted that the hospitals made a "definite contribution" to the Church's evangelism.⁶⁸ It is pertinent to note first that he felt the need to justify the contribution of the society's medical work at all, and secondly that he chose to measure the success of the hospital's contribution through its evangelical

⁶⁶ Heady J.J., to Hooker, A.W., July 7th, 1936, Superintendent's Correspondence, WMMS CH Box 9, MF p. 424.

⁶⁷ Marion Haward requested that £5 per quarter be deducted from her salary towards the Society's deficiency fund. Haward, M., to Cocker Brown, T., January 21st, 1938, CWM/LMS CH/64 Central China, Incoming Correspondence, 1937-1939, Haward file.

⁶⁸ Franklin, L.B., "Areas Still Untouched by The Gospel", in *The Spirit of Missions*, Vol., CI, No. 3, March, 1936, New York, Domestic and Foreign Missionary Society of the Protestant Episcopal Church, p. 109.

work. He was thus reinforcing the time-favoured mission Society discourse that the primary function of a hospital was to spread The Word. Government registration of hospitals and nursing schools and missionary co-operation with government agencies⁶⁹ were also being debated in the immediate pre-war period. Not all societies hesitated, and in 1937 approval was given by the LMS Mission Board and China Council to the Nursing School at Zaoshi to register with the government. There was an acknowledgement of the added expense involved in registration.⁷⁰ It was against this discouraging background of discussions over finance, personnel and administration that hostilities erupted in July 1937.

The Commencement of Hostilities

Of all of those overseeing medical work in Wuhan it was ACM's Bishop Alfred Gilman (1878–1964) who came closest to accurately predicting what might be expected:

This war is likely to be prolonged and to spread beyond the areas now actually involved in the fighting. The character of the conflict is likely to become more rather than less ruthless. Dangers to life and to Church work in the diocese are likely to increase. Schools may be broken up, even hospitals may suffer, and it may become our part to urge non-combatant Christians to flee to the country. ...Conditions may remain relatively peaceful here for a few weeks or even months: but we must face the possibility that even the Wuhan cities may become a battlefield; that the Canton-Hankow Railway may be cut, and that great danger and privation may meet all those who remain in the limits of this Diocese.⁷¹

⁶⁹ Refer Chapter Two.

⁷⁰ Haward M., to Brown T.C., March 28th, 1937, CWM/LMS CH/64 Central China, Incoming and outgoing Correspondence, 1937–1939, Haward file, Another example being the Lester Chinese Hospital in Shanghai, Baxter, A., to Brown, T.C., February 10th, 1937, CWM/LMS CH/61, Central China, Incoming and Outgoing Correspondence, 1937–1939, Baxter file.

⁷¹ Circular Letter to Hankow Staff, *District of Hankow Newsletter*, Vol., XVII, No. 7, September/October 1937, p. 4, RG64 123-19, ACM archive.

Despite Gilman's uncannily accurate prediction of what was to come, few anticipated the duration of the war or the intensity of privation to be experienced by both foreigner and Chinese alike.

Just seven days after the Marco Polo Bridge Incident, Gedye, the MMS Hubei Superintendent on furlough in Guling (Kuling), was under no illusion that the situation was serious. He instantly put into place security procedures regarding correspondence in China.

... the situation at the moment seems very grave indeed and would seem to indicate that we may be in for a proper show down... I feel I can't afford to get cut off from the district just at this juncture... I am sending this under separate cover, just in case any form of censorship is started, and am sending the duplicate via the Pacific just to make sure of its getting through.⁷²

Gedye saw parallels with the anti-Christian disturbances but drew comfort from the fact that the situation in 1937 was not anti-British based and, therefore, locally there was probably little to fear. He anticipated Wuhan would attract bombing raids but thought the country areas would be freer from this.⁷³ What he did not anticipate was that once occupied, Wuhan would be safer than the country districts, which would be subjected to air raids and artillery bombardment as the Japanese fought to gain an internal foothold in the province from where they could launch bombing raids on Chongqing. Gedye was at pains to stress to headquarters in London that he regarded support for the Society's Chinese colleagues of the utmost importance.

My own feeling, up to the present [August 1937], has been that we should try to carry on our normal work and as far as possible the missionaries should stand alongside their Christian colleagues... I feel at all costs we must try and keep some kind of skeleton staff to support our Chinese colleagues.⁷⁴

⁷² Gedye A.J., to Rattenbury, H., July 14th, 1937, WMMS CH Box 9, MF 428.

⁷³ Gedye, A J., to Rattenbury, H., August 18th, 1937, WMMS CH Box 9, MF 428

⁷⁴ Ibid.

Rattenbury, MMS's London China Secretary since 1936 who had served in the field during the anti-Christian disturbances, was mindful of the society's experiences during the 1920s and anxious that mistakes made then were not repeated.

I think you will agree that it would be better to maintain the working staff at a maximum rather than a minimum, and not to get into the depleted way into which we were forced in 1927.⁷⁵

Gedye returned to Wuhan in September to find a shortage of supplies and doctors. The supply shortage was not regarded as particularly alarming since the harvest that year had been a good one, which indicates there was no anticipation that the war might be prolonged, but the dearth of doctors was judged as a potential problem since medical staff were anticipating a heavy load of surgical work from the front line. Chiang, at the *Pu'ai*, was making efforts to employ a replacement doctor for Dr. Ralph Bolton who had recently left for furlough. Gedye was keen to reassure headquarters that Wuhan was beyond the reach of Japanese planes and that it would remain so unless the Japanese obtained a base further inland. However his thoughts proved erroneous:

Whilst I was reading over this letter prior to signing it six Japanese bombers came over the top of the Tortoise Hill and let off their bombs – presumably they were after the arsenal. The bombs seem to have fallen over a wide area and we got a shaking.⁷⁶

As a consequence of being within Japanese bombing range it was deemed necessary to demarcate mission buildings. An order came from the local authorities that properties must be camouflaged and all white walls and red roofs had to be painted grey.⁷⁷ A large red cross was painted on the *Pu'ai* roof by its

⁷⁵ Rattenbury, H., to Gedye, A.J., September 3rd, 1937, WMMS CH Box 9, MF 429.

⁷⁶ Gedye, A.J., to Rattenbury, H., correspondence, September 24th, 1937, WMMS CH Box 9, MF 429. At the Union Hospital Gillison, the chief surgeon, operated continuously until 4am during the raid having only 4 hours rest before returning. Baguely, F.E., to "Dear Friend", New Year, 1938, CWM/LMS CH/ 64, Central China Incoming and Outgoing Correspondence, 1928–1939.

⁷⁷ Gedye A.J., to Rattenbury, H., October 15th, 1937, WMMS CH Box 9, MF 430.

Chinese staff and other buildings flew the Union Jack, the purchase of which added to missionary expenditure at a time when funds were already short.⁷⁸ ACM established an “Emergency Supplies Construction” fund specifically for expenses relating to Japanese bombing. They marked their property with American flags on the roof, on high flag poles and used smaller flags to demarcate the corner boundaries.⁷⁹ Gedye was uneasy over so public a display of foreign ownership when MMS was allegedly attempting to promote a Chinese Christian Church but finally decided the “very special circumstances” warranted such a display.⁸⁰

During the autumn of 1937 further air raids on Wuhan and the fall of Nanjing on December 13th brought the war more sharply into focus as it became clear there was a real threat that the Japanese would turn their attention to Central China. This triggered a reassessment of the possible evacuation of missionaries. When most of the modern medical infrastructure in eastern China was under Japanese occupation, Hubei’s medical missionaries had an added incentive to remain at their posts. An exception was the Institute of Hospital Technology (IHT) which relocated to the Canadian Mission Hospital at Chongqing prior to the occupation.⁸¹ However, this was an isolated evacuation undertaken to safeguard a specialist medical training establishment.⁸² Prior to October 1938 Hubei was one of the few Chinese provinces outside occupied China that could hold itself up as a bastion of modern medical service and such a responsible position was one unlikely to be casually relinquished.

⁷⁸ Ibid.

⁷⁹ Gilman, A.A., to Wood, J., August 8th, 1938, RG64 69–13 Gilman Papers, ACM archive.

⁸⁰ Gedye, A.J., to Rattenbury, H., October 5th, 1937, WMMS CH Box 9, MF 430.

⁸¹ Chapman, H.O., *Hankow Union Hospital Report 1941–1945*, p. 16. Stephenson Papers, Box 642, MF 1358.

⁸² The IHT operated under the Union Hospital’s Board of Governors as a training establishment in laboratory work and dispensing for students from mission hospitals all over China. It also made splints, prostheses, and other mechanical devices of a medical nature. “6th Report of the Institute of Hospital Technology” in CMJ, Vol., 61, No. 4, October-December, 1943, pp. 363–367.

Yichang provides an example of how medical missionaries experienced the early stages of the war outside the Wuhan area. Situated in western Hubei, Yichang was at the highest navigable point for large steamers which endowed it with strategic importance. In October 1937 the inhabitants were experiencing some inconvenience regarding communication and travel but anticipating greater disturbance to come. Unlike Wuhan, Yichang was beyond Japanese bombing range at that time, but the expectation was that this would change as the Japanese advanced along the Peipin-Hankow railway. Following the Chinese retreat from Shanghai the most noticeable effect of the outbreak of war for Yichang was the breakdown of regular communications, not only between the town and all ports from there leading to Shanghai, but also between China and the outside world.

Another immediate effect of the outbreak of hostilities was that it became difficult to carry out financial transactions. Rev. Forbes Tocher (1885–1973) of CSFM reported that negotiating Shanghai Bank cheques and obtaining ready cash for official and personal use had been difficult for some weeks, although things had improved. Mail from home had been delayed and missionary salaries were three weeks overdue.⁸³ Business in Yichang had slumped as shipping fell away and there had been small price rises but nothing alarming. The hospitals were carrying on but had no way of replenishing dwindling supplies. Provision had been made for 150 wounded to be handled by the Society's two hospitals but despite there already being wounded in the hospitals farther east none had yet arrived in Yichang.⁸⁴ Dr. T. Chalmers Borthwick, also CSFM, was put in charge as coordinator and administrator for all Yichang hospitals handling the wounded,

⁸³ Rev. Tocher to Rev. Kydd, October 18th, 1937, CBMS Box 368, file 2.

⁸⁴ Rev. Tocher to Rev. Wilson, C.E., November 4th, 1937, CBMS Box 368, file 2.

including military hospitals.⁸⁵ Thus, early in the war, Borthwick was placed in a responsible administrative position illustrating not only the wider administrative burden falling upon medical missionaries, as a result of the war, but also the National government's use of medical missionary expertise for the co-ordination and administration of its military hospitals.

In Laohekou, Drs. Gabriel Lende (1896–1979), Olaf Olsen 1893–1993 and H.T. Han were at the Frøyland Hospital when hostilities broke out.

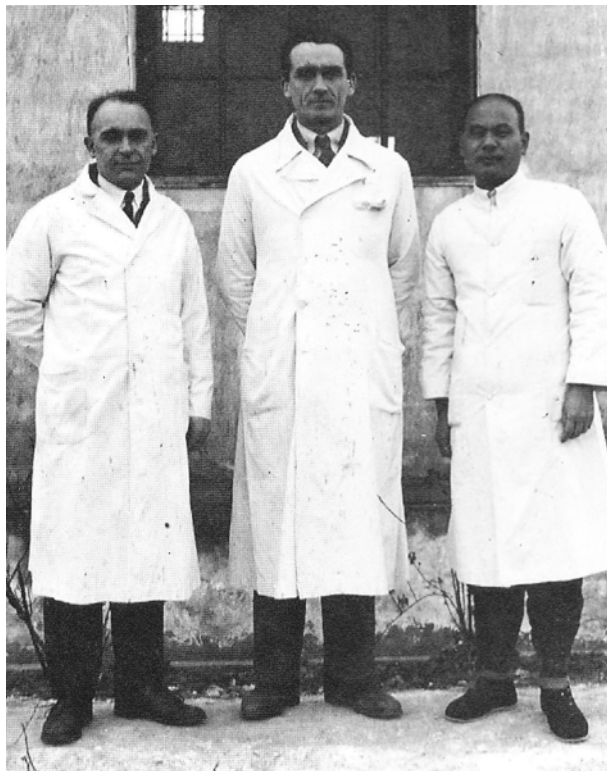


Fig 4: Dr. Olaf Olsen, Dr. Gabriel Lende, Dr. H.T. Han⁸⁶

This 65 bed hospital in 1937 treated 1,245 inpatients, 19,361 outpatients and performed 360 operations.⁸⁷ They were far from the front with only a few war

⁸⁵Rev. Tocher to Rev. Kydd, October 18th, 1937, CBMS Box 368, file 2.

⁸⁶ Kjebekk, E., *Han Falt På Slagmarken: Matryrmisjonær Dr. Tønnes Frøyland* (He Fell on the Battlefield: Missionary Martyr, Dr. Tønnes Frøyland) Bergen, Sambånder Forlag, 2009, p. 135. The dates for Dr. Han are not recorded in the NLK archive.

wounded but trade had been paralysed and prices had risen with meal costs doubling. To offset their financial problems they increased out-patients' fees from 100 to 200 cash per visit.⁸⁸ For the NLK mission stations to the west of the province the years 1937 to 1939 were experienced as calm years to be followed by two years of extensive bombing.⁸⁹

Missionaries in Hubei had the arguable advantage of being in receipt of eye witness reports of conditions during and after the Japanese occupation of other Chinese cities. An anonymous eye-witness, in March 1938, provided a detailed account of the difficult conditions in the city following occupation. He explained he was writing specifically to enlighten other missionaries about what they might expect upon occupation:

These conditions are given impartially and objectively, not through any sense of bitterness but with the desire to show what missionaries in the interior may expect in connection with the possible occupation of their cities by the Japanese so that they may more intelligently prepare for eventualities both in the protection of foreign property which it is necessary that they occupy, and in the care of refugees.⁹⁰

Despite such well meant warnings it is unlikely the inhabitants of Hubei had any real conception of what they were about to experience under occupation. Correspondence between Gedye and Rattenbury reveals tensions between those in the field and those directing operations at home and although neither were medical missionaries, an examination of the tensions played out is relevant to

⁸⁷ Olsen, O., "Arasmelding fra hospitalet 1937, Dr. Frøylands Minde Hospitalet," (Annual Hospital Report 1937 Dr. Frøylands Memorial Hospital.), in *Aarsmelding til Konferesen, Kineseren*, Norwegian Lutheran Mission, 1938, p. 43.

⁸⁸ *Ibid.*

⁸⁹ Tiltne, A., *Det Norske Lutherske Kinamisjonsforbund: Gjennom 50 År* (The Norwegian Lutheran China Mission Association: Through 50 years), Oslo, Det Norske Lutherske Kinamisjonsforbunds Forlag, 1946, p. 332.

⁹⁰ *TWO AND A HALF MONTHS AFTER THE OCCUPATION OF HANGCHOW* by AN EYEWITNESS, Anonymous report in the Conference of British Missionary Service file, March 26th, 1938, CBMS Box 368, file 1. Many of the reports in this file were un-attributed presumably to protect the writer's identity during their conveyance from China to CBMS headquarters in London.

medical missionary work as a reflection of the workings of the institutions that directed them.

Home Board Direction

Gedye, MMS' Hubei General Superintendent, was of the opinion that any decision concerning evacuation should be taken by individual missionaries following familial discussion. He shared this opinion with Moss, the Consul-General and cited this in a circular he sent to staff in the field which he quoted in a letter to Rattenbury, General Secretary for China:

The Consul-General's position seems to be that each person should take responsibility for deciding for himself. I feel that the present is very different from past occasions when we have had to face the possibility of evacuation, and so our approach to the situation may have to be somewhat modified. In the past it has been customary to wait for orders from the Consul, or the General Superintendent but this time the Consul-General is rather putting it up to each individual to decide for himself. It seems to me, from the point of view of the mission, we might take a similar stand. I do not want to shift any of my responsibility, but there is such a side [*sic*- wide?] difference between the cases of different members of our staff that each case needs to be examined individually, and personal and other factors taken into account.⁹¹

Rattenbury disagreed replying if "ever there was a time to stand by, that time is now" illustrating his, and presumably the society's policy, on evacuation.⁹² He then makes light of the dangers of remaining by remarking that there had been only one missionary death in the field in the previous six months, the implication being that, despite the hostilities, he/the Society did not consider it particularly dangerous for missionaries in the field. Rattenbury then pointed out that because of his position, and links with other missionary societies, Gedye was in a better position than other individuals to take a risk, and that as General

⁹¹ Gedye, A.J., to Rattenbury, H., November 30th, 1937, WMMS CH Box 9, MF 430.

⁹² Rattenbury, H., to Gedye, A.J., December 17th, 1937, WMMS CH Box 9, MF 430.

Superintendent of the District he had to take “emergency burdens”.⁹³ The implication here was that it was a risk to stay but Gedye’s role was to “say straight out what you feel should be done”.⁹⁴ In other words Rattenbury felt Gedye should lead the missionaries and instruct them, not encourage them to make individual decisions. Finally, Rattenbury was perturbed by Gedye’s suggestion that missionaries in the past had responded to orders from the Consul-General. This may have been particularly galling to Rattenbury because, as he was the General Superintendent in Hubei during the 1920s, it appeared as if it implied he had regularly taken orders from the Consul-General. Certainly he was at pains to distance himself from such claims:

In my recollection the Consul never, except once, sent any orders to anybody whatsoever. He did give advice and we always took his advice into consideration. The only order I remember was one received by an agitated Consul in 1927 telling me to come out of our compound or go to Shanghai. I felt like telling him to go to blazes but actually for the district’s sake I pocketed my wrath and did as I was told.⁹⁵

In this correspondence Rattenbury was attempting to push Gedye into a more forceful style of leadership. Rattenbury implied that were he still in the field he would have shown greater leadership and taken the risk of advising missionaries to remain in the field, however he was in London. As China Secretary, it was Rattenbury’s position to promote the society’s policy but to be fair he did finish by writing that whatever Gedye decided, he would have the full backing of headquarters. An interesting facet of this correspondence is not only that it reveals tensions between home base and leadership on the ground but also demonstrates the level of discussion that took place behind the scenes concerning evacuation.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

The case of Rattenbury, as the representative of MMS policy, indicates that MMS policy towards its missionary staff in the field, at that time, showed a lack of understanding of the fact that times had changed, of a looking back to the past and of an institutional paternalism towards its staff whereby individual decision making was discouraged at all levels. The Gedye–Rattenbury, or ‘in the field versus home administration’, tensions were mirrored almost six months later by correspondence between Bishop Gilman and Dr. John Wood in the ACM New York offices.

In contrast to the flowering of culture and military optimism that the Chinese and the city’s foreign visitors were enjoying, Hankou’s missionaries were more circumspect and made no mention of the new-found atmosphere in the city as described by others. Four months prior to the Japanese occupation Gilman reported to ACM in New York that while, as a result of successes of the Chinese air forces, their minds had been at peace until June 4th, the situation had changed following a rapid advance of the Japanese army and indiscriminate bombing of Hankou.⁹⁶ Gilman also informed New York of his plans to “evacuate all women and children” at a cost of not less than US\$5,000, and those not connected with property or refugees he proposed to evacuate to Guling. The Wuchang ACM General Hospital was, however, to remain a centre of operations. The military situation deteriorated and in subsequent correspondence Gilman wrote that, following the proposed retirement of the Chinese forces from Henan and since the “terrific bombardment” of Canton,⁹⁷ the National government was proposing Wuhan be evacuated.⁹⁸ From this we can surmise that by early June only five

⁹⁶ Gilman A.A., to Wood, J., June 6th, 1938, Gilman Papers – RG 64 69–13, ACM archive. Gilman succeeded Roots in April 1938.

⁹⁷ June 6th, 1938.

⁹⁸ Gilman, A.A., to Wood, J., June 11th, 1938, Gilman Papers, RG 64 69–13, ACM archive.

months after its establishment in Hankou, the National government was publicly intimating it recognised Wuhan would fall to the Japanese. So, despite the outward flowering of its façade, the city was inwardly bracing itself for occupation.

As preparations were made for the expected fall of the city there was disagreement between the remote Mission Board and those on the ground. The question of caring for ACM's Chinese staff demonstrates how differences of opinion and tensions arose. Wood's response to Gilman's proposal to "evacuate all women and children" is illuminating because of the cautious response it offers to what, in China, was considered a crisis. Wood, distanced from events and therefore removed from the emotions being experienced in China, replied from New York:

I am not sure just what you mean when you use the phrase "all women and children" when you speak of evacuation, it is impossible for the American Church to assume a large responsibility for people other than our own nationals. In the absence of further information I cannot go into any details. We trust you to act conservatively.⁹⁹

Gilman's reply illustrates that those at home base and those in the field did not always agree:

Your letter of June 23rd shocked me terribly. I have never been able to understand and do not know such a phrase as "it is impossible for the American Church to assume a large responsibility for people other than our own nationals." You have asked me to preach the Gospel to the Japanese who have just failed to kill me in order to show that the Church is international. Surely we are out here as a Mission to make the Chinese people Christian.¹⁰⁰

Gilman, in tandem with many other missionaries in the field, was prepared to ignore instructions from his society executive and reimburse the cost of the evacuation (five years salary of an American missionary) from his own pocket

⁹⁹ Wood, J., to Gilman, A.A., June 23rd, 1938, Gilman Papers, RG64 69–13, ACM archive.

¹⁰⁰ Gilman, A.A., to Wood, J., August 8th, 1938, Gilman Papers, RG 64 69–13, ACM archive.

rather than discriminate against the Chinese women and children under his care.¹⁰¹ As the war progressed and medical missionaries and their Chinese colleagues had to make more and more decisions, without reference to headquarters, they were given the opportunity to express their autonomy and further examples will be presented below.

Refugees and Wounded: Opportunity for Service

Medical missionaries in Hubei, in the decades leading up to the war, had gained experience coordinating Red Cross relief,¹⁰² alleviating the consequences of natural disaster (particularly flooding and refugee work),¹⁰³ and managed staffing problems.¹⁰⁴ They had experienced anti-western campaigns, attacks from bandits and Communists, and struggled with rising drug prices. This pre-war experience in giving service and providing relief laid the foundations for medical missionary strategy and activity in Hubei during the war and as will become apparent, some, particularly those working back home for the Home Boards who had authority over medical missionaries, were to look back to these years for guidance.

The hostilities created difficult situations and events of a much larger, more intensive scale than had been experienced previously and bombing raids that now targeted civilians brought fear to all. Vast numbers of refugees arrived in

¹⁰¹ There are no further references to “all the women and children” which suggests this topic was closed and that the evacuations took place.

¹⁰² For an account of Central China Red Cross Society work 1911–1912 at the *Pu'ai* Hospital during the October 11th revolution period see: MMS, *Celebration of Eighty-five Years of Medical Work, May 17th 1864–May 17th, 1949*, “Hospital of Universal Love” Methodist General Hospital, Hankow, Central China, MMSL CH 257.

¹⁰³ For a missionary account of medical relief work during the 1931 flood see “Trouble upon Trouble: A Year of Distress in China, The Story of 1931”, WMMS Annual Report, London, 1932, p. 52.

¹⁰⁴ For an example of staffing problems experienced by the WMMS as a result of the First World War when vacancies could not be filled from home and drugs and supplies became scarce see: *The One Hundred and Third Report of the Wesleyan Methodist Missionary Society*, London, WMMS, 1917, p. 65.

Wuhan following the outbreak of hostilities and civilian casualties arrived in unpredictable waves as a result of military action and aerial bombardment. Although refugees and civilian casualties had been an integral part of medical missionary work in previous times, the sheer numbers they had to contend with after 1937 were unparalleled and at times must have been overwhelming

(i) Refugee Relief in Wuhan

As soon as hostilities broke out, the Chinese Christian leaders met and, on August 9th, inaugurated the Wu-Yang-Han Relief Association of Chinese Christians.¹⁰⁵ As refugees began arriving in large numbers from Shanghai, a meeting was called between the Hupeh Christian Council Preparation Committee and the Wu-Yang-Han Relief Association which resulted in an Emergency Relief Committee of Western Christian Churches.¹⁰⁶ Inaugurated on December 11th 1937, and chaired by the ACM Bishop of Hankou,¹⁰⁷ Logan Roots (1870–1945), with an Executive Committee meeting weekly, this relief group, composed completely of Christian Chinese members, was later coordinated with the IRCC.¹⁰⁸ Roots reported:

Our work for refugees began like that of most churches with individuals caring for friends or acquaintances or strangers who needed temporary assistance. As numbers grew I appointed a small committee to act for the diocese. Then the Emergency Relief Committee of the Wuhan Christian Churches was formed by the Preparation Committee of the Hupeh Christian Council and finally the Red Cross Committee

¹⁰⁵ Seven Missionaries, *Christians in Action: A Record of Work in War-time China*, London, Green and Co., Ltd., 1939, p. 63. MacKinnon has noted that reliable refugee numbers are “a major issue” for the historian and writes that total refugee population totals vary from three million to ninety million. He also notes that anecdotal evidence is abundant but statistical evidence “skimpy and conflicting”. MacKinnon S.R., *Wuhan, 1938, War Refugees, and the Making of Modern China*, Berkeley, Los Angeles, University of California Press, 2008, pp. 45–47.

¹⁰⁶ Participants included ACM, CCC, LMS, MMS, SMF, LUM, CMA, the Bible Societies, YMCA and YWCA.

¹⁰⁷ Bishop Roots was succeeded by Bishop Gilman in October 18th, 1937.

¹⁰⁸ Not to be confused with the IRC the International Relief Committee a different relief organisation in China.

co-ordinated this work with that of the Roman Catholic War Relief, the Government and the Benevolent guilds: thus performing the same function for refugee work as for hospitals. I was amazed to find the extent of the existing work for refugees and the readiness of government, benevolent guilds, Buddhist and Mohammedan individuals and groups, Roman Catholics and Protestant, to cooperate in the *happy fellowship* of the International Red Cross.¹⁰⁹ [Italics added]

Roots suggests above not only that “happy fellowship”, was not the norm but confirms Wuhan was already home to a strong Chinese support system for refugees. Benevolent halls (*shantang*善堂)¹¹⁰ had traditionally provided relief work among the Chinese in Hankou and a National Relief Committee (NRC) in July 1938 reported 57 relief shelters being operated by these Chinese self-help organisations.¹¹¹ Although numerous, they served only a few families or a maximum of 30 people.¹¹² Traditionally they had operated as relief agencies dispensing grain, operating fire fighting services and handing out winter clothing. In particular some dispensed free medical care. Benevolent Halls operated through a gift and subscription source of income from donors which provided the capital for their activities.¹¹³ Considering the city’s propensity for flood and fire a support system, such as that provided by the Benevolent Halls, could be expected, although Roots’ comments point to an aloofness of the Chinese relief bodies from the foreign. It would appear, from Roots’ perspective that the Chinese and the missionary relief bodies, over the years, had been operating as separate entities. New found co-operation was recognised at a National Christian Council for China meeting in February 1938 when a report on Church policy noted that the troubles had given “an impetus to co-operation and church unity” and “It had been an

¹⁰⁹ *District of Hankow: The Newsletter*, Vol., XV111, No. 1, January/February, 1938, p. 2, ACM archive.

¹¹⁰ Rowe, R.T., *Hankow: Conflict*, 1989. Chapter three ‘Popular Welfare’ in particular traces the development of 19th century benevolent halls in Hankow, pp. 105–127.

¹¹¹ MacKinnon, “Refugee Flight”, 2001 p. 129.

¹¹² *Ibid.*

¹¹³ Rowe, R.T., *Hankow: Conflict*, 1989, pp. 105–127

inspiration to see the Roman Catholics and Protestants working together”.¹¹⁴ This was not an isolated incident of Protestant and Catholic cooperation. Robjohns, in describing medical work following a serious air raid at Jingshan (Kingshan) wrote:

It is impossible to close this account without paying a very high tribute to the cooperation, friendship, and help of the Roman Catholic Mission in this district. It was a revelation of how near we could draw together in the working out of Jesus' message of love.¹¹⁵

Schools had been temporarily closed and were readily available for the temporary housing of refugees from a few days to months. For some of the thousands of refugees who arrived in Wuhan tragedy awaited:

In recent weeks thousands have arrived from the province of Anhwei (Anhui), and the people of that province, resident in Hankow, have been feeding them in the Anhwei Provincial Guild Hall. What cruel fate brought these poor people hundreds of miles in order to be crushed under the walls of the Provincial Guild by a bomb released to frighten the people of Hankow?¹¹⁶

Executive Committee policy was to create several small camps in Wuhan and, in the spring of 1938, additional camps were opened at Zaoshi, Shayang, Honghu, Shashi and Yichang. All were run under Christian auspices with some having salaried managers and a committee of refugees.

Chinese responsible for full time jobs in the refugee camps such as cooks, were paid a small wage but, mostly, the essential work was carried out by the refugees themselves. Work was encouraged and the government funded practical industries such as sandal and towel making, and gauze manufacture for hospital use. Under these schemes, refugees were taught to weave, provided with raw materials and portable looms and paid. However, apart from the provision of footwear, this did not solve the immediate problem of clothing the refugees. To

¹¹⁴ National Christian Council for China Meeting in *Chinese Recorder*, April 1938, p. 204.

¹¹⁵ Robjohns, H.C., to Brown, T.C., 4th October, 1938, CWM CH/65, Central China Incoming and Outgoing Correspondence, 1928–1939, Robjohns file.

¹¹⁶ Gilman, A.A., *District of Hankow: The Newsletter*, Vol., XV111, May/August, 1938, p. 3, ACM archive.

combat this material was purchased and cheap clothing produced by the local mills and refugees.¹¹⁷

The NRC July 1938 report, out of a total of 111 shelters operating in Wuhan, listed 18 local city-government relief shelters mostly situated in Wuchang housing over 20,000 people.¹¹⁸ 15 shelters were operated by Christian Church organisations and three shelters in Hankou were operated by the IRCC for Central China serving approximately 700 in each.¹¹⁹ The IRCC also coordinated all hospitals and helped them access reasonably priced drugs and medical supplies. The Hubei hospitals shared similar problems regarding supplies and equipment to hospitals in other areas, as previously referred to in chapter three. At Zaoshi, by September 1937, only two months after hostilities began drugs were already in short supply and prices rising. Quinine in particular was becoming prohibitively expensive.¹²⁰

Serving on the IRCC for Central China was Dr. James L. Maxwell, Director of the IHT, secretary of the CMA's CMM, and editor of the CMJ. Also serving on the Committee were the Mayor of Hankou Dr. C. K. Wu, and the Consul-General with Madame Jiang Jieshi as Patron. The IRCC for Central China was responsible for an area stretching 800 miles both north to south and east to west of Wuhan. This involved nearly a hundred hospitals and dispensaries which in 1938 were mostly in fighting zones, although a few were in occupied territory.¹²¹ An example of the sort of problem the IRCC had to solve was how to reinstate vaccine supplies which had been obtained from Beijing but which,

¹¹⁷ 7,543 yards of new cotton was purchased with £2,053 from the International Red Cross Committee. *War Refugees...* The Emergency Relief Committee..., p. 15.

¹¹⁸ MacKinnon, "Refugee Flight", 2001, p. 129.

¹¹⁹ *Ibid.*

¹²⁰ Haward, M., to unknown recipient, September 12th, 1938, CWM/LMS CH/64, Central China Incoming and Outgoing Correspondence, 1928–1939, Haward file.

¹²¹ Gilman Papers, Letter from IRCC, July, 1938, RG64 69, ACM archive.

because of the hostilities, were no longer available from that source. The sub-committees of the Shanghai IRCC were located in Hankou, Guangzhou and Tianjin. The focusing of relief activity in the concession areas of Shanghai, a city that by October 1938 had already been occupied for a year by the Japanese, was not as strange as may first appear, as, despite being under Japanese control, the city does not seem to have been as cut off from the rest of China as much as might have been expected. Certainly for the administration of the relief groups Shanghai was well situated.¹²² Ronald Rees (1888–1975), on the staff at Lingnan University in the South China District and an MMS representative on the NCCC, March 1938 wrote:

Shanghai is by no means a dead city... It may be thought by many that this city is ceasing to become a centre for thought and work and activity that concerns China as a whole. No one place can serve all China with equal facility... many newspapers and offices of importance are here. ...Shanghai has direct touch with North China and with the coast down south as far as Canton, no part of which is at present occupied territory... We are not so cut off from Central and West China as might seem to be the case because of the air mail service from Hong Kong which can normally get letters to Szechwan within a week... Hankow is of course more central geographically, but it is not in effective touch with North China, or with East China, or the Coast... I am just making the point that the national position of Shanghai for many purposes has been less interfered with than might be supposed.¹²³

Medically, the mission hospitals took responsibility for the serious cases in the refugee camps and provided their services for free and the IRCC subsidies enabled mission hospitals to continue. In Hankou, the IRCC received \$200,000 from the National government for mission hospitals assisting wounded soldiers.¹²⁴

¹²² The following relief organisations had their headquarters in Shanghai in March 1938: British Ambassador's Committee, American Advisory Committee for the Red Cross Fund, China International Famine Relief Committee, National Christian Council War Relief Fund and the CMA. Rees, R., "Life and Work in Shanghai – March 1938", unpublished CBMS report, p. 4, CBMS Box 368, file 1.

¹²³ Rees, "Life and Work" 1938, p. 4. At this time the occupied areas of Shanghai were still under the administration of the Great Way Government *Dadao zhengfu* 大道政府, which was established on December 7th, 1937 under Japanese patronage. It was replaced on April 28th, 1938 by the Shanghai Municipal Commission.

¹²⁴ Fitch, R.F., "Christian Church", 1938, p. 128.

Initially, however, problems remained. By the time Wuhan had received its third air raid attack on October 24th, Dr. Chiang, at the *Pu'ai*, had been informed the government would pay twenty cents a day for every wounded soldier treated. From October 23rd, the IRCC would pay an additional subsidy per wounded soldier of forty cents per day.¹²⁵ Chiang was of the opinion that while these sums would just about cover the hospital's costs, no monies had been received for those tended following the first air raid, and similarly, no monies received for soldiers admitted during the early part of October. It did not seem likely that monies would now be received retrospectively from the IRCC, or the government, and Gedye wrote to Rattenbury requesting additional funding from the Home Board.¹²⁶ The *Pu'ai*, despite funding from the National government and the opportunity for service its refugee and wounded work was presenting, was already under-funded and suffering along with other hospitals, because its fee-paying patients had fallen away preferring to use a hospital in what they perceived as a safer area.

The SDA Sanitarium, situated at East Lake outside Wuchang, opened in October 1937, with Dr. Harry W. Miller (1879–1974), the SDA's China Medical Secretary, who had previously been at the Shanghai Sanitarium, at the helm.¹²⁷ The sanitarium's work involved huge numbers of refugees. To provide an indication of the numbers involved the sanitarium reported that in 1939 it had treated 71,000 out-patients.¹²⁸ An SDA doctor and two graduate nurses, in cooperation with the local authorities, gave almost 20,000 cholera injections over

¹²⁵ In the 1937 General Hospital Report Jiang lists the subsidy as 50 cents per day from the IRC and 20 cents from the local authority which probably indicates an increase in the subsidy.

¹²⁶ Gedye, A.J., to Rattenbury, H., October 28th, 1937, WMMS CH Box 9, MF 430.

¹²⁷ For an account of his work for SDA refer: SDA, *Zhonghua sheng*, 2002, pp. 790–794.

¹²⁸ May, S. B., "The Wuhan Sanitarium", in CDR, Vol., 10, No. 16, 1940, p. 1.

a three-week period.¹²⁹ As a result, during the 1938 summer outbreak, the camp experienced only two deaths, both of whom were refugees who had contracted cholera outside the camp and entered unnoticed and unrecorded. Complementing the efficiency of this inoculation programme conditions within the SDA refugee camp were considerably better than for those crammed into the Safety Zone in Hankou – the conditions of which will be described below. The sanitarium had its own water system with provision for filtering and roof storage. This provided an “abundant supply of clean, soft clear water, but also had good water pressure”.¹³⁰ One of the basic requisites for effective hygiene in the fight against cholera and other water-borne diseases was therefore already *in situ* before the occupation.

SDA medical work was not only founded upon healing but also placed much emphasis upon teaching the “principles of healthful living”, which included concentrating on the healing environment to include sunlight, diet, fresh air and rest which provided protection from epidemics.¹³¹ The new sanitarium was situated in an environment more conducive than most for refugee work and was managed by medical missionaries whose mission society placed a strong emphasis upon hygiene and sanitation. This emphasis unintentionally complimented the hygiene (*weisheng* 卫生) movement of the 1920s and 30s, and earlier, that Rogaski has termed hygienic modernity.¹³² State policies linked the state of the nation with the health of its people and utilised public health measures and the New Life Movement to debunk the accepted foreign discourse of Chinese hygiene deficiencies and to embrace modernity. The SDA similarly used its

¹²⁹ Appel, G.J., “Work for Refugees at the Wuhan Sanitarium”, in CDR, Vol., 9, No. 12, 1939, p. 5.

¹³⁰ “China Medical Institutions and Personnel,” in CDR, Vol., 8, No. 11, 1938, p. 5.

¹³¹ SDA, “Principles and Ideals in the Medical Work”, in CDR, Vol., 9, No. 6, 1939, p. 21.

¹³² Rogaski, R., *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*, Berkeley, Los Angeles, University of California Press Ltd., 2004.

policies of healthful living to pursue its own agenda not from any specific desire to bring secular modernity to the Chinese people but rather to present to the ordinary people of China a clean, Christian way of living. While the Chinese state was concerned with modernising China and its citizens, the Japanese as part of their occupation policy were concerned with inoculation, fresh water supplies and epidemic control, the SDA's objective was ultimately to propagate the Gospel. Situated outside the urban area the sanitarium had a physical advantage over the city camps and, psychologically, the staff and refugees were distanced from many of the minor irritations suffered by those living in and around Hankou.

SDA refugee relief work in the sanitarium provided an unprecedented opportunity to spread the society's beliefs and provide Christian service and this opportunity to improve spiritual health and spread witness was embraced:

They [the refugees] also presented a wonderful opportunity to the sanitarium workers for soul-winning effort.¹³³

Daily meetings were held, bible study groups formed and a full time evangelist appointed for refugee work. Sabbath day observance was insisted upon and because the refugees did not understand what to them was an alien practice they questioned it. This provided an excellent opportunity to bear witness by way of explanation.¹³⁴ When the Wuhan Sanitarium was opened it was envisaged as a base from which the Gospel would travel into western China. This linking of salvation and care of the sick has ancient roots; the word "*salve*" in Latin translating as "health" acknowledging a relationship between medical care and spiritual welfare. It is this connection that provides the foundation for Miller's Medical Secretary Report which indicates that, for the SDA executive, there was

¹³³ SDA, "Refugee Evangelistic Work at Wuhan, Hupeh", in CDR, Vol., 9, No. 10, 1939, p. 5.

¹³⁴ Ogle, M., "Refugee Work", in CDR, Vol., 9, No. 2, 1939, p. 5.

no Two-fold Call quandary: their medical ministry role was primarily to advance the Gospel message.

Now is the day of opportunity, if ever, for our medical missionary movement to function and for us to enlist it in every possible available resource, for in what lines of service can we better approach the human heart to influence it for Christ?... Every war the past fifty years has resulted in opportunity for the advance of this [the Gospel] message, and may we not look upon this as our day of opportunity to reap for the church?... We believe that the Wuhan Sanitarium can serve as a base of operation for these western fields where our greatest results in soul winning may be realised.¹³⁵

Within the SDA papers consulted there are no references to indicate whether the Sanitarium's medical missionaries were individually required to evangelise while performing their professional duties, but it is clear that mission policy was most definitely to utilise medical work to propagate the Gospel. For the SDA executive the war offered a welcome opportunity to evangelise.

(ii) Refugee Work in the Rural Areas

Refugee work, particularly in the rural areas, gave medical missionaries the opportunity to prove their administrative skills without reference to the Home Board. Dr. Forbes Tocher, Secretary of the CSFM Mission in Yichang described refugee work as falling into three stages: During the first stage in late 1937 and early 1938 refugees were arriving from Shanghai and North China.¹³⁶ They were financially secure but lacked accommodation seeking transportation to Sichuan. Included among these early refugees were families, business and school groups who took up every available space in churches, mission schools, halls, and private

¹³⁵ Miller, H.W., "Medical Secretary's Report", CDR, Vol., 8, No. 2, 1938, p. 10.

¹³⁶ Tocher, F., "Wartime Service in Ichang China", October 12th 1938, Acc 7548 B 195, I'chang secretary, 1938-1951, CSM archive.

houses.¹³⁷ Middle or Lower River steamers were arriving in Yichang and unloading 2,000 passengers, but the Upper River transportation could transfer only 200 at a time.¹³⁸ Missionary relief was primarily focused on housing these refugees and securing passages for them westwards.

The second stage of refugee relief work began in February 1938 with the arrival of those fleeing the fall of Nanjing and the seizure of Shandong. These were destitute people who had been bombed out and forced to flee with few, if any, possessions in contrast to those who had chosen to flee. This second wave of refugees was in need of financial help as well as accommodation. These refugees came from the Hankou refugee camps forwarded by the Hankow Christian Emergency Committee. The Ichang Church Union Committee, composed of CSFM, ACM and SMF missionaries, was asked to accept responsibility for the refugees. Those arriving independently were instructed to request relief from the local magistrate, although local facilities were inferior to those offered by the missions. This difference in the standard of relief between town and Church Union emphasised to refugees that they were under the care of Christian missions. Refugees were only allowed to remain under the Church Union's care for a maximum of three months with most staying several weeks. Funding for the relief work came from the IRCC (\$3,200), the Yichang Churches (\$850), from other Yichang sources and friends in Scotland (\$550).¹³⁹

By August, the inflow of refugees had almost dried up, but local officials, on account of the air raids, were anxious for people to keep moving westwards with the threat of the impending fall of Wuhan the final third stage of Yichang's refugee relief work began as more refugees arrived. By mid-October 1,500

¹³⁷ Tocher, "Wartime Service", 1938.

¹³⁸ Ibid.

¹³⁹ Ibid.

Christian refugees remained in Hankou, but Tocher was of the opinion that Yichang's days as a place of refuge would soon be over and arrangements were made to set up places of refuge in country stations.¹⁴⁰

At Zaoshi, LMS Nurse Ethel Haward (1888–1952) fulfilled her medical duties and at the same time established a towel making factory for refugees, while organising and directing cholera relief. Initially she wanted to establish a soap factory using locally grown peanuts in a scheme similar to one established by a Dr. Carver in the United States.¹⁴¹ Although he was contacted, he failed to provide the full information for making the soap. Haward then interviewed people who she thought could help, including the Imperial Chemical Industries' (ICI) Manager Dr. Dixon. The refugees embraced the scheme and among them were some responsible business men whom Haward thought could oversee the work once the correct method was ascertained. Soap was in short supply and since there was no other producer locally it was unlikely they would cultivate ill-will by competing with any established businesses. The ICI advisers proved to be too technical, wanting to utilise expensive machinery that would only employ a few people, which undermined the objective of providing useful employment for refugees, so the scheme was abandoned.¹⁴² Undeterred Haward was advised to make shoes, and after calling a meeting with the refugees they decided to manufacture towels. Suitable premises were found and Haward organised \$200 funding from the New Life Movement representative Major General Huang, and \$300 from Miss. Coxon's¹⁴³ Hankou Committee, with \$100 being privately

¹⁴⁰ Ibid.

¹⁴¹ Haward, M., to Brown, T.C., March 31st, 1938, CWM/LMS/64 Central China Incoming and Outgoing Correspondence 1928–1939, Haward file.

¹⁴² Ibid., April 17th.

¹⁴³ Winifred Coxon (1871–1946) could be described as the *Grande Dame* of missionary work in Hankou. Beginning with CIM in 1898 she joined LMS in 1907. Principal of the Wuchang girls'

subscribed. This provided seven looms, thread, bleaching powder, vats and small necessities. The towel factory proved to be very successful initially selling 100 towels at \$2.00 per dozen, although when a second batch of thread was ordered it was found that the price had risen “nearly a fourth” and was expected to rise again.¹⁴⁴ Material from the towel fund also financed raw material for straw sandals.

The building of the aerodrome at Zaoshi, involving 10,000 men, provided Haward with the opportunity to organise and oversee relief following a suspected cholera outbreak at the site. The workers’ water supply was at a distance from their work and consequently the supply was inadequate. At Haward’s suggestion two nurses were appointed and a kitchen at a cost of \$200 was set up to supply boiled water.¹⁴⁵ The workers collected their water in kettles and four men from the refugee camp carried and boiled water for a small wage. In the long term, despite the high cost of the fuel, this was beneficial to the hospital since no further cases developed. The success of this public health work met with the approval of the civil governor of the district who was reportedly impressed by the work.¹⁴⁶

From March to July 1938 Haward embraced the opportunity for service presented to her and investigated and oversaw the establishment of refugee employment, organised and set up a successful anti-cholera campaign and maintained her professional work at the hospital. What is of particular note is she was operating independently in the field writing to home base to inform them of

boarding school from 1919 until the anti-Christian disturbances she concentrated on women’s evangelism, and medical and educational administration. Retiring in 1934 she continued as an independent missionary, was interned in 1942 and died in Hankou aged 73. Goodall, N., *A History of the London Missionary Society: 1895–1945*, Oxford University Press, London, 1954, p. 185 and Hope-Bell, E., *Winifred Coxon of China*, Livingstone Press, 1948.

¹⁴⁴ Haward, M., to Coxon, E., July 13th, 1938. CWM/LMS CH/64, Central China Incoming and Out Going Correspondence, 1928–1939, Haward file.

¹⁴⁵ Haward, M., “Ups and Downs”, Tsaoshih Report, July 7th, 1938. CWM/LMS CH/64, Central China Incoming and Out Going Correspondence, 1928–1939, Haward file.

¹⁴⁶ Ibid.

her work rather than receiving instruction or requesting authorisation. Haward was responding to local conditions in the field with a new found autonomy proving she could innovate, organise, administer, raise funds and instigate good will within the community. Her own comment at that time was “one never knows what job will come next!”¹⁴⁷ Medical missionaries were proving their worth both professionally and institutionally by providing an essential service for China when its own medical services were overwhelmed. The war was providing a window of opportunity for medical missionaries like Haward and Robjohns to participate in a golden age when their work was both needed and wanted.

(iii) Caring for the Wounded

The wounded came from the battlefields to the north and east and had often spent days, or even weeks, on boats and trains. Military medical services were inadequate. To cope with the wounded, the *Pu'ai* added two hundred beds to its capacity of which two-thirds were reserved for military wounded and the remainder for wounded civilians.¹⁴⁸ The Chairman of the Hospital Board placed a godown, the No. 4 Warehouse of the Shanghai Commercial and Savings Bank, at the hospital's disposal, which was used for 104 seriously wounded.¹⁴⁹ This was an addition to an already substantial hospital which included six doctors,¹⁵⁰ four Chinese and two foreign, 12 qualified NAC nurses, 60 student nurses and eight student midwives (all Chinese) under Stephenson and Miriam Driver - Matron and Assistant Matron respectively.¹⁵¹ There were also pharmacy and

¹⁴⁷ Ibid., Haward, M., to unnamed correspondent, April 24th, 1938.

¹⁴⁸ Chiang, H.T., “Medical Superintendent's Report”, in *Methodist General Report*, 1937, Stephenson Box 642, MF 1358.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid., Hung, Chiang, Lee, Yuen, Bolton and Redhead.

¹⁵¹ Ibid.

laboratory staff. The emergency godown hospital had one full-time and two-part time doctors, nine NAC nurses and five student nurses.



Fig. 4: Patients at the No. 4 Godown, Hankou, 1937¹⁵²

The hospitals co-ordinated relief and in October 1937, the *Pu'ai* requested surgical help from the Union Hospital. Gillison had to identify the seriously wounded by candlelight because the electricity supply had failed.¹⁵³ With selected wounded transferred to the Union Hospital additional wounded from Hanyang were also being admitted there. The Chinese nurses, having already worked during the day returned and worked until around 3am being ready for

¹⁵² Cram/Photograph/ 1270.

¹⁵³ Gillison, Kathleen, to Dear Friends, October 13th, 1937, CWM/LMS CH/64, Central China Incoming and Outgoing Correspondence, 1928–1939, Kathleen Gillison file.

their next day shift.¹⁵⁴ When 100 more wounded were admitted, the nurses gave up their beds and slept on bamboo benches. Some of these wounded soldiers had been "... lying for more than a month with very little treatment, some with limbs missing & many incapacitated for life".¹⁵⁵ Clearly, and understandably, work with the wounded was exhausting and distressing.

In the rural areas communications grew ever worse and facilities more makeshift. The bombing of Jingshan on August 29th, 1938, provides an example of medical missionary work in a rural area at this time. Despite being a small peaceful town, away from military action, an airport was being built on the town's outskirts. The nearest hospital at Zaoshi was twenty miles away and the connecting track, despite being recorded as a motor road, had "not seen a car for over a year".¹⁵⁶ Robjohns, at Zaoshi, initially thought casualties would be few because having heard the bombs fall at 7am, he presumed the target had been the airport and therefore did not feel his services were likely to be needed. At 3.30 pm he received a message that between 500 and 700 had been wounded and killed and a request came through for help.¹⁵⁷ A charcoal truck was provided and Robjohns and five nurses arrived at Jingshan at around 6pm to find the town in ruins and the city deserted which surprised Robjohns as, after twelve hours, people usually returned to check on their belongings and family and to rescue those who had been buried alive. Robjohns described the difficult conditions under which the hospital staff worked:

There were no officials to help us get to work, there was no suitable building standing for use as a hospital, and it was getting dark so that there was not much time for exploring. We went back to the bus station

¹⁵⁴ Ibid.

¹⁵⁵ Ibid,

¹⁵⁶ Robjohns, H.C., to Brown, T.C., October 4th, 1938. CWM CH/65, Central China Incoming and Outgoing Correspondence, 1928–1939, Robjohns file.

¹⁵⁷ Ibid.

which was an old temple and prepared to change dressings there. There was difficulty in getting lights, and difficulty in getting water, and difficulty in getting the cases carried to us. At last we were under way and with the light of one lamp and a few candles were able to start work. Water was boiling over a fire and we were able to give the patients a drink, and about 10 p.m. a neighbouring village prepared a meal for the nurses, it was their first since midday. After the meal we went back to the wounded, changed the remainder of the dressings, gave everyone a drink all round, and then tried to sleep in the truck looking up at the reflection of the burning city in the sky.¹⁵⁸

Robjohns decided rescue work was best left to others and that the most immediate need was to transport the severely wounded back to Zaoshi. Using three trucks, approximately 100 patients were transferred over two days with the death of only one.¹⁵⁹ This prompted Robjohns, on his next visit to Hankou, to solicit donations enabling him to purchase a truck so Zaoshi could function as a base hospital for neighbouring towns.¹⁶⁰ This work among the Jingshan wounded demonstrates the primitive clinical conditions under which some medical missionaries worked under crisis and highlights how they adapted and organised medical care within a difficult environment as well as the hours they were required to be on duty. Further examples of work among the wounded will be included below.

The Safety Zone

In June 1938 preparations began for a Hankou Safety Zone.¹⁶¹ Heavy bombing was expected to precede the burning of the Chinese areas of the city.¹⁶² In the first raid on September 24th 1937, a bomb had fallen 100 yards from the *Pu'ai* as

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Gedye, A.J., to Rattenbury, H., June 24th, 1938, WMMS CH Box 9, MF 433.

¹⁶² These expectations must, to some extent, have been fuelled by the occupation of Nanjing

Redhead was preparing to operate. The operation continued despite the bombing raid but, by next morning, all the patients in the maternity ward had “fled in terror”.¹⁶³ As a result of that incident the *Pu'ai*, at the beginning of the war, was regarded as extremely vulnerable by both foreigners and Chinese, and in August plans were made to move.¹⁶⁴ In the long term, however, its position in the heart of the Chinese city was to prove advantageous.

From Chongqing the French Jesuit Father Jacquinet de Besange travelled to Hankou. He had been Vice President of the Shanghai Red Cross Committee and Chairman of the Supervisory Committee of the Nanjing Refugee Zone, providing him with considerable experience in negotiating with Japanese officialdom. He had also played a major part in the setting up of the Shanghai Safety Zone as Chairman of the Committee on Refugees.

¹⁶³ Yuen, H.M., *Pu'ai Midwifery Report 1937*, MMS, Stephenson Box 31, MF 1359.

¹⁶⁴ Gedye, A.J., to Rattenbury, H., August 8th, 1938, WMMS CH Box 9, MF 433.



**Fig. 5: Father Jacquinot (far left) and Staff Members from the *Pu'ai*,
October, 1938¹⁶⁵**

The proposed Safety Zone included the former Concession areas and in July the Italian, German, French, British and American Consulates asked the Japanese in Shanghai to sanction the Safety Zone arrangements. Although this was a satisfactory demarcation area for the Catholic Hospital in the French Concession, it left the *Pu'ai* isolated in the Chinese city. From a later perspective, Zhu Yunguang, writing in 1964, described the Safety Zone as a hoax perpetrated by the “international spy, the French National *Rao Jiaju*” which caused many Chinese to lose everything when they had to move to a new Safety Zone, because

¹⁶⁵ Cram/Photograph/ 1242.

later the Japanese designated the area a Japanese military zone.¹⁶⁶ During this period, he claims, some people, whom he does not specify, used the circumstances to “fish in troubled waters” and make a fortune.¹⁶⁷ The implication here appears to be that some people took the opportunity either to take advantage of the situation to make personal financial gain or perhaps that they collaborated.

Having heard detonations throughout the evening of October 25th and witnessed the fires in the city, the staff of the *Pu'ai* assessed the situation from the Bank of China roof. The largest fire was centred on the Municipal Buildings close to the Union Hospital towards the Japanese Concession: “The whole sky was red”.¹⁶⁸ They could see the city’s cotton mills had been torched and that fires were also blazing in Wuchang. Earlier a single strand of barbed wire designating the Safety Zone had been placed around an area that included the French Concession and the former British, German and Russian Concessions. Flags sporting a red cross encased by a blue circle were hung from barbed wire every fifteen yards and refugees were already *in situ*. The city waited for the Japanese to arrive. Despite the tension an attempt was made to retain some semblance of normality and five student nurses were inducted into their training with a capping service.¹⁶⁹ As Redhead observed at the time:

It [the capping service] was a simple impressive service, but those seem ridiculous words to describe it in. The contrast – cheerful sane hymns & nice normal people, & lighted candles & folk going on with their lives, & outside anarchy & goodness knew what was to come.¹⁷⁰

¹⁶⁶ *Rao Jiaju* 饶家驹 (饒家駒) refers to Jacquinot. Zhu Yunguang, 朱运广, “Wo zai Hubei”, 1986, p. 832.

¹⁶⁷ *Ibid.*

¹⁶⁸ The Japanese evacuated their Concession in July 1937. The Concession was then taken over by the Chinese who burnt and dynamited almost all of the buildings within it on the 25th October, the eve of occupation. Redhead, M., Diary entry, October 25th, 1938, Cram/Papers/69, p. 5.

¹⁶⁹ A cap was awarded to student nurses to mark the end of their initial probationary period.

¹⁷⁰ Redhead, M., Diary entry, October 25th, 1938, Cram/Papers/69, p. 5.

Redhead documented the Japanese army's entry into the city. The fire she had recorded was the burning of the Japanese Concession area by the retreating Chinese military. The destruction of this area was to have repercussions.

Summary

The pre-occupation period proved to be one of preparation and expectation for Hubei's medical missionaries. In the early months, following the outbreak of hostilities, those who looked to the past could detect similarities with earlier periods of medical missionary work. There were parallels with earlier Red Cross work, refugee relief, and care for wounded. Working under the auspices of the IRCC refugee camps provided medical missionaries in Hubei with opportunities to develop their administrative skills while attending to refugees and training and occupying them in useful activities. As the war progressed, it became apparent that the situation was markedly different from earlier times because there was the addition of an external factor; the Japanese.

This Japanese presence united the Chinese and foreigners as they worked towards a common cause, against a shared invader, which helped to subordinate anti-foreign "them and us" feelings that had marred earlier periods in Hubei's medical missionary history. Foreigner and Chinese endured Japanese attacks together, experiencing fear, while witnessing the after effects of air raids and artillery bombardment. Thus, through shared experience, there developed a forging of new institutional relationships in the pre-occupation period. This was a period of greater co-operation, not only between the Chinese and foreigners, but also between the missions themselves regardless of denomination as Protestants and Catholics pulled together. Also, a new found co-operation arose between the

foreign and Chinese relief agencies that in earlier times had operated side by side rather than as a co-operative unit.

Tensions between missionaries on the ground and their home base executive were played out in correspondence as communications remained open but unreliable. Autonomy was thrust on medical missionaries after occupation and they were forced to make decisions with no reference to home base. Reading the correspondence, both official and personal, it is clear no-one had any real perception of how long the war would last and so while this pre-occupation period can be described as a period of preparation administrators were not looking too far into the future.

Staffing problems regarding mission hospitals were not new, but whereas previously the problem had been one of attracting and retaining professionally qualified staff the new difficulty involved simultaneous resignations. Without government and relief agency subsidies medical missionary work would have been in crisis particularly as the war brought its own expenses; the camouflaging of buildings, the raising of flags and the increased cost of drugs and medical supplies combined with the cost of evacuating women and children via circuitous, expensive routes.

Wuhan had over a year to prepare for its Japanese occupation which in the end was a peaceful capitulation. The Chinese military withdrew leaving Wuhan undefended which undoubtedly saved many lives and enabled medical missionary work to continue more or less uninterrupted. However, in the country districts the province would continue to be fought over up to the spring of 1945.

Chapter Five

Opportunity Under Japanese Occupation

...there is something of a thrill in having a really worthwhile piece of work to do, and in having opportunities for initiative, such as we have had.

Dr. Keith Gillison, Surgeon and Medical Superintendent,
Union Hospital Hankou. 1940¹

Introduction

Hubei under the Japanese occupation provides the focus for this chapter and reflects upon the post-Pearl Harbor changes that moulded medical missionary experience. Medical missionaries woke to learn their third party national status had, overnight, become that of non-combatant enemy national. There was no longer any prospect of negotiating with the Japanese military from a neutral position of strength and they were isolated from all Home Board guidance and support. An examination of the practicalities of life under occupation, including the economic and administrative consequences, will support the argument that, despite new challenges, the post-Pearl Harbor period continued to be a golden age of opportunity for medical missionaries.

¹ Gillison, K., 1940 Annual Report, CWM/LMS CH/2, 1941–50, China/Hong Kong Reports, Keith Gillison file, 1940–49.

In Hankou, within a month after the occupation, a Peace Maintenance Committee (PMC) (*Zhian weichihui*, 治安維持會) was inaugurated to identify people who would be prepared to work with the Japanese.² This puppet government was chaired by Chu Guoqin (*Chu Kuo-Chin*), described in a British diplomatic report as the owner of a “large hotel-cum-brothel” in the Chinese city.³ Similarly, the Rev. Harold Wickings (1901–1992), Superintendent of the Xiaogan Hospital, reported that the town’s puppet government consisted of “opium-addicts and sycophants” who had to refer every decision to their Japanese masters.⁴ Whatever their personal reservations or thoughts, medical missionaries had no choice but to interact and cooperate with these opium addicts, sycophants and brothel-keepers.

Consequences of the Occupation

The Japanese attempted to occupy the North China Plain, Canton and Wuhan confidently expecting Chinese morale to collapse along with the country’s defences. Chinese policy was to delay the Japanese advance in order to gain time. The destruction of the Yellow River dykes at Huayuankou on June 9th 1938, with great cost for the civilian population, gained the Chinese almost five months in which to move industry, government offices and schools westwards before the fall of Wuhan. It also prevented the Japanese from linking their northern forces with those in the Yangzi valley which would have cut off the Chinese retreat.⁵ The

² “Wuhan Preservation Association”, War Office Decypher: Acting British Consul General (Hankow), November 26th, 1938, WO208/253.

³ Ibid. Brook noted that some at the “lower levels of the political heap” took the opportunity to enrol onto the PMC in Jiading. Brook, T., *Collaboration*, 2005, p. 77.

⁴ Siaokan Annual Report 1939, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Wickings file, 1939–48.

⁵ Van de Ven, H.J., *War and Nationalism in China: 1925–1945*, London, New York, Routledge, 2003, p.226.

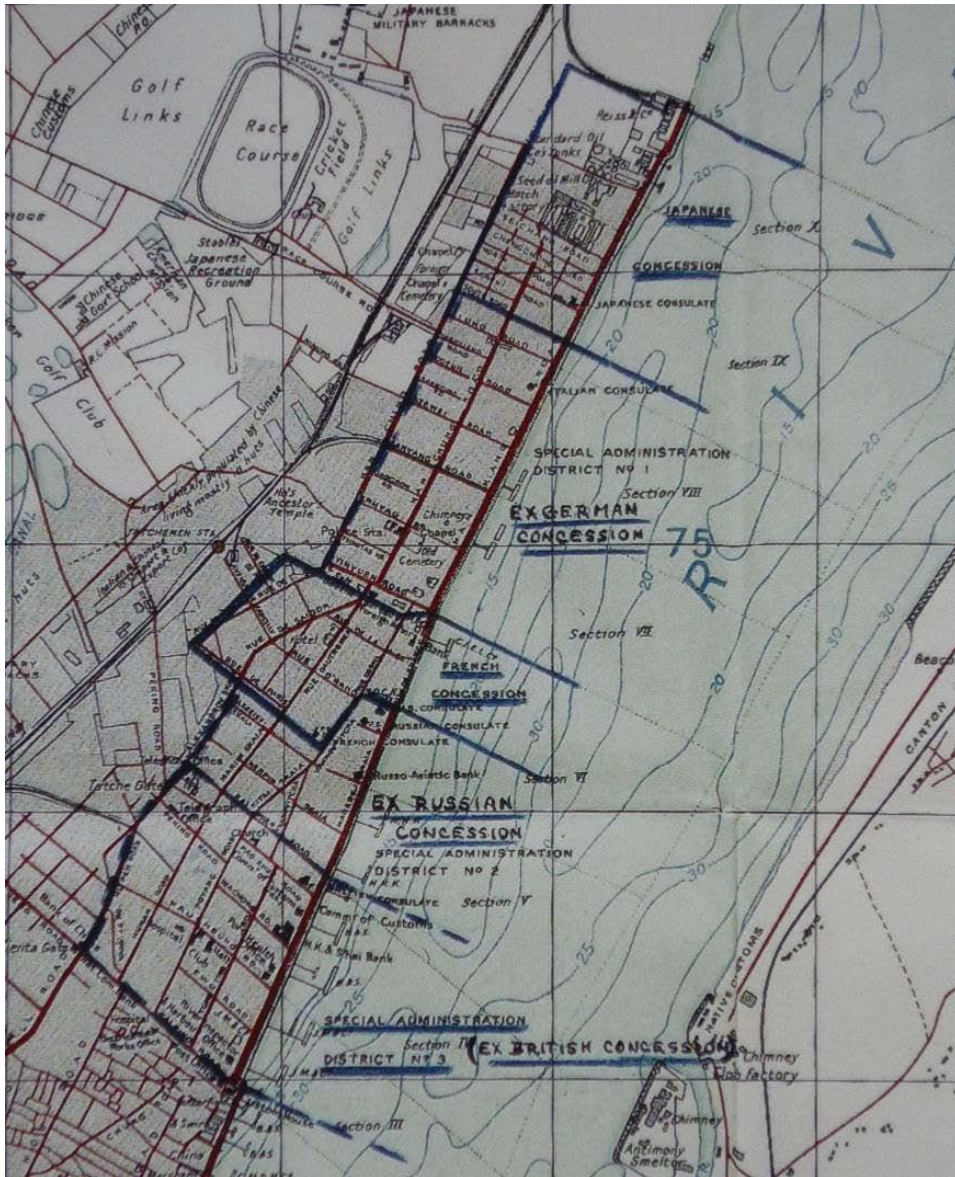
destruction of the dykes, however, pushed the Japanese forces southwards towards the Yangzi and Wuhan. The Chinese tactics, while only delaying the inevitable, facilitated a planned military withdrawal by the Chinese military.

Japanese troops entered north eastern Hankou on October 25th and the following day 26 vessels of the Japanese army arrived in the city.⁶ In her diary entry for the evening of October 26th, Redhead recorded that when the Japanese reached Hankou the city offered no resistance.⁷ The three main hospitals relocated to avoid being isolated from patients and staff outside the designated Safety Zone. The *Pu'ai* moved from its site in the heart of the Chinese city to the Bank of China building in the ex-British Concession, the Union Hospital relocated to the Salt Bank and, from Wuchang, the General moved to the All Saints' compound in the former German Concession in Hankou. This left only the LMS *Ren Chi* Hospital in Wuchang, under the management of Dr. Yeh. As a result of the move, the General, *Pu'ai*, and Union Hospitals, were all located within the designated Safety Zone. This Zone included the French Concession Special Administrative District (SAD 1), and ran from the former British Concession (SAD 3) northwards to the northern-most boundary of the former Japanese Concession. The former Russian Concession was SAD 2.⁸

⁶ Woodhead, H.G.W. (ed.), *China Year Book 1939*, North China Daily News and Herald Ltd., Shanghai, 1940.

⁷ Redhead, M., Diary entry, October 27th, 1938, Cram/Papers/69, p.4.

⁸ Refer map 6.



Map 6: Hankou Concessions: British Consulate Map of Wuhan 1931⁹

⁹ National Archives, WO 106/5351 345134



Fig. 7: The *Pu'ai* at the Bank of China Premises, October 1938¹⁰



Fig. 8: *Pu'ai* Ward in the Bank of China Premises, October 1938¹¹

¹⁰ Cram/Photograph/ 1264

¹¹ Cram/Photograph/ 1271

A Chinese eyewitness described conditions within the proposed Safety Zone as extremely crowded with people's personal goods piled up 'like mountains' and whole streets and alleys filled with oceans of people.¹² Rents, especially in the French Concession, soared: the monthly rent for a "small space" in the French Concession in October 1938 was CC\$300 to CC\$400 a month and properties had to be rented for at least three, or even six, months.¹³ By comparison, the monthly salary of a Chinese doctor at the General was CC\$261.¹⁴

However, when the Japanese entered Hankou to discover the Japanese Concession had been almost totally destroyed by the retreating Chinese forces, they re-designated the Safety Zone a Japanese military area and designated the Chinese area of the city the new Safety Zone. They also requisitioned the bank buildings into which the hospitals had so recently relocated.

Despite only being given forty-eight hours in which to return to the buildings they had just vacated, and the inconvenience caused, this was an advantageous move for the *Pu'ai* which returned it to its familiar location.¹⁵ The Union Hospital took up premises with the *Pu'ai* together with some Catholic priests and sisters.¹⁶ Thus despite initial chaos the eventual outcome proved to be beneficial, particularly for the *Pu'ai*. Being situated in the centre of the Chinese area of the city, the hospital was to become a rallying point for Chinese Christians and later, was protected from the main thrust of American and Chinese bombing raids.

¹² Zhu, Y., *Wo Zai Hubei*, 1986, p. 832.

¹³ Rebok, D.E. "From Hongkong to Ichang", in CDR, Vol., 9, No. 1, 1939, p. 4, SDA archive.

¹⁴ Church General Annual Accounts November 1938. Dr. Tseng Huen Wu's annual salary was CC\$3,132. RG 64 69-14, Gilman Papers, ACM archive.

¹⁵ Redhead, M., Diary entry, October 30th, 1938, Cram/Papers/69, p. 18.

¹⁶ Heady, J.J., (General Superintendent for Hubei late 1938-1940, Chairman of District 1946.) to 'Colleagues', Copy letter, CBMS Box 368, File 5.

As the war progressed, hospitals frequently moved premises and the Union Hospital returned to its original site near the race-course, despite its being inconveniently situated one and a half miles from the city centre. In 1939, to combat this inconvenience, the hospital opened a two-room town branch at the Lutheran Mission building later moving again, in July 1940, with the midwifery and district nursing departments, to create a Town Branch at the YMCA premises.¹⁷ This was a far superior site in one of Hankou's major business areas giving the hospital access to Hankou's wealthier patients.¹⁸ All these complicated relocations needed to be co-ordinated and administered by medical missionaries who were already overworked and under pressure. Gilman believed the war increased awareness of western medicine amongst the Chinese population in Wuhan, and it is conceivable that this constant relocation of hospital premises may have aided this, as hospitals moved to new districts.¹⁹ When Chinese civilian wounded found themselves in mission hospitals they experienced western medicine at first hand for the first time which may have removed some of the fear and mystique.

The Japanese immediately requisitioned all rickshaws and coolies with the result that cheap and convenient transportation around the city disappeared overnight. Gilman resorted to using a Cathedral tea trolley to transport reserve supplies to the General Hospital.²⁰ In Hankou, sentried barriers were erected to demarcate military and civilian areas cutting off direct access to many parts of the city thereby forcing residents to use circuitous indirect routes. Consuls issued identity cards to be shown on demand and Chinese Christians obtained

¹⁷ Chapman, H.O., *Union Hospital Report 1941–45*, p. 4.

¹⁸ *Ibid.*

¹⁹ Gilman, A.A., to Wood J., June 9th, 1939, RG64 69–13, Gilman Papers, ACM archive.

²⁰ Gilman, A.A., to Wood, J., November 23rd, 1938, Gilman Papers, RG 64 69–13, ACM archive.

documentation that certified Church membership which they hoped would offer protection enabling them to move around with greater ease although many still received ill-treatment.²¹

Hankou became a communications depot for mission stations within Hubei since it was easier, quicker, and safer, to travel in, and then out, of the city rather than to journey across country. Travel required passes for which comprehensive forms had to be completed and travellers were treated to “rigorous searching and rough treatment”.²² Cable communications remained open until Pearl Harbor but were prohibitively expensive and mail became subject to further censorship with magazines and newspapers sometimes being delayed for months.²³ In December 1938 the CMJ reported that the previous month a notice had been issued by the Director of the Post in Shanghai that all medical supplies destined for the interior sent via the post office would be confiscated. The explanation was that it would prevent them being siphoned off by the National government. All parcels would henceforth be examined by Japanese censors, and post offices in occupied areas refused all printed matter for Sichuan, Guangdong, Hunan and Hubei.²⁴ Every opportunity to send mail was seized upon by the foreign community.

After communications had been secured attention was turned to economic matters and, in March 1940, a Finance Commission was set up for Hubei, Hunan and Kiangsi.²⁵ Underpinning the Japanese occupation infrastructure was a

²¹ Heady, J.J., to colleagues, December 14th, 1938, CBMS Box 368, File 5. Zhu Y., “*Wo zai Hubei*”, 1986, p. 832. In Zhoucun, Shandong, Christian identification took the form of a badge. Flowers, W.S., March 21st, 1938, CBMS, Box 368. file 2,

²² Rowlands, H.E., *End of*, 1947, p. 57.

²³ *Intelligence Report for Hankow: the six months ending March 31st, 1940.* FO371/24657/F1524/25/10.

²⁴ CMJ, Vol., 54, No.6, December, 1938, p. 582.

²⁵ *Hankow Political Reoprt: the six months ending September 30th, 1940.* FO371/24657/F1524/25/10.

Chinese workforce working solely for the invaders' benefit similar to the *corvée* labour force described by Brook in Jiading.²⁶ Redhead noted in her diary three weeks after Hankou's occupation that the Japanese were "impressing" labour.²⁷ A Special Service Dept (SSD) succeeded the PMC but was not responsible for missionaries who came under the control of the military police. Thus, foreign medical missionaries remained under military based control and supervision, whereas the Chinese, once the SGC had been established, passed from an initial period of military control and supervision to one of economic control with military support.

Areas immediately outside Japanese control were patrolled by Japanese "puppet" troops, bandits, Chinese irregulars and regulars, as well as the Communist guerrilla forces.²⁸ To add to the difficulties of transporting goods, the allegiances of bandits and guerrillas varied according to who was occupying any given district at any given time.²⁹ Salt and coal supplies rapidly became short as a result of Japanese monopolies.³⁰ Japanese controls impacted on medical supplies and apparatus and, by April 1940, these were subject to a 3% military customs tax plus loading charge and a 0.3% commission charge for the Japanese Military Relief Supplies Association of Hankow.³¹

Within Hubei's occupied areas medical supplies were subject to rigorous examination. The movement of valuable medical supplies from Wuhan to outlying areas proved problematic as there was always the fear that goods

²⁶ Brook, T., *Collaboration*, 2005, p. 77.

²⁷ Redhead, M., Diary entry, Nov 17th, 1938, Cram Family Archive, Cram/Papers/69.

²⁸ *Hankow, Political Report: the six months ending September 30th, 1940.*
FO371/24657/F1524/25/10

²⁹ *Intelligence Report for Hankow: the six months ending March 31st, 1940,*
FO371/24657/F1524/25/10.

³⁰ *Political Report: FO371/24657/F1524/25/10.*

³¹ *Memorandum on Taxation in Hankow*, April 27th, 1940. FO371/24701/F3615/2843/10

would be requisitioned *en route* to their destination. For example goods for Xiaogan, forty miles North West of Hankou, had to be escorted, by the senders, to a small boat station two and a half miles outside Hankou. Along the way, passes had to be shown and the goods subjected to thorough searches which could include the insertion of swords or sticks into the packages causing damage to the contents. After examination the goods had to be repacked by the roadside which apart from being tedious and taking time could also cause further damage.³²

Challenge and Opportunity in the City and the Country



Fig. 9: Medical staff of the MMS General Hospital (*Pu'ai yiyuan*), 1938. Back Row left to right: Unknown, Dr. H. Oertel, Dr. R. Bolton, Unknown, Unknown. Front Row left to right: Dr. M. Redhead, Dr. H. Chiang, Unknown³³

³² Rowlands, E., *End of*, 1947, p. 58.

³³ Cram/Photographs/0841

(i) Practical Problems

The first practical problem medical missionaries faced in Hankou, following the occupation, was the failure of the city's water supply. Apart from the necessity of a clean, reliable supply, for clinical and personal cleanliness, a dependable supply for drinking was essential to prevent sickness as noted earlier with reference to the SDA Sanitarium. Retreating Chinese forces had been dissuaded from destroying the city's waterworks but not before some machinery had suffered damage. Inadequate coal supplies impacted on the electrical supply so it was, initially, only available at night and, at one time, a complete stoppage was threatened.³⁴ Deprivation of these utilities was not only clinically dangerous but impacted on the hospital staff's workload. The day following the Japanese occupation, Dr. Herbert Oertel at the *Pu'ai* attempted to repair the hospital's water pump:

Here's a hospital of this size, neither light nor water. Our two wells are dry nearly; we are a long way from the river. But it became acute, & so they got a team of ten hospital servants & Dr. Oertel escorted them to the river & they brought water back... Later Oertel took a pump to bits & mended it & now we've a bit more water. The light problem is very difficult. We have some oil lamps & candles, but it's hopeless.³⁵

Unfortunately despite Oertel's best efforts the problem remained ongoing.

Undaunted, he continued to shoulder responsibility for the *Pu'ai*'s water supply:

He [Dr. Oertel] was tired last night after his day of dealing with the water shortage. And had to get up at five – there was no water in the hospital, but he didn't believe them that one pump was empty, & himself pumped so hard that he had to change his pyjamas because he sweat [*sic*] so much. Then he put buckets & things under all the rainwater spouts. So the patients had water to drink at breakfast.³⁶

Utility supply problems persisted in Hankou and the Union Hospital was still operating with an inadequate electricity supply in 1940 despite requests

³⁴ Heady, J.J., to 'Colleagues', December 14th, 1938, CBMS Box 368, File 5, p. 2.

³⁵ Redhead, M., Diary entry, October 27th, 1938, Cram/Papers/69, p. 11.

³⁶ Redhead, M., Diary entry, October 28th, 1938, Cram/Papers/69, p. 12.

“made periodically by us through every conceivable channel...”³⁷ An electricity generator was procured to operate the X-ray machine but this met with problems when petrol ran short. Kerosene provided fuel for lighting, but after the price tripled, the hospital changed to vegetable oil and operated a type of “mediaeval rush-lamp”.³⁸ Kerosene normally \$4–\$5 per tin rose ten-fold to \$40–\$60.³⁹ Similarly coal, which pre-war was \$20–\$30 a ton was \$200–\$400 or more by the end of 1940.⁴⁰

Goods in Wuhan grew ever more expensive and 1940 saw a rapid increase in the cost of living that impacted upon medical missionary work raising food and staffing costs. First grade local rice, which before the war had sold for \$7 per picul had quadrupled in price by May to \$29, \$40 in September, over \$100 by the end of the year and \$120 by March 1941 as a result of widespread drought in the Yangzi Valley.⁴¹ All these items were essential supplies and the Union Hospital found its monthly food bill at the end of 1940 had increased by \$3,600 compared to earlier in the year.⁴² As a consequence hospital wages that year had to be increased several times.⁴³ Currency negotiations also affected hospitals and their staff; the Japanese introduced the military yen which offered a poor exchange. Municipal taxes had to be paid in yen and goods purchased in public markets had to be paid for in yen.⁴⁴ However, outside the sphere of Japanese influence CNC remained the only negotiable currency.

³⁷ MMS, *The Report of the Union Hospital, Hankow, for the Year 1940*, MMSL CH262, p. 2.

³⁸ Ibid. p.1.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid. Rice was considerably cheaper in Shanghai where the price was CC\$72 a picul. FO371/24657/F1524/25/10, FO371/24657/F1530/25/10.

⁴² MMS, *The Report of the Union Hospital, Hankow, for the Year 1940*, MMSL CH262, p. 2.

⁴³ Ibid.

⁴⁴ Davidson, J.W.O., Consul General, *Hankow Political Report for the Six Months ending Sept. 30th, 1940*. FO371/24657/F1524/25/10.

With medical supplies being unobtainable or prohibitively expensive, medical missionaries were compelled to rely upon their own resourcefulness and ingenuity. Plaster of Paris was in great demand but unavailable locally and, knowing that ‘goo gypsum’ (gypsum fibrosum) was mined not far from Hankou the Union Hospital staff managed to secure supplies from which, after experimentation they were able to produce their own Plaster of Paris.⁴⁵ Similarly, they experimented with pharmaceuticals such as Tincture of Opium and Tincture of Orange.⁴⁶ Such experiments were no doubt undertaken from medical necessity rather than to supplement the local opium supply, otherwise details would not have been reported with such a sense of achievement in the Hospital’s Annual Report.

In keeping with the “all hands on deck” response, non-medicals were drafted in to ease the medical missionary workload. Wickings worked as a dresser in the Xiaogan Hospital out-patients department for several months. He was also responsible for “changing the drainage system, overseeing repairs to buildings, designing an incinerator and doing a little teaching” as well as work connected with the leprosarium.⁴⁷ He could do this because, in contrast to the medical missionaries’ workload, ministers’ workloads had decreased: their congregations had diminished, they could no longer travel freely into the surrounding countryside and street preaching had been banned by the Japanese.⁴⁸

⁴⁵ MMS, *Union Hospital, Hankow*, 1940, p. 2.

⁴⁶ *Ibid.*

⁴⁷ Wickings, H.F., *Siaokan Hospital Annual Report, 1939*, p. 1, CWM/LMS CH/3, 1941–1950, China/Hong Kong Reports, Wickings file, 1939–1948.

⁴⁸ *Ibid.*

(ii) Administrative Business

Dealing with the occupying force and responding to official communications absorbed much of a medical missionary's time. Before Pearl Harbor, the Japanese could, technically, only make requests regarding mission property but still great tact was required. For example, at the end of 1938, a request was made by Captain Goto, Second in Command of the Japanese Police for the Wuhan area, to rent the, at that time, closed Huangpei (Hwangpei) Hospital and school buildings for Japanese military officers' use. The buildings were "some of the most prominent and best built buildings in the city".⁴⁹ After a meeting that regretted the Mission's "inability to accede to this request"⁵⁰ the request was turned down. The letter advising Captain Goto of the Committee's decision stressed the religious and political position from which they reached their decision:

... For thirty years these buildings have been used solely for Christian philanthropic work, and we hope a time may soon come when that work may be resumed after the population has returned. In view of the nature of the work, and our position as neutrals, we have always in the past declined permission for the use of our Mission buildings by military or official bodies, and we cannot on principle do otherwise now.⁵¹

The following month, Goto, flanked by his Commandant, re-visited the LMS offices to repeat the request. The Committee was anxious to avoid a Japanese forced entry into the buildings and Goto was informed the matter would be reconsidered by the District Committee.⁵² The rent would, no doubt, have been welcomed by the Committee but considering that the request involved a "grave

⁴⁹ Central China District Committee Minutes, Minute No., C8109, December 12th, 1938, CWM/LMS CH/15 1941–50, Central China District Committee Minutes, 1933–50,

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid., Minute No., C9002, January 23rd, 1938.

matter of principle”, the Committee adhered to its original decision and informed Goto they could not change their neutral status.⁵³

Some Mission Boards were prepared to rent their vacant properties to the Japanese but, while the word collaboration is not specifically mentioned regarding the Huangpei Hospital buildings, Mission Boards were sensitive to this issue. BMS correspondence in March 1939 concerning a Japanese request to rent one of their vacant properties in Shanxi illustrates this:

We felt that we must ask for reasonable conditions. Although this may mean nothing to the Japanese at this time. Looking ahead, however, to the time when the war is over, and our Church in Shansi is reconstituted, we feel that we may have to explain our action to responsible Chinese who may have suspected us of collaboration with the enemy.⁵⁴

BMS was realistic enough to appreciate the Japanese could seize their property at any moment but were conscious of the need to make some attempt to negotiate “reasonable conditions” to combat potential accusations of collaboration.

Fortunately, not all District Committee business was so stressful. A request to rent mission property came from Swedish missionaries for the temporary use of part of a house in the Wuchang compound. This was happily agreed and an offer of rent refused in recognition of help they had given LMS members with the proviso usage would not exceed three months.⁵⁵ This provided the Committee with the chance to show their appreciation for Swedish co-operation and offer a practical expression of inter-denominational fellowship.

⁵³ Ibid.

⁵⁴ Williamson, H.R. to Dixon, S.H., Edinburgh House, London, March 7th, 1941, CBMS 383, file 3.

⁵⁵ Central China District Committee Minutes, Minute No.C0050, March 4th, 1940, CWM/LMS CH/15. 1941–50, Central China District Committee Minutes, 1933–50.

(iii) Financial Matters

By 1941 the Union Hospital had exhausted its reserve funds and was experiencing financial difficulty partly because the foreign firms that had supported it in previous years had been forced to close through lack of trade. As the foreign firms pulled out their financial support vanished with them.⁵⁶ Attempts were made at cost cutting and some routine examinations of urine and stool samples were reduced.⁵⁷ Another reason for the hospital's financial problems was that in the first half of 1941 they had closed two wards to make economies but running a 215 bed hospital below capacity incurred a heavy monthly loss since the plant costs remained constant so the plan failed.⁵⁸ In November one of the closed wards was reopened but the rising food costs for that year, plus the extra work with diminished staffing levels, meant it had to be closed again after six weeks. The general ward patients were subsidised by private patients' fees but there were many who could pay nothing and these were partly supported by the IRCC of Central China and the hospital's own Samaritan Fund.⁵⁹ The situation was becoming so severe that the Chinese staff's food had to be "drastically rationed".⁶⁰ There is no specific reference to the foreign staff's food except that, in general, the hospital staff's food was of poor quality and low in nutritive value. Whether this refers only to food for the Chinese staff or to all the staff is unclear; however, it is apparent economies were being made.⁶¹

Chapman had successfully obtained donations from friends and relatives in Australia to be used at his discretion. To shield them from the Japanese the

⁵⁶ Brown, T.C., to Box E.S. (Secretary of the Central China District Committee), April 16th, 1941. CWM/LMS CH/9, 1941–50, Central China District Correspondence.

⁵⁷ Chapman, *Union Hospital Report 1941–45*, p. 7.

⁵⁸ *Ibid.*, p. 3.

⁵⁹ *Ibid.*, p. 4.

⁶⁰ *Ibid.*

⁶¹ *Ibid.*, p. 8.

Hospital Board and Finance Committee agreed the funds should not be placed in the usual Income and Expenditure Account but instead in an independent “Hospital Stores Account”. Basic supplies were purchased in 1940 and 1941 and stored.⁶² The hospital later purchased supplies from this store at a higher price than their original purchase price but at a substantially lower price than the current street values. Thus, the hospital obtained its stores at a reasonable price and the Hospital Stores Account was to some extent re-capitalised. Obtaining the stores was difficult and risks were run, particularly in the late summer of 1941 when large stocks of rice had to be bought from Free China and smuggled in and stored. This particular purchase was aided by a \$30,000 loan from a Chinese friend that was repaid in the spring of 1942.⁶³ In effect, the hospital was running its own retail business to shield funds and combat inflation. To complicate matters the business had to be conducted out of sight of the Japanese. This Hospital Stores Account illustrates medical missionary resourcefulness and adaptation to wartime change. There appears to be no recorded precedent for such an account. The decision to set up and operate the secret “Hospital Stores Account” was conceived and run entirely by medical missionaries working autonomously in the field responding to local events. Everything possible was being attempted to maintain the hospital’s medical service and this was an ingenious scheme that appears to have worked well under wartime restrictions.

Regrettably, the wealth of the stores proved too much of a temptation for some of the hospital’s staff and several were dismissed for pilfering.⁶⁴ Their actions, while not condoned, were excused as a visible sign of the “general

⁶² Ibid., p. 9. Supplies included coal, firewood, gasoline, kerosene, paddy [rice], wheat, cooking oil, cotton wool, surgical gauze and drugs amongst other items.

⁶³ Ibid.

⁶⁴ Ibid., p. 10.

deterioration in morale in Hankow” which was seen as a result of policies adopted by the Japanese.⁶⁵ Chapman wrote:

Let those who have themselves stood firm while they watched their own families starve cast the first stone at these erring ones.⁶⁶

The tone here is regret for the social breakdown of society with an appreciation of human weakness rather than an expression of anger directed at individual untrustworthiness. While it is likely that staff in secular institutions also exhibited untrustworthiness, in a Christian institution it must have been especially disappointing that staff members proved to be untrustworthy. In all institutions it must have been frustrating that staff had to be dismissed when they were so badly needed. Accordingly, tactful management of hospital staff was another skill that had to be factored into the medical missionary workload.

In February 1941, the LMS Mission Hospital, on the evidence of its 1940 Annual Accounts made a request for a grant of \$2,000 from the Society’s China Council to keep it afloat until the situation could be reviewed in June.⁶⁷ Despite an IRCC subsidy of 50 cents per day for eight free cases (a total of \$400), this covered less than half the real cost of supporting them. The hospital had already received an LMS Special Grant of \$3,795 and two loans had been taken up locally. Medicine and food costs had doubled during 1940 and in February 1941 food costs had risen yet again, probably prompting the request. It was impossible to make any kind of budget forecast. The figures speak for themselves:

⁶⁵ Ibid., p. 11.

⁶⁶ Ibid.

⁶⁷ Central China District Committee Executive Report, February 27th, 1941, attached to Correspondence, Brown, T.C, to Box E.S., (Secretary of the Central China District Committee), April 16th, 1941, CWM/LMS CH/9, 1941–50, Central China District Correspondence.

<u>Date</u>	<u>Number of in-patients</u>	<u>Cash Receipts</u>	<u>Total Expenditure</u>	<u>Expenditure on food items</u>
Jan – Apr	313	\$6,418.65	\$6,564.38	\$2,308.12
May – Aug	402	\$9,885.15	\$7,468.97	\$3,914.83
Sep – Dec	358	\$9,807.70	\$15,459.74	\$9,475.03

Table 7: Cash Receipts and Expenditure for Xiaogan Hospital 1940⁶⁸

Taking into account that cash in hand and a credit balance in the bank of \$2,390.92 were already allocated to outstanding invoices, the situation was that “the upper limit has now been reached”.⁶⁹ From Table 7 it is apparent that expenditure on food items between September and December more than doubled compared to the previous four months while income remained the same. Food expenditure between September and December when compared to the first four months of the year appears to have risen by over four times. The May to August period may have included some self-sufficient horticulture which would have eased expenditure but there are no references to any such activity. Through no obvious fault of its management, and despite grants and subsidies, the hospital was becoming increasingly insolvent. As to self-generated income the in-patient numbers appear relatively stable but no indication is given of out-patient services which could have been extensive. From this distance it is impossible to pass any judgement on the Xiaogan Hospital’s viability as a provider of medical services, but it is plain that, without a rapid increase in income, the hospital would have been unable to provide any medical service at all. Nevertheless, the LMS’s China Council’s response to the request was measured, and it replied that, if funds did

⁶⁸ Ibid.

⁶⁹ Ibid.

become exhausted the Council would meet the request with “sympathetic consideration”.⁷⁰

The Union and Xiaogan Mission Hospitals, as examples of economic difficulty, reveal that geographical position made little difference to a hospital’s financial situation. City and country areas alike had their own financial problems and the staff working in these hospitals shared an inability to exercise control over external events. In both cases it was external rather than internal forces that were the root cause of the hospitals’ financial problems.

(iv) Rural Danger

After Wuhan fell the country districts became increasingly isolated and uncertainty was fuelled by rumour. In Suixian, the Rev. Fred Cram (1903–1998), Hospital Superintendent, recorded these rumours in his diary:

... heard that Nanking had fallen...” “Heard that Kiukiang had fallen...” “Rumours that Hankow had fallen...” “Heard J.s were at Hai Ho,...” “still keep hearing all kinds of rumours: first that the Chinese are going to return and then that they are going to use all means to keep Suihsien, today we again heard the rumour that the Japanese say they are coming to Suihsien for the New Year.⁷¹

Attempts to obtain accurate information were thwarted as those who made attempts to leave Suixian were turned back by Chinese soldiers or conditions on the road.⁷² Passes remained difficult to obtain and when they were issued by one district could be inspected in another district *en route* only to be declared invalid.⁷³

⁷⁰ Ibid., Brown, T.C., to Box E.S., July 11th, 1941.

⁷¹ Cram, F., Diary entries, December, 4th, 1937, July 12th, October 26th, November 4th, December 29th 1938, Diaries 27/9/35–11/11/38, and 11/11/38–20/1/39, Cram/Papers/CFP/FC.

⁷² Cram, F., Diary entry, November 4th, 1938, Diary 27/9/35–12/11/38, Cram /Papers/CFP/FC.

⁷³ Cram, F., Diary entry, October 18th, 1939, Diary 11/12/38–20/01/39, Cram /Papers/CFP/FC.

The uncertainties fuelled by rumour were experienced within an environment continually threatening physical danger. In a period of just five days during November 1938 the Suixian missionaries endured a series of potentially life threatening situations:⁷⁴ On November 11th the hospital dispensary and gate-house were destroyed by Japanese bombs. On the 14th, the staff fled into the countryside in fear of further aerial attack as Japanese planes carried out reconnaissance. On the 15th Cram was woken at 1.30 am when cannon fire shook the mission house and later that day he and three companions were mistaken for Japanese spies by two Chinese soldiers but managed to identify themselves.⁷⁵ The threat of death or injury was ever present and, in addition, bandits and Chinese army deserters had to be contended with.⁷⁶ In March 1939, the mission station's apolitical stance and safety were threatened when the Chinese began erecting gun replacements abutting the north wall of the mission compound. Cram wrote to the Chinese authorities to alert them to the inappropriateness of the location but the work continued.⁷⁷

Normal routines became disorganised and, on one occasion, Cram was woken at 4 am as people washed their clothes by moonlight in order to be able to flee into the countryside during the day.⁷⁸ Within this unsettled environment refugees and wounded had to be cared for. In Wuhan, the occupation had brought a stability that was absent from the countryside. The situation was at its worst in regions where neither Chinese nor Japanese were in control. The bombing of Suixian began in July 1938 and continued until the town was occupied on May

⁷⁴ Cram, F., Diary Entries November 11th–15th, 1938, Diary 11/11/38–20/1/39, Cram/Papers/CFP/FC.

⁷⁵ Ibid.

⁷⁶ Ibid., December 31st, 1938.

⁷⁷ Cram, F., Diary entry, March 30th, 1939, Diary 20/1/39–25/11/40, Cram/Papers/CFP/FC.

⁷⁸ Ibid., April 8th, 1939.

14th 1939. Over this ten month period during which time their isolation was compounded by rumour and fear, the hospital staff were caught up in protracted hostilities that included heavy artillery bombardment.

In early 1939, the CovMS Bethesda Hospital, further west at Xiangfan, was suffering in a similar way to Suixian with air raids on the 17th, 18th and 19th of March.⁷⁹ Situated five minutes walk outside the city gates, the hospital was regarded as safer than other places within the city. It was therefore a shock when, despite American flags being spread out on the lawn, hoisted on flagpoles and painted conspicuously on the roof, four bombs were dropped on the hospital compound during the March 19th raid. The attack appeared to have been targeted deliberately at the hospital and was thought to have occurred because the Japanese suspected it of harbouring Chinese soldiers as in-patients.⁸⁰ 120 patients were in the hospital and, although at the time they all escaped injury, six people, outside the hospital, were killed and others injured. Within a day all the Chinese staff had fled and the hospital was almost empty. This was a bitter blow as the previous year the hospital had had “the most successful year in its history, professionally, financially, and spiritually”.⁸¹ Matson, a senior CovMS official who was visiting at the time, stressed, in his report, the fear and terror these raids brought to the local people. As with the inhabitants of Suixian, the population left at dawn for the countryside with the majority returning at six in the evening. Individual medical missionary response to the bombing is not specifically stated but

⁷⁹ Matson, P., *On the Missionary Road*, March 24th, 1939, CAHL 2/912a Box 2F8, Peter Matson Correspondence, CovMS.

⁸⁰ There was foundation to this suspicion as a letter written two days later to the American Embassy confirmed the hospital had treated wounded soldiers. Peter Matson to American Embassy, Chongking, March 21st, 1939, CAHL 2/912a Box 2F8, Peter Matson Correspondence, CovMS.

⁸¹ Peter Matson, *On the Missionary Road*, 1939, CAHL 2/912a Box 2F8, Peter Matson Correspondence, CovMS.

reference is made to the “whole institution” being gripped by terror and confusion.⁸² Thus, medical missionaries within the country districts shared similar experiences living and working under the constant threat of attack.

(v) Personal Challenge

In addition to the confined, chaotic environment in which they found themselves, medical missionaries were separated from loved ones, overworked and surrounded by disruption and uncertainty. Consequently they looked to their work for fulfilment and professional satisfaction. Redhead, nine days after the occupation, wrote:

There is a sense of groping along, & a muddlesome feeling in one's mind. And the ordinary pleasant & useful occupations in life like writing letters – going for walks & to the pictures are all stopped & really there isn't a day's work without out-patients; and we're feeling the reaction from the days of expectancy & crisis which in retrospect seem so colourful. Now prayer is not as easy as it was then: one's mind isn't set in any particular direction. Inaction & uncertainty are almost the most difficult things to be up against I am sure... Teaching my midwifery nurse is a satisfying thing. But I do so miss Fred, [her future husband living in Suixian] & writing to him & having his letters...⁸³

On the day the above diary entry was made the hospital was visited by Japanese soldiers. Unexpected visits by the occupying forces also, no doubt, added to the daily tensions:

Four Js came this afternoon. One polite & two silent & one very rude. Ralph [Bolton] led them & Oertel & I came behind & didn't let them stray. When one dashed into Dr. Chiang's bedroom without knocking, Oertel & I protested & said he ought to knock at the door, & an older one of them told him. The night-nurses bedroom doors I shut as they came along & luckily they didn't argue when I told [them] they couldn't go in because the nurses were asleep.⁸⁴

⁸² Ibid.

⁸³ Redhead, M., Diary entry, November 3rd, 1938, Cram/Papers/69, p. 21.

⁸⁴ Ibid., p. 22.

Such interaction with the Japanese, particularly when unannounced, had to be negotiated, despite medical missionary third party national status. The only post-occupation advantage for the residents of Wuhan was the cessation of bombing raids. Medical missionary personal experiences and anxieties were no doubt similar to those experienced by thousands of others in Hankou at that time but, as medicals, their profession dictated they maintain an exterior of calm competence in the workplace.

Medical missionaries shared their patients' distress. Although not inured to injuries sustained as a result of conflict they were accustomed to treating these injuries on a daily basis. Following the occupation, however, they were presented with a new type of injury:

And rape – we have four women in who have been raped by Japanese soldiers. All have V.D. of course – two of them are sisters, bonny lasses. It's a job to know what to do with them. To cure them is well-nigh hopeless.⁸⁵

Cases such as these, as Redhead noted, had a hopelessness that was tragic for both doctor and patient. Not least with its consequent venereal disease, rape, at that time, was a violation regarded as carrying a lifetime sentence and Redhead shared in the hopelessness of the girls' situation being frustrated by her inability to occasion a cure.

Despite public displays of cooperation and fellowship, medical missionaries were not immune to the challenges and frustrations of working with others. On occasions tensions amongst staff spilled over and frustrations, hidden publicly, erupted privately within the work space. Redhead recorded:

⁸⁵ Although 914 (Neosalvarsan) was available for treating syphilis it was primarily used for treating relapsing fever and was not as effective as the post-war treatments of penicillin were to prove to be. Redhead, M., Diary entry, November 17th, 1938, Cram/Papers/69, p. 25.

We got up early, & I got in a raging temper with Sister Gladys and her high-handed ways – in fact spoilt the whole day.⁸⁶

There were tensions too at the Union Hospital and Kathleen, the wife of Keith Gillison, was seconded to the hospital's Diet Kitchen, despite not being a dietician, where her role was that of mediator:

Quite a bit of my time during the last six months has been taken up with being a kind of buffer-state or 3rd party. It is not surprising, in view of the conditions & strain of the last two or three years in Hankow, that at times personal relationships get strained. It was because of this kind of difficulty, that it seemed right to the 'powers that be' for me to go into the Diet Kitchen ... I have quite enjoyed my six months there, many of our problems have cleared up, & it has been a grand opportunity to work alongside the staff in the course of their ordinary routine...⁸⁷

Kathleen's role was not solely that of the Medical Superintendent's wife. She acted as mediator, helped with the hospital accounts and secretarial work and the running of a monthly child welfare clinic while supporting the Sunday School. She appears not to have regarded her various duties as burdensome in any way but rather seen herself as being given the opportunity for personal and professional development. It is apparent that the Japanese occupation fostered an "all hands on deck" response within the hospitals.

(vi) Inter-denominational Cooperation

The inter-denominational cooperation observed in the pre-occupation period developed further following occupation. Elsie Dexter, a nurse at the General recorded:

The fine cooperation of the mission hospitals this year has been one of our greatest joys.⁸⁸

⁸⁶ Redhead, M., Diary entry, November 1st, 1938, Cram/Papers/69, p.20.

⁸⁷ Gillison, Kathleen, Report for 1940, CWM/LMS CH/2, 1941–50, China/Hong Kong Reports, Kathleen Gillison file, 1940–49.

⁸⁸ Dexter, E.G., *District of Hankow: The Newsletter*, Vol., XIX, No. 4, June/July, 1939, p. 4.

To support her statement Dexter cited the Roman Catholic Hospital's willingness to share its laboratory service for malaria testing. The Union Hospital's midwifery service was also singled out by her as an example of welcome inter-denominational cooperation. That such mutual aid is highlighted suggests it was unusual enough to warrant mention.

A combination of the air raids experienced in Wuchang alongside a determined effort by the National government to empty the city caused the population to shrink from an estimated 400,000 pre-war to 12,000 immediately prior to occupation.⁸⁹ A scorched earth policy had been proposed but abandoned. Mission compounds were perceived as safe havens and the few people remaining had flocked to them. These compounds in Wuchang included the ACM Boone Compound, the Roman Catholic Mission, the Swedish Mission, the LMS *Ren Chi* Hospital and Girls' School. The close proximity of these mission stations allowed free interaction between them, but one missionary stated that while previously living in the LMS compound he had had no notion who was living in the neighbouring Catholic mission or in what work they were engaged in. After the occupation, this changed and he experienced a much greater sense of inter-denominational fellowship:

Racial and ecclesiastical differences were laid aside...Now I felt that in a real sense 'the middle wall of partition' was being broken down. Sometimes the leaders of different camps would meet for consultation.⁹⁰

The *Ren Chi* was located in the centre of this cluster of compounds from which this new found fellowship emanated and remained the only hospital operating in Wuchang city after the occupation.⁹¹ The hospital was run by a

⁸⁹ Rowlands, E., *End of*, 1947, p. 21.

⁹⁰ *Ibid.*, p. 22.

⁹¹ *Ibid.*, p. 23.

Chinese doctor, Dr. Yeh.⁹² Plans were made to transfer the hospital to Hankou but Yeh decided to stay when he heard members of the American and Swedish Missions had decided to remain. Yeh established clinics and sent weekly reports to the IRCC which supported the hospital's work financially.⁹³ Staff numbers were swelled by medical staff from the closed Huangpei hospital and by staff from two Swedish mission country dispensaries. This Swedish connection, whose staff remained neutral during the war, proved to be of great value not just for their professional expertise but also for negotiations with the Japanese following Pearl Harbor. One Swedish member of staff, the Rev. G. Tonner,⁹⁴ slept at the gatehouse of the hospital for the first week following occupation and later within the hospital compound.⁹⁵ Medical missionary staff from different missions collaborated closely in order to maintain a continuance of medical service. Without this collaboration the hospital would almost certainly have been unable to function and all western medical care in the immediate city area would have ceased.

Japanese Anti-British Policy in Operation

At Xiaogan, the hospital had been under the direction of a Chinese manager, Dr. Chang, but, as the Japanese approached, he evacuated westwards. Dr. Dorothy Entrican (b. 1900) replaced him aided by Nurse Jean Gillison.⁹⁶ Later, they were joined by Dr. Muriel Garnick (b.1906) from the Union Hospital with Dr. Chen as

⁹² There is little about him in mission society records.

⁹³ Rowlands, E., *End of*, 1947, p. 26.

⁹⁴ He is named in *LMS Central China District Committee Minutes, 1941–50*, Appendix Two, p. 31.

⁹⁵ Rowlands, E., *End of*, 1947, p. 23.

⁹⁶ Keith Gillison's sister.

Medical Superintendent.⁹⁷ The Rev. Wickings, the only foreign male member of the hospital team, was reluctant to leave the women unattended in case they were visited by Japanese soldiers. This proved to be a realistic fear as on one particular occasion Wickings was in a separate part of the compound when two drunken Japanese soldiers attempted to enter the ladies' house and insulted one of the nurses. Wickings was forced to eject the men.⁹⁸ Japanese soldiers did not recognise women doctors or nurses as professionals holding authority. To the Japanese they were women and, therefore, inferior and when they wished to question Entrican they used Wickings as an intermediary posing questions to him to relay to her. For a professionally qualified articulate woman this was, no doubt, infuriating.⁹⁹

Following the announcement of the "New Order for East Asia" in November 1938, which sought to deliver the Chinese from western influence, the first Japanese-organised anti-British demonstration in Xiaogan in 1939 came to nothing since the District Magistrate, or "chief puppet" as Wickings described him, had been an in-patient and was grateful for the hospital's care.¹⁰⁰ When an official arrived to instruct him to begin an anti-British campaign he had apparently explained there were only five British foreigners in Xiaogan who were harmless. The official however had insisted the campaign go ahead but, after he left, the Magistrate sent a message advising the hospital staff not to be concerned

⁹⁷ Garnick, a senior obstetrician and paediatrician, was appointed to Xiaogan in December 1940 until May 1942.

⁹⁸ Wickings, H.F., *Siaokan Hospital Annual Report, 1939*, p. 3, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Wickings file, 1939–48.

⁹⁹ When communicating with foreigners in Hubei the Japanese generally employed translators although some Japanese officers could speak English. In his diaries Fred Cram recorded some of his conversations with Japanese officers. Cram, F., Diary entry, May 15th, 1939, Diary 876, Cram /Papers/CFP/FC.

¹⁰⁰ Wickings, H.F., *Siaokan Hospital Annual Report, 1939*, p. 3.

as there would only be a demonstration and he would warn them, if necessary, of anything further. Ultimately nothing occurred.¹⁰¹

During 1939, the hospital was searched numerous times by the Japanese military and the medical missionaries questioned about their work, but not all visits appeared threatening. A Japanese Surgeon General visited on several occasions and, after appearing to find the work of the Hospital and the Leper colony impressive, asked for literature about Christian missions. He later sent gifts of sugar and milk.¹⁰² A cynic would not be condemned for thinking that the Surgeon General's visit was actually a fact finding mission for, in November 1940, the Xiaogan hospital found itself in competition with a Japanese hospital that had been established next door. Similarly, during the anti-British demonstrations in Zhoucun in 1939, a politically motivated hospital sponsored by the Japanese army opened next door to the BMS Foster Hospital "offering completely free treatment".¹⁰³ This suggests a deliberate policy by the Japanese to undermine mission hospitals. The establishment of a puppet hospital next door in Xiaogan was provocative, especially as its staff included some who had worked at the mission hospital, who took the opportunity to intimidate their former colleagues. One had been a charge nurse at the mission hospital and, after being discharged for dishonesty, had obtained a forged doctor's certificate and risen to the position of "leading man" at the new hospital for which he received a substantial salary.¹⁰⁴

The staff of the mission hospital, unlike those at the puppet government hospital, did not have government support and the situation became even more

¹⁰¹ Ibid.

¹⁰² Ibid., p. 4.

¹⁰³ BMS, *Foster Hospital Annual Report*, Choutson, 1940, p. 3.

¹⁰⁴ Wickings, H.F., *Siaokan Hospital Annual Report, 1940/41*, June 30th, 1942, p. 3, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Wickings file, 1939–48.

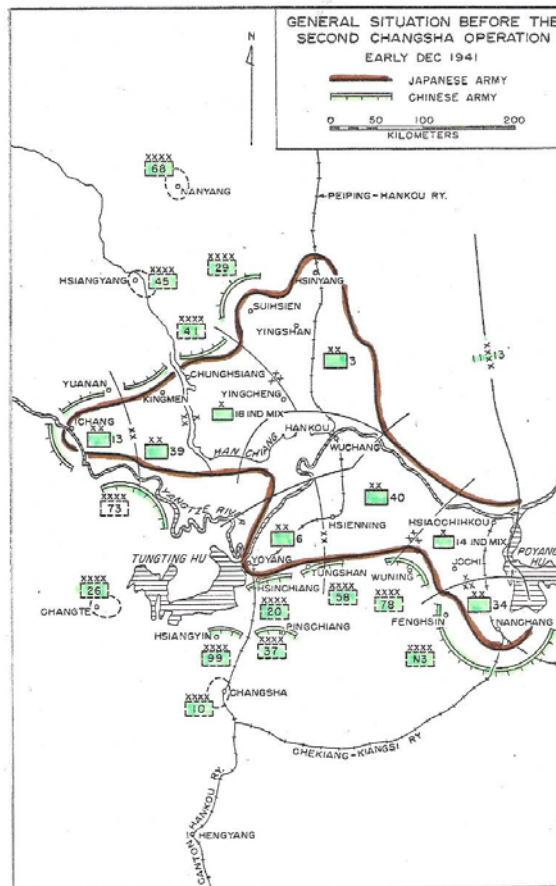
difficult when attempts were made to entice the Chinese mission staff away with offers of higher salaries. In a tangible manifestation of the “Greater East Asia Co-Prosperty Sphere” policy of August 1940 anti-British leaflets were distributed to mission staff in November 1941 cautioning them about the dangers of associating with the British.¹⁰⁵ Chen was summoned to appear before the Magistrate and threatened in an attempt to persuade him to resign. Japanese guards were placed at the entrance to the hospital and patients intimidated. For protection Chen was sent to Hankou to provide an account of events while Wickings and Garnick visited the puppet government Advisory Bureau to complain about the leaflets. They were received by Goto, the same man who had approached LMS to enquire about renting the vacated hospital at Huangpei. He assured them the production of the leaflets would be enquired into and their distribution would cease. Wickings later learned that Goto had, in fact, spearheaded the attacks on the hospital.¹⁰⁶

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

Post-Pearl Harbor Hubei

(i) The Occupied Areas



Map 7: Central China under Japanese Occupation, December 1941¹⁰⁷

On December 8th 1941, following the attack on Pearl Harbor, Japanese officers arrived at the Union Hospital, and the British staff were informed that they, and the other British residents of Hankou, were to attend a meeting with the Hankou Garrison Commander. At this meeting it was announced that Japan was at war with Britain and that they were to be confined to their homes.¹⁰⁸ From that moment, life lost all spontaneity in the occupied areas of Hubei. As one

¹⁰⁷ USAFFE, *Army Operations in China, December 1941–1943*, [Japanese Monograph No. 71], p. 55.

¹⁰⁸ Chapman, H.O., *Union Hospital Report 1941–45*, 1946, p. 12.

missionary ruefully noted: “That was the beginning of our internment.”¹⁰⁹ No one was allowed to travel within or beyond the city without first obtaining a pass for which they had to state the purpose of their movements and the person or place they intended to visit.

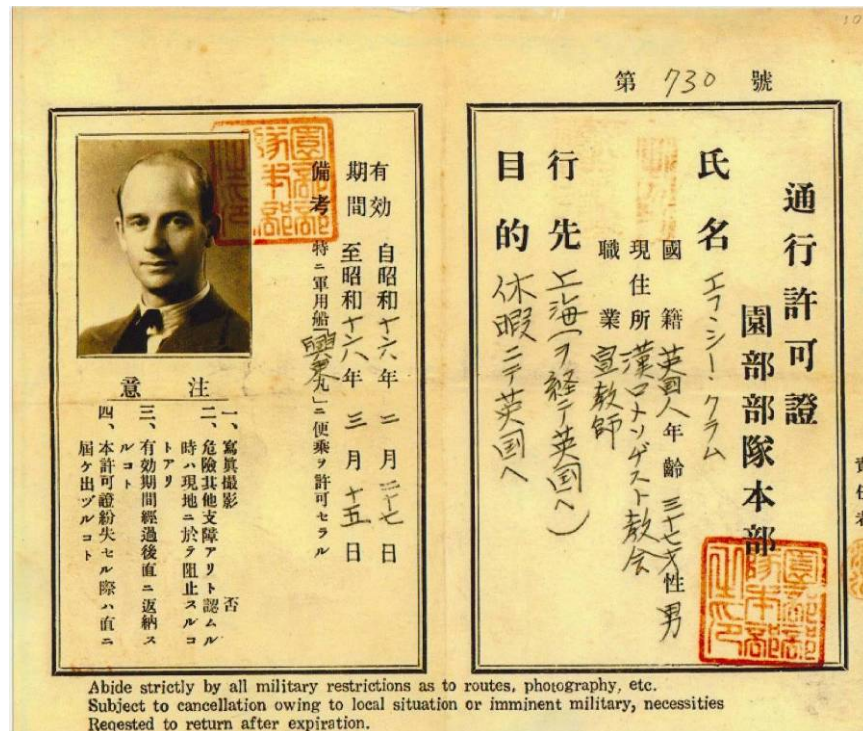


Fig. 10: Rev. Cram’s Travel Pass¹¹⁰

From Shanghai to England (for furlough), valid 1942.2.27–1942.3.15

Passes were only valid for a short time and all meetings banned. This meant the Hospital Boards could not meet and, at the Union Hospital Chapman was given full authority.¹¹¹ It was suggested he maintain close co-operation over the hospital’s administration with Dr. Liu, the Assistant Medical Superintendent, should he have to hand over.¹¹² The official recording, by Chapman himself, of

¹⁰⁹ Rowlands, E., *End of*, 1947, p. 75.

¹¹⁰ Cram/Papers/0103.

¹¹¹ Chapman, H.O., *Union Hospital Report 1941–45*, 1946, p. 12

¹¹² Dr. Y.K. Liu, Assistant Medical Superintendent and Assistant Surgeon.

the need for this suggests such co-operation over the running of the hospital between the Superintendent and the Assistant Superintendent may not already have been the norm.

Homes and buildings were subjected to unannounced visits as the Japanese searched for weapons and radios. At the end of January, 60 British missionaries were ordered to vacate their premises and move in with friends.¹¹³ As most of their friends were also being evicted this proved awkward. Some moved in with Gilman and remained boarding with him for several months. The Bishop amusingly reported their arrival to the ACM offices in New York with: “This week has been marked by the opening of our Anglo-Saxon Refugee Camp”.¹¹⁴ In the same week, the General Hospital buildings in Wuchang were officially sealed to protect them although, as noted above, the premises had been vacated just prior to the occupation. The premises to which the General had transferred in Hankou were looted and goods removed including the X-ray plant and five pianos. Other items were burned in a bonfire that lasted for several days.¹¹⁵ Empty buildings were sealed throughout Wuhan which provided the Japanese with the opportunity to seal Churches after looting them and burning their books. Gilman had to make a special request for a Church to be opened for a Confirmation Service.¹¹⁶

The streets were plastered with intimidating anti-foreign posters and slogans congratulating the Chinese on their freedom. One poster depicted a Japanese soldier running his bayonet simultaneously through the bodies of

¹¹³ Gilman, A.A., to New York, January 26th 1942, RG 64 69-18, ACM, archive.

¹¹⁴ Ibid.

¹¹⁵ Gilman, A.A., to New York, February 9th, 1942, RG 64 69-18, ACM archive.

¹¹⁶ Gilman, A.A., January, 1942, RG 64 69-18 1942, ACM archive.

American and British men.¹¹⁷ At first, the Japanese turned their attentions to the foreign businesses, but by March 1942, they had begun to focus on the missions.¹¹⁸

At Xiaogan, matters came to a head on December 13th 1941 when hand grenades were thrown into the hospital's women's ward and patients had to be evacuated. By 3pm the following afternoon all the patients had left and the hospital closed. The Japanese campaign to close the hospital was driven by the Japanese anti-British policy but it is impossible to know how much was specifically motivated by their religious policy. Wickings was aware of this religious policy in June 1942 and is one of the few missionaries to refer to it in his writings, but he does not make any link between it and the closing of the Xiaogan Hospital.¹¹⁹ His interpretation was that Japanese religious policy was a deliberate attempt to target the Chinese to force an inter-denominational union between Chinese Christians:

On the surface it may sound attractive but there is plenty of evidence to show that this is merely another Japan stunt to bring the Church into line with the New Order in East Asia, which simply means Japan all over.¹²⁰

The closing of Xiaogan ended on a note of optimism for despite the hospital's demise, Garnick attempted to muster a sense of achievement by assessing the success of the hospital's work in terms of its witness, not its medical accomplishment:

So, we ended the year with the hospital closed. But to none of us did it end with a sense of defeat. The witness of the hospital will not have been in vain in Siaokan.¹²¹

¹¹⁷ Rowlands, *End of*, 1947, p. 76.

¹¹⁸ *Ibid.*, p. 77.

¹¹⁹ Wickings, H.F., *Siaokan Hospital Report, 1940-41*, 1942, p. 1

¹²⁰ *Ibid.*, p. 2,

¹²¹ Rowlands, E., *End of*, 1947, p. 68.

Were the medical missionaries at Xiaogan in a state of denial? Their hospital had been forcibly closed, their work curtailed and their lives and those of their patients threatened. Did the closing of the hospital impinge upon the Xiaogan medical missionaries golden age? Although enduring hardship and difficulties that blighted their daily lives, they nonetheless experienced the opportunity to carry out their calling, and succeeded for a time in providing a professional medical service in a wartime environment. It was a time when they were most needed and the closing of the hospital, due to external forces and policies beyond their control did not reflect unfavourably upon their individual motivation. This determination to feel no “sense of defeat” (or perhaps not to admit to it publicly) was characteristic of the missionary ability to remain optimistic in the face of disappointment. The missionary *raison d’être* would be questioned after the war years when all missionaries had to consider the efficiency of their earlier work in a realistic way rather than through an optimistic lens. In the post-war years upon their return to Xiaogan these same medical missionaries looked forward to the future rather than back to this period of chaos, isolation and uncertainty. Had this optimism shielded them from the realities of their situation or had they perhaps always known the reality but not faced up to it?

Similar problems were being faced in the urban areas. In Hankou, Japanese Army officers began making frequent visits to the Union Hospital, thereby raising the fear that the military was planning to requisition it, a fear that was realised when the Japanese Army Medical Service took it over. When attention turned to the *Ren Chi*, interference was warded off by inviting Wuchang’s Chinese Mayor to make a personal visit.¹²²

¹²² Ibid., p. 77.

It had been presumed that the Municipal Administration would not want to close the Union hospital, although it was clear that the Japanese aim was to eradicate all foreign influence. A suggestion was put to the Japanese that the British staff would apply for repatriation, except for Chapman, who would retire in seclusion within the mission compound.¹²³ The Union would be taken over by the Japanese, but the Town Branch at the YWCA would be renamed the *Ho Chi* Hospital and be run completely by Chinese staff.¹²⁴ The Municipal Government and the Japanese initially approved this plan. Dr. Liu took charge of the *Ho Chi* and from the outset proved his competence:

[Dr. Liu] had shown unsuspected reserves of strength, proving equal to every demand that was made on him. He took entire control of the new hospital under a Supervisory Committee appointed by the two local church bodies representing the Founders [LMS and MMS]. Though threatened by both Japanese and Chinese racketeers, he stood firm... Dr. Liu then dealt decisively with certain shady financial practices that he found among the staff, thereby losing one or two who had previously been considered indispensable, he was determined at all costs to start his new institution with a clean sheet. He was faced with the internal staff troubles that always arise when a Chinese member of a hospital staff takes over supreme authority from a European head; and he met them with that mixture of patience, tact, compromise and firmness of which so many Chinese are past masters.¹²⁵

Japanese orders for foreigners to vacate Hubei were issued in April 1942 and medical missionaries from the rural areas assembled in Hankou.¹²⁶ At Xiaogan, after the hospital's closure, the foreign staff had moved in with the Wickings family where they were "free and yet interned" and, no longer in receipt of salaries, they had been forced to dismiss the servants to economise.¹²⁷ The Xiaogan staff were joined in Hankou by missionaries from Zaoshi and members of the Yichang Scottish Mission.

¹²³ Chapman, H.O., *Union Hospital Report 1941–45*, 1946, p. 14.

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*, p. 13.

¹²⁷ Wickings, H.F., *Siaokan Hospital Report, 1940–41*, 1942, p. 4, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Wickings file, 1939–48.

In July, the authorities announced all “enemy nationals” were to be transferred to Shanghai and Chapman was included amongst them, his hopes of waiting the war out in seclusion in Hankou thwarted.¹²⁸ The Swiss Consul accepted an inventory and the hospital keys were handed over. The closing of the Union Hospital was to affect patients suffering from chronic illnesses requiring long-term care, but there was particular concern for the city’s lepers.¹²⁹ Following the occupation, they had been the first patients to appear at the hospital for treatment and had continued to attend throughout the occupation period. Without treatment, the remission of their disease would cease and they would revert to being infectious.¹³⁰ While this concern was no doubt heartfelt, the description of the lepers is revealing because of the paternalistic way Chapman, a senior generation medical missionary, referred to them in 1945 after the war as children:

Some of them have attended regularly for four or five years; and in the long weary-up hill fight against their disease, while they have learned like children to trust and obey their doctors, the latter in turn have learned to love them for their patience, courage and gratitude.¹³¹

While there has traditionally always been an element of hierarchy in the doctor–patient relationship found in medical care, this description suggests the paternalistic attitude characteristic of earlier missionaries. This attitude regarding Chinese lepers as children who had to be taught is somewhat reminiscent of nineteenth century, and later, thoughts that indigenous people needed parental guidance. There was to be no place for any residual paternalistic attitudes in the mission hospitals of post-war China as will be shown when examining the Chinese rejection of their supposed dependence, together with the post-war

¹²⁸ Chapman, H.O., *Union Hospital Report 1941–45*, 1946, p. 15.

¹²⁹ *Ibid.*, p. 6.

¹³⁰ Eight deaths were officially recorded from leprosy in Hankou in 1942. *Hankou tebie shi zhengfu*, 1942.

¹³¹ Chapman, H.O., *Union Hospital Report 1941–45*, 1946, p. 6.

claiming of their autonomy within mission hospitals, as will be examined in detail in chapter seven.

On August 12th 1942, Dr. Liu heard officially that the Japanese had decided to seize the *Ho Chi* Hospital and that it would be run by the Municipal Government. The Municipality's Principal Medical Officer informed him there would be no change in staff but salaries would be increased two or three fold.¹³² Two days later, with the news that the *Ho Chi* Hospital was, after all, being taken over by the Japanese, the remaining evacuees left Hankou for Shanghai with hopes that they would be repatriated. It was not until after the majority had been interned and following their return in the autumn of 1945, that they were able to obtain any news of the staff and medical work they were leaving behind.

(ii) The Un-occupied Areas

The CovMS Bethesda Hospital at Xiangfan maintained operations until it too finally fell to the Japanese for one month in March 1945 during the Ichigo Campaign.¹³³ After Pearl Harbor the hospital was forced to focus upon the West and North for its supplies to counter-act the effects of the Japanese boycott on goods destined for the unoccupied areas of the province. Supplies were able to pass through from the American Red Cross in Chongqing, and from the North by lorry. Overseas supplies were arriving, but conditions remained chaotic and delivery services painfully slow; the hospital received a consignment of bandages from America which had "been on the road" for three years.¹³⁴ As with the hospitals in occupied areas, it proved impossible to prepare any realistic budgets.

¹³² *Ibid.*, p. 15.

¹³³ In Hubei this was an attempt by the Japanese to push further westwards to halt the American bombing raids emanating from, amongst other areas, Yicheng and Laohekou.

¹³⁴ CovMS, "Bethesda Hospital Report, 1942–1943", 1944, CAHL 2/9/2 B1 F2, p. 2.

For example: the Xiangfan hospital's economic problems were compounded by new refugees fleeing the 1941–2 Henan famine while conditions in western Hubei were described as “near famine” following two successive years of crop failure.¹³⁵ In the surrounding countryside the social order was deteriorating and the hospital had to admit casualties from the lootings and shootings that were taking place.¹³⁶ It was therefore impossible to accurately predict future admissions or equipment needs.

Despite these conditions, Xiangfan hospital maintained its Nursing School and remained in contact with the NAC in Chongqing and its nursing students were able to sit their examinations.¹³⁷ Student and qualified nurses were engaged from hospitals that had closed in the occupied areas:

Miss. Chang, who was loaned to us by the Laohokow [Laohekou] Hospital for a year, returned to her work there early in the year. Miss. Pao a refugee nurse from Suihsien [Suixian] Hospital which was closed by the Japanese took over Miss. Chang's duties here... Mr. Sung and Miss. Wang left us early in the year to join a New Life movement Medical Unit and are now in Chungking.¹³⁸

This information demonstrates precisely how nurses relocated, not just geographically but also between mission societies. Miss. Chang transferred from NLK at Laohekou to CovMS at Xiangfan and back again. Miss. Pao transferred from the MMS hospital at Suixian to CovMS at Xiangfan. The overall impression is of a perpetual movement westwards.

The NLK mission at Laohekou was the westernmost medical mission in Hubei and experienced the war in four distinct periods; from 1937 to 1939 a period of calm was followed by a period of intensive bombing which lasted until

¹³⁵ Ibid., p. 1. For an eyewitness account of the Henan famine refugees see: White, T.H., Jacobee, A., *Thunder Out*, 1947, pp. 159–163.

¹³⁶ CovMS, “Bethesda Hospital Report, 1942–1943”, 1944, p. 1.

¹³⁷ CovMS, “Report of Training School for Nurses”, 1942, CAHL 2/9/2, B1 F2, Cov MS.

¹³⁸ Ibid.

1941. From 1941–1944 another period of calm was followed by renewed bombing until the end of the war.¹³⁹ Laohekou was not occupied until April 4th 1945 and the occupation lasted only nine days. Over the Christmas period the missionaries had been advised by the American and Norwegian Ambassadors to evacuate as the Japanese were predicted to arrive in February.¹⁴⁰ There was much discussion concerning what course of action should be taken and a few left but Alik Berg (1904–1948), a doctor at the Frøyland Memorial Hospital, remained with Drs Lende and Olsen.¹⁴¹ The mission at Laohekou became an “orphan mission” when, on April 9th 1940, Norway was occupied by Germany.¹⁴² The Nazis took control of the Norwegian Missionary Society (NMS) the foremost missionary society in Norway, which was connected to the National Church. It was larger and had closer ties to the Norwegian Government than NLK which managed to evade extensive Nazi control. Thus, unlike other missionary societies in Free China, NLK had neither financial nor administrative support from its Home Board.¹⁴³ All policy decisions therefore became the responsibility of those in the field. Following the fall of Wuhan the threat of occupation had hovered over Laohekou but having avoided it for so long, the medical missionaries found it difficult to believe the Japanese might actually arrive, even though the airport at

¹³⁹Tiltnes, N., *Det Norske Lutherske*, 1946, p. 332

¹⁴⁰Kjebekk, E., *Selge alt og følge Kristus: Alexis Berg - Grevnen som ble legemisjoner og martyr*, To Sell Everything and Follow Christ: Alexis Berg - Count, Medical Missionary and Martyr, Oslo, Lunde Forlag, 2001, p. 168.

¹⁴¹Berg was a Finnish Count, an intellectual who heard the Call and became a medical missionary. He never joined NLK but in 1939 agreed to work for them for six years. After 1945, he was in charge of renovations at the Frøyland Memorial Hospital before leaving to work with CovMS. His wife, Signe, also a doctor, spent some time working with CovMS at the Bethesda Hospital in 1941. Berg was shot through the head by bandits in 1948. For an account of Berg's work in China see Kjebekk, E., *Selge alt*, 2001, and Straume, J., *Og Stjerner ble tent*, (And a Star was Ignited), Gry Forlag, Oslo, 1948, pp. 201–223.

¹⁴²Mission societies in the China field whose home bases were under foreign occupation were referred to as “orphan missions”.

¹⁴³I am indebted to Erik Kjebekk archivist of the Norwegian Lutheran Mission Fjellhaug Skoler, Oslo, for this information.

Laohekou made it an obvious military target and the Japanese were pushing forward as part of the Ichigo Campaign.

During discussions Lende suggested closing the hospital and selling the medicine and equipment before handing the buildings over to the Americans. Olsen argued that conditions could soon change for the better and, if so, how would they function without medical equipment? Berg withdrew from the discussions because he was not Norwegian nor an enrolled member of the mission, and despite being on secondment to the society he felt it inappropriate to proffer an opinion. Fielding an attempt to persuade him otherwise, Berg held his ground and refused to change his mind. It was eventually decided they should sell everything and, on January 12th, a sale of goods was held at which the items sold well, because the prices were low. After the sale, Lende left Laohekou and authorised Berg to dispose of the remaining equipment and medicines.¹⁴⁴ This Berg managed to do apart from some IRCC items which he donated to the Chinese Hospital. As the Japanese Army advanced, Berg managed to escape on March 17th while other hospital staff members retreated with the American troops from Laohekou to Baihe (Paiho). Eventually, the NLK missionaries made their way to Kunming and thence to India but the Bergs could not leave because their passports were Finnish making them enemy aliens. With the hindsight of knowing the Japanese occupied Laohekou for only nine days, the disposal of all the hospital supplies and equipment was later perceived as a mistake, and Berg, despite refusing to provide any input at the time, later accused Lende of having made an incorrect decision.¹⁴⁵ However, no-one could have known how short the occupation would prove to be, and this incident reiterates how major policy

¹⁴⁴ Kjebekk, E., *Selge alt*, 2001, p. 174.

¹⁴⁵ *Ibid.*, p. 173.

decisions, which would normally have been taken by the home base after much executive discussion, became the province of medical missionaries alone in the field.

Summary

The key point of this chapter is that medical missionaries in all areas of Hubei, occupied and free, urban and rural, were powerless against external forces; but in particular after the reinforcement of Japan's Greater East-Asia campaign they all experienced the consequences of Japanese policy and the daily anxiety of living within the theatre of war. Medical missionaries were distinct from other missionary groups because they were custodians of drugs, specialist medical equipment and solidly built secure hospital buildings, all of which were of value to the Japanese. In their role as third party nationals medical missionaries stood between the occupiers and these valuable items. Although some stability returned to Wuhan, the rural areas remained unsettled territory and problems were compounded by the famine in Henan and uncertain conditions in the countryside. Medical missionaries under occupation in Hubei adapted to an unfamiliar hostile regime and coped with uncertainty in their lives and workplace while carrying out demanding professional duties. Autonomy on the ground came as the occupation disconnected medical missionaries from their home bases, or, in NLK's case, within the free area, as a result of its orphan mission status through events at home.

The crisis of occupation awakened reserves of practical resourcefulness and financial acumen as medical missionaries reacted to logistical difficulties, public utility breakdowns and inflation. A wartime spirit of fellowship developed

and an “all hands on deck” response arose to counter the crisis. It is noticeable that this inter-denominational co-operation, particularly between Protestant and Catholic, was presented at the time as being unusual and worthy of comment. Despite being forced to operate within a framework of Japanese policies deliberately constructed to undermine their work, medical missionaries remained optimistic, and were able to demonstrate the benefits of western scientific medicine to a wider group of patients than had previously been possible. Internment was to provide medical missionaries from occupied China with a new group of patients, but these patients, their fellow internees, were already familiar with western medicine.

Chapter Six

Internment: Coming Into Their Own

What I'm saying is that the missionaries came into their own because they serviced the camps.

Dr. Frances McAll, 2007.¹

Introduction

Internment within the Japanese civil assembly camps changed all internees' daily lives dramatically because not only were they incarcerated against their will in an unfamiliar closed environment, but their lives lost purpose. People who had held responsible managerial positions within foreign businesses, or local government, found themselves stripped of their occupation and social position, so that their sense of identity and social worth were threatened and they found themselves living cheek by jowl with people with whom, professionally and socially, they had previously had nothing in common and with whom they did not necessarily wish to be associated. As one lady commented:

In Shanghai I choose my friends whom I invite and whom I go to see and get on happily. Here [Longhua] I have discovered that there are those who do not like me.²

¹ McAll, F., in conversation, March 1st 2007.

² Cited by Rowlands, E., *End of*, 1947, p. 94.

Within the camps, occupational status was reversed. Practical skills such as plumbing and carpentry were more highly valued than managerial skills and people who could continue using existing specialist professional or practical skills found the transition easier than others. Medical missionaries, as specialists, were fortunate to fit into the practical skills category and their lives retained a familiar usefulness and practical purpose.³ This is not to suggest that their experiences were any better or worse than their fellow internees; but they entered the camps as medical missionaries and continued in that role, avoiding any loss of self-identity, professional worth or social standing. In addition, their religious beliefs helped them: psychologists have pointed to the importance of religious or ideological commitment as an aid to coping with captivity.⁴

The Japanese provided only a custodial managerial role and the camps were ostensibly self-governing. With very little medical provision within the camps other than that provided by the internees themselves, medical professionals played a vital role in maintaining internee health. This chapter aims to explore and document this role and will argue that medical missionaries in the camps worked under physical, psychological and environmental hardship. Although medical work within the camps has been previously described, little recognition has been paid specifically to the medical missionary camp experience or their contribution.⁵ Medical missionaries were well prepared, from their experiences under occupation, to deal with problems such as a lack of appropriate medical

³ “The missionaries found it a lot easier”, McAll, F., in conversation, March 1st 2007.

⁴ Hunter, E.J., “The Psychological Effects of being a Prisoner of War”, in Wilson, J.P., et al, (eds.), *Human Adaptation to Extreme Stress: From the Holocaust to Vietnam*, Plenum Publishing Corporation, 1988, pp. 157–70, pp. 167–8. Cohen, E.A., *Human Behaviour in the Concentration Camp: a Medical and Psychological Study*, London, Free Association Books, 1988, p. 148.

⁵ For example in *Memorandum on the Protection of the American British and Netherlands Interests in Occupied China* August 9th 1943 it is recorded: “within each camp there are a number of qualified British and American medical practitioners who are doing their utmost to maintain a satisfactory state of health”. That many of these were missionaries is not mentioned. FO 916/1035, p. 8.

equipment and scarcity of drugs but, under internment, additional factors came into play which made their work more challenging. Together with the other internees, individual medical missionaries had to cope with boredom, failing health as a result of poor nutrition and a loss of privacy but specifically some also had to cope with opposition, prejudice, mistrust from their fellow internees, increased professional isolation and the gradual awareness that their professional skills were falling away. These difficulties needed to be overcome while incarcerated for an unknown period. Nonetheless, these negative aspects were balanced by positive factors such as the personal and professional fulfilment of being able to provide an essential service for the internee community. As in their work outside the camps, there was also a personal satisfaction in knowing they were needed – even if this initially went un-recognised by some fellow internees. Professionally, they could display resourcefulness, and observe and record illness and the effects of nutritional deficiency for research purposes. Despite the opposition and mistrust there were examples of on-going non-missionary support for medical missionary work and, importantly, medical missionaries experienced spiritual fulfilment from “being chosen by God” for this special service.

Medical missionaries were not alone in providing medical services, but were perceived as being motivated by different forces in comparison to non-missionaries simply because they were missionaries. Perceived by others, they were “religious professionals” and their prudish reputation, finely honed over one hundred years, travelled before them. To some they were “those bloody young missionaries”⁶ who were expected to preach aggressively *ad nauseum* and, as will be shown, the fact that some medical missionaries were young proved an added

⁶ McAll, F., and R.K., *The Moon*, 1987, p. 37.

irritation. Among the other medical personnel there were, doubtless, many who were also Christians and similarly motivated by a desire to be of service; however, religion was not their whole life, they were not religious professionals, did not wear their faith as publicly as the missionaries and were not “labelled” missionaries. Medical missionaries were viewed both as medical personnel and missionaries which resulted in their being perceived both positively and negatively. Eventually, however, even those who were initially anti-missionary acknowledged that the efforts of “those bloody young missionaries” went a long way to preventing what could have been private and public health disasters within the camps.

The Civilian Internment Camps

Medical Internees

After the second and final repatriation ship for North Americans, the *Teia Maru*, left Shanghai on September 18th, 1943, 41 missionary doctors and 39 missionary nurses remained interned in China comprising 68% and 34% respectively of all interned doctors and nurses.⁷ A fifth of these doctors and all the nurses were women.⁸ The nationality with the greatest representation was British with LMS providing just over half (22) of the doctors and more than a quarter (10), of the nurses. These non-repatriated medical missionary doctors and nurses provide the focus for this chapter as we examine their internment experience and contribution.

Not all civilians were taken to Shanghai prior to internment but the camps in which medical missionaries were interned in the Shanghai area were Ash, Zhabei (Chapei), Great Western Road (Columbia Country Club), Haiphong Road,

⁷ The *Teia Maru* was previously the French liner *Aramis*. Leck, G., *Captives*, 2006, p. 299.

⁸ Data obtained from camp rolls listed in Leck, *Captives*, 2006, pp. 521–719.

Lincoln Avenue, Longhua (Lunghwa), Pudong (Pootung), and Yu Yuen Road.⁹ There were also three camps at Yangzhou (Yangchow) approximately 100 miles north of Shanghai named respectively Yangzhou ‘A’, ‘B’ and ‘C’. The three Yangzhou camps opened in March 1943 with Yangzhou ‘A’ and Yangzhou ‘B’ closing in September 1943 and their internees being spread among the other camps to fill the spaces vacated by repatriated North Americans. Yangzhou ‘C’ continued to function until the end of the war. Two other civil internment camps housing medical missionaries were at Weixian (Weihsien) in Shandong and Guangzhou. These camps were civil camps and, apart from Haiphong Road which will be discussed in the following section, were run by the Japanese Consular authorities, not by the military police or the army. Conditions varied according to the Camp Commandant’s attitude. Internees were expected to provide day to day medical care while the Japanese provided food supplies. Unlike POW camps where military rank determined status, there was no inbuilt hierarchy universally recognised by the internees. Gilkey (1919–2004) a Weixian internee and missionary teacher documented his own experiences and the relationships he observed between internees. He described how, in the early days, power struggles erupted as men jockeyed themselves into positions on camp committees to find, as he described it, an “authoritative voice” that others would respect.¹⁰ Medical missionaries found themselves voted onto these committees.

⁹ Lincoln Avenue only opened in June 18th 1944 when those who had been originally deemed too ill to enter the camps had their exemption revoked.

¹⁰ Gilkey, L.B., *Shantung Compound*, 1966, p. 26. Gilkey read Philosophy at Harvard and was teaching English in Beijing when he was interned. He received a liberal Protestant upbringing which his internment experience caused him to question and after the war he wrote extensively on theology. Refer: Pasewark, K.A., Pool, J.B. (eds.), *The Theology of Langdon B. Gilkey: Systematic and Critical Studies*, Macon, Mercer University Press, 1999.

Camps varied in size from Yangzhou ‘B’, one of the smaller housing approximately 352 internees, to Longhua housing approximately 1,700.¹¹ Two main problems stand out as a *leitmotiv* threading through official and personal accounts recounting the internment experience: monotonous food and a lack of privacy. Of all the discomforts experienced such as fear, separation from loved ones, an inability to pursue interests and hobbies and such like, these two facets of internment camp life stand out. Gillison, interned in Yangzhou ‘C’, while noting there was always food, even if it was not appetising, and that they were not physically maltreated wrote:

The chief trials as far as we were concerned were I think lack of privacy, (In a room where 20 people could hear all you said all day etc.), lack of money or means of obtaining even the necessities such as soap, buckets, brooms etc., and lack of milk sugar, fruit etc., for the children together with the monotony of endless watery vegetable stews and of four walls out of which one could not penetrate.¹²

Inadequate nutrition and a poor environment in turn affected physical health and, although references to medical matters do not figure as prominently in recollections as the tedious diet and loss of privacy, the threat of ill health was ever-present.

A Swiss Consular report of a July 1943 inspection reported: “The lack in variety of the food supplies is keenly felt”. The standard diet in all camps appeared to be:

Breakfast: – Tea (without sugar) and bread, latter of satisfactory quality and sufficient quantity.

Lunch: - Meat stew, mostly pork with Chinese vegetables of the season.

Dinner: - Much the same as lunch.¹³

¹¹ *Inspection des Campes d'internement de Yangchow, Tables des Matières (suite) 5-6 et 7 Juillet, 1943, p. 25.* Longhua, FO916/1035. *Red Cross Report on Lunghwa, August 8th, 1943, CO 980/127*

¹² Gillison, K., to Brown T.C., from S.S. “Arawa” nearing Hong Kong November 8th, 1945, CWM/LMS CH/11, 1941–50, Central China, Gillison, K.H., file, 1941–50.

¹³ *Memorandum on the Protection of the American, British and Netherlands Interests in Occupied China, August 9th 1943, FO 916/1035, p. 5.*

The problem was of supply rather than finance, and as time passed the food situation deteriorated. The medical repatriates on the second *Gripsholm* voyage called a meeting to discuss nutrition within the camps and it was agreed that large numbers of internees were always hungry: “The internees are starving and will continue to starve”.¹⁴ Fatigue and lassitude amongst internees was attributed to mental attitude and underfeeding. Charts were produced that showed that the Japanese provided food in each camp to the value of 1,900 calories per person per day which was supplemented by Red Cross parcels when available to bring the average daily calorie level up to between 2,300 and 2,500. There was, however, a considerable problem in making the food palatable enough for consumption.¹⁵ In July 1944 the Pudong camp Medical Officer, Dr. Keith Graham, pointed out to the Camp Commandant that the health of the internees had deteriorated to such an extent that it had become difficult to find able-bodied men to carry out chores. With his letter he included a monthly analysis of the internees’ daily calorific intake.¹⁶ Including food parcels and items purchased from the camp food store, the daily calorific value had been calculated at 2,566 in October 1943 from which it fell to 2,246 by March 1944, and just 1,754 in January 1945. Nothing changed as a result of the letter and Graham’s attempt at negotiating with the Japanese authorities came to nothing.¹⁷

In her diary, Stephenson recorded that by February 1945 the daily meals in Longhua had been reduced to plain boiled water rice for breakfast and dinner, with one small meal a day of stew and rice and some bread. Fortnightly, internees

¹⁴ Confidential - Extract from the summary of *The Second Voyage of the Exchange Ship Gripsholm*, Office of Strategic Services, Research and Analysis Branch, undated, FO 916/1035, p. 1.

¹⁵ Ibid.

¹⁶ Cliff, N.H., *Prisoners*, 1945, p. 139

¹⁷ Cliff, N.H., *Prisoners*, 1945, p. 139

were allowed three ounces of sugar.¹⁸ Such a diet was totally inadequate and reduced Stephenson's ability to work. At first, she had been able to work "hard" but, by February 1945 after almost two years of internment she was only able to go on duty every other day, and still needed to see to her own personal chores and stand in line to collect her food.¹⁹ So, although medical missionaries had ready-made positions within the camps and were able to maintain their professional status, their work became increasingly physically demanding as time passed and had to be carried out by ageing bodies weakened by poor nutrition. At the time of her internment Stephenson was not a young woman (being in her middle fifties) and, by July 1945, was the only nurse on night duty with responsibility for 20 patients with just one aide to assist her. The physical strain of holding down such a demanding job with no quiet place to sleep during the day meant she was only able to work for one week at a time, needing another week to recover.²⁰ In Yangzhou 'C', the camp committee minutes for July 1944 recorded that the female hospital staff were only working between 18 and 22 hours a week.²¹ Unlike others, medical staff would have found it difficult to exchange their camp jobs as others were able to do, because of the professional skills they possessed. This is not to suggest they would, necessarily, have wanted to exchange places with those who had lighter, or non-specialist duties, but to recognise that such an option was not, realistically, open to them.

Some camps operated their own shops, and internees were provided with 'Comfort Money' supplied by the Red Cross with which they could purchase goods to supplement their meagre rations. Very little food came 'over the wall'

¹⁸ Stephenson, G., to "My Dear Ones," February 24th, entries from February 24th to August 28th 1945, Stephenson Box, MMS 642/643

¹⁹ *Ibid.*, February 24th.

²⁰ *Ibid.*, July 29th.

²¹ *Yangchow 'C' Camp Minutes*, July 6th, 1944, FO916/1036

and Chinese caught in the act of trading were severely punished. The frequency of Red Cross parcels varied among the camps. Stephenson's 1944 Christmas parcel, besides the usual items such as powdered milk, sugar, jam, flour, peanut butter, soap and toilet paper, had also contained a small Christmas pudding, some biscuits, walnuts, raisins and six chocolates. Stephenson eked out the contents of this parcel for four months.²²

The chosen camp sites were inappropriate. Pudong was described by the Swiss Consul as "some old and discarded factory godowns in a most unenviable industrial environment".²³ While this description suggests an inappropriate setting for an internment camp, the reality was worse because the godowns had been used for storing coal and were impregnated with coal dust; surroundings which were hardly suitable for human habitation, particularly for small children, the elderly and asthmatics.²⁴ Van Velden suggests overcrowding was the result of a deliberate Japanese policy to facilitate ease of monitoring.²⁵ The Swiss Consul recommended halving the number of internees to allow "a decent minimum standard of living space" and noted that civilians in the camps received not even the standard military troop quartering of 60 square feet per man.²⁶

In Longhua, Stephenson was billeted in a room where everything had to be done in the presence of 50 other women and, with only 18 inches between beds, she could feel her neighbour's breath upon her face at night.²⁷ The protection of

²² Ibid, February 24th.

²³ *Memorandum on the Protection of the American, British and Netherlands Interests in Occupied China, August 9th 1943*, FO 916/1035, p. 4.

²⁴ McAll, F. and R.K., *The Moon*, 1987, p. 47.

²⁵ Van Velden, D., *De Japanese Interneringskampen, Voor Burgers Gedurende de Tweede Wereldoorlog. The Japanese Civil Internment Camps During the Second World War*, (English Summary,) Faneker, Wever, 1985, pp. 511–518, p. 514.

²⁶ *Memorandum*, 1943, FO 916/1035, p. 4.

²⁷ Stephenson, G., to "My Dear Ones," February 24th, entries from February 24th to August 28th 1945, Stephenson Box, MMS 642/643. A similar distance between beds was reported for the San Tomas Internment Camp in Manila. Norman, E.M., Eifried, S., "How Did they all Survive? An

personal space in all the camps assumed proportions unimaginable outside and, in Weixian, where the space between beds was similarly 18 inches, chalk marks were placed on the floor to prevent internees surreptitiously moving their bed and possessions inch by inch into their neighbour's space.²⁸ There were also episodes of aural invasion of privacy and missionaries were castigated for the noise levels of their hymns and prayers.²⁹ The loss of privacy related not just to the inability to hold private conversations or loss of space but also to private matters:

To take the most earthy kind of example, the not unrare need to use a chamber pot at night within eighteen inches of your next neighbor [*sic*] and within nine feet of at least six other men, or women, was by no means easy either on the perpetrator or on those who lay there listening.³⁰

Families were allowed to room together, but this did not, necessarily, provide them with extra space. When the three McAlls were transferred from Yangzhou 'B' to Pudong camp they had to share a room measuring nine by thirteen feet with Dr. Godfrey Gale, his wife and daughter.³¹ This equates to 59 sq. ft. per family, one sq. ft. less than the standard troop quartering. Their daughters' cots were arranged down the centre of the room in an attempt to provide a small amount of privacy and they faced the embarrassment of who should be first to undress. Although such embarrassments were awkward at the beginning, "Three years later we never gave it a second thought".³²

Analysis of American Nurses' Experiences in Japanese Prisoner of War Camps", in *Nursing History Review*, Vol., 3, 1995, pp. 105–123, p. 115. Gladys Ross, ACM nurse and business manager, from St. Elizabeth's Hospital, Shanghai, evacuated only to be interned in Manila. Ross, G., "Escape from Internment", in *Forth*, No. 9, October, 1945, p. 12.

²⁸ Gilkey, L.B., *Shantung Compound*, 1966, p. 19.

²⁹ *Ibid*, p. 18.

³⁰ *Ibid*.

³¹ Gale, G., "Pacific War 1941–45: From an Internee's Point of View", p. 24, CWM/LMS CH/49, 1941–50, Central China, Gale file.

³² McAll, F. and R.K., *The Moon*, 1987, p. 37.

What would have seemed a fantastic deprivation to a man comfortable, well fed, and serene in an easy chair at home, had by the end of a few short months become just “life” for us.³³

One saving grace was that, in general, unlike Japanese POW camps, internees were fairly well treated by the Japanese who, apart from ensuring no-one escaped, did not punish indiscriminately. There was, however, always an undercurrent of uncertainty and fear and Norman Cliff, a teenage internee in Weixian, recounted one occasion when he became in real fear for his life.

I was helping to dump some ashes out of camp... I spoke a bit of Japanese to the guard. “Is the war finished yet?” He graciously said “Not yet finished.” Then he made a gesture to the effect that he would shoot us and fall on his sword and so this created a situation of fear and looking forward. A sort of love/hate for the end of the war.³⁴

So, although there was always an element of fear and uncertainty, the internees could expect to remain unmolested for so long as they adhered to Japanese regulations, and once the camps were up and running conditions appear to have remained stable.

The Medical Missionary Contribution to Camp Life

(i) Haiphong Road – The Lone Practitioner

The first foreign nationals to be rounded up in Shanghai were interned in the Haiphong Road Camp on November 5th, 1942.³⁵ These men, approximately 350, were classified as political internees and consisted of journalists, sailors and prominent business people.³⁶ Due to the supposedly political nature of its internees this camp was administered by the *kempeitai*, while all other civilian internment camps in China were administered by the Japanese Consular

³³ Gilkey, L.B., *Shantung Compound*, 1966, p. 48.

³⁴ Cliff N., in conversation, March 1st, 2007.

³⁵ For a definitive account of the daily life in Haiphong Road and later in Fengtai see: Collar, H., *Captive in Shanghai: A Story of Internment in World War II*, Oxford, Oxford University Press, 1990.

³⁶ Leck, G., *Captives*, 2006, p. 449.

authorities.³⁷ As in other civilian camps, there was no physical work requirement but the internees were separated from their families.³⁸ 35 of the men originally rounded up were immediately detained in the Bridge House jail.³⁹ One practising missionary doctor, one retired missionary doctor and one non-missionary surgeon were among the internees in the camp; Dr. Stephen Sturton (b.1896) of the Church Missionary Society (CMS), Dr. Lewis Hylbert of the American Baptist Mission (ABM), and Dr. Thomas Dunn.⁴⁰ Sturton qualified as a physician at St. Bartholomew's Hospital in London in 1920, and arrived in China in 1921. During the war he acted as Red Cross Secretary in Hangzhou and apart from a year's furlough, ending May 1940, he remained in China receiving an OBE for his work with wounded Chinese soldiers in Hangzhou. It is unclear whether this work resulted in his being classified as a political prisoner but he wrote that, when arrested, the Japanese attempted to prove a connection between himself and the British government.⁴¹ Two practising doctors within a camp of approximately 350 men would have been adequate for the remaining years of the war had such a ratio been maintained, but crucially, the surgeon and the retired missionary doctor were American and were repatriated in September 1943 on the *Teia Maru* leaving the camp under Sturton, as "the only medical man in the camp" with one qualified

³⁷ FO 916/1035.

³⁸ Confidential - Extract from the summary of *The Second Voyage of the Exchange Ship Gripsholm*, Office of Strategic Services, Research and Analysis Branch, undated, FO 916/1035, p. 1.

³⁹ Bridge House, a large block of residential housing, became an infamous Japanese jail during the war years in Shanghai. Conditions within it, and the treatment of Chinese and foreign prisoners by the *kempeitai*, were harsh.

⁴⁰ Thomas Dunn had practised privately in Shanghai. Lewis Hylbert was retired. Recorded by Leck as aged 59 and 69 respectively upon release in 1945, p. 557.

⁴¹ Sturton, S.D., *From Mission Hospital to Concentration Camp*, London and Edinburgh, Marshall, Morgan and Scott, 1948, p. 100. After the war one of his publications was a short report on the oedema he observed when he and fellow internees were transferred from Haiphong Road to Fengtai which he attributed to the conditions *en route* and internee polydeficiency. Sturton, S.D., "Deck Ankles" and "Travellers' Oedema" in *BMJ*, April 13th, 1946, p. 589.

nurse.⁴² The responsibility for administering day to day medical care therefore fell squarely upon Sturton's shoulders.

It was obviously necessary for Sturton to enlist competent help and support once he found himself in sole charge and he appears to have assembled, and overseen, a system that was capable of dispensing efficient medical care. An American Navy Chief Pharmacist's Mate with some hospital theatre experience was placed in charge of dressings. A graduate research chemist from Cambridge University, who had worked in Shanghai as a textile thread mill manager, oversaw the pathological work. A Dutch business-man ran the administrative side and, to give an indication of the amount of medical work undertaken within the camp, over 60,000 records of treatment were kept from November 1942 until June 1945.⁴³ The number of treatments indicates the importance of the provision of medical care. Nonetheless, the only medical supplies provided by the Japanese were cholera and anti-dysentery injections, and smallpox vaccines.⁴⁴ Some supplies were received from the Red Cross and the IRCC.⁴⁵

As from September 1943, Sturton held the final responsibility for all treatments, the fact that the camp's medical facilities were able to provide this number of treatments must reflect his competence. While overseeing and guiding his non-medical colleagues, Sturton was aided by two veterinary surgeons who "were a great help to us" and assisted with X-ray and clinic work besides providing nutritional expertise.⁴⁶ Sturton's trust in their competence can be seen

⁴² Sturton, S.D., *From Mission*, 1948, p. 108.

⁴³ *Ibid.*, p. 109. In June 1945 the Japanese authorities closed the camp and moved the men to Fengtai, four and a half miles from Beijing.

⁴⁴ Collar, H., *Captive*, 1990, p. 83.

⁴⁵ *Ibid.*, p. 125.

⁴⁶ Sturton, S.D., *From Mission*, 1948, p. 110

from the way he relates how he was happy to be taken under the care of one of the veterinary surgeons when he himself suffered from pericarditis in 1944.⁴⁷

Within the camp a First Aid Corps was established to train nursing staff for the hospital and to be on 'stand-by' during air raids and emergencies.⁴⁸ This Corps was so successful that, after the war, the St. John's Ambulance Association recognised the training and awarded certification to those who had undergone tuition. Sturton wrote he had little to complain about concerning the Japanese Medical Officers that periodically visited the camp, but the Camp Commandant, Lt. Honda, was obstructive as he claimed some medical knowledge, which Sturton disparagingly wrote "he did not possess".⁴⁹ As a result, Honda occasionally prevented men from receiving specialised treatment at the Police Hospital outside the camp despite its having been recommended by both Sturton and a Japanese Medical Officer.

Internees that had been held for interrogation and tortured in Bridge House, sometimes for several months, were released to Haiphong Road. They had been instructed by the Japanese not to relate their experience but the internee camp officials recognised that in the relief of being freed, they needed to unburden themselves, so their routine upon arrival was "barber, bath, a light meal, plenty of hot drinks, and then to bed in our camp hospital".⁵⁰ Besides needing medical care after their period of imprisonment, it was important that these men were sheltered from camp informers. This meant isolating them in the hospital, allowing only

⁴⁷ Ibid.

⁴⁸ Ibid., p.109.

⁴⁹ Lt. Honda's "pre-war vocation was the export of cheap Japanese pottery and toys", Collar, H., *Captive*, 1990, p. 83.

⁵⁰ Ibid., p. 91. The treatment of Post Traumatic Stress Disorder (PTSD), also known as shell shock and concentration-camp syndrome, recognises the importance of encouraging survivors to talk about their experiences. "De-briefing assists in the 're-entry' process back into the community or workplace". Stewart, W., *An A-Z of Counselling Theory and Practice*, Nelson Thomas, 2005, pp. 355–360.

trusted people to converse with them and placing them in the wider camp community only when they had been judged stable enough not to “talk unwisely”.⁵¹ A few internees had been threatened or broken under the strain of being in Bridge House and had agreed to act as spies upon their fellow internees. It was thought that most of the informers were well known, but it was not possible to be absolutely certain.⁵² Clearly medical care consisted of overseeing the health of the internees’ physical bodies and of nurturing their mental health while providing a watchful protective service at a time when they were arguably disorientated and at their most vulnerable. Not all who entered Haiphong Road following incarceration in Bridge House survived.

Sturton’s medical work within Haiphong Road furnishes an example of the type of professional, organisational and administrative responsibility that was shouldered by a sole medical missionary within a camp. In highlighting Sturton’s situation there is no implied suggestion that he worked harder, or fared better, than a non-missionary doctor would have done in the same situation; the intention is to provide an example of one particular medical missionary’s experience as a sole professional and illustrate the cooperation and support some medical missionaries received from non-professionals within the camps. Such support was, however, not universal and there were tensions when medical missionaries met with antagonism and obstruction.

⁵¹ Collar, H., *Captive*, 1990, p. 91.

⁵² Ibid.

(ii) Yangzhou ‘B’ - Suspicion, Mistrust and Criticism⁵³

The Yangzhou ‘B’ camp, housing 138 men and 194 women, was operative from March until September 1943.⁵⁴ It was then closed and its internees spread throughout the Shanghai camps. Of the 352 internees 75 were aged under 18.⁵⁵ During the Swiss Consular inspectoral visit in July 1943 a confidential report was smuggled by Kenneth McAll into the Consul’s briefcase while the Japanese commandant received a telephone call.⁵⁶ Within this report the camp medical officers, McAll and Godfrey Gale (1913–1986) emphasised the unsanitary conditions of the water supply and sewage management. Also singled out for comment were the poor communications, and interruptions to food and fuel supplies. They pointed out there were 93 people in the camp aged over 50, many of whom would be unable to stand such a primitive way of life under winter conditions.⁵⁷ The report’s contents were noted in the Consul’s report.⁵⁸ During the same visit, a request for drugs originally submitted to the Japanese on April 5th was handed to the Consul with the observation that there had been no response from the Japanese. A second list dated June 30th had been submitted to meet with a similar lack of response. A serious problem was the shortage of anti-tetanus drugs and they had almost no anti-diphtheria drugs. Thus, medical officer’s work was hampered by practical problems as a result of the paucity of drugs, the living conditions within the camps and the Japanese indifference to combating these

⁵³ Frances McAll as the mothers’ representative on a women’s committee: “I soon found out I had dived into yet another bog of suspicion, mistrust and criticism which left me completely bewildered having never met anything like it before”. McAll, F. and R.K., *The Moon*, 1987, p. 38.

⁵⁴ *Inspection des Camps d’Internement de Yanchow. Tables des Matières (suite) 5-6 et 7 Juillet, 1943*, FO 916/1035

⁵⁵ Ibid.

⁵⁶ McAll, F. and R.K., *The Moon*, 1987, p. 42.

⁵⁷ *Medical Officers’ Statement dated 3rd July, 1943*. (Smuggled to Swiss Consular Representative upon his visit July 3rd, 1943), FO 916/1035, P. 29.

⁵⁸ *Inspection des Camps d’Internement de Yanchow. Tables des Matières (suite) 5-6 et 7 Juillet, 1943*, FO 916/1035, p. 23.

problems. To add to these practical problems there were inter-relationship problems between groups and individuals fuelled by missionary/merchant tensions.

Compared to Haiphong Road, Yangzhou 'B' enjoyed a wealth of medical missionary personnel. In addition to Drs. McAll and Gale, there was a third qualified doctor: McAll's wife Frances. These three LMS doctors were supported by 8 qualified missionary nurses, one an experienced Matron, and two non-missionary nurses. It would be understandable if the assumption were made that the internees of Yangzhou 'B' were thankful to have such a strong medical presence, but this was not the case. There appear to have been two main problems: first the doctors were missionaries and, second, their youth suggested inexperience, which potentially implied incompetence. In retrospect, Frances McAll graciously attributed their fellow internee's resentment towards medical missionaries as being due to the internees' sudden loss of freedom, comfort and independence:

...and they found themselves not only in our case being looked after by very young people, because we were all in our twenties only but missionaries because they weren't necessarily Christians themselves, or Church-going people. So they resented the situation so badly. And I think that was quite reasonable really.⁵⁹

Animosity towards missionaries in general is similarly documented by Gilkey who suggested attitudes towards missionaries within Weixian were influenced by whether or not people were sympathetic towards what the missionaries were "devoted to spreading".⁶⁰ Where there was no sympathy for his or her role, the missionary was regarded as "arrogant, fanatical, imperialistic,

⁵⁹ France McAll in conversation, March 1st, 2007.

⁶⁰ Gilkey, L.B., *Shantung Compound*, 1966, p. 177.

and futile; and the missionary himself hypocritical and foolish”.⁶¹ But Gilkey noted that missionaries who were primarily devoted to spreading ideas in which people believed, such as modern medicine, technology and education, tended to have their human faults overlooked. He also noted that, in the Far East, what he described as a “chasm of distrust and contempt” between missionaries and merchants had arisen.⁶² The merchants’ opinion being that missionaries were “loveless, sexless, viceless, disapproving and hypocritical fanatic[s]” whereas missionaries regarded merchants as “hard, immoral, addicted to drink, interested only in mulcting wealth from the poor Chinese”.⁶³ While such descriptions are grossly caricaturistic and negatively biased, there were divisions between missionaries and their fellow internees and, despite their positive contribution to the general welfare of the camp, the medical missionaries in Yangzhou ‘B’ were not immune from such attitudes from their fellow internees.

The doctors had only been in camp for a few days when an elderly man died of pneumonia and, the same day, a patient’s gastric ulcer haemorrhaged while another man went temporarily insane and threatened to run rampage with a knife.⁶⁴ The doctors at Yangzhou ‘B’ ran into “unexpected hostility” soon after they began medical work.⁶⁵ Most of the internees had been used to private medicine and were disconcerted to find themselves being compelled to turn to the medical missionaries. Frances McAll confirmed friction between merchants and missionaries in Yangzhou ‘B’:

⁶¹ Ibid.

⁶² Ibid., p. 179. Merchant/missionary tensions are well described in Bickers, R., “Changing British”, 1992, p. 98.

⁶³ Ibid., pp. 179–80

⁶⁴ Gale, G., “Pacific War 1941–45, p. 17.

⁶⁵ McAll, F. and R.K., *The Moon*, 1987, p. 37.

Missionaries had never ranked high in the business world's estimation. They found it hard to believe we could possibly know what we were doing and their security was seriously undermined.⁶⁶

Kenneth McAll oversaw the camp's public health and, as an accomplished artist, provided a series of cartoons as health information aids.⁶⁷ Retrospectively, this was recognised as an error. The intention was to use posters to educate and heighten public awareness of likely health concerns through humour. The posters covered practical advice on personal hygiene, nutritional care and the importance of mosquito nets. This was useful, practical information that one would expect to be welcomed by the internees as part of a campaign to secure good health for all. The response to the posters is described as "almost a riot".⁶⁸ This violent response was interpreted by the doctors as a revolt against them "throwing their weight around" when people were deprived of their freedom. The backlash to being "told" what to do went so far as an inedible stew being served up on one occasion because the vegetables had not been washed. When this happened, the doctors, not the cooks were blamed for having "had the audacity to tell them [the cooks] how to do their jobs".⁶⁹ This animosity was compounded a few days later by the nursing Matron suggesting the infant daughters of the McAlls and Gales be allowed some of the food reserved for the sick. This suggestion was decried by some internees who chose only to see the doctors' children receiving "preferential treatment", ignoring the fact that the girls were both under two years of age and as vulnerable infants arguably entitled to extra rations.⁷⁰ The McAlls considered

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid., p. 38.

⁷⁰ Ibid.

they were under suspicion from their fellow internees of accepting food for themselves as well as for their children.⁷¹

The situation improved when a 16 year old boy developed acute appendicitis⁷² and the only medical equipment consisted of one pair of surgical gloves, two pairs of artery forceps, one scalpel and a “very small bottle of chloroform”.⁷³ This proved to be a turning point in the camp’s support for the young missionary doctors and the whole camp was motivated to help provide equipment. A carpenter fashioned an operating table, the operation was undertaken, the boy survived and greater confidence among the internees established.

The young medical missionaries in Yangzhou ‘B’ had had to earn acceptance of their missionary background and secure confidence in their professional skills from their fellow internees. Shared hardship had not brought automatic acceptance or solidarity. This distrust was surely ill-founded and based upon prejudice and ignorance. This applies particularly in the case of Kenneth McAll who had spent some time in Xiaochang practising general medicine obtaining just the skills among his Chinese patients that were to be important within the camps such as the treatment of diseases caused by poor hygiene and inadequate nutrition.⁷⁴ A Matron from Yangzhou ‘C’ confirmed the usefulness of mission hospital experience:

⁷¹ Ibid., p. 38.

⁷² During the war in China there was a noticeable increase in appendicitis. This was noted by the *Gripsholm* repatriates in Weixian camp, CMJ, Vol., 61, No. 4, October-December, 1943, p. 356. Conversely in the Dutch internment camps in Indonesia during the Second World War appendicitis was practically unknown, suggesting a link with a low fibre diet causing a high incidence of appendicitis. Black, J., “Acute Appendicitis in Japanese Soldiers in Burma: Support for the Fibre Theory”, in *Gut*, 2002, 50, p. 297

⁷³ McAll, F. and R.K., *The Moon*, 1987, p. 39.

⁷⁴ Leck also makes the observation that previous medical missionary experience “while working [in the countryside] and improvising under difficult and sometimes primitive conditions” left them well equipped for interment camp duties. Leck, *Captives*, 2006, p. 187.

One's work and experience in a mission hospital proved invaluable in the necessary initiative, economy and improvisations of a camp hospital where so little could be procured.⁷⁵

Frances McAll, newly qualified, was completely up to date as well as also having worked for a short time at Xiaochang. At Qilu University she had been the only doctor who knew how to operate an electrocardiographic machine.⁷⁶ Gale was an Ear, Nose and Throat specialist who had also been attached to Qilu and so, between them, the knowledge possessed by these three young doctors was probably far wider and of more relevance to internees in a civilian internment camp than the knowledge and experience of many private Shanghai doctors not recently qualified. Nursing support included an experienced Matron and Jean Gillison who had experience from the rural hospital in Xiaogan.

Animosity emanated not only from groups but also from individuals:

There was this one woman made life very difficult she really had something against me I think she was jealous. She was older, I was just a kid. It was very hard for them to submit.⁷⁷

This resentment came to a head when Frances McAll was involved, as a member of a women's committee, in discussing whether application should be made to the Japanese for a goat to obtain fresh milk. The discussion considered whether it would be allowed and whether it was reasonable from a public health point of view. McAll, as an alternative, suggested they ask for soya beans:

McAll – And I made the rash suggestion of asking for soya beans and we could make milk from soya beans, which we did at Xiaochang. There was an absolute riot amongst these women and this particular woman she just...[voice trails off]

Chatterton – Why?

McAll – Well I was more or less kicked out of the committee.

Chatterton – What was her objection?

⁷⁵ Wheal, E.S.A., "Organising a Hospital", in *Through Toil and Tribulation: Missionary Experiences in China During the War of 1937–45: Told by Missionaries*, London, Carey Press, 1947, pp. 61–65, p. 64.

⁷⁶ McAll, F., in conversation, March 1st, 2007.

⁷⁷ Ibid.

McAll – The soya bean was the food of the very low of the low, you know. I think it was a class thing.

Chatterton – She wasn't going to eat animal food?

McAll – No, she wasn't going to eat soya bean. Because, you know, could have had milk made from soya bean instead of from a proper animal.⁷⁸

McAll's attempt to offer a solution using her practical experience of treating inadequate nutrition in Xiaochang, and her superior medical knowledge was blocked by ageism and class.⁷⁹ From the group's perspective, a young woman who thought she knew it all was telling her elders and betters what to do and threatening social standards. Given such motivational differences, youth and enthusiasm colliding with age and treaty port social values, it is unsurprising that tensions erupted between medical missionaries and some of their fellow internees.⁸⁰

Viktor Frankl (1905–1997) described three stages of reaction to admission to a concentration camp; the shock of admission followed by a phase of relative apathy when the internee becomes entrenched in camp routine, and a third phase concerning the psychology after release and liberation.⁸¹ Internee lethargy was reported by a *Gripsholm* repatriate to have also been present in a Japanese internment camp in the Philippines:

⁷⁸ Ibid.

⁷⁹ See Guy, R.M.A.D., Yeh, K.S.M.D., "Soybean 'Milk' as a Food for Young Infants", in CMJ, Vol., 54, No. 1, July, 1938, pp. 1–30.

⁸⁰ Within the camps attempts were made to cling to social mores and in Longhua "practically everyone in camp has afternoon tea, the parties are quite the thing". Copy letter from Mrs. Trivett repatriate in Toronto to Mrs. Tocher (wife of Ichang minister in Longhua) December 12th, 1943. FO 916/1035.

⁸¹ Victor Frankl, a psychiatrist and prisoner in Auschwitz and other concentration camps, argued there was always hope and that life held a potential meaning under any situation, even the worst kind. Frankl, V. E., *Man's Search for Meaning*, Boston, Beacon Press, 5th edition, 2006, p. 8. Cohen, a Dutch doctor interned in Ebensee Concentration Camp, described three stages of experience within camps: reaction, adaptation and resignation. Cohen, *Human Behaviour*, 1988, p. 115.

One should not fail to mention the mental retardation that accompanies confinement. Immediately following the bombings and in the early days of internment occasional hysteria was seen, but after many months lethargy and mental deterioration affected a moderate number of persons.⁸²

The “shock of admission” may partly explain the Yangzhou ‘B’ internees’ reaction to the medical missionaries:

An abnormal reaction to an abnormal situation is normal behaviour...The reaction of a man to his admission to a concentration camp also represents an abnormal state of mind, but judged objectively it is a normal and, as will be shown later, typical reaction to the given circumstances.⁸³

Although Frankl’s analysis of behaviour applied to his own experiences within concentration camps where conditions were much harsher than in the internment camps referred to here, the examples given above would seem to indicate that the McAll’s fellow internees experienced a “shock of admission”. As in the concentration camps, the internees did not, upon entry, know how they would be treated, how long they would be held and whether they would survive. (Had the war lasted much longer, conditions would certainly have deteriorated rapidly and many would not have survived.) The “shock of admission” was reinforced by a loss of self-esteem that the medical missionaries did not experience because they retained a purpose in life. As one missionary expressed it:

People used to say to us sometimes “You know, this life is easier for you missionaries.” In many ways it was easier. For Geoff and myself it was easier because we had migrated so often since 1938 that we had learnt to make a home anywhere. It was many people’s first experience of not living in their own homes with the things they treasured around them... It was nothing new to us to rely on our own resources for filling up our leisure hours.⁸⁴

⁸² Whitacre, F.E., “American Civilians in a Japanese Internment Camp”, in *Journal of The American Medical Association*, March 4th 1944, pp. 652–63, p. 653.

⁸³ Frankl, V.E., *Man’s Search*, 2006, p. 20.

⁸⁴ Milledge, M., March 1946, CWM/LMS CH/4, 1951–50, Personal and Odds, Missionaries’ Experience in Internment.

For those who had lost their pre-internment way of life in Shanghai, the medical missionaries' rapid acclimatisation to internment life must have been galling.

(iii) Yangzhou 'C' – The “British” Practice

Yangzhou 'C' opened in March 1943 and remained open for the duration of the war. Of the 625 internees most were British, including some Canadians, Australians, and New Zealanders, plus 38 Belgians and a few Americans and 88 children aged under 14.⁸⁵ Because all the medical staff were British the camp was not affected by repatriation since only North Americans were repatriated after the commencement of internment. There were three missionary doctors, including Bolton from the *Pu'ai*, and Gillison from the Union Hospital, who acted as Medical Officers for the camp with Mary Gell, an SPG doctor from Jinan. Owen Beynon (1894–1977), a radiographer and pharmacist from the LCH was also interned. Robert Symons, the 28 year old son of the manager of the Union Brewery in Shanghai, was the only non-missionary doctor. There were eight nurses including a Matron and two non-missionary nurses. Apart from Symons and two missionary nurses in their thirties, the medical personnel were all in their forties and fifties, so, from the internee perspective, the camp had a plethora of medical experience to draw upon.⁸⁶

⁸⁵ *Inspection des Camps*, 1943, p. 33, FO 916/1035. This Swiss Consul inspection report states that in July 1943, 4 months after the camp had opened, all the internees were British apart from three Americans. Leck states that during its operation 637 internees passed through Yangzhou 'C'. Leck, G., *Captives*, 2002, p. 507.

⁸⁶ Camp data obtained from the nominal rolls, Leck, G., *Captives*, 2002, pp. 521–719.

The internees referred to themselves ironically as “campers” and maintained detailed minutes of camp committee meetings.⁸⁷ A British atmosphere was perpetuated through the use of place names such as Knightsbridge and Pall Mall for camp thoroughfares.⁸⁸ Formal elections were held for camp office and, in January 1944, Gillison polled the majority of votes for election to the first camp committee and became the liaison officer of the camp’s Medical and Public Health Sub-Committee.⁸⁹ This Sub-Committee oversaw general health concerns within the camp and also operated a medical policing scheme over individual internee’s health and reported to the Main Committee. An official minute records:

Dr. Gillison reported that Mr Rudland had so far failed to report for the daily taking of his temperature as arranged for with a view to ascertaining whether his health precludes him from doing work as a kitchen stoker.⁹⁰

Regrettably, there is no record of how Rudland felt about his failure to attend for a health check being recorded for posterity in the camp committee minutes. Presumably such a ‘naming and shaming’ technique was regarded as a necessary support procedure to maintain both the health of the individuals concerned and to protect standards of internee health. This public policing appears to have been accepted by the internees, and contrasts with McAll’s attempts to maintain health within Yangzhou ‘B’ using humour. Three possible factors operating in Yangzhou ‘C’ may have facilitated the public policing of individual internees’ health and avoided the “riots” that occurred at Yangzhou ‘B’. Firstly the very existence of an official Medical and Public Health Sub-Committee as a result of a formal election gave the Sub-Committee a legitimacy McAll lacked in Yangzhou

⁸⁷ *Minutes of the Meeting of the Camp Committee held at the Camp Stores, 28th February, 1944.* FO 916/1034

⁸⁸ Leck, G., *Captives*, 2002, p. 507.

⁸⁹ *Minutes of the First meeting of the Camp Committee held in the Church on Thursday 24th January 1944.* FO 916/1033.

⁹⁰ *The Minutes of a Meeting of the Camp Committee held in the Church on Thursday 3rd February 1944.* FO 916/1034.

'B'. Secondly, Gillison was a fifty-year old experienced doctor who would command more respect than McAll. Thirdly, by the time the Medical and Public Health Sub-Committee was established, Yangzhou 'C' had been in operation for ten months and, by then, it must have become more recognised than when the camps were first opened that maintenance of high standards of public health were essential. Therefore, there would have been greater compliance with, and less antagonism towards, medical personnel's attempts to maintain high standards of health.

The Medical and Public Health Sub-Committee served as a platform for ethical debate as well as overseeing the camp's health. One dilemma concerned a Chinese lavatory woman employed by the Japanese for sanitary work.⁹¹ After she had been working in the camp for over 14 months, she consulted Bolton whereupon it transpired she needed an operation to remove a tumour which would prove fatal if left untreated. Bolton had offered her treatment, but had failed to consult his colleagues before the Japanese had given their permission, thus the situation had progressed to a stage where it would have been difficult to withdraw and a Sub-Committee meeting was held to discuss the problem. Beynon protested strongly that an operation would entail using the camp's limited medical supplies.⁹² These had been obtained from the British Residents' Association (BRA) and the IRCC specifically for internees' needs. Beynon may have felt a special responsibility towards the camp's supplies since he had been instrumental in secretly outfitting the camps with drugs prior to internment working with British agents, the IRCC and the Swiss Consulate, and with his wife had carried

⁹¹ *The Minutes of a Meeting of the Medical and Public Health Sub-Committee held on May 5th 1944.* "Medical Help for Lavatory Woman", FO 916/1036.

⁹² *Ibid.* Beynon had worked in the LCH continuously from 1921 until internment.

bags for four miles through torrential rain.⁹³ He would not have condoned any wastefulness concerning the camp's medical supplies. More importantly than the misuse of the camp's drug supplies, Beynon also feared the repercussions should the operation prove fatal. He drew attention to his own "many years of experience of hospital work" and requested this important aspect should not be overlooked.⁹⁴

Gillison disagreed with Beynon's assessment of the risk of fatality stating he regarded it a simple procedure that he had left to his assistant Chinese surgeon to perform on previous occasions. He also argued that, in his opinion, the Sub-Committee's responsibilities extended to providing medical aid for those working in the camp compound irrespective of colour and race and that the medical supplies necessary to carry out the operation did not amount to a great deal. The majority of the Sub-Committee agreed with Gillison, and as the matter had already progressed so far, it was decided that to withdraw the offer of treatment would provoke severe criticism.⁹⁵ However, it was mooted that there should be a definite ruling for future occasions. It was assumed the risk of death was covered since the Japanese had given their approval. A further point considered was that, if they refused to operate, the result could have been to cause ill feeling to the extent that the internees could be forced to undertake her unpleasant duties themselves. Thus, although the decision to operate was reached following professional ethical and clinical discussion, an element of self-interest was apparent. It is tempting to suggest this incident indicates an element of friction between the Shanghai pharmacist irritated at not having been consulted

⁹³ Beynon, O.G.R., to the LMS Directors, April 22nd, 1948, CWM/LMS CH/10, 1941–50, Central China Correspondence, Beynon file, 1939–49.

⁹⁴ "Medical Help for Lavatory Woman", FO 916/1036.

⁹⁵ Ibid.

concerning something dear to his heart and the two Hankou doctors acting in collusion. There is no evidence to support this; but what is apparent is that, despite incarceration, the doctors attempted to maintain professional standards by entering into formal, minuted ethical discussion.

(iv) Weixian – An “International” Practice

In March 1943 Weixian camp in Shandong, approximately 100 miles North of Qingdao, received internees from Beijing, Tianjin and Qingdao and by September 1st 1943, it housed 1,700 internees of whom 600 men and 589 women were British (1,189), and 270 were children.⁹⁶ The latter were mostly pupils from the CIM Chefoo School who had been interned briefly in the Presbyterian Mission compound at Temple Hill before relocation to Weixian.⁹⁷ The remaining 511 internees were American, Russian, Belgian, Cuban, Greek, Dutch, Norwegian, and Indian. After September 3rd, 1943, the camp received a number of Italians making it truly international.⁹⁸ This was mirrored in the medical personnel who, prior to repatriation, included Britons, Americans, Norwegians, Italians, a South African and a New Zealander. Their make up included 10 missionary doctors and seven missionary nurses with other personnel, according to the nominal rolls compiled by Leck, comprising 12 doctors, 20 nurses and a dentist. Through repatriation, the camp lost nine doctors, and five nurses leaving a total medical establishment of 36, including four missionary doctors and six nurses, and among the non-missionaries were nine doctors, 16 nurses and the dentist. The approximate ratio of internees per medical professional rose from 34 to 47. As

⁹⁶ Included in the British total were 20 Canadians.

⁹⁷ Report on Conditions in Weihsien attached to correspondence from Halifax to Right Hon. Anthony Eden, British Embassy Washington D.C., Reference number 1076, December 21st, 1943, CO 980/126.

⁹⁸ Date of surrender of Italian armed forces to allies.

part of a group of 500 Belgian, Dutch, and American Roman Catholics 35 nurses were originally assigned to the camp but the whole group was transferred to Beijing during August and September 1943.⁹⁹ The nurses' contribution to the camp outside their Roman Catholic brethren appears to have been minimal.

In this camp, medical missionaries were in the minority among the medical personnel because ranks were swelled by staff from the Peking Union Medical College (PUMC) and industry. A consular report noted medical provision was inadequate:

All medical and dental care of the camp is in the hands of the internees well supplied with qualified doctors and nurses. The Japanese have supplied virtually no medical supplies or equipment. Barely enough surgical instruments to open an abscess... A hand pump for spraying disinfectant without disinfectant.¹⁰⁰

This report also described how all water had to be lifted by hand, electric light was rationed and the only heating came from small cast-iron Japanese-type stoves. Although food was provided, the Japanese storekeeper held produce back until it had rotted. All these irritations served to weaken internee health which was described in December 1943 as “surprisingly good, but signs of a deficient diet were beginning to appear”.¹⁰¹ Internees requiring serious medical care could be sent outside for treatment, but such treatment was undertaken only when deemed absolutely essential. A surgeon's wife sent out of camp for a hysterectomy was returned after a month before her treatment had finished. She was forced to return to camp by train in a third class compartment with no medical staff in attendance. The journey took 18 hours.¹⁰²

⁹⁹ Camp data obtained from the nominal rolls, Leck, G., *Captives*, 2002, pp. 521–719.

¹⁰⁰ Report on Conditions in Weih sien attached to correspondence from Halifax to Right Hon. Anthony Eden, British Embassy Washington DC, reference number 1076, December 21st, 1943, CO 980/126.

¹⁰¹ *Ibid.*

¹⁰² *Ibid.*

The hospital at Weixian had 12 female and 12 male beds plus five paediatric and two obstetric beds.¹⁰³ Such provision was totally inadequate for the care of chronic cases such as Tuberculosis or cardiac patients and was also deemed to prove inadequate during an epidemic.¹⁰⁴ Outpatient numbers serve as an indication of the level of work undertaken at Weixian during the early months. During May 1943 the following work was undertaken:

Medical, Surgical and Ophthalmological Clinics	1,439
Dental Clinic	394
Inoculations against Diphtheria	38
Typhoid Inoculations	39
	<u>Total out-patients: 1,910.</u>
<u>Operations:</u>	
Major operations	2
Minor operations	12
Deliveries	2
Reductions of fractures under anaesthesia	2
	<u>Total operations: 18</u>

A further 193 patients were visited by doctors during 698 home visits. The hospital, with no running water or central heating, had a total of 27 admissions with the total of in-patients 8 and 18 at the end of April and May respectively.¹⁰⁵ 538 prescriptions were dispensed during May excluding drugs used by in-patients.

Norman Cliff, as a teenager in Weixian, could not remember the medical practitioners' professionalism being questioned:

I didn't hear anything about the ability of the doctors being questioned. We had some very well known doctors there who held high positions in their missionary society or in a mining Association.¹⁰⁶

¹⁰³ *Report on Weihsiern Internment Camp, May 1943*, FO 916/1036. For comparison Pudong Camp with a population of 1,100, had eight hospital beds. McAll, *The Moon*, 1987, p. 49.

¹⁰⁴ *Report on Weihsiern Internment Camp, May 1943*, FO 916/1036.

¹⁰⁵ Gilkey, L.B., *Shantung Compound*, 1966, p. 57.

¹⁰⁶ Kaolan Mining Association. Cliff, N., in conversation, March 8th, 2007.

Cliff also confirmed that medical personnel received no different treatment from the Japanese than any other internee, but did remember that the Japanese made use of the hospital facilities on one occasion when a Japanese officer's wife delivered a baby and was looked after "by one of our doctors".¹⁰⁷ This was unusual enough to provoke comment and, as far as the writer is aware, there are no other references to the Japanese using internment camp medical facilities; therefore the occasion probably reflected medical emergency.

Medical Missionary Consequences of Internment

Some comments on medical missionary experience surfaced via the *Gripsholm* returnees. Gillison is described as "was on Hospital staff. All looked well and happy".¹⁰⁸ Bolton is described as "On Hospital staff and member of Camp Committee. Dr. B. has taken part in the camp entertainment". These messages were not always positive as Mary Milne, from Ash Camp, who had worked for the SMC Health Department prior to internment, is less happily described as "a nurse on the medical staff – she is very thin and nervous, should be repatriated". Robjohns, also from Ash Camp, "is a senior medical officer and has given great satisfaction".¹⁰⁹ These tantalising snippets received months out of date said very little, but provided confirmation to families and Home Boards that individuals were alive.

¹⁰⁷ Ibid.

¹⁰⁸ This information was attached to a British Civilian Internees List attached to correspondence from the British Embassy, Washington D.C. to the Prisoners of War Department, Foreign Office, London, FO 916/1045

¹⁰⁹ Ibid.

(i) Professional Experience

In their clinical practice medical missionaries, as previously, needed to be resourceful and meet challenges inventively. When Gale, an ENT surgeon, was presented with having to treat an acute case of mastoiditis he managed to perform the necessary operation with carpenters' tools and some pieces from a Meccano set.¹¹⁰ While this operation and that of the appendectomy referred to earlier, were successful, there were patients who could not be saved by any doctor or nurse's resourcefulness. Frances McAll commented that patients were lost that need not have been; especially drug dependent patients such as diabetics whose insulin supplies became exhausted.¹¹¹ The loss of such 'saveable' patients must have caused great distress to all but particularly so to those who had the professional skill to save them, had they only had access to medical supplies. In some cases, the condition was just too complicated to offer any hope of success, such as the brain tumour suffered by the Olympic athlete Eric Liddel, who died in Weixian in February 1945.¹¹²

There were also tragic accidents, which medical missionaries could not treat, such as when a young boy, also in Weixian, as a result of a dare reached up and touched a sagging electric wire during roll call only to be immediately electrocuted.¹¹³ Gale records one attempted suicide by an internee who fell in love with a Roman Catholic priest.¹¹⁴ He also records that medical staff were asked to perform abortions in Pudong camp, but, while recognising "the abnormal conditions of camp life offered extenuating circumstances", refused.¹¹⁵ They

¹¹⁰ Meccano was a child's construction set.

¹¹¹ McAll, F., in conversation, March 1st, 2007.

¹¹² Cliff, N., *Courtyard*, 1977, p. 82.

¹¹³ *Ibid.*, p. 94.

¹¹⁴ Gale, G., "Pacific War 1941-45", p. 19.

¹¹⁵ *Ibid.*, p. 29.

were, however aware that illegal abortions were being performed although Gale does not record by whom, but he notes that one girl in another camp died as a result of an abortion.¹¹⁶ Unsurprisingly, this information does not appear in the society's edited version of Gale's internment account and neither do his comments regarding the illegitimate births that occurred, which he described as causing "difficult problems" after the war and, despite some "bigoted opposition from a certain section of the camp" the medical staff attempted to give them a "good start in life".¹¹⁷

Despite being interned, medical missionaries worked to increase their professional knowledge and almost immediately began keeping records within the camps. This was an activity of positive value that did not require complicated equipment. During the July 1943 Swiss Consul's inspection of the Yangzhou camps the LMS medical officer Dr. Geoffrey Milledge (1904-1997), of Yangzhou 'A', like McAll, managed to smuggle a medical report to the Consul without the Camp Commandant's knowledge.¹¹⁸ It provided details of polydeficiency¹¹⁹ and demonstrates that nutrition and weight were closely monitored by the camp doctors who compiled research data. The importance for this thesis is that the research, detailing treatments, consultation numbers, and post internment weight loss, were of significance and were being recorded by medical missionaries. This work provided data of its own merit that, when linked with similar data from other camps, could be used for further research such as the long term effects of

¹¹⁶ Ibid. For edited version see: CWM/LMS CH/49, 1941–50, Central China Correspondence, file 53.

¹¹⁷ Ibid.

¹¹⁸ *Inspection des Camps*, 1943, p. 23, FO 916/1035. Similar research was carried out at Stanley Camp: Sydenham, A., "Amenorrhoea at Stanley Camp, Hong Kong, During Internment" in *BMJ*, No. 4465, August 3rd, 1946, p. 159. [Due to emotional shock and undernourishment.]

¹¹⁹ Polydeficiency was a multi-vitamin deficiency that lowered resistance to disease not a disease in itself.

polydeficiency. It is not the intention here to analyse this research other than to note that the camp doctor made the important point that the weights of the children were “far from satisfactory” since they should have been continuously gaining weight as a consequence of natural growth when many had gained no weight at all. When this camp closed in September, 1943, and the internees were dispersed throughout the other camps, it became impossible to follow this data through to the end of the war but the fact that it is available at all is due to medical missionary initiative and maintenance of pre-internment professional standards.

Despite these attempts to maintain standards both in their clinical and research work and the recording of successful operations carried out under difficult situations, it eventually proved impossible for medical missionaries to maintain their pre-internment professional skills. Despite having experienced problems with a lack of medical supplies and equipment prior to internment, they had always retained access to their professional papers. Within the camps they had no access to libraries or professional journals. One of the Yangzhou ‘C’ camp requests to the IRCC was for:

a good operative surgery such as ‘Carson’ as we have none and a book on skin diseases such as ‘Walker’s *Dermatology*’.¹²⁰

There is no indication whether these books were supplied but the request for them reveals a dearth of basic medical texts within the camp. There were also fewer practical resources within the camps, with which to be resourceful than had been the case in the war years prior to internment. The chief medical officer of Pudong, Graham, recorded retrospectively:

This period of restricted activity under direct Japanese control gave rise to many problems with the medical care of a thousand persons of very diverse types... From the professional point of view: there have been so many advances in the past ten years (I left England in June 1937) that a furlough will be all too short a time in which to bring myself up to date... These last few years in China [while interned] have

¹²⁰ *Inspection des Camps*, 1943, p. 33. FO 916/1035.

all tended *to lower one's standard*...there have been such long periods of inactivity as well as lack of communications with the outside world.¹²¹ [Italics added.]

The reference to one's standards having been lowered appears to be a personal acknowledgement of a reduction of professional standards within the camp. This must have been the case, because no matter how stringently attempts were made to sustain standards, it was impossible to maintain pre-internment levels under camp conditions. The loss of diabetic patients is indicative of this. Graham was also aware of lost years of professional study and a distancing from the medical grapevine that disseminated new advances by word of mouth, conference and publication. Within the camps the principal, perhaps only, opportunity for professional development was the opportunity to observe and record data of clinical significance and the treatment of illnesses associated with internment; particularly the results of vitamin deficiency and overcrowding. However, despite these opportunities unique to internment, in some cases medical missionaries' professional skills went unpractised, which over a period of two and a half years threatened to be a significant problem. This was a loss forced upon medical missionaries by external events, not a consequence of any lack of effort or motivation on their part.

(ii) Personal Experience

Physically medical missionaries paid a high price for their camp service from weight loss to serious illness. Kenneth McAll's weight dropped from 12 stone to eight and Frances' to six stone.¹²² As a consequence of internment

¹²¹ Graham, K.I., LMS report, January 1947, CWM/LMS CH/2 1941-50, China/Hong Kong Reports, Graham file, p. 2.

¹²² 76Kg, 50.8Kg, and 38.1Kg. Weight upon release may not reflect lowest weight as a result of food supplies dropped by the US air Force prior to repatriation. Morgan, H.J. et al, *Health of*

McAll's ribs were to crack easily in the months following internment while Frances was treated for severe anaemia and the McAll and Gale daughters who were just four years old at the end of the war, had survived "remarkably well" – probably because they had qualified for the special diet.¹²³ Gale spent the years following his release in hospital with tuberculosis.¹²⁴ In Haiphong Road, Sturton, suffered from pericarditis and upon his release Paterson, aged 61, described himself as "still quite feeble".¹²⁵ There was personal tragedy amongst the deaths that occurred in the camps. Robjohns' wife died in March 1944 in Ash camp of septicaemia and heart failure, aged only 36.¹²⁶ Huizenga died of peritoneal cancer in Chabei Camp aged 64 in July 1945.¹²⁷

Gilkey observed that the missionaries' unique contribution to camp life in Weixian was their willingness to help others in special need.¹²⁸ Other internees restricted their aid to family and friends, but missionaries were prepared to help those they did not know. The Lincoln Avenue Camp was opened in June 1944, when all those who had been too ill, elderly or infirm to enter internment originally had their exemption withdrawn. Drs. Borthwick (CSFM), Garnick (LMS), and J. Paterson (1884–1952) (LMS), with Nurses Fletcher (CIM), Gedye (MMS) A. Smith (LMS) and Wilson (CSM) together with four non-missionary nurses and one doctor volunteered to move into Lincoln Avenue Camp to provide

Repatriated Prisoners of War from the Far East, in *JAMA*, Vol., 130, No. 15, pp. 995–999, p. 995.

¹²³ McAll, F. and R.K., *The Moon*, 1987, p. 87.

¹²⁴ *Ibid.* Individuals' medical records held by missionary societies for this period are not yet in the public domain.

¹²⁵ Paterson, J.L.H. Previously senior physician at the LCH, to unknown addressee, September 13th, 1945. CWM/LMS CH/13, 1941–50, Central China Correspondence, Paterson file, 1948–50.

¹²⁶ Robjohns, H.C., Letter from Foreign Office of Under Secretary of State April 25th, 1944. CWM CH/13, 1941–50, Central China Correspondence, Robjohns file, 1940–48

¹²⁷ Selles, K.D., "Many Points", 2005, p. 297. Huizenga's obituary records "Malnutrition and overwork eventually caused his health to break down and he died of cirrhosis of the liver". *CMJ*, Vol., 65, No. 1/2, January/February, 1947, p. V.

¹²⁸ Gilkey, L.B., *Shantung Compound*, 1966, p. 189.

a medical service. Six of the medical missionaries came from Longhua and, although this meant less medical care in that camp, the needs of the elderly people were judged to be paramount. Despite promises that Lincoln Avenue would be appropriately equipped for over 300 elderly people, conditions upon arrival were found to be filthy with no tools for cleaning.¹²⁹

Besides helping people physically, medical missionaries were also called upon to provide a counselling service. In Pudong the only places available in the whole camp for private conversations were the small consulting room cubicles where people could unburden themselves. Some problems had long term roots, and although the doctors could offer only limited practical help in these cases they were able to listen.¹³⁰ Van Velden noted that, among those interned, were psychopaths and people with serious psychoses and neuroses, but that new cases of neuroses rarely occurred and that neurotics “to a large extent got rid of their complaints” but, during the last months of the war polydeficiency began causing serious psychoses.¹³¹ This counselling work may have played a part in Kenneth McAll’s decision to qualify as a Consultant Psychiatrist after the war.

Being forced to turn down people’s requests for aid was an additional psychological strain on medical missionary’s lives. Within the camps, drugs and special foods such as eggs, and dried milk, represented wealth and the medical staff were the gatekeepers to this wealth, which led to attempts at bribery. One woman approached Frances McAll and attempted to bribe her with a small tin of coffee in exchange for some cascala tablets.¹³² “We didn’t possess any, I don’t

¹²⁹ Leck, G. *Captives of Empire*, 2002, p. 457.

¹³⁰ McAll, F. and R.K., *The Moon*, 1987, p. 57.

¹³¹ Van Velden, D., *De Japanese Interneringskampen*, 1985, p. 516.

¹³² Cascala was a laxative.

think she believed me”.¹³³ For a medical missionary this was doubly frustrating: being unable to help professionally and being thought of as a dishonest Christian. Gilkey wrote that, on the whole, missionaries were more honest and co-operative than any comparable secular group but they could be as lazy as anyone else and just as unwilling to give up any space for those who had less.¹³⁴ So, although their honesty appears to have been of a high standard, missionaries were just as affected psychologically by incarceration as their secular brothers. However, despite having to share in the burdens of other people’s problems and coping with slurs on their character, medical missionaries had their advantage over many other internees because they had, as Frances McAll put it, a “focal point” in their work.

...we were lucky it [their medical work] gave us a focal point. Kept us busy and gave us plenty to do.¹³⁵

As noted earlier, having a purpose in the camp not dissimilar to that held outside gave medical missionaries an advantage. Another advantage was their faith.

(iii) The Spiritual Experience

Internment provided an opportunity for medical missionaries to be of service and to be seen to be of service. After the war Robjohns wrote:

We are deeply thankful to God for his care of our people, not just that they have escaped the *serious physical consequences* which we feared, but that they kept their courage and faith so high right through the trying days of internment and made such a magnificent witness to His faith in the service that they did.¹³⁶ [Italics added].

While acknowledging how missionaries maintained their faith in the camps, Robjohns thanks God for caring for “our people”. This is extraordinary when we

¹³³ McAll, F., in conversation, March 1st, 2007.

¹³⁴ Gilkey, L.B., *Shantung Compound*, 1966, p. 169.

¹³⁵ McAll, F., in conversation, March 1st, 2007.

¹³⁶ Robjohns, C. to Robjohns C, [father?] December 12th, 1945, CWM/LMS CH/13, 1941–50, Central China Correspondence, Robjohns file, 1940–48.

take into account his wife's death, aged only 36, since it was a very real "serious physical consequence" of internment. As a medical missionary himself, Robjohns was instrumental in helping people to escape these "serious physical consequences", but he gives thanks to God regarding his own work as visible witness to his Christian faith. His work was God's work, not his own, and therefore his wife's death would appear to have been regarded as part of God's work. Waiting for internment, people were gathered in the Shanghai American Country Club, later the Great Western Road Camp, which functioned as a pre-internment assembly camp. The McAlls heard that places had been booked on the British repatriation ship the *Kamakura Maru* for the repatriation of the 300 missionaries billeted there.¹³⁷ The British government had requested engineers, of which there were plenty in Shanghai, and doctors, nurses and teachers. Most missionaries fitted into the last three categories but when the list was posted, they found that only three missionaries had been allocated passage. Places had been taken by others "who had no right to go", such as people associated with administrative services in Shanghai.¹³⁸ After the war, Lady Mountbatten boarded the McAll's ship in Hong Kong and told them that the "government had been so disgusted with what they got that they'd refused to send another ship".¹³⁹ No second ship was sent for the British and the missionaries were interned; but, in retrospect, Frances McAll regarded this as God's will.

But we realised pretty quickly that we were far better equipped to [stay.] I mean we had the children so that was a bit worrying which of course other people did too... What I'm saying is that missionaries came into their own because they serviced the camps...¹⁴⁰

¹³⁷ The *Kamakura Maru* left Shanghai on August 17th, 1942 for Mozambique carrying 908 British repatriates. Cliff, N., *Prisoners*, 1998, p. 117.

¹³⁸ McAll, F., in conversation, March 1st, 2007.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

The disappointment at not being repatriated was reclassified as a representation of God's will that medical missionary work would sustain those in the camps.

McAll - So far as our medical missionary work went I saw that as part of God's, what he was doing, what he was up to."

Chatterton - It was almost like he'd kept you back perhaps?

McAll - Well in a way exactly, I mean I had this thought which I quote in the book I think which has meant a lot to me over the years, you know, this is the nature of life get on and live it. It didn't matter to God whether we were looking after Chinese or Americans or British, it didn't matter I think they were people.¹⁴¹

In his thoughts on camp life, Robjohns attributed missionary service to God's will and to being instrumental within the camps in having changed others' views of missionaries:

Outsiders in China have a different idea of what missionaries are to what many of them had before the days of internment.¹⁴²

All the medical missionaries within the internment camps appear to have proved themselves competent professionals even if some, such as the McAlls and Gales, had to prove their merit to others over time. The changing view of missionaries of all kinds within the camps was remarked upon by an LMS teacher:

... it has been a valuable lesson in cooperation with all sorts and types of people, a consciousness of the power of prayer, a necessity for complete dependence on God. One thing which has intrigued us as a group of missionaries has been the reaction of the ordinary man to having to live with the b----- mishes, and it has been enlightening for both sides. We have had opportunities that we would never have in normal circumstances, and I think they have come to see we are not so revolting as they at first thought – and said.¹⁴³

Similarly, Rowlands, who led the Thanksgiving Service for the end of the war in Longhua, recorded:

The relation of missionaries and the non-missionary community took a new turn. At first we had much prejudice and criticism to overcome, but later this attitude changed on the part of most to one of kind

¹⁴¹ Ibid. Book reference is to: McAll F., and R.K., *The Moon*, 1987.

¹⁴² Robjohns, C. to Robjohns C., December 12th, 1945, CWM/LMS CH/13, 1941–50, Central China Correspondence, Robjohns file, 1940–48

¹⁴³ James, E.R., from Yangzhou Camp to Brown T.C., September 12th, 1945, CWM/LMS CH/12, 1941–50, Central China Correspondence, James file, 1945.

appreciation... The experience of being interned together will not have been in vain if it leads to closer co-operation in serving China.¹⁴⁴

Gillison not only surmised his relationship with his Chinese colleagues in Hankou had deepened as a result of his “time of suffering” under internment but also his relationship with non-missionaries:

... and the experience has taught us many things about the art of living and gave us contacts with our non-missionary fellow Britishers which we should otherwise never have had and which will undoubtedly be of value in the years to come.¹⁴⁵

At the end of the war, medical missionaries made an effort to regard their time spent in internment as a positive experience despite the physical and psychological difficulties they had faced. As Gillison wrote: “But enough of the gloomy side – I feel that the time was definitely not wasted...”¹⁴⁶ Unfortunately, for the Gillison family there was an unexpected consequence of the war and their internment years for when the Gillisons finally met their daughter, after a six year separation, she told them she no longer believed in God.¹⁴⁷ For a missionary family this must have been a devastating consequence of the separation caused by the war and a high price to pay for their service in the camps.

There are conflicting reports concerning the relationships missionaries had amongst themselves. There is a general consensus that relationships between the Roman Catholics and Protestants were co-operative in the camps. What is less clear is the relationship between the liberals and the conservatives. Cliff remembered the shock of moving from Temple Hill to Weixian where he met liberals and Roman Catholics for the first time and was surprised to find them

¹⁴⁴ Rowlands, E., *End of*, 1947, p. 95.

¹⁴⁵ Gillison, K., to Brown, T.C., November 8th, 1945.

¹⁴⁶ *Ibid.*

¹⁴⁷ Gillison K., to Brown, T.C., September 2nd, 1948. CWM/LMS CH/11, 1941–50, Central China Correspondence, Gillison, K.H., file, 1941–50.

“very nice and Godly people”.¹⁴⁸ He had been “brought up that Catholicism was a very bad thing, they would chase you across the world rather than lose you” and in Temple Hill all the missionaries had been conservative fundamentalists.¹⁴⁹ Cliff commented that, within Weixian the liberals and the fundamentalists argued continually and, in an election for the Weixian Christian Fellowship, it was thought that the fundamentalists had “pulled strings” to place themselves in key positions causing consternation amongst the liberals when the results were announced.¹⁵⁰ The friction between the liberals and fundamentalists in Weixian was also noted by Gilkey:

Among the Protestant missionaries, diversity of opinion was so prevalent that at first it seemed embarrassing when compared to the clear unity enjoyed by our Catholic friends. The fundamentalists and the liberals among us could work together, to be sure, when it came to services in the church and other common activities. But still their frequent bitter disagreements were painfully obvious and damaging.¹⁵¹

When asked whether there was similar inter-denominational friction in the camps of which she had been a part Frances McAll replied:

No, there was nothing like that. ... in [Pudong] there was a great mixture of [missionaries], but they all worked together very well as a team. So we had evangelicals and an Anglican Bishop and we had Methodists and Baptists. There was one Baptist and one Methodist who were the most popular.¹⁵²

This raises the question of whether inter-denominational tensions were absent in Yangzhou ‘B’ and Pudong or whether Frances McAll was unaware of them? Considering that liberals and fundamentalists had a long history of ideological friction, it seems unlikely they buried their differences in these camps – particularly when they had time for discussion. Why should the Protestants in Weixian have been any different theologically from those in other camps? What

¹⁴⁸ Cliff, N., in conversation, January 22nd, 2007 and March 8th, 2007.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Gilkey, L.B., *Shantung Compound*, 1966, p. 173

¹⁵² McAll, F., in conversation, March 1st, 2007.

seems more likely is that Frances McAll was too busy with her medical work and her small daughter to notice. She would not have had the time to attend theological lectures or enter into religious discussion. Certainly, this writer has come across no mention of liberal and conservative/fundamentalist tension in the letters, diaries or reports of medical missionaries relating to internment. This failure to notice, if it be that, seems characteristic of the medical missionary's ethos of getting the job done and leaving the theological arguments to others. It is therefore through others' eyes rather than those of medical missionaries' that this friction is reported. This is not to say that all camps were the same; but, the liberal, conservative/fundamentalist argument was so much a part of Protestant theological discussion that, for it to raise its head only in Weixian, seems, to this writer, unlikely.

Summary

Enduring the same physical and psychological deprivations as their fellow internees, medical missionaries had the advantage of maintaining their professional status upon entry into the camps and of having a sense of purpose. Motivated by their professional skill to provide a medical service and their desire to be of service to God, and their fellow internees, they found it easier to adapt to camp life than many others. As people constantly required clinical and surgical treatment or psychological counselling, the demands made on medical missionaries' time were extensive but this gave them the advantage of always being busy. Other missionaries had time for theological discussion but medical missionaries' days were full. Initially, this was an asset that staved off the apathy displayed by many internees and highlighted by Frankl as being part of the second

phase of camp life, but eventually, because of physical weakness caused by poor diet, the demands imposed on medical missionaries became arduous. How long they could have continued if the war had not ended in August 1945 it is impossible to predict, but declining health and weight loss as a result of poor diet affected all and medical missionaries were no exception. When hopes of repatriation died, medical missionaries attempted to make the best of their situation by regarding their incarceration as God's will.

Within the camps, some medical missionaries unexpectedly had to combat prejudice and, although united in predicament, there was initially no solidarity between these medical missionaries and their fellow internees. This expressed itself in missionary/merchant tensions that were eventually recognised by some as having broken down so that, by the end of the war, there was greater respect from each side towards the other even if only grudgingly acknowledged. Medical missionaries held positions of status within the camps as Medical Officers on camp committees and managed to smuggle information to visiting officials under the noses of the Japanese. They did their best to maintain their professional standards and carried out useful research recording weights and patient numbers within the camps but were unable, over a period of over two years, to maintain all their practical skills. Separation from specialist tools and equipment and a distancing from the medical grapevine and their professional journals meant that, when they finally left the camps, they were aware their skills had suffered as a result of their isolation. Despite their own failing physical strength and the paucity of medical equipment, facilities and drugs, medical missionary efforts within the camps managed, on the whole, to avoid serious epidemics and standards of health remained reasonably satisfactory considering the difficult environment. The

resourcefulness and initiative observed under occupation continued in the camps and, although there was personal sacrifice and physical discomfort, the opportunity for professional service to others was embraced.

Chapter Seven

The Post-war Aftermath

Let us Arise and Build

Nehemiah 2:18

Introduction

Retrospectively we can appreciate that the golden age of medical missionary wartime service in China ended abruptly with the Japanese surrender on August 15th 1945.¹ Although medical missionaries welcomed the longed for peace, the Japanese surrender signalled their redundancy; their new found freedom brought a discharge from service with its consequent loss of status as they no longer had to shoulder the responsibility of internee medical care. Unable to return immediately to their posts medical missionaries entered a vacuum of service. Tired and war-weary, with many entitled to overdue furlough, they anticipated reunions with their families at home. Incarceration had provided time for contemplation and some exited the camps demanding change. The few who felt they could muster the strength, and who had the opportunity, to return to their mission compounds and hospitals were apprehensive about what awaited them in the fields they had

¹ The official surrender was signed on September 2nd, 1945.

vacated over two years earlier. They had no doubts they were needed, but were they wanted? Would they be welcomed or turned away?

The post-war period can be divided into three distinct phases; the immediate post-war phase; the return and re-establishment phase; and the re-adaptation phase. In Shanghai the three phases were almost concurrent as a result of ease of access for inspection of hospitals and proximity of staff and supplies. This chapter will examine each of these three phases and document post-war change from the foreign medical missionary perspective with a primary focus on Hubei.

Immediate Post-War Phase

Cocooned within the camps medical missionaries had been *incommunicado* with the outside world for over two years.² In recognition of the deprivations they had endured, it was universal Mission Board policy that internees be repatriated immediately. The few that expressed a wish to return to their missions were compelled to undertake arduous journeys and travel restrictions remained in operation. Additionally, insufficient accurate information was to hand: what was post-war mission policy in the field? Were their mission hospitals still standing?

Almost a month after their surrender, the Japanese occupation forces were, described by Baxter, the China Field Secretary, as “still in the saddle” since no alternative administrative assembly had emerged to take control.³ The British Consul, Alwyne Ogden (1881–1981), arrived in Shanghai from Kunming on

² Astonishingly a radio was maintained by some internees in Longhua throughout the internment period unbeknown to the other internees. Stephenson, G., Diary, August 12th, Stephenson Box, MMS 642/643, MF 1393.

³ Baxter, A., to Brown, T.C., September 11th, 1945, CWM/LMS CH/8, 1941–50, China/Hong Kong Correspondence, Baxter file, 1942–45.

September 7th, but officials there remained mainly American.⁴ Management voids occurred in the mission fields resulting in the loss of hospital equipment.⁵ The war had ended so unexpectedly that the tentative plans Home Boards and local missions had made, in anticipation of the cessation of hostilities, were thrown into disarray. Instead of embarking upon relief and rehabilitation with advance notice, or region by region as territory was won back or ceded, suddenly all China needed relief and rehabilitation simultaneously. In particular, there had been no opportunity to muster staff to take the places of those being repatriated. Medical missionaries from some societies were locked into their home government's war service contracts, as was the case with some CSM medical missionaries:

Explanations as to why we didn't have a number of people recruited, trained and ready to go out, are summed up in four words - war and Ministry of Labour. I won't go into the trials and tribulations of trying to extricate Nursing Sisters from Government clutches during a very terrible war, suffice it to say it could not be done, except for specific posts about which we had to supply masses of information such as could not possibly be available as far as Ichang was concerned... I must ask you to suspend your judgement upon this (and we) until you get home and learn something of what our difficulties here have been.⁶

While explaining why medical missionaries were not immediately available to travel to China at the war's end the above quotation demonstrates that in Edinburgh there was a belief that those in China had a lack of empathy concerning the situation at home. This was a significant post-war change;

⁴ Baxter, A., to Brown, T.C., September 11th, 1945, CWM/LMS CH/8, 1941-50, China/Hong Kong Correspondence, Baxter file, 1941-45. Ogden (1889-1981), was awarded the CMG in 1946 for his administration of the closing of the internment camps. Paterson, J.L.H., to unnamed recipient, September 13th, 1945, CWM CH/13, 1941-50, Central China Correspondence, Paterson file, p.1.

⁵ For example goods were removed from the Tianjin Mackenzie Memorial Hospital before LMS were able to regain the premises from the Chinese Municipal Health bureau who had taken over from the Japanese Special Service Mission. Pearson, G., *Mackenzie Memorial Hospital 1946 Report*, LMS, CBMS Box 407, p.3.

⁶ Brown, I.B.B., to Wilson, H., May 7th, 1946, Church of Scotland archive, Acc 7548, B21, Ichang, July 1943-October 1946.

routinely medical missionaries had regarded their home bases as lacking empathy with those in foreign fields.

As medical missionaries waited in the camps, the international and national relief organisations such as the FAU, United Nations Relief and Rehabilitation Administration (UNRRA), and the Chinese National Relief and Rehabilitation Administration (CNRRA) moved swiftly to draw up agreements with mission societies prior to entering liberated areas.⁷ On January 21st, 1945, the CNRRA was established by order of the National government to provide emergency relief to liberated areas. Supplies of CC\$945,196,000 were requested from UNNRA which also provided 1,600 specialists and advisors.⁸ Commencing immediately after the Japanese surrender, UNRRA contributed a total of 300,000 tons of food, clothing and other supplies to China until 1947.⁹ These relief agencies re-established and sustained medical work in the field as the CNRRA Regional Supply List for the *Pu'ai* indicates:

⁷ UNNRA was an international organisation of 47 member governments to provide relief for liberated countries in Europe and East Asia. Establishing its general headquarters in Washington DC on November 9th, 1943, regional offices were opened in London, Shanghai, Sydney and Cairo. Relief consisted of food, clothing, fuel, medical, household and agricultural supplies, machinery, transportation and public utility provision. In addition, welfare, medical and technical assistance were provided and a repatriation service. 10,000 personnel were recruited to provide assistance to countries that requested aid. Byler, J. N., "*UNNRA The United Nations Relief and Rehabilitation Administration*", in Global Anabaptist Mennonite Encyclopaedia Online, 1959, <http://www.gameo.org/encyclopaedia/contents/U577.html> February 2nd, 2009.

⁸ Pannabecker, S.F., "Chinese National Relief and Rehabilitation Administration (CNRRA)", in Global Anabaptist Mennonite Encyclopaedia Online, 1953. Price, F.W., *China, Twilight or Dawn?* New York, Friendship Press Inc., 1948, p. 65. http://www.gameo.org/encyclopedia/contents/chinese_nation_relief_and_rehabilitation, February 2nd 2009.

⁹ Chassin, L.M., *The Communist Conquest of China: A History of the Civil War, 1945–1949*, Cambridge MA, Harvard University Press, 1965, p. 96.

Articles & Description	Units	Quantity	Remarks
Autoclave & gauze	set	1	
Crinolene gauze	bolt	5	
Children's bed jacket	pcs	11	
Men's bed shirts	"	20	
Men's bed shirts	"	25	
Bed shirts	"	10	
Chest M. D. NO. I.	set	1	
Chest surgical 'B'	set	1	
Women's bed jackets	pcs	5	
Surgical dressing	set	4	
Anesthesia set	set	1	
Dextrose	lb.	5	
Formalin	lb.	2	
Haliver oil	bot.	200	
Phenol	lb.	1	
Sod. Brom.	lb.	1	
Iron tab.	tab.	2,000	
Cotton absorbent	lb.	25	
Men heavy pyjama	suit	55	
H. H. conval. robes	pcs	5	
Operation gowns	pcs	100	
Ted shirts	"	100	
Bath towels	"	50	(The end)



Fig. 11: CNRRA Hupeh Regional Supplies for Pu'ai August 1946¹⁰

Two problems complicated the lives of all internees outside the camps: accommodation and personal finance. With the Japanese still *in situ* in Shanghai accommodation was at a premium and many found it more convenient to remain within the camps rather than attempt to rent accommodation outside. A dearth of ready cash also played a part in their decision to remain within the camps. The Chinese government made a gift of CC\$500,000 dollars per internee but, in Shanghai, with the minimum rickshaw fare set at \$10,000, a small egg costing between \$2 and \$3,000, and a simple meal between \$40,000 and \$100,000, this

¹⁰ Hubei Provincial Archives, LS18-5-113

was inadequate to maintain an independent existence outside the camps.¹¹ The Swiss Consulate understandably refused to advance money to internees for general living expenses while they were entitled to receive relief within the camps.¹² Therefore, it made sound financial sense for internees to remain living within the confines of the camps during the immediate post-war period. US air force provisions, dropped by air in the weeks following liberation, eased conditions within the camps and internees were free to move about. Nurse Stickland writing in mid-September from Weixian declared:

It may seem strange to admit it, but on the whole I have been extremely happy here – this is a delightful compound. – I have been doing my own type of work i.e. nursing and through Guide and Ranger work I have found many new interests and many delightful friends.¹³

The internment experience, for some therefore, proved to be a positive experience and remaining within the confines of the camps under post-war conditions may not have been too great an ordeal following the war's end. Remaining within the security of the camps also provided an acclimatisation period.

Following the euphoria of liberation, the security of the camps had to be exchanged for a world that had changed considerably and remained in turmoil. Problems that had been placed on one side now moved centre-stage, yet insufficient information remained to hand. Internees experienced the third stage of incarceration, as described by Frankl, whereby the sudden unexpected release from a sentence, the length of which had never been specified, did not bring the

¹¹ Baxter, A., to Brown, T.C., September 11th, 1945, CWM/LMS CH/8, 1941–50, China/Hong Kong Correspondence, Baxter file, 1945–1950. The exchange rate of the Chinese to the American dollar went from 2,020 in January 1946 to 6,500 by December. Chassin, L.M., *Communist Conquest*, 1965, p. 96.

¹² Paterson, J.L.H., to unnamed recipient, September 13th, 1945, CWM/LMS CH/13, 1941–50, Central China Correspondence, Paterson file, 1948–50.

¹³ Stickland, G.M., to Brown T.C., September 19th, 1945, CWM/LMS CH/19, 1941–50, Central China Correspondence, Stickland file. Stickland was ex-Mackenzie Memorial Hospital, Tianjin.

complete happiness it had promised.¹⁴ Disillusionment that things were not as had been expected and bitterness over lost years were common responses to freedom. Medical missionaries experienced this phase, but not immediately. They appear to have suppressed their response only to give public expression in later years.¹⁵ Certainly, there was no sudden return to the comfortable familiarity of the lives they had led before the war, although there is no material to suggest they expected such a return.

An illustration of medical missionary disillusionment was Beynon, who was unable to resume his position at the LCH after the war.¹⁶ (The hospital's revised staffing policy will be considered in greater detail below.) Writing to the LMS Directors in 1948 he drew attention to the fact that he and his wife had a sense of "doing our bit" in helping to stock the internment camps with drugs.¹⁷ Beynon had been dragged from his bed to face interrogation by the Japanese, an incident of which he and his family had lived in constant fear of re-occurrence. On his return to Britain, Beynon regarded himself as an:

odd man out with the humiliation of the realization that whatever one's past has been or the extent of one's contribution that the recognition is nil.¹⁸

Three years after the war's end Beynon remained without work in his home country and his disillusionment is clear.¹⁹

Disillusionment was not reserved for those who returned home; it was also experienced by those who remained in China. In January 1947, 18 months after

¹⁴ Frankl, V.E., *Man's Search*, 2006, p. 90.

¹⁵ Such delayed reaction is symptomatic of PTSD and concentration-camp syndrome.

¹⁶ Beynon's entry in the Annotated Register of LMS Missionaries, 1796–1923 records "Owing to changed policy of LCH, his service terminated June 1948".

¹⁷ Beynon, O.G.R., to The Directors, LMS, April 22nd, 1948, CWM/LMS CH/10, 1941–50, Central China Correspondence, Beynon file, 1939–49.

¹⁸ *Ibid.*, Beynon's work in securing medical supplies for the camps was recognised in Goodall, N., *History of*, 1954, p. 193.

¹⁹ Beynon eventually found a position in India.

his release from internment, Graham experienced war weariness and questioned his professional skill:

As the time for my first furlough approaches I realise that there is a certain weariness which has been slowly overtaking me. Is it the result of the war and the long continued abnormal conditions, or is it an after-effect of internment? One's feeling in Tsanghsien [Cangzhou] is that one is still interned, without gaining all the benefits of fellowship with new friends which one had in camp. One most definitely feels the need of mental and spiritual renewing... From the professional point of view: there have been so many advances in the past ten years (I left England in 1937) that a furlough will be too short a time in which to bring myself up to date... ²⁰

Graham's morale was low. Isolated in Cangzhou he was deprived of fellowship and had been requested to forego an overdue furlough. He was conscious that his professional skills needed updating and he was overseeing a hospital he was not even sure should have been re-opened. In discussion concerning the re-opening of the hospital he had questioned where the staff necessary to manage the hospital would be obtained and, as he had predicted, staffing did indeed prove problematic.²¹ No doctor was eager to take responsibility for the hospital while conditions remained unsettled and wartime disruption to medical colleges and nursing schools had added to the problems of engaging Chinese staff. These staffing problems, augmented by financial difficulties and a flood that had caused the collapse of 700 feet of the mission compound's wall had undermined Graham's work and his morale.²² War-weary and lacking fellowship he recognised a similar "war-weariness" of the Chinese people and wrote that "the moral laxity and selfishness noticed after every war is very apparent".²³ Altogether it seems to have been a demoralising appointment for Graham and a further example of medical missionary post-war disillusionment. All this was a

²⁰ Graham, K.I., 1946 Tientsin and Tsinghsien Annual Report, January, 1947, CWM/LMS CH/2, 1941-50, China/Hong Kong Reports, Graham file.

²¹ Ibid.

²² Ibid.

²³ Ibid.

long way from being the Chief Medical Officer of Putong Camp where his days had had meaning, where he had enjoyed fellowship and, even if he questioned whether he possessed the latest knowledge, he had been confident he was giving of his best.

Gillison, convinced that time in the internment camps had not been wasted, experienced grief over lost years with his children and this was the main reason given for his letter of resignation to the Board in 1949. Gillison had experience of the parent/child separation factor involved in missionary work having been the child of missionary parents.²⁴ The Gillisons had left their children for over six years in their previous term in the field and felt they could not leave their children again for a similar period of time.²⁵ Reference has already been made to his daughter's loss of faith. In a more explanatory letter written soon after his letter of resignation, Gillison set out why he was so opposed to the long separation of parent and child; it deterred suitable candidates, it caused missionaries to resign at the peak of their usefulness and it created antipathy in missionary children who otherwise might have followed their parents into a missionary career.²⁶ Separation had been most acutely experienced during internment and, when released, the Gillisons officially requested that furlough policy for missionaries with families be revised. The Gillisons were not alone in their thoughts as noted by Baxter the Secretary of the LMS China Council in Shanghai:

A considerable number of people now returning, have raised with me the question of a shorter term of service for their next term, partly in

²⁴ Keith Gillison served 23 years as a medical missionary in China and his father 55 years. For an account of the Gillison family's work in China see: Gillison, and Frampton, *The Cross*, 1988.

²⁵ Gillison, K.H., to Orchard, R.K., February 2nd, 1949, CWM/LMS CH/11, 1941-50, Central China, Correspondence, Gillison K.H. file, 1941-1950. Resignation accepted in Resolution of the Directors, Minute B9137, November 1949, CWM/LMS CH/11, 1941-50, Central China Correspondence, Gillison, K.H., file, 1941-50.

²⁶ Gillison K.H., to Orchard, R.K., February 15th, 1949, CWM/LMS CH/11, 1941-50, Central China, Gillison K.H., file. One 'mish kid' is cited by Austin as saying: "We were sacrificed on the altar of our parents' missionary career". Austin, A.J., *Saving China*, 1986, p. 332.

view of family circumstances and partly in view of extended periods of service in their last term.²⁷

Times changed and medical missionaries themselves had changed. They were no longer willing to fall in line with the society's rules regarding terms of service but were willing to speak out and make their reservations public. They had, as Beynon remarked, "done their bit" and wanted support. Gillison returned to Hankou in 1947 and his wife joined him the following year. They remained until granted exit papers in June 1950.²⁸

Change and Medical Missionary Work

It is unlikely medical missionaries fully appreciated quite the enormity of the post-war changes at the time. Baxter reported to London that:

Our China friends as well as others remind us that the past in mission work is gone and that the Chinese Government will have to lay down its new conditions for mission work of all kinds. Till that is done we don't know where we are.²⁹

The extent of the changed conditions was less of a revelation to those in Free China, and at home, than for internees isolated from the papers and reports that had circulated regarding post-war missionary policy which, as we shall see, predicted the post-war period would be a time of change. The International Mission Council (IMC)³⁰ in 1944 suggested there would be a post-war

²⁷ Baxter, A., to Orchard, R.K., "Shortened Terms of Service", CWM/LMS CH/8, 1941-50, China/Hong Kong Correspondence, Baxter file, April/June, 1947.

²⁸ Gillison, and Frampton, *The Cross*, 1988, p. 179.

²⁹ Baxter, A., to Brown, T.C., September 11th, 1945, CWM/LMS CH/8, 1941-50, China/Hong Kong Correspondence, Baxter file.

³⁰ The International Missionary Council directed and coordinated the operations of the World Christian Mission organising independent conferences and councils although it did not have the authority to issue directives and its decisions were not mandatory. Decker, J.W., "The Post-war Programme of the International Missionary Council", in IRM, October, 1944, Vol., 33, No. 132, pp. 433-442, p. 433. Decker had been a missionary in China with the American Baptist Foreign Mission becoming Secretary of the International Missionary Council in 1943.

opportunity for experimentation.³¹ Old assumptions should be discarded and questions asked whether there should be a replica of the old-structure, a new philosophy based on the old order or new principles and a new philosophy.³² The old assumptions, such as missionaries believing they could do a better job than allowing indigenous Christians to manage for themselves, and that the western style of Church and Church programme suited Asia and Africa, had been passed down by missionaries to their indigenous colleagues. These concepts had no place in the post-war and post-colonial world.³³

Searle Bates (1897–1978), a former member of the University of Nanjing’s history department, also with the IMC, noted that a characteristic cultural nationalist response to the crisis of war was an assertion of native culture. Western dominance had disintegrated and would never return to its former position. Post-war, there would be no return to pre-war society, but an adjustment to a post-war society.³⁴ Latourette acknowledged an “augmented nationalism proudly conscious of the record of resistance in Japan” and heralded the post-war period as one of great opportunity for Christianity; an opportunity to “begin afresh unhampered by the mistakes of the past”.³⁵ The IMC’s post-war principal policy objectives were to strengthen ecumenical relations within the Christian Church and to promote and co-ordinate post-war planning and rehabilitation.³⁶ Representatives of younger Churches would be invited to the west to “prepare” western attitudes to the changed conditions. It was recognised there could be no

³¹ Davis, J.M., “Principles of Missions in a New Age”, in IRM, Vol., 32, No. 125, July, 1943, pp. 264–278, p. 271

³² Ibid., p. 264.

³³ Ibid, p. 265.

³⁴ Bates, M.S., “The Far East and Missionary Planning”, in IRM, Vol., 32, No. 128, October, 1943, pp. 369–376.

³⁵ Latourette, K., “Pre-war Christian groups in Asia in Post-war Planning”, in IRM, Vol., 33, No. 130, April, 1944, pp. 138–146, p. 144.

³⁶ Decker, J.W., “The Post-war Programme of the International Missionary Council” in IRM, Vol., 33, No. 132, October, 1944, pp. 433–442, p. 436.

blueprint for the post-war period and that it would be crucial action was taken neither too early nor too late. Too early, and the physical effects of the war would impede progress, too late, and mission planning would be following in the wake of a country's political, economic, and social post-war reconstruction.³⁷ Decker also highlighted an important point; wartime psychology would condition attitudes and thinking clouding objectivity and vision.³⁸ These cries for change stemmed partly from the Mission Boards' own desire to put the past behind them but, perhaps more forcibly, in response to a strengthened indigenous nationalism that no longer respected the west as offering a superior example. In China, the call for change was reinforced by the abrogation of the treaty system in 1943 and, as Ling has argued, many missionaries thought this would wipe away the unequal treaty stigma that missionary work had carried in the past.³⁹ These thoughts were, however, to prove delusionary. As well as having wartime psychology, the released interned medical missionaries had the added burden of camp psychology. Cocooned within the camps they had been isolated from the missionary journals that could have alerted them to the type of post-war changes to which they would be expected to adapt. Similarly, they were unable to attend, or read reports of, the May 1943 CMA Conference at Chongqing when Director General Dr. P.Z. King urged co-operation and asked Christian doctors to welcome newly appointed government health officers and work with them to solve mission hospital problems.⁴⁰ This spirit of co-operation was echoed by Mission Board representatives.⁴¹ Interned medical missionaries were side-lined from this shift

³⁷ Ibid., p. 439.

³⁸ Ibid.

³⁹ Ling, O.K., *Changing Role*, 1999, p. 59.

⁴⁰ Outerbridge, T.S., "A Future for Christian Medical Services in China", in *IRM*, Vol., 33, No. 132, October 1944, pp. 415–425, p. 420. The Hunan Health Administration held a conference for

towards greater Chinese post-war leadership. This is not to suggest they had not discussed their post-war expectations among themselves, but that they had been isolated from the public debate within mission circles.

Medical missionaries who had been interned had also been isolated from discussion within their own professional field. A British Red Cross and Order of St. John report from Changsha published in July 1943 stated:

It seems definite that in the China of the future, Mission Hospitals will be expected to function within the framework of the Government Health Administration Services, of which they will have to form a part. A reliable spokesman of the National Health Administration in addressing the Council on Medical Missions, announced "Mission Hospitals should serve as a unit, part and parcel of the government Health Scheme."⁴²

The report's unidentified author also comments:

In fitting into this National Health programme and I do not think there will be any place for the Mission Hospital outside of it – the first essential will be registration with the government. (a) for the hospital (b) for the medical staff (c) for the nursing staff (d) for the Nursing School, (e) probably registration for all those engaged in the ancillary services.⁴³

The report recommended Mission Boards should start meeting together and be prepared to pool their resources, form a central agency for drugs and present a united medical front.

One of the first post-war papers to address the missionary role in China, to which the ex-internee medical missionaries would have had access, was written by Frank Balchin (b. 1913), an LMS missionary on furlough in Britain in October, 1945. This argued that missionary work had reached the third of a possible four stages: the pioneer and organisational stages of missionary work had passed and the co-operative stage reached, but the "trend for Church development" stage

mission doctors to discuss future plans, which was seen as a "valuable" opportunity to network. CMJ, Vol., 62, No. 3, July-September, 1944, p. 302.

⁴¹Ibid., p. 421.

⁴²CSM, *British Red Cross and Order of St. John, China, Hospital Unit Changsha, July 30th, 1943*, Acc 7548 B 181 General 1940–5, CSM archive.

⁴³Ibid.

remained unattainable.⁴⁴ Balchin recognised there was still some way to go to reach devolution. He predicted the immediate post-war years would be consumed with the practicalities of resuming work and that the situation would stabilise itself around 1949. He suggested Jiang Jieshi's invitation for missionary support and a request from the NHA for medical assistance were positive indicators for the medical ministry and predicted a bright future for medical work in China. Medical missionaries were coming out of internment to positive predictions for their future.⁴⁵

While reports and recommendations were circulating in Free China and abroad, Chinese staff within the occupied areas were gaining experience in managing hospitals without the foreign missionary presence and financial support. Although standards dropped as a result of negligent Japanese supervision, a shortage of drugs and equipment, and inadequate funding, this was a period when the Chinese gained confidence in their medical skills and management abilities. Given the necessary drugs, equipment, and funding the Chinese had no reason to believe that, post-war, they could not continue to manage without foreign intervention. In some hospitals, the new stance came into force immediately; in others the change was more gradual.

After the Japanese surrender the LCH in Shanghai immediately put into effect new conditions for the staffing of the hospital giving priority to Chinese employees, with repercussions that will be discussed below. Such a development had been foreseen by Baxter in 1942 who predicted that leaving the Chinese to carry on alone would bring change and that "the Chinese will have a good deal to

⁴⁴ Balchin, F., "The Place of the Missionary in the Chinese Church", in *IRM*, Vol., 34, No. 136, October, 1945, pp. 369–376.

⁴⁵ *Ibid.*

say as to the people they want to return after the war...”.⁴⁶ It would “not be the case of resuming work anywhere” and post-war expectation should be that little of the physical fabric and equipment would survive.⁴⁷ Baxter’s comments proved to be prophetic as an examination of some of the hospitals in occupied China during the Return and Re-establishment phase will indicate.

Return and Re-establishment Phase

It is impossible within the confines of this thesis to recount the post-war condition of all the mission hospitals in occupied and Free China, however the following examples, primarily from Hubei, will serve to provide specific examples that permit both general and specific observations to be made.

(i) FAU Relief and Rehabilitation: Union Hospital, Hankou.

The buildings at the original Union Hospital site were reported as being in a “fair condition” although the chapel had been completely destroyed by bombing.⁴⁸ The Town Branch (the *Ho Chi*) at the YMCA building had continued under Chinese direction until it, together with the Catholic Mission Hospital and the International Hospital, was completely destroyed by incendiary bombing on December 18th, 1942.⁴⁹ Wickings was the first LMS representative to return to Wuhan where he discovered former LMS Chinese staff and congregations had heard that all missionaries were pulling out of Wuhan and returning home.⁵⁰ With no support, either financial or otherwise, following the missionary internment in

⁴⁶ Baxter A., to Brown, TC., July 27th, 1942, CWM/LMS CH/50, 1941–50, China/Hong Kong., Anglo-Japanese War Situation Correspondence, 1941–44 file.

⁴⁷ Ibid.

⁴⁸ Gillison, K.H, “The Future of the Hankow Union Hospital and the Re-building of Central China’s Medical Missionary Enterprise”, November 5th, 1945, p.1, CWM/LMS CH/41, 1941–50, China/Hong Kong, Future of Hankow Union.

⁴⁹ Ibid.

⁵⁰ Wickings, H.F., Epilogue in Rowlands, E., *End of*, 1947, p. 98.

April 1942, and having had to find other means by which to support themselves, this news had been met with dismay. The arrival of Wickings, therefore, provided a much needed assurance to Wuhan's Chinese Christians that they had not been abandoned.⁵¹ Wickings was followed in November by Gillison who reported that 700 Japanese patients were still occupying the Union Hospital which had been converted into a Japanese infectious diseases hospital.⁵²

The Union Hospital provides an insight into the FAU's relief and rehabilitation work. In October, an agreement was drawn up between the FAU and a Shanghai Committee of the Union Hospital Board including Drs. Chapman, Bolton, and Gillison, Nurse Jean Gillison, the Revs. Wickings, Gedye, Griffiths, and Rees.⁵³ Under the agreement, and the same month that it was drawn up, an FAU medical team under the direction of McClure re-opened part of the Union hospital with a skeleton staff to maintain 40 beds.⁵⁴ The FAU medical team, acting as "a spearhead", in a similar but more secular version of the medical missionary wedge tradition, worked "in connection with the NHA".⁵⁵ An out-patient's department was opened at the hospital on December 11th.⁵⁶

The agreement allowed the FAU to negotiate day to day matters directly with the Union Hospital's Board in Hankou – effectively by-passing LMS and MMS home base executives. This recognised the need in the field to eliminate relaying minor incidental details to London for comment or authorisation, and ensured decisions could be made on the spot with the minimum of delay. Details

⁵¹ White, J. F., *Annual Report, 1945/46*, p. 2, CWM/LMS CH/3, 1941–50, China/Hong Kong Correspondence, White file, 1939–48

⁵² Gillison, K.H., "The Future", 1945.

⁵³ *Ibid.*, Griffiths A.F., to Cocker Brown, T., October 11th, 1945.

⁵⁴ Gillison, K.H., "The Future", 1945.

⁵⁵ Heady, J.J., to Secretaries of L.M.S. London, November 11th, 1945, CWM/LMS CH/41, 1941–50, China/Hong Kong, Union Hospital Hankow Correspondence 1937–45.

⁵⁶ Craig Stuart, C., to Brown, T.C., correspondence, December 12th, 1945, CWM/LMS CH/11, 1941–1950, Central China Correspondence, Craig file, 1940–50.

continued to be relayed to London and consent requested for major decisions such as the signing of the agreement itself, but minor proceedings were to be settled locally. The agreement proposed an FAU medical team for a maximum of six months of at least two doctors and four supporting personnel.⁵⁷ The hospital's Board of Directors were to be responsible for all repairs and restoration refurbishment for which funds would be provided by UNNRA, CNRRA and other relief agencies. The FAU, which provided its staff free of charge, was responsible for obtaining all disposable medical supplies and as much free non-disposable equipment as was possible. Standard hospital equipment supplied by FAU from their stock would be paid for at cost when the FAU withdrew, and all other hospital equipment would be purchased by Rev. Heady, the Acting Hospital Superintendent, in consultation with the FAU team leader.⁵⁸ Thus, the FAU provided the medical needs of the hospital; the staff, the equipment and the supplies, and the Hospital Board accepted responsibility for the hospital's fabric. The FAU maintained control of the externally funded relief aspects of the hospital's reopening while providing a foundation for future rehabilitation and development. That the agreement was drawn up with such concord and so rapidly following the end of the war indicates the high level of post-war co-operation between LMS, MMS and the relief agencies. Such an arrangement was very much to LMS and MMS's advantage since it provided them with much needed breathing space. The societies believed the local population needed a highly visible public expression of commitment and the reopening of the hospital, even partially, within two months of the end of the war, would make a positive public statement. The FAU agreement brought medical mission relief to the city, while

⁵⁷ Bell, C.W., F.A.U. (China Committee) Chairman to Chairman Board of Directors, October 1st, 1945, CWM/LMS CH/41, 1941–50, China/Hong Kong, Union Hospital Hankow Correspondence.

⁵⁸ Ibid.

providing mission societies with the extra time they needed to formulate future policy, repatriate their staff, and enlist and send out replacements. Edward Cundall the hospital's Superintendent when it was founded in 1927, who had served 44 years in China before retirement in 1940, was sent back by the MMS as a 'bridge' missionary. Crucially, the hospital had no income until it was operational which was an added incentive driving forward its re-opening.

(ii) Under Chinese Management in Wuhan: *Pu'ai*, *Ren Chi*, and *Ho Chi Hospitals*

The *Pu'ai*, in the heart of the Chinese area of the city, was the only mission hospital in Hankou that continued, more or less undisturbed, from the missionaries' enforced departure to their return. Despite Hankou being systematically bombed by the Americans and Chinese from the Japanese Concession to the mouth of the Han River, the hospital, under the Medical Superintendentship of Chiang, escaped serious damage by virtue of its geographical position. It served as a focal point for Chinese Christians throughout wartime Hankou and was likened by one writer to the role played by monasteries in conserving the Christian tradition through the Dark Ages.⁵⁹ Chiang's role was acknowledged:

Dr. Chiang has done a wonderful piece of work in keeping the Hospital going all the time, without any help or control by the Japanese or puppets. The equipment needs replenishing but the whole thing is a going concern. More than this, it has served as a nucleus for our workers here and a general encouragement to all.⁶⁰

⁵⁹ Anon, General Report for Hupeh District, 1945. Rattenbury attributes to Stephenson, MMS Box 1294, Hupeh Chairman's Correspondence, 1945/1949.

⁶⁰ Heady, J.J. to Rattenbury, H.B., October 27th, 1945, MMS Box 1294, Hupeh Chairman's Correspondence, 1945/1949.

As a result of the December 18th 1942 air raids, the *Pu'ai* became the only hospital in Hankou with facilities to treat civilian casualties. Chiang described these assaults as daylight “carpet bombing” on the ex-German, ex-Japanese and French Concession areas, which had led to an exodus of people with Hankou becoming a “dead city.”⁶¹ He commented:

We never dreamt of leaving our patients in the lurch. Our stay affected our neighbours. They also remained behind with us.⁶²

Such an example can only have supported the *Pu'ai's* role as a rallying point in Hankou . Chiang also wrote:

My heart is full of joy and gratitude to God for the privilege of bearing the heavy burden of the Methodist General Hospital [*Pu'ai*].⁶³

With the arrival of peace, Chiang was aware that:

Peace has come at last. The old order is bound to yield. The new order is in the making, new wine to be put in new skins, For this reason and for family reasons I beg leave to retire from mission service at the end of 1946.⁶⁴

Chiang was 63 years old in 1945 and, after having had the responsibility of keeping the hospital open throughout the war, his request would appear a reasonable one, but Rattenbury replied that it was “just unthinkable” and suggested Chiang take a holiday before making any serious decision.⁶⁵ Chiang did not retire and visited England at the Board’s expense in 1948.⁶⁶ Dr. Teng Pang, at the MMS Zhongxiang Hospital, had also worked throughout the war

⁶¹ Chiang, H.T., to Rattenbury, H.B., correspondence, December 9th, 1945, MMS Box 1295, Hupeh District General Letters, September 1st, 1946–August 31st, 1950.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Rattenbury, H.B., to Chiang, H.T., January 4th, 1945 [this is a secretarial typo, the year was actually 1946] MMS Box 1295, Hupeh District General Letters, September 1st, 1946–August 31st, 1950.

⁶⁶ Chiang was still working at the Hospital when, in consideration of his age - 81, the Party members of the Hospital reduced his work hours “by half on weekdays”. Chiang, H.T., to Scholes, correspondence, August 16th, 1963, MMS MRP China 7a. Chiang died in 1964 from a Cerebral Haemorrhage, Age 82. Chiang, A., [daughter] to Stephenson, G., undated, MMS MRP China 7a.

although he had been imprisoned for seven and a half months by the Japanese. After seven years of war during four and a half of which he operated single-handedly he, like Chiang, was feeling the strain:

I myself am feeling the nervous strain too when the longstanding tension is over. I have had no holiday for the past nine years so I feel that I must have [a] holiday to refresh myself both physically and mentally...⁶⁷

Why did the Japanese not requisition the *Pu'ai*? Having requisitioned the Union Hospital as a military hospital and handed the *Ho Chi* to the puppet government it is arguable that the Japanese recognised the need for an independent civilian hospital, but this seems doubtful. The answer seems more likely to lie in the fact that Oertel, an Axis national, had not been interned and remained in Hankou on the hospital staff, which may have protected the hospital from Japanese interference. It was with “great relief” that the news reached Longhua camp that Oertel was still incumbent in his position at the hospital.⁶⁸ Conversely official reports concentrate very much on the influence and hard work of Chiang as the leading force in the continuation of the hospital’s services.⁶⁹ From the mission’s perspective it may have been politically astute not to draw attention to the fact that their hospital had been protected by a German national, even though he was a Jewish refugee from Nazi Germany, when feelings towards Germans in post-war Britain were still raw. The *Ren Chi* in Wuchang had also continued operating for the duration of the war, similarly with aid from neutral citizens; in this case Swedish missionaries. By way of contrast with post-war

⁶⁷ Teng Pang, to Rattenbury, H.B., February 27th, 1946, MMS Box 1295, Hupeh District General Letters, September 1st, 1946–August 31st, 1950.

⁶⁸ Gedye, J.J., to Rattenbury, H.B., August 23rd, 1945, MMS Box 1294, Hupeh Chairman’s Correspondence, 1945, p. 49. In the *Pu'ai* Hospital Annals 1864–2002, no mention is made of Oertel’s presence at the hospital while his colleagues were interned. In the staff notes he is listed as only having worked at the hospital during 1938. Wuhan difangzhi bianzuan weiyuanhui (ed.), *Pu'ai Yiyuan Zhi*, 2002, pp. 4, and 31.

⁶⁹ Kang reports that the Director, Dr. Chiang, ceased all work at the hospital. Kang, Zhijie, “Yizhi binghuan”, 2007, p. 2.

reportage of the *Pu'ai*, the support that the *Ren Chi* received from neighbouring Swedish missionaries received far greater mention and this may be explained by the Swedes being neutrals and, therefore, regarded in post-war Britain with less acrimony than Germans.

Even with neutral support, not all Chinese-run hospitals had been successful in missionary eyes. The missionary who took responsibility for the *Ren Chi* immediately after the war raised concerns with the LMS executive in December 1945 that the standard of medical practice at the hospital was causing concerns and, as a result, it was bringing the mission into disrepute.⁷⁰ Also the Swedish Mission no longer felt it could recommend patients for treatment at the hospital. There appeared to be some financial irregularities with Dr. Yeh being able to obtain “vast sums of money for this and that purpose” at a time when other medical institutions were experiencing grave economic problems.⁷¹ It is unclear whether there was a suspicion of collaboration with the puppet government or financial embezzlement; but that Yeh was able to raise these sums was regarded as suspicious. The recommendation was to take either the hospital in hand to raise standards or close it down.⁷² Despite having managed to keep the hospital running throughout the war, Yeh found himself under suspicion as a result of his business acumen. Again, the question must be asked whether the returning medical missionaries had empathy; did they have any real understanding of the conditions Yeh had worked under during the final years of the war?

The *Ho Chi* Hospital, created from the Union Hospital’s town branch and staffed by Ex-Union Hospital Chinese staff had been handed over by the Japanese

⁷⁰ Stuart, C., to Brown, T.C, Dec., 12th, 1945, CWM/LMS CH/11, 1941–50, Central China Correspondence, Craig file, 1940–50.

⁷¹ Ibid.

⁷² Ibid.

military to the puppet government in the final years of the war for municipal administration. Dr. Liu remained at the helm until early in 1944 when he was transferred to another hospital and his assistant Dr. Wang took charge.⁷³ The *Ho Chi* had, however, continued successfully under Chinese leadership, with no neutral aid for over two years after the foreigners had been interned. Chapman, in his 1940–1945 report, referred proudly to the *Ho Chi's* continuation under Chinese leadership as a “witness to the faith that was in it”.⁷⁴ He also commented that the hospital staff had endured the Japanese occupation and the “taunts of its friends in Free China”.⁷⁵ This was a reference to accusations of collaboration from those returning from Free China directed at those who had remained in occupied China.

After the war, the Chinese who had evacuated to the West returned and tensions arose between them and their fellow countrymen who had remained working in the missions in occupied China, and all others who had stayed and were accused of collaboration. The latter were described by MMS as ‘loyalists’ for having remained with the mission and the returning evacuees were described as ‘patriots’ for having followed their leaders to the West.⁷⁶ The patriots despised the loyalists, regarding them as having collaborated with the Japanese, and this ill feeling was intensified when returnees discovered positions they had hoped to take up upon their return were already filled by ‘puppet upstart’ loyalists. Conversely, where returning patriots were placed in positions of authority over loyalists, similar ill-feeling was fuelled. This “bitter conflict”, as it was described by one missionary was initially thought to be fuelled by three factors; the

⁷³ The exact date of his transfer is uncertain.

⁷⁴ Chapman, *Union Hospital Report 1941–45*, p. 16.

⁷⁵ *Ibid.*

⁷⁶ Simpson, W.R., to Rattenbury, H.B., January 21st, 1946, MMS Box 1295, Hupeh District General Letters, September 1st, 1946–August 31st, 1950 file.

confusion in the handover period of post-war China, the delay, regarding Shanghai, in removing Japanese from their posts, and the National government's apparent decision not to punish collaborators.⁷⁷

(iii) Post-war Transfer of Power

In Xiaogan, it transpired that, after the Japanese took control when the foreigners were interned, some of the Chinese Church members and hospital staff took advantage of the situation to remove fixtures and floorboards to repair their own homes. When the missionaries returned there was not one item of equipment remaining.⁷⁸ While the Japanese carried out some repairs, the materials used were worn and of an inferior quality when compared with the original materials. The arrangements that had been made for the Japanese to support the hospital financially had, perhaps predictably, been neglected. Disappointment was expressed that the Chinese Church members had not only done little to protect the hospital but, in particular, had failed to shield the leprosarium.⁷⁹ When the medical missionaries withdrew from Xiaogan in 1942 they left behind 66 lepers but, by the Autumn of 1945, there were only 19 still living and they were reported to have “undergone great privations”.⁸⁰ The 1942 Hankou city government hygiene resolutions record that some lepers were transferred from Hankou to

⁷⁷ Anon, General Report for Hupeh District, 1945, 1945/1949. For Nationalist government's stance regarding Chinese collaborators see Pepper, S., *Civil War in China: The Political Struggle, 1945–1949*, New York and Oxford, Rowman and Littlefield, 1999, pp. 9–16.

⁷⁸ Wickings, H.F., to Brown, T.C., December 12th 1945, CWM/LMS CH/14, 1941–50, Central China Correspondence, Wickings file, 1940–50.

⁷⁹ Sparkes, C.I., *Annual Report for Siaokan, 1947*, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Sparkes file, 1947–49.

⁸⁰ *1947 Report on The Leper Colony at Siaokan, Central China*, CWM/LMS CH/9, 1941–50, China/Hong Kong Correspondence file 1947–48. Communists closed the hospital in 1949.

Xiaogan, therefore the death rate was, in fact, higher than these numbers suggest.⁸¹

When medical missionaries returned to Xiaogan the houses in the mission compound remained occupied by the Xiaogan Government Middle School and negotiations by Nurse Sparkes to regain possession proved ineffectual. Individuals were helpful but local administrative bodies such as the Chinese Church group would not cooperate. When the British Consular Authorities suggested a representative Chinese be found to register a protest Sparkes felt she had “lost face badly over it”.⁸² This incident illustrates a post-war power shift in negotiation; previously, the foreigner had been acknowledged as filling the key negotiating role in mission affairs, but, post-war, the Chinese had moved into this position. In tandem with this power shift, Chinese staff began to receive greater public recognition from missionary societies for their work; Dr. Ch’iu’s support in the rehabilitation of the hospital was praised fulsomely by Dr. Entrican in her 1948 Annual Report:

It was a real uplift to me to see how much had been done to revive the work and to rehabilitate the buildings. This is due in great measure to Dr. Ch’iu – to whom we owe more than we can repay for the way in which he tackled the business of making fit for use, first one building and then another...⁸³

In February 1946, under the care of Dr. Ch’iu and as a result of relief and gifts from UNRRA, CNRRA, BRC and British Aid to China, the Xiaogan hospital reopened to out-patients although it was unable to accept in-patients until 1948.⁸⁴

⁸¹ *Hankou tebie shi zhengfu si zhounian shizheng gaikuang: Weisheng* 漢口特別市政府四周年市政概況: 衛生 (Hankou Special City Government, Four Year Annual Review Sanitation Record, 1942,) p. 70. bB13 7, Hankou City archives.

⁸² Sparkes, C.I., *1947 Annual Report for Siaokan*, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Sparkes file.

⁸³ Entrican, D I., *1948 Annual Report for Siaokan*, CWM/LMS CH/2, 1941–50, China/Hong Kong Reports, Entrican file, 1948–49.

⁸⁴ *Ibid.*

The point to note regarding these three hospitals is not whether the former Chinese staff of the mission hospitals were regarded by the medical missionaries as having ‘held the fort’ efficiently during their absence but that the Chinese perceived *themselves* as competent and capable of sustaining managerial and administrative roles in hospital management.

(iv) Summary of War Damage and Medical Missionary Response

The physical damage to missionary hospitals in occupied China came as a result of Japanese aerial assault and physical occupation, and Chinese and American bombing raids. However, unlike the Japanese raids, the latter were regarded as a necessary evil by the Chinese. One Chinese pastor, when asked whether he harboured any resentment over the American bombing raids, commented:

American planes, your planes brought hope to our hearts.
Without them there would have been no end to tyranny, no real
peace again.⁸⁵

While citing this quotation this writer acknowledges that the editor of the ACM newsletter *Forth* in 1946 was unlikely to publish any articles featuring Chinese citizens condemning American bombing raids in China during the war. However, there is no reason to doubt that bombing motivated by liberation must have been easier to accommodate psychologically than bombing motivated by a desire to conquer.

In comparison with many other areas the Wuhan hospitals escaped with minimal physical damage. Those who returned to the Mackenzie Memorial Hospital in Tianjin in October 1945 were shocked by the sight of the buildings and the smell. There was dismay that everything the society had worked for over

⁸⁵ The Rev. Milton Lin in Hankow a few days before his death, cited in Souder, E., “The Time is Now!” in *Forth* No. 6, June, 1946, ACM archive, p. 15.

the years had been reduced to such disarray, and disappointment that the staff had been unable to maintain former standards of cleanliness and care.⁸⁶ One visitor reported that the hospital was in ruins, there was two feet of foul water in the basement, the nurses had been badly trained under the Japanese, there were no sterile dressings and the servants had removed a considerable amount of hospital equipment.⁸⁷

Smaller scale physical damage to hospitals was generally the result of action by the Japanese as they adapted buildings to suit their own purposes. For example, the removal of the compound wall at St. James Hospital in Anqing to provide building material for eight underground shelters was an operation on such a scale that it required military supervision of a large labour force in full public view.⁸⁸ The pilfering of medical supplies, hospital equipment, drugs and building material, such as floorboards, is consistently recorded in missionary records as a Chinese rather than a Japanese operation.⁸⁹ For example the author of the CovMS Bethesda Hospital Annual Report for 1945 wrote:

My considered opinion from all evidence that I have been able to gather, is that our hospital lost more equipment at the hands of the Chinese army and Chinese civilian looters than that which was lost to the Japanese.⁹⁰

The Japanese, as occupiers, were expected to seize and requisition items from hospitals and such actions were therefore probably unworthy of any particular comment but when a Chinese, particularly a trusted former hospital staff member, was documented as having removed drugs and equipment it was a betrayal of trust. In the theatre of war, it was an act that undermined medical missionary

⁸⁶ Pearson, G., *Mackenzie Memorial Hospital 1946 Report*, LMS, CBMS Box 407, p. 3.

⁸⁷ Busby, N., to Brown, T.C., November 29th, 1945, CWM/LMS CH/16, 1941–50, North China District Correspondence: Secretary, file E.

⁸⁸ Bowne, E., *Episcopal Church Oral History*, August 1985, Transcript tape three, p. 60.

⁸⁹ At Cangzhou a corrugated iron roof, allegedly damaged as a result of bomb damage, had been completely removed. Busby, C.E., *Report on a Visit to Tsangchow January 9th/10th 1946*, CWM/LMS CH/54, 1941–50, Summary of the North China Field.

⁹⁰ CovMS, *Annual Report for Bethesda Hospital, 1945*, CAHL 2/9/2B1 F5, p. 1.

efforts to aid the country of the people who were stealing from them. It would not be too much of an exaggeration to suggest that such pilfering whether of small or large quantities, was tantamount to sabotaging the Chinese war effort particularly if it was suspected the materials were being passed on for Japanese use.⁹¹

There is a case to answer that the returning medical missionaries lacked a real appreciation of the daily experiences of their Chinese colleagues under Japanese rule. While they were interned, their Chinese staff had lost all mission society support, (apart from isolated cases where neutrals remained), and the removal of some floorboards or the pilfering of drugs may have provided an essential means of support for desperate people. Likewise, some Chinese staff were refused permission from the Japanese to resign their hospital positions.⁹² Consequently, the loyalties they had towards the foreign mission staff could conceivably have been laid aside, so that staff, had they paused to consider it, perceived themselves as diverting goods from the Japanese rather than stealing from the missions. Without Chinese accounts of their experiences Chinese motives must remain a matter for speculation and the medical missionary post-war policy of looking forward did not encourage retrospective examination of Chinese motivation under Japanese rule. Norman Cliff reported that, when he spoke to Chinese Christians upon his release from Weixian, they had told him *women chi kule* “我們吃苦了”, “We have eaten bitterness”, acknowledging their wartime experiences had been difficult.⁹³ By the time most medical missionaries

⁹¹ At Xiaochang, a Feng Chen-Sheng was reported to have grown rich by disposing of hospital drugs and equipment and working “in conjunction with the Japanese”. Busby, N., “Report of Interview with Mr. Chang Tan Sen of Siao-chang”, CWM/LMS CH/17, 1941–50, North China Correspondence, Busby file, 1940–45.

⁹² Edmondson, N., to Brown, T.C., on board “*City of Paris*” repatriation ship, September 8th, 1942, CWM/LMS CH/50, 1941–50, China/Hong Kong, Anglo-Japanese War Situation Correspondence, 1941–42.

⁹³ Cliff, N., in conversation, March 8th, 2007.

returned to the field, the time had passed for recrimination and to look back would have been regarded as adopting a retrograde retrospective attitude towards their mission work.

Damage to hospital buildings and loss of equipment and materials was, for the most part, redeemable enough to encourage re-building, given recourse to funding. The medical missionary response to the damage to their hospitals and compounds, following the initial shock and disappointment of those who returned to the field in the remaining months of 1945, was to re-build wherever possible. This response was very much in keeping with medical missionary optimism. Only in areas where the damage had been total, such as at Xiaochang, did they withdraw completely, and there, the decision was influenced by Communist activity in the area.

Medical Missionary Post-war Reconstruction Policies

During the Return and Rehabilitation phase a standardisation of logistics, an amalgamation of resources, greater support for medical missionaries new to the field, and the promotion of more extensive medical education for the Chinese were the four main foundations upon which the post-war policies proposed by medical missionaries rested.

McClure, who had worked with the IRC in Honan in 1941 as well as with the FAU, proposed a practical policy for obtaining mission hospital supplies.⁹⁴ His vision was the establishment of a “United Missions Purchasing Agency” that could function much as the IRC had in wartime. Operating from Chongqing, the IRC had acted as a distributing organisation managing a medical supply

⁹⁴ McClure, R., *The Salvage of a Useful War-Time Medical Organization for Missions in China*, undated c. 1945, CovMS, CAHL 2/9/2 B1F4

warehouse for mission hospitals. McClure was also well acquainted with transporting supplies along the Burma Road having driven it himself twelve times by early 1942.⁹⁵ The experienced personnel and procedures necessary to run such a post-war centralised purchasing and supply agency were already in place. Most of the information, including the paperwork needed to operate such a system, was on file. Standardisation of drugs and uniform procedures would facilitate bulk purchasing of supplies and equipment and, as much electrical equipment had been destroyed during the war, the perfect opportunity had arrived to standardise electricity supplies within mission hospitals. Previously different generating machines and voltages had necessitated obtaining machinery from a myriad of companies but, with standardisation, not only would equipment be interchangeable but specific personnel could be trained to maintain equipment and operate on a peripatetic basis. This was a similar idea to that mooted in the 1943 BRC and St. John report but McClure was promoting the Purchasing Agency using the benefit of his own experience, which had been gained well before 1943. McClure was a surgeon, and a competent mechanic with the ability to strip and rebuild engines and vehicle bodies of all kinds and he had been responsible for establishing and running the FAU's China Convoy trucks.⁹⁶ He was alert to the inconvenience of not having interchangeable parts and equipment. Adding support to McClure's proposal was the IRC's experience of placing personnel in mission hospitals, an activity that could be continued for both foreign and Chinese staff. McClure promoted the Purchasing Agency as practical and one that would save "thousands of dollars each year if it can be put into practice".⁹⁷ His proposal demonstrates how medical missionary wartime experience influenced medical

⁹⁵ Scott, M., *McClure*, 1979, p. 304.

⁹⁶ *Ibid.*, pp. 298–307.

⁹⁷ McClure, R., "The Salvage", [c.1945], p.3.

missionary post-war policy recommendation. However, despite the financial sense and practicality of McClure's proposal, he was unsuccessful in establishing it on a nationwide scale but there are indications that he was successful on a small scale in Wuhan.

While the Union Hospital was receiving FAU relief under McClure's direction, an ambitious policy was under discussion between the MMS and LMS in London. This was based on a scheme proposed by Gillison to amalgamate the medical establishments in Wuhan and create a Central China Christian Medical Union (CCCMU).⁹⁸ A Wuhan Christian Hospital Union would consist of the Christian hospitals in Wuhan, the IHT, a United School of Nursing and a new United School of Midwifery. Within the Christian Hospital Union, the Union Hospital would aspire to achieve official recognition as a teaching hospital from both the government and Church medical schools. The other three hospitals, the *Pu'ai*, the ACM Church General and the *Ren Chi* would aim to develop specialisations to avoid duplication of services. In a scheme very similar to that proposed by McClure and possibly influenced by him, a Central Business Provincial Depot would standardise the purchasing of drugs and equipment. The aim was to amalgamate and coordinate the work of the existing missions in Central China "with a view to using their total resources as effectively as possible".⁹⁹ The scheme was approved in London in June 1946.¹⁰⁰ The emphasis on raising the Union Hospital to government registered teaching status, the

⁹⁸ LMS, "Minutes of the Central China District Committee, February 8th, 1946 and Minutes of Preliminary Talks on Hospital Union, Central China, held at Methodist Mission House, April 30th, 1946", CWM/LMS CH/41, Union Hospital Hankow, Reorganisation file, 1946-7.

⁹⁹ A similar proposal was put forward to BMS by Flowers. Flowers, W.S., to Chesterman, C.C., January 23rd. 1946, BMS, Angus CH/58, Flowers File.

¹⁰⁰ Minute Ce6019, *Minutes of the Executive Committee of Central China District Committee*, June 28th, 1945, Livingstone House, London, CWM/LMS CH/15, 1941-50, Central China District Committee Minutes, file D.

expansion and registration of the existing nursing school and the establishment and registration of a new midwifery school confirm the prominence the training of Chinese staff was to be given in cooperation with government institutions. Paradoxically, this emphasis on cooperation was to lead to a call from one senior generation missionary, William Rowlands (1886–1971), in January 1946, for a reduced emphasis on educational and medical work on the understanding that these were now the concern of the Chinese government, not the mission. Rowlands suggested the Mission should place an “ever increasing emphasis on evangelism...”¹⁰¹ This was the antithesis of the outcome medical missionaries had envisaged for the post-war period and relegated their work to that of an auxiliary role that reduced it to little more than the wedge tactic of earlier years. Such a stance suggests that for some, like Rowlands, despite wartime change, there had been no evolution of the medical missionary role from that of its original wedge tactic.

The McAlls were medical missionaries who felt strongly enough about the need for policy changes to prepare a policy document and present it to LMS within a year of the war’s end.¹⁰² Their experiences, during peace and war, played a fundamental part in the formulation of their post-war mission policy and it appears their internment experience strengthened their concern for the lack of basic hygiene practised by the rural Chinese. They believed mission work in a small country station placed too great a responsibility upon the shoulders of young inexperienced missionaries and petitioned for greater support for foreign

¹⁰¹ Rowlands, W.F., “Some Notes”, 1947.

¹⁰² McAll, R.K. and F., “Some Thoughts on Country Medical Work in China based on Experience in Siaochang,” May 24th, 1946, CWM/LMS CH/12, 1941–50, Central China, Correspondence, McAll file, 1946.

missionaries in country stations.¹⁰³ This appears to have been a personal *cri de coeur* from Kenneth McAll who, for his first field appointment, had been placed in sole charge of the Xiaochang hospital when newly qualified with only intermediate Chinese language skills at his command at a time when the country was at war and there was considerable Eighth Army activity in the Xiaochang area.¹⁰⁴ McAll's opinion was that having responsibility for the hospital accounts, the ordering of supplies, the staff, building alterations and the secretarial work all contributed to encroach on the time available for patient care culminating in a lowering of medical standards. No mention was made of any evangelical responsibility. Such a work-load may have been acceptable in times of crisis such as during war, but, as a general peacetime policy, was unacceptable. In the McAlls' opinion, their hospital was at its best when training Chinese nurses and they proposed the adoption of a post-war policy of medical education along lines similar to the CCCMU. They proposed medical education should be provided in large cities and universities rather than small country stations. Mobile units should be used to penetrate the country areas providing new missionaries with the opportunity to be a part of the mobile units where they could be supported and introduced gradually into countryside conditions.¹⁰⁵ Concentrating on medical education would not only create more medical practitioners and nurses for the country itself but provide a bigger staffing pool from which to support medical missionary work. Being the son of Percy McAll, the previously mentioned translator of English medical text books into Chinese, it could be expected that McAll would take a pro-educational stance in proposing mission board policy but

¹⁰³ Ibid.

¹⁰⁴ Compared to some medical missionaries McAll had the advantage that he had spent the first nine years of his life in China.

¹⁰⁵ McAll, R.K. and F., "Some Thoughts", 1946.

by 1946 he was speaking from his own experience so cannot be considered to be parroting a deceased father's mantra.

Public health concerns which had proved to be of such importance within the internment camps continued to be of concern to the McAlls. Having had first hand experience of living under conditions where any lapse in personal or public hygiene was likely to lead to serious disease must have reinforced their already strong opinions on the importance of strict hygiene. They had experienced the fear of disease both as medical professionals and as parents of a young child without free access to medical supplies. In support of their policy proposal, the McAlls noted that, while the Chinese had respect for some aspects of western medicine such as surgery and the use of quinine "They [the Chinese] still show almost no knowledge of the elementary principles of public health".¹⁰⁶ Medical service in rural stations was described by the McAlls as "inadequate" making "little impression on the general health and outlook of even the local population".¹⁰⁷ Their proposal for mobile units to emanate from urban areas would support new missionaries in the field and allow a wider geographical area and population to be served in contrast to the rural hospital's static catchment area. Using mobile units, a higher proportion of the population could be reached providing greater opportunities to improve the rural population's general health through treatment and education.

The McAlls resigned from LMS the same year they presented their proposal, but their resignation does not appear in any way related to its submission although there is no evidence that LMS adopted any reforms specifically as a result of the McAll's proposals. A counter-argument against the

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

main thrust of their proposal for medical missionaries in the rural field could be that they had first-hand experience of only one country station, Xiaochang, and therefore their experience was limited. Kenneth McAll's field and wartime experience contrasts sharply with that of Farquhar Macrae who gained exactly the experience and support that McAll thought were so necessary for a young medical missionary in the field, but there had had to be a war to provide him with the opportunity to gain that experience. Macrae, a young CSFM missionary, was appointed to the Yichang Mission in 1943, but unable to reach it.¹⁰⁸ Continually being forced to evacuate he was without direction from the Edinburgh offices. Cables sent with instructions arrived after he had moved on and were out of date when he received them or failed to reach him at all. Macrae spent the last two years of the war travelling around Free China obtaining positions in Changsha, at the MMS hospital in Shaoyang, and at Kweiyang before arriving in Kunming just as the Japanese Ichigo Campaign came into full effect. He was flown out of Kunming by the RAF to India before working his passage home as a ship's surgeon to return to China after the work to Ichang.¹⁰⁹

The medical missionary proposals outlined above were all concerned with promoting the continuation of medical missionary work and its institutions. These proposals were strongly motivated by a desire to aid China's people, but it cannot be denied that they remained missionary-led and aspired to rebuild and strengthen missionary work. For example the proposed mobile units had a dual purpose as aids to training missionary doctors fresh to the foreign field, and were not presented as being solely of benefit to the Chinese. Thus the changes brought by the war were not, outside Shanghai, immediately perceived. It was recognised

¹⁰⁸ Macrae, J.O.F., to Mission and family, July 22nd, 1944 and, Macrae, J.O.F., to Mr. Dougall and Dr. Kydd in Edinburgh, Acc 7548, B197, Ichang general, 1938–45, CSM archive.

¹⁰⁹ Ibid.

that hospitals and medical schools post-war would need to cooperate with the NHA and the Ministry of Education, but it was not obvious that the balance of power had shifted towards Chinese leadership when these proposals were put forward. Had missionary doctors and nurses been motivated solely by utilising their skills to provide medical aid for the Chinese people, they could have sought employment independently in any hospital in China, private, government, or Communist. However, even if they chose not to evangelise publically, they remained committed Christians and, by their lifestyle, aimed to provide a Christian example. The idea of working as medical professionals outside the protective structure of a missionary umbrella under the Christian ethos was challenging if not unthinkable and there was an element of self-perpetuation and survival in medical missionaries' post-war policy recommendations. It was, therefore, with some trepidation that the medical missionaries and their Home Boards registered the post-war clarion call for Chinese leadership that emanated first from Shanghai.

The Re-adaptation Phase

The repercussions of the war affecting the medical missionaries' relationship with their Chinese colleagues were most keenly experienced during the re-adaptation phase. This period could have been expected to last for several years and culminate in a period of growth and expansion for missions but it was severely hampered by the civil war. The post-war movement away from foreign control and leadership to Chinese administration created tensions between foreign and Chinese staff. Medical missionaries and mission society executives were

compelled to adapt their attitudes and work practices to accommodate post-war change. The LMS Lester Chinese Hospital in Shanghai is a case in point.

(i) The Lester Chinese Hospital¹¹⁰

The LCH was one of the first missionary hospitals in occupied China to be revisited by its former staff after the war. The hospital's fabric had escaped serious damage and it had continued with Chinese management under Japanese supervision.¹¹¹ The hospital had been looted and there had been a lowering of medical standards under the Japanese.¹¹² Whether the two were connected in that a lack of equipment and medicines affected clinical practice is not clear, but, at the end of the war, conditions in the hospital were reported as sub-standard:

Hospital - very ragged and dirty. No sheets, no blankets etc. left. Patients largely fed by relatives bringing in food and sleeping all round the ward floors. Instruments – very few left. Drugs – only a few Jap drugs in the place – patients told to buy their own. No charity patients – all must pay and pay heavily.¹¹³

Work at the LCH was initially supported by aid from the BRC and UNRRA and a caretaker Superintendent, Dr. P.T. Chen, was installed by the Health Bureau.¹¹⁴ By December 1944, LMS was engaged in registering the hospital with the government, which would permit it to be handed back to the control of the Trustees.¹¹⁵ Registration necessitated the naming of a Superintendent which LMS hoped would be Paterson, the previous Medical Superintendent and chief surgeon. However, there was an awareness that his

¹¹⁰ Founded in 1844 by William Lockhart.

¹¹¹ Anon, "Report from the Orient 11, Christians Gave Stalwart Leadership", in *Forth*, No. 11, December, 1945, p. 10.

¹¹² LMS, *The One Hundred and Fifty-First Annual Report, 1945–46*, LMS, London, 1946, p. 24.

¹¹³ Paterson, J.L.H., to unnamed recipient, September 13th 1945, p. 3, CWM/LMS CH/13, 1941–50, Central China Correspondence, Paterson J.L. file, 1948–50.

¹¹⁴ *One Hundred and Fifty-First, 1945–46*, LMS, 1946, p. 24.

¹¹⁵ Griffiths, A.F., to Brown, T.C., December 10th, 1945, CWM/LMS CH/11, 1941–50, Central China Correspondence, Griffiths, file, 1945–47.

appointment could prove problematic as it was thought Chen might wish to continue permanently and Griffiths, the Acting Secretary of LMS and BMS in Shanghai in 1945, was anxious not to “get off on the wrong foot with the authorities”.¹¹⁶ Griffiths thought it necessary to check with London:

I take it that we have no objection to the appointment of a Chinese superintendent if he is the right man for the job. The Christian purpose of the Hospital is the main LMS concern, though the position is complicated with the Trustees as a third party.¹¹⁷

LMS had no objections to a Chinese Superintendent provided he was “suitable” and a “professing Christian” with suitability no doubt, being defined by the society.¹¹⁸ The Committee’s first choice was Dr. C.C. Chiew [Ch’iu?] as although Chen was regarded as suitable, he was not a professing Christian. This latter point was perceived as a “big drawback to his suggested appointment”.¹¹⁹ With Chen, as Acting Superintendent, the Christian ethos of the LCH was already perceived as slipping away from mission society control.

By March 1946, Griffiths was drawing up a new draft constitution for the LCH and was confident that Chen, as Acting Superintendent, was “really doing his best”.¹²⁰ Nonetheless, there were tensions between LMS and what Griffiths described as “the new regime”; but he remained anxious not to upset negotiations with the Bureau of Health to the point of recommending glossing over details. Griffiths was attempting to protect what he and LMS regarded as the hospital’s *raison d’être*; the continuance of a Christian medical contribution, although it was now accepted that Chen was likely to remain in the post of Superintendent. LMS

¹¹⁶ Ibid.

¹¹⁷ Ibid.

¹¹⁸ *Notes of Meeting of East China D.C. Members held at Livingstone House, 22nd January, 1946, CWM/LMS CH/13, 1941–50, Central China Correspondence, Murray, E.H.S., Secretary of East China District Committee.*

¹¹⁹ Ibid.

¹²⁰ Griffiths, A.F., to Brown, T.C., December 10th, 1945, CWM/LMS CH/11, 1941–50, Central China Correspondence, Griffiths, file., 1945–47.

hoped their Dr. Cater, originally appointed to Shanghai in 1932, would be able to return as Chief Medical Officer. Griffiths tellingly remarked: “If that is done there is little doubt that Cater would be in very effective control”.¹²¹ The implication being this would have been a satisfactory resolution. However, Griffiths had over-estimated LMS’ foreign staff’s adaptability and under-estimated Chen’s ability and ambition.

In July, Cater refused to return as Chief Medical Officer. He had heard from a friend and colleague visiting England that the hospital was being run like a government institution and that Chen had placed many of his relatives in key positions in the Hospital’s business department. This he regarded as “most disquieting”.¹²² He was also unimpressed that Chen had not replied to his last two letters. Cater summed up the position as he saw it:

Let us face the situation squarely. The British Trustees have now no power and no money. The Hospital Committee has been organised by Dr. P.T. Chen and will certainly back him 100%. In the internal administration his relatives and appointees occupy practically all key positions. His position is therefore quite unassailable – he has gathered all the reins of power into his own hands. If I return to Shanghai I shall have to be a “Yes man” to him even if there are things going on in the Hospital of which I entirely disapprove. My information suggests that there are such “goings on”.¹²³

Clearly, Cater was neither prepared to work under the leadership of Chen nor to work in a subservient position within the hospital and he confirmed this with further comment:

I am not prepared to work in an institution where I have no legitimate voice in affairs of [indcipherable due to hole punch], nor do I feel that the Mission should cooperate in an institution on such terms without realising the grave danger that they may have their good name compromised. I know that you realise that the situation in the Lester is not purely of post-war origin but has its roots in the Historic past.¹²⁴

¹²¹ Ibid., March 14th, 1946.

¹²² Cater, D., to Orchard, R.K., July 6th, 1947, CWM/LMS CH/11, 1941–50, Central China Correspondence, Cater file, 1946–49.

¹²³ Ibid.

¹²⁴ Ibid.

What appears to have gone unrecognised by Cater is that the position he would have been placed in, had he returned to the LCH, was equivalent to that of many Chinese doctors working in pre-war mission hospitals; working in an institution where they had no legitimate voice in affairs. Thus, the tables had been turned; Cater had been ousted and was unprepared, or unable, to adapt to work under the new regime. His thoughts also concerned the Christian status of the hospital and he voiced his unease:

When we had a powerful body of British trustees, an active Committee predominantly British, a nursing staff of up to a dozen, there was no doubt in many of our minds as to whether the institution deserved the name "Christian". The prospect now – with powerless trustees, a committee far from 100% Christian, and one or two missionaries with no voice in Hospital policy, against a background of complete political and economic chaos – to say the least the prospect is not a very hopeful one...

I believe he [P.T.Chen] wants to maintain the Hospital's relationship with the Society because it means for the Hospital useful personnel at no cost, & is a most useful source of funds and supplies...¹²⁵

Although there was, no doubt, genuine concern that the hospital was losing its Christian ethos, it would be reasonable to suggest there may have been an element of professional rivalry or jealousy in Cater's attitude. Nonetheless, his concerns for the Christian ethos of the hospital were not unfounded. By November 1946, a new LCH Board of Directors consisting mainly of Chinese had been appointed and Chen's position as Superintendent made permanent. Notice had been given to terminate the hospital's Agreement with LMS in 1948. Chen had made it clear he did not wish the return of Dr. Harmon or Beynon, but he did request the appointment of two new doctors and two nurses at the society's expense.¹²⁶ Chen was sweeping with a new broom to discard former foreign staff but eager to

¹²⁵ Ibid.

¹²⁶ Orchard, R.K., to Beynon, O.G.K., November 25th, 1946, East China District Committee Business, CWM/LMS CH/13, 1941–50, Central China Correspondence, Murray file, 1946–50.

engage new and, perhaps more malleable, staff if the society would pay. The impression given is that Chen was flexing his muscles indicating to the society that staffing decisions were his prerogative not theirs. The society refused to finance new staff until the financial situation had improved and it was furnished with further information regarding the new Agreement.¹²⁷

Chen quickly raised salaries and wages explaining this eliminated any need for hospital staff to misappropriate funds or supplies. He also dismissed people found guilty of minor financial offences to indicate further that malpractice would not be tolerated. His actions met with a mixed reaction from LMS observers:

The impression one gets is that he [Chen] is quite sincere in saying all this, but at the same time reports come to us from other quarters that the doctors as distinct from employees, are making huge sums of money by charging personal fees in addition to the fees officially charged by the Hospital. Indeed we have been told that Chen himself is the biggest transgressor in this regard.¹²⁸

While Chen's personal financial matters, and those of his colleagues, raised comment he was not without financial acumen; as a result of monies received from a special campaign for the hospital he had bought gold bars that were reported in January 1947 to have doubled in value.¹²⁹ He was also planning to make LMS staff flats into private wards for wealthy patients and was requesting the LMS staff move out. What is apparent is that by January 1947 Chen was managing the hospital successfully, but not in a way that was commensurate with how an LMS mission hospital had previously operated. From the Chinese perspective, this was, undoubtedly, perceived as a step forward but from the mission society perspective threatened to sideline the hospital's Christian ethos.

¹²⁷ Ibid.

¹²⁸ Baxter, A., to Orchard, R.K., June 16th, 1947. CWM/LMS CH/8, 1941–50, China/Hong Kong Correspondence, Baxter file, April/June 1947.

¹²⁹ Ibid.

By July 1947, it was felt that a crisis had been reached and foreign staff were refusing to work in the hospital. One medical missionary, Dr. A.E. Towers, who had been on the staff from 1921 until 1938 expressed the view that:

Changes in the organisation of the Hospital have prevented her rejoining its staff and she has settled down to a ministry of healing and spiritual service in this country [UK].¹³⁰

Bryson refused to take a position at the LCH even though it was pointed out to him that his decision might have been an important factor in the society's future connection with the hospital. He considered teaching in one or two main centres to be the way forward for medical missionary work in China.¹³¹ The Society was forced to consider seriously whether it would be better to withdraw from the hospital:

To reduce the extent of our LMS co-operation with the Hospital to the work of one or two Chinese evangelists creates a difficult situation and raised the question as to whether we should simply withdraw as a Mission and arrange for religious work to be carried on under the Chinese Church.¹³²

The transition from mission-led to Chinese-led management is well demonstrated by events at the LCH. While it was immediately recognised that change had occurred, not all medical missionaries were able to accept the changes, especially those who had returned home immediately after the war. The major problem was the foreign staff's feelings that, by returning to a Chinese-led hospital, they were being demoted and deprived of a voice in the day to day running of what they regarded as 'their' institution. This was not what they were used to and, particularly for those who had experienced absolute responsibility

¹³⁰ Resignation of Dr. A.E. Towers, *East China District Committee, Resolutions of the Directors, November 1947*, CWM CH/13, 1941–50, Central China, Murray E.H.S. file.

¹³¹ Orchard, R.K., to Baxter, A., May 30th, 1947, CWM/LMS CH/8, 1941–50, China/Hong Kong Correspondence, Baxter file, April/June 1947.

¹³² Baxter, A., to Orchard, R.K., June 16th, 1947.

during the war years, was a difficult adaptation to embrace. These medical missionaries felt unable to work under Chinese leadership and were unable to adapt to the Chinese way of doing things. These attitudes were most deeply ingrained in those who had worked at LCH before the war. Later reports were more favourable:

Dr. Chen has proved himself a very able administrator... When in Shanghai I have continued to visit the Lester Hospital. Dr. Chen has been glad to discuss various matters with me from time to time and he has very kindly offered our missionaries out-patient facilities at the hospital. In spite of the appalling inflation Dr. Chen had the courage and vision to proceed with a building scheme. He secured some financial assistance from the China Relief Mission and additional buildings were put up in the hospital thereby increasing the bed capacity from 300 in 1947 to 400 in November 1948.¹³³

These differences of opinion regarding Chen's competence fall into two camps; those who were in Shanghai to observe him at first hand and those in Britain reliant upon second-hand reporting. Individuals reporting back to medical missionaries in Britain, such as former colleagues and friends, may have thought it astute to report Chen was incompetent, thinking it was what those at home wanted to hear. Few wish to learn their successors are more capable than they were. Those on the ground, in Shanghai, who could observe what was happening first hand, appear less dismissive of Chen's efforts.

(ii) Other Areas

There are notable differences between the hospitals in Shanghai and those in other areas. In Shanghai the mission hospitals at the end of the war were viable essentially only requiring re-stocking with drugs, equipment and staff. The post-war phases had run concurrently in the city since inspection had been

¹³³ Taylor, E.G., *LMS Annual Report, Shanghai, 1948*, January, 1949, CWM/LMS CH/3, 1941–50, China/Hong Kong Reports, Taylor file, 1940–49.

straightforward and re-establishment was able to commence immediately while the Japanese were still *in situ*. By the time LMS had realised what had happened, the LCH had begun anew and been placed firmly under the leadership of a Chinese Acting Superintendent who was not a professing Christian. The Ministry of Health had moved quickly to ensure re-establishment in Shanghai did not mean repetition of foreign Christian administration. In areas that were geographically removed from Shanghai conditions were more chaotic and hospitals required rebuilding as well as re-stocking. These areas experienced distinct Immediate post-war and Re-establishment phases which provided missions with the opportunity to re-establish themselves. Events moved faster in Shanghai than in other areas possibly because Shanghai was a showcase for the Ministry of Health and easily accessed by relief agencies. Further, conditions in Shanghai had been less disturbed than other areas due to its early fall, the length of occupation and the international attention it received.

Not all Chinese in positions of authority were regarded as being able to effectively shoulder their responsibilities. At the Tianjin Mackenzie Memorial Hospital the foreign Assistant Matron, Miss. A.G. Smith reported that the Chinese Matron was over-burdened.¹³⁴ The Matron's relationship with both the Chinese and the foreign staff was poor and it was felt she was "insecure in her own position".¹³⁵ There were irregularities in the use of supplies and supplemental payments to staff, no-one was being trained and the most capable Chinese were

¹³⁴ Miss. Smith worked at the LCH after the war until March 1946 when she resigned. She rejoined LMS in the Spring of 1947 and worked at the Mackenzie Memorial Hospital until March 1948.

¹³⁵ Report by Smith, A.G.S., Assistant Matron with the Mackenzie Memorial Hospital, in an interview with an unnamed interviewer, August 28th, 1948, CWM/LMS CH/16, 1941-50, North China District Committee : Correspondence: Secretary, File G.

leaving as they found it impossible to work with the Chinese Matron.¹³⁶ Additionally, the Matron was an aunt of one of the hospital doctors and the whole hospital was “very much a family concern”.¹³⁷ Smith recognised the post-war power shift and thought only the Chinese themselves could deal with the situation effectively. She also noted that to complete government registration and deal with governmental issues the hospital needed a Chinese representative. Smith argued that increased administrative competence necessitated greater Chinese participation. Her appraisal of the situation indicated she was neither against Chinese leadership nor mourning any loss of foreign leadership but, rather, lamenting a loss of administrative competence within the hospital.

In March 1948 Smith tendered her resignation citing her inability to work under the Chinese Matron, with the latter’s temperament being instrumental in her inability to continue. She felt she could have “been able to fit into the scheme of things” had the Matron been of a different temperament before explaining that some of the misunderstandings had occurred as a result of language difficulties during long discussions.¹³⁸ To some extent, this negates her claim that the Matron’s temperament was completely at fault, since language difficulties were likely to have arisen between herself and other native Chinese speakers in long discussions. Smith perceived her problems as:

I have not been able to get a real grip on things this time. All medical and surgical treatments have gone apace so much in the past few years and we folks who were interned seem to be back numbers. I did no refresher course while I was home. It might have been easier here with the help and counsel of a foreign doctor.¹³⁹

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Ibid.

¹³⁹ Smith, A.G., to Lefever, H., (Deputy Secretary for China), March 29th, 1948, CWM/LMS CH/19, 1941–50, North China Correspondence, Smith file.

Smith was undermined by a difficult relationship with the Chinese Matron, her isolation from foreign medical companionship and her feelings of being out of touch professionally. Although she expresses no misgivings about Chinese leadership and management in principle, the fundamental impression is that after 20 years medical missionary service in China, she was just unable to adapt. It may have been that her frustrations stemmed from the feeling that she could have done a better job than the Chinese Matron, although she does not suggest this in the material available. To her credit, she had attempted to re-adjust but was unable to do so, thwarted, as she perceived it, by a Chinese Matron's temperament. Smith's resignation was accepted by the Society and, by September 1948, she was working in a convalescent home in Handcross, Sussex.¹⁴⁰

In Wuhan, efforts were made to filter out staff that Mission Boards thought would be unable to work co-operatively with Chinese staff. In 1940 it had been proposed that a Miss. Dey, who had previously worked at LCH, would be "eminently fitted for the Union Hospital staff..."¹⁴¹ and in 1943 it was suggested that Dey be invited to work at the Union Hospital. When some of her former colleagues from the LCH heard of the suggested appointment the Board was forced to reconsider:

...a good deal of evidence was put forward to show that while Miss. Dey is an excellent lady in many ways and undoubtedly well-meaning, she does not seem to get on well with the Chinese staff.¹⁴²

Chapman, the Union Hospital Medical Superintendent became concerned and called a meeting with the District Committee Executive to discuss the matter. Dey, who in 1940 was working in West China, was expecting to move to Central China

¹⁴⁰ Ibid.

¹⁴¹ Dr. Keith Gillison cited by Wickings, H. F., in Wickings, H.F., to Brown, T.C., January 30th, 1946, CWM/LMS CH/14, 1941-50, Central China Correspondence, Wickings file, 1940-50.

¹⁴² Wickings, H.F., to Brown, T.C., January 30th, 1946, CWM/LMS CH/14, 1941-50,

but it was decided that Baxter should notify her that the Hankou position was not definite and that no assumption should be made by her that such a position would be possible.¹⁴³ In January 1946 when it became apparent that the Board in London was, once again, on the point of proposing Dey as a replacement nurse for Hankou, those at the Union Hospital met this proposal with dismay.

All that we have heard since coming out of internment camp merely confirms the impression that Miss. Dey is unsuited for work in any hospital in China. Surely it would be better to stop her now, even if it means disappointment and difficulty, than that the poor woman should fall down over her work here on the field and a mess be made of a promising situation.¹⁴⁴

Wickings eventually recommended that Dey be stopped from working anywhere in China and the China Committee authorised an appointment to Papua, New Guinea.¹⁴⁵ The main reason behind LMS' decision not to reappoint Dey to the China field appears to stem solely from her attitude towards the Chinese which was regarded as cause for concern during the war period but had become untenable in 1946.

Dey was not alone: other missionaries were deemed unsuitable for post-war service in China because of their relationship with the Chinese. In the case of Rev. and Mrs. Busby it was the Chinese who protested at their return. It appears to have been Busby's personality that affected the Chinese staff and the younger missionaries and he was regarded as being a "bit awkward" by members of other missions.¹⁴⁶

I think we may have passed over these things so far as they affect missionaries only but we felt the Chinese point of view decisive. They

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ LMS, "Minutes of the Executive Committee of Central China District Committee", Minute No. Ce 6024, [Miss. Dey], June 29th, 1945.

¹⁴⁶ Longman, C.E., to Lefever, H, August 27th, 1947, CWM/LMS CH/10, 1941–50, Central China Correspondence, Busby, file, 1946–50.

evidently feel he [Busby] does not trust them and is heavy-handed in his general attitude. All this and the fact that we are making something of a new beginning in the North made us take the action we did take...¹⁴⁷

The Busbys' devotion to mission work, after 26 years of service, an adopted Chinese daughter and a Chinese ward, was not in question; a sea change had occurred. In this reversal Chinese opinions were now taking precedence over appointments in the field. Despite close connections with the Mackenzie Memorial Hospital they were not medical missionaries but their post-war experience provides an example of how Mission Board policy changed in the post-war years.

As well as changed attitudes regarding appointing medical staff, there was a greater awareness of how to communicate with the Chinese in the post-war period. Orchard, at the Mission House in London, drafted a reply to a letter received from Chinese members of the Hupeh-Hunan Synod of the Church of Christ in China in Hankou.¹⁴⁸ The letter was signed by the secretary T'ao Chen T'ing. Orchard forwarded his draft reply to Wickings for his observations. Wickings pointed out that though the letter was appropriate for a secretary writing to a British Church body, the situation was more complicated regarding China. Were the letter addressed to the original sender, Mr. T'ao, he would lose face because he would be unable to translate it. It would be more diplomatic to address the letter to the whole Synod where somebody would translate it, eradicating any danger of loss of face. Orchard's original letter began:

¹⁴⁷ Ibid., Re: Rev. & Mrs. Busby, to Baxter, A., April 29th, 1947.

¹⁴⁸ Orchard, R.K., to Members of Hupeh-Hunan Synod, draft progress reply, April 26th, 1946, CWM/LMS CH/14, 1941–50, Central China Correspondence, Wickings file, 1940–50.

Dear Friends,

The Directors of This Society have received with very great interest and appreciation the letter of greeting you sent by Mr. Wickings...¹⁴⁹

After Wickings had edited the letter, it began:

Dear Friends,

In the Spring of 1942 there were discussions in Hankow between doctors and nurses (Chinese and British Missionaries together) of the Methodist Church ...¹⁵⁰

The edited transcript had been stripped of its official jargon and replaced with simpler wording which made it much more accessible than Orchard's original draft. Orchard, upon receiving Wickings' edited draft, accepted the revised version was more appropriate and gratefully accepted the changes to his official jargon which he recognised as "officialise".¹⁵¹ Both were anxious to show greater understanding and courtesy indicating a new awareness by the Home Board of the value of communicating in a manner that would be well received by the Chinese. This new method of communication recognised the importance of communicating effectively as well as avoiding giving offence. For medical missionaries the re-adaptation phase, which lasted for several years, was a period of acknowledging and adapting to changes large and small and marked the beginning of the final retreat. Decisions had to be reached about practical matters such as future employment, housing and working practices in a changed world while intangible issues such as attitude and disillusionment had to be confronted and dealt with.

¹⁴⁹ Orchard, R.K., to Members of Hupeh-Hunan Synod, draft progress reply, April 26th, 1946, CWM/LMS CH/14, 1941–50, Central China Correspondence, Wickings file, 1940–50.

¹⁵⁰ Ibid., Orchard, R.K., to Wickings, H.F., July 3rd, 1946.

¹⁵¹ Ibid., July 5th, 1946.

Summary

The Japanese surrender sounded the death knell for the medical missionary golden age although it was not recognised as such at the time. Although some Chinese had managed to keep mission hospitals in the occupied areas functioning, not enough were successful to be able to describe them as having kept the medical missionary lamp burning brightly. In areas where there was success there was sometimes support from foreign neutrals. Despite the damage to hospitals and lack of immediate supplies there was no serious suggestion that medical missionary work in China should be abandoned; too much had been invested financially, professionally and personally. As a result of FAU, UNNRA CNRRA, and BRC aid it was possible to begin re-opening and re-building almost immediately. Mission society post-war policy placed a noticeable emphasis on providing medical education for the Chinese and immediately it was clear that Chinese leadership was going to play a much larger role than it had done previously. This was anticipated by those who had been able to keep up with mission society and Chinese government reports concerning plans for the post-war period, but the discussion and information within these reports was denied to those who had been interned. The development of Chinese leadership could not be accommodated by all medical missionaries and some, despite attempting to adapt, were unable to work in institutions headed by Chinese. The older generation of medical missionaries who championed the evangelistic side of medical missionary work, if they searched their hearts, would have found lingering vestiges of paternalism that encouraged them to keep hold of the guiding reins.

With the benefit of their wartime experience medical missionaries voluntarily offered their thoughts on post-war policies to their Mission Boards. These policies aimed to rectify some of the mistakes, as they saw it, in medical missionary training, to consolidate mission hospital logistical services, and to create more efficient urban units that did not duplicate specialities. There was a questioning of mission society family and furlough policy, an indication that medical missionaries had used part of their time as internees and in Free China to reflect upon their working conditions and the logistics of the medical mission in China.

During the three post-war periods all sides exhibited a lack of empathy. A lack of empathy was shown by medical missionaries towards Chinese Christians in occupied China who had worked under Japanese rule. Secondly there was a lack of empathy from medical missionaries towards the Chinese working in leadership positions after the war, and thirdly there was a lack of empathy from medical missionaries for those working at home base. During the war all sides had worked together to defeat the enemy but with that aim removed the sanctions that had operated to discourage criticism evaporated. There was no great public outpouring of criticism; the lack of empathy appears as a lack of understanding; an inability of people to place themselves in each other's circumstances, and an inability to admit that others may have experienced difficulties too.

Conclusion

The War-Time Golden Age of Professional, Personal and Religious Challenge and Opportunity

Protestant medical missionaries encountered many difficulties during the war but we can now appreciate that for many this provided an eight year period of professional, personal and religious challenge and opportunity. Medical missionaries' professional skills became the major focus of their daily lives and they gained personal satisfaction in meeting their calling by utilising these skills to good effect as service in God's name. Medical missionaries proved themselves capable administrators not only of large institutions but also of small, temporary refugee units, mobile clinics and internment camp hospitals, dispensing psychological support as well as medical care. During the course of their work they had to confront uncomfortable wartime issues; acting as gatekeepers to valuable medical supplies, debating medical ethics in internment camps, and negotiating with the authorities, both friendly and hostile. However, the war also provided an opportunity to adapt medical practices, and to research and document wartime diseases and injury enabling medical missionaries to add to the corpus of

medical knowledge. For the Chinese it was also a period of individual opportunity during which they were able to take control of their own affairs, display their efficiency and reflect national sentiment.

The selection of Hubei for detailed regional study has proved worthwhile particularly because medical missionary experience within the province was so varied. Hubei was never totally occupied by the Japanese at any one time and it was therefore possible to make comparisons between occupied and free, and urban and rural areas. The fall of Wuhan highlighted provincial difference as post-occupation life in the urban areas became relatively peaceful whereas in the rural areas territory was being militarily disputed right up to the spring of 1945. Pearl Harbor further accentuated the differences between Free and occupied China for Hubei's third party nationals, as did the experience of internment. With regard to individual missionaries it was possible to compare the experience of different nationalities and again, to note similarity and difference as the war progressed. The choice of Hubei is perhaps shown to have been most successful in that the province, over the wartime period, provided a microcosm of medical missionary experience in all China. Thus, in answer to the question posed in the introduction of chapter three: "Was medical missionary experience in Hubei during the war representative of medical missionary experience in China as a whole?" – a cautious answer can be given in the affirmative.

Medical missionaries reassessed their relationships with others in the China missionary field. They experienced a flowering of fellowship with foreigners from other missions and religious denominations, although some also encountered

confrontations with internees in the camps.¹ Shared hardship did not always forge solidarity. Medical missionaries reassessed their relationships with their Chinese Christian colleagues and some experienced a greater affinity with them. This was particularly noticeable following Pearl Harbor when foreigners experienced the occupation as enemies of the Japanese in a similar way to the Chinese although some foreign personnel still harboured vestiges of paternalism. The Mission Boards, anxious to maintain their stake in medical work in China, post-war, were prepared to rethink their *modus operandi* but some individuals either could not or would not adapt. Ingrained attitudes finely honed over many years could not be changed overnight even by those sympathetic to the new regime who simply did not want to hand over.

In both Free, and occupied China, medical missionaries showed resourcefulness and ingenuity in tackling practical problems such as repairing bomb damage, reconnecting utility supplies and organising refugee workshops. There were, however, individual concerns that had to be addressed such as the medical missionary role and pacifism, and decisions had to be made concerning situations that others might interpret as collaborative.

The golden age of religious opportunity, during the war, presented itself to many medical missionaries as the opportunity for individuals to carry out, and be seen to carry out, their personal calling, rather than a more general institutional opportunity to spread the Gospel throughout China. Medical missionaries were able to demonstrate their personal *raison d'être* of service to the Chinese and their

¹ As an example of continuing cooperation and fellowship, in January 1949, the Norwegian and Swedish missions had lent nurses to the *Ren Chi* hospital and regarding the building of the new Catholic Mission its nurses were “keen to participate in any cooperative plans”. Operating instruments had also been lent by the Catholic hospital to an LMS doctor for a difficult midwifery case. “Annual Report of The *Ren Chi* School of Midwifery and Mothercraft, January 1949”, CWM/LMS CH/2, 1941–1950, China/Hong Kong Reports, Gillison, J.B., file, 1940–49.

fellowmen in God's name secure in the knowledge they were, or felt they were, at last, wanted and needed. This new found recognition could, however, even without Communist rule, only ever have proved transient because, as the National government's NHA policies evolved and more Chinese medical personnel graduated; foreign medical missionaries would no longer have been so desperately needed and consequently, no longer wanted. During, and, immediately after the war, more Chinese personnel moved into positions of authority in China's hospitals reinforcing what had been under way before the war so that as the war ended, the medical missionary golden age was already ebbing away. The results of the changes that propelled Chinese personnel into these genuine positions of authority were to prove too firmly embedded for there to be any post-war extension of the golden age. Medical missionaries felt they were no longer wanted, although in the immediate aftermath of the war, as with the Japanese administration, China still needed them. Decker, ABFM missionary in China and Secretary of the International Missionary Council, summed up the situation succinctly in 1946:

The day of the missionary who directed the work of Chinese colleagues draws toward the evening, if indeed the sun has not already set.²

While missionaries openly acknowledged that the war had brought, and accelerated change, there could, at the time, be no realisation that a golden age had occurred for they, unlike us, were unaware of what was to follow.

² Decker, J. W., "Christian Movement in China," in *Far Eastern Survey*, Vol., 15, No. 4, February 27th, 1946, p. 61.

Change and the Medical Missionary Role

During the war the healing of the body took priority over the pro-active evangelistic side of medical missionary work which became subordinated under pressure of work. The sheer weight of their work load, and the additional administrative responsibilities they had to shoulder, sapped medical missionary health and energy overwhelming their demanding schedules effectively distancing them from any substantially pro-active evangelical role. For the junior generation of medical missionaries, who chose to spread God's Word through lifestyle example rather than via direct preaching, the loss of pro-active evangelical opportunity was of little significance. The prioritising of their professional responsibilities not only served to reinforce upon them the value of their professional role but also their perception that the Two-fold Call was a legacy they had no desire, nor need, to inherit. Their work with refugees, wounded, and the sick remained the public expression of their Christianity.

Medical missionaries were aware of the issues of the day being debated by other missionaries such as the liberal/conservative argument and the movement towards a Chinese stand-alone Christian Church through attainment of the Three Selves. However, the junior medical missionaries appear to have let these issues pass them by, preferring to spend their time concentrating on their professional duties rather than participating in theological or political debate. What, at the beginning of the war, had been the personal stance of the junior generation of medical missionaries regarding their medical missionary role became, in the post-war era, a pressing topic for mission board and conservative consideration. As a result of the war a significant questioning of the role of the western medical missionary in China developed between missionaries themselves, their Mission Board executives and Chinese commentators. Should the practice of medicine be

publically acknowledged and accepted by all as the true focus of the medical missionary role?

For the conservative medical missionaries who prioritised the saving of souls over the healing of the body in propagating the Gospel, the anticipated opportunity to evangelise, promised by the outbreak of war, had proved over-optimistic. The archives are silent on any sizeable increase in conversion rates for the wartime period. The prioritising of medical missionary professional skills, the increase in administrative responsibility, the transience of the refugee population and the general disruption created by the war, all conspired to undermine what initially had appeared to offer a promising evangelical opportunity. Consequently, conservative medical missionaries, many of whom were from the senior generation with a lifetime of experience in China, had more cause to reconsider their post-war role in China and greater difficulty in adapting to the changed situation in Chinese hospitals than their younger, more liberally minded colleagues. Any hopes that the pressures of the war that prioritised the medical over the evangelical would disappear, and the situation reverse itself, soon evaporated as the Chinese put voice and action to their new found autonomy. Post-war, it was immediately apparent that foreign medical missionaries had to adapt and adapt quickly; there was no longer any discretion in the matter.

That the main focus of the post-war medical missionary role would be professional rather than pro-actively evangelical was publically acknowledged by the CBMS. A letter in the BMJ from the CBMS' Medical Advisory Board calling for recruits for medical missionary work in China, in November 1946, confirms mission boards accepted their perception of the focus of medical missionary work had changed. Over two lengthy paragraphs, the professional opportunities offered

by service in China are stressed: a wealth of clinical material, the opportunity to follow a wide choice of types of practice, hospitals that compared structurally with those at home staffed by competent well trained personnel, the opportunity to teach and to integrate with local government schemes.³ The Christian characteristics of a medical missionary career in China are only briefly touched upon at the end of the letter in one brief paragraph:

To the medical worker who has the vision to *show through his profession* his evangelical faith, who would speak to men and women *through the medium of the healing art*, his Master's words of Eternal Life, there is open to-day a door of unbelievable opportunity. [Italics added].⁴

While acknowledging the evangelical opportunity that medical missionary work offered, this appeal is written to attract professional medical personnel and emphasises strongly the advantages for individual professional development. The request is for men and women who will “show” their Christian beliefs “through” their profession which suggests evangelising through professional and lifestyle example. The opportunity offered is first and foremost a professional position, not a religious one; the request is for medical professionals, not “men of true piety” as had been the call in earlier days.⁵ Wartime changes had altered the focus of the medical missionary role, and its relevance in China was being challenged as the result of an increasingly efficient government health policy and increased Chinese autonomy. What had not been obvious during the war but was to become so in post-war China was that during the war the Chinese had wanted, and needed, medical missionaries' medical skills, not Christianity, which reinforces the argument that the golden age was an individual not an institutional experience.

³ Bolton, R., et al, “Recruits for Medical Missionary Work”, in *BMJ*, November 2nd, 1946, p. 669.

⁴ *Ibid.*

⁵ *The Lancet*, Vol., 2, July 1st, 1837, p. 520.

Other Changes and Further Research

As an institution, the Protestant medical ministry suffered much financial loss as hospitals and equipment were damaged, destroyed or looted. The difficulty of obtaining medical supplies and drugs, together with inflation, all added to the problems of keeping hospitals and clinics functioning under wartime conditions. Although the mission executive had always been geographically distant, the problems of communication and, in occupied China, the total loss of contact post-Pearl Harbor, made it impossible for those at home to have any real concept of what was happening on the ground. Despite the increased fellowship between denominations there was a lack of empathy on all sides arising from, and aggravated by, geographical distance. Mission Board executives, medical missionaries on the ground, the National government, the Chinese in the west, and the Chinese in occupied China all failed to come to terms with the others' difficulties. New tensions were therefore added to what had always been a strained bureaucratic-professional relationship between mission executives in Europe and North America, and those in China. As the Chinese were released from any remnants of medical missionary paternalistic direction following the internment of foreigners, so medical missionaries in occupied China were released from any paternalistic direction from their mission executive. Chinese and foreign medical personnel working in mission hospitals both acquired a new found autonomy that reinforced post-war change; the Chinese acquired confidence in their ability to provide a medical service free from foreign supervision, and foreign medical missionaries gained the confidence to question Mission Board direction and policy. Japanese religious policy, that sought to destroy Chinese ties with western missionaries, further bolstered Chinese

confidence in their ability to run their own affairs and supported progression towards a stand alone Chinese Christian Church divorced from western leadership. Thus for Chinese Christian medical personnel in occupied areas two influences were at work; the withdrawal of the foreign presence and Japanese religious policy and therefore the realisation that they could administer their own hospitals was doubly reinforced. A Chinese perspective on this aspect would be illuminating.

The different nationalities appear to have experienced the war in similar ways within the geographical regions of wartime China, although far more North Americans than other nationalities were repatriated from the internment camps since they were able to negotiate exchanges with Japanese interned in America. Nationality was, however, relevant in one respect in that those who were Axis nationals or neutrals, such as the German national Dr. Oertel in Hankou, or the Swedish missionaries in Wuchang, were exempt from internment. It is apparent that these individuals made a significant contribution to medical missionary work in the occupied areas while other medical missionaries were interned. Within the material studied for this thesis their contribution has been gleaned more from passing reference rather than from any full account of their work and further research regarding their contribution to medical missionary work during the war would certainly add to our knowledge of medical missionary experience. Similarly, as noted by others, there is a lacuna regarding medical missionary work and leprosy.⁶ Although this thesis has included some references to work among lepers in China there is scope for further scholarly research regarding this subject during the war years and other periods.

⁶ Tiedemann, R.G., "The Development of Medical Missions in China: Controversies and Historiographical Considerations", unpublished paper presented at "Shenti, linghun", Shandong University, 2008, p. 252.

There are important questions relating to medical missionary work that have not been addressed in any depth by this thesis such as whether medical missionaries saw themselves, at the time, of supporting western imperialism during the war, and to what extent medical missionary work was associated with the Chinese Christian Church and its intended progression towards self-support. These questions have not been addressed here because, apart from lack of space for adequate discussion, while they have fostered much missiological debate, they are peripheral to the focus of this thesis. Similarly UNRRA documentation identifies links between Health Department Directors, County Magistrates and the *Pu'ai yiyuan* and deeper examination of this documentation and that held in Chinese government and UN archives would explain these links and add to our understanding of how medical institutions were integrated into post-war NHA and relief programmes.⁷ Future research regarding these questions, concentrating on the war and post-war periods, would be beneficial and work towards filling this lacuna.

In the years following the war events spiralled out of control as the CCP branded missionary cooperation with the National government, commented upon within this thesis, as irrefutable proof of political activity. Medical missionaries in particular were vulnerable because they, and their institutions, were highly visible and their influence was deemed widespread since they came into contact with so many people during the course of their work. The CCP singled out medical hospitals and church schools as material symbols of aggressive western imperialism. Material on medical missionary experience covering this period in medical missionary history is available for future study and analysis, although

⁷ Six Month Summary of Monthly forms received from the *Pu'ai yiyuan* Regarding Relief Work, December 31st 1946 – Authorised by the Health Department Director Lu Junxin, Hubei Provincial Archives, LS18-5-113

much has not yet been placed in the public domain to guard against potential embarrassment or distress to Chinese Christians and their relatives in China today.⁸

All the foreign medical missionaries in China were to a greater or lesser extent isolated from their fellow mission society members and their home bases, whether in occupied or Free China, and as the war dragged on more and more months passed with no news from their families at home. The experiences of those in Free and occupied China differed, but whether liberal or conservative, foreign or Chinese, junior or senior generation, many rose to the challenge experiencing the war as a period of professional and personal development providing them with an opportunity to display their competence and reaffirm their *raison d'être* of service to others.

In October 2007 the mission buildings of the *Pu'ai* and the residential compound, although much dilapidated, remained in evidence providing accommodation for Hankou families as evidenced by the photographs below. The buildings were, however, scheduled for immediate demolition to be replaced by high level flats similar to those already overshadowing the compound. One of the last surviving nurses to have worked at the *Pu'ai* under foreign leadership during the war, Zhang Fuying, aged 90, in October 2007 remained close by living in rooms with windows overlooking on one side the now fully cemented mission compound courtyard and on the other the Number 4 Hankou City Hospital and remnants of the old *Pu'ai Yiyuan* buildings. Thus, while growing ever more fragile with each passing year vestiges of wartime medical missionary work, both

⁸ Conversation with the MMS archivist, Lance Martin, at SOAS, October 2009.

human and structural, had survived, despite unbelievable upheaval, to bear witness in twenty-first century China.

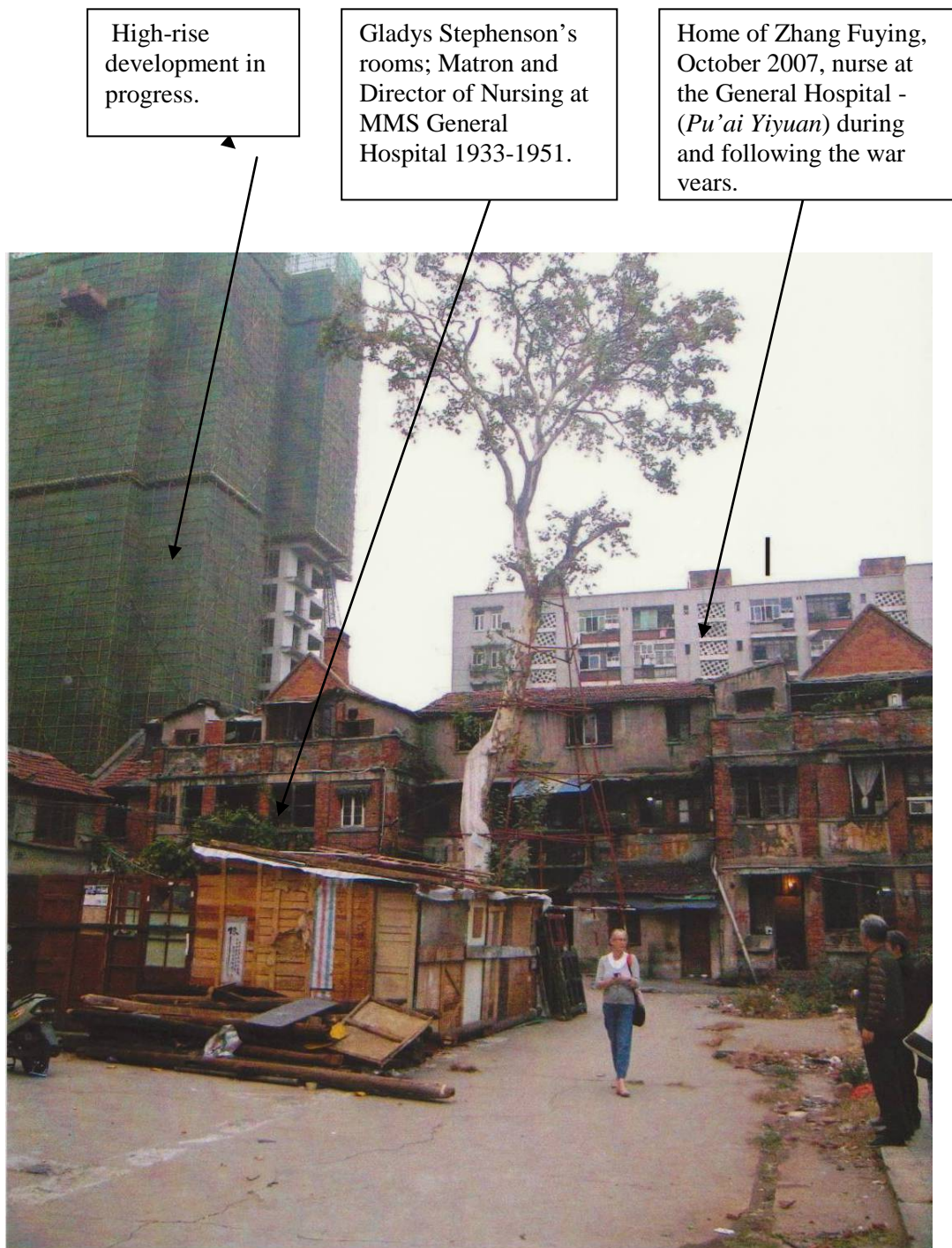


Fig. 12: MMS Mission Compound *Wu ShenMiao*, Hankou, October, 2007⁹

⁹ Photograph taken by John Cram, October 2007.



Fig. 13: Staff Quarters, MMS Mission Compound, *Wu ShenMiao*, Hankou, October, 2007 ¹⁰

¹⁰ Ibid.

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Journal abbreviations:

BMJ	<i>British Medical Journal</i>
CMJ	<i>Chinese Medical Journal</i>
CR	<i>Chinese Recorder</i>
IRM	<i>International Review of Missions</i>
JAMA	<i>Journal of the American Medical Association</i>

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Interviewees

Dr. Norman Cliff	Harold Wood, UK.	March 3 rd , 2007
Professor John Cram	Hankou, China	November 9 th 2007
Jin Feipa 金培发	Hankou, China	November 8 th , 2007
Dr. David Landsborough	Coulsdon, UK.	February 2 nd /24 th 2007
Dr. Frances McAll	Downton, UK.	March 1 st , 2007
Jean Pearson	Bury St. Edmunds, UK.	February 27 th , 2007
Zhang Fuyin 张馥英	Hankou, China	November 7 th , 2007

Interviewee Correspondence

Dr. Frances McAll, May 8th, 2007
Dr. Jean Pillow (through her daughter Dr. Margaret McDermott), April 12th, 2007
Dr. David Landsborough, January 2nd, 2007, May 9th, 2007

Appendix I - Establishment of Protestant Missions in Hubei

Date	Society	Place
1861	LMS	Hankou* Hanyang
1862	WMMS	Hankou*
1867	LMS WMMS	Wuchang* Hanyang
1868	ACM	Hankou Wuchang*
1873	WMMS	Guangji (Wuxue)*
1878	CSFM	Yichang (Ichang)*
1880	LMS WMMS	Xiaogan (Siaokan)* Anlu*
1883	WMMS	Hanyang
1886	ACM	Yichang (Ichang)
1889	CIM WMMS	Hankou Huangshi (Tayeh)*
1890	SMF SDA	Wuchang Wuchang*
1891	CovMS WMMS	Hankou Xiangfen (Fancheng) Zhongxiang (Chungsiang)*
1893	CMA	Wuchang
1894	LUM NLK SMF	Xiangfen (Fancheng) Guanghua (Laohekou)* Yichang
1895	CIM	Yichang
1896	LUM SMF	Taipingtien(Dian) Shashi (Shasi)*
1897	WMMS	Suizhou (Suichow)
1898	LMS	Hwangpei
1899	LMS NLK	Zaoshi (Tsaoshih)* Kinhsien
1900	ACM CovMS	Shashi Xiangyang (Siangyang)*
1901	NLK SMF	Yunyang Huangzhou (Hwangchow)*
1902	LBM	Zaoyang (Tsaoyang)
1903	SDA	Hankou
1904	NLK	Shiwakai
1905	CovMS SMF	Nanchang Macheng (Masheng)
1907	CovMS	Jingmen (Kingmen)
1908	CMA CovMS	Hankou Jiangling (Kingchow)
1909	SMF	Kienli Jiangling (Kingchow)
1911	YMCA	Hankou
1912	Aug FMS NLK	Shekou (Shekow) Shekou (Shekow) Fengxian (Fenghsien)
1913	YMCA	Wuchang
1916	LBdM	Hankou
1917	LBdM	Suizhou (Suichow)
1922	CovMS	Yichang
1935	YWCA	Hankou

(* denotes an eventual medical mission)

Appendix II

Protestant Missionary Societies Supporting Hospitals and Medical Services in China in 1937¹

Supporting Country	Name of Society	Acronym
US	American Baptist Foreign Mission Society <i>Mei jinli hui</i> 美浸禮會	ABFMS
US	American Board of Commissioners for Foreign Missions <i>Gongli hui</i> 公理會	ABCFM
US	American Church Mission <i>Meiguo shenggong hui</i> 美國聖公會	ACM/PEC
US	American Friends Mission <i>Guige hui</i> 貴格會	AFO
US	American Lutheran Mission of Shandong <i>Zhonghua xinyihui</i> 中華信義會	ALM
US	American Presbyterian Mission South <i>Chang lao hui</i> 長老會(美南)	PS
US	American Presbyterian Mission North <i>Changlao hui-mei bei</i> 長老會(美北)	PN
US	Augustana Synod Mission (Dispensary only) <i>Xinyi hui</i> 信義會	Aug
GB	Baptist Missionary Society <i>Daying jinxin hui</i> 大英浸信會	BMS/EBM
US	Bethel Mission <i>Boteli hui</i> 伯特利會	BeM
GB	Bible Churchmen's Missionary Society <i>Shengjing chaihui</i> 聖經差會	BCMS
US	Board of Foreign Missions of the Methodist Episcopal Church <i>Mei yi mei hui</i> 美以美會	MEFB/ MEC
GB	Church of England Zenana Mission <i>Zhonghua shenggong hui</i> 中華聖公會	CEZMA/ CEZMS
US	China Free Methodist Mission <i>Xunli hui</i> 循理會	FMA
INT'L	China Inland Mission <i>Neidi hui</i> 內地會	CIM
US	Christian Reformed Church Mission <i>Guizheng jidu jiaohui</i> 歸正基督教會	CRC

¹ Compiled using: (1) Individual mission society archives, (2) Boynton C.L., Boynton C.D., *1936 Handbook of the Christian Movement in China Under Protestant Auspices*, The National Christian Council of China, Shanghai, Kwang Hsueh Publishing House, 1936, (3) Ricci 21st Century Roundtable Database on the History of Christianity in China, <http://ricci.rt.usfca.edu>. Consulted various dates 2006–2009. (4) For some mission society Chinese names: Stauffer, M.T. (ed.) *The Christian Occupation of China*, Christian Continuation Committee, Special Committee on Survey and Occupation, 1922, reprint San Francisco, Chinese Materials Center, Inc., 1979,

GB	Church Missionary Society <i>Daying jiaohui</i> 大英教會, <i>Yinghang jiaohui</i> 英行教會	CMS
US	Church of the Brethren Mission <i>You'ai hui</i> 友愛會	CBM
US	Church of the Nazarene	CN
GB	Church of Scotland Mission <i>Sugelan fuyin hui</i> 蘇格蘭福音會	CSFM
US	Covenant Missionary Society <i>Xingdao hui</i> 行道會	CovMS
US/GB	Cheloo (Qilu) University <i>Qilu daxue</i> 齊魯大學	CU
GB	English Presbyterian Mission <i>Daying zhanglao hui</i> 大英長老會	EPM/PEC
US	Evangelical Church Mission <i>Shengdao hui</i> 聖道會	EC
FIN	Finnish Missionary Society <i>Xiang xibei xinyi hui</i> 湘西北信義會	FMS
GB	Friends Mission – Quakers <i>Gongyi hui</i> 公誼會 <i>Gongxin hui</i> 公信會	FSC
US	Kuling (Guling) American School <i>Guling mei xuexiao</i> 牯嶺美	KAM
GB	London Missionary Society <i>Lundun hui</i> 論敦會	LMS
US	Lutheran Board of Missions <i>Yu'e xinyi hui</i> 豫鄂信義會	LUM
US	Mennonite General Conference Mission <i>Meiguo qingjie hui</i> 美國清潔會	MGC
US	Methodist Episcopal Church South <i>Jianli hui</i> 監理會	MES/ MECS
GB	Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會	MMS
NZ	New Zealand Presbyterian Mission <i>Xinxi lan zhanglao hui</i> 新西蘭長老會	PCNZ
NOR	Norwegian Lutheran Mission <i>Zhonghua jidujiao lude hui</i> 中國基督教潞德會	NLK
NOR	Norwegian Missionary Society <i>Nuo xinyi hui</i> 挪信義會	NMS
GER	Ostasien – Mission Allgemeiner Evangelisch-Protestantischer Missionsverein <i>Tongshan hui, deguo</i> 同善會, 德國	AEPM/OAM
US	Palmetto Presbyterian Mission	PPM
US	Reformed Church in America <i>Meigui guizheng jiao hui</i> 美國歸正教會	RCA
US	Reformed Church in the United States <i>Damei fuchu hui</i> 大美復初會	RCUS

US	Reformed Presbyterian Mission <i>Meiguo yuelao hui</i> 美國約老會	RPC
GER	Rhenish Missionary Society Rheinische Missionsgesellschaft <i>Lixian hui, Deguo</i> 禮賢會, 德國	RM/RMG
INT'L	Salvation Army <i>Jiushi hui</i> 救世會	SA
US	Seventh-Day Advent Mission <i>Jidu fulin anxiri hui</i> 基督複臨 安息日會	SDA
US	Seventh Day Baptist Missionary Society <i>Anxinri jinli hui</i> 安息日浸禮會	SDB
GB	Society for the Propagation of the Gospel in Foreign Parts <i>Daying anligan hui</i> 大英安立甘會	SPG
US	Southern Baptist Mission <i>Jinxin hui</i> 浸信會	SBC
SWE	Swedish Missionary Society <i>Xingdao hui</i> 行道會	SMF
US	Swedish American Mission <i>Rui mei hui</i> 瑞美會	SEFC
US	United Brethren in Christ <i>Jidujiao xieji hui</i> 基督教協基會	UB
US	United Christian Missionary Society <i>Jidu hui</i> 基督會	UCMS
CAN	United Church of Canada <i>Jianada lianhe hui</i> 加拿大聯合會	UCC
US	Women's Foreign Missionary Society of the Methodist Episcopal Church <i>Meiyi mei hui (nü bu)</i> 美以美會 (女部)	WFMS
US	Women's Christian Medical College (Educational)	WC
US	Yale Foreign Missionary Society (Educational) <i>Yali daxue</i> 雅禮大學	YM

Appendix III Mission Hospitals by Province¹

Anhui (Anhwei) Province

Country	Mission Society	Location	Hospital Name
US	ACM — American Church Mission/(Protestant Episcopal Church) <i>Meiguo shenggong hui</i> 美國聖公會 Anglican Episcopalian	Anqing (Anking)	St. James Hospital
US	MEFB/MEC — Methodist Episcopal Church <i>Mei yi mei hui</i> 美以美會 Methodist	Wuhu	True Light Branch Hospital
US	PN — American Presbyterian Mission <i>Changlao hui-mei bei</i> 長老會美北 Presbyterian	Huaiyuan (Hwaiyuen) Shouzhou (Showchow) Xuzhou (Nanhsu-chow)	1. Hope Hospital 2. Craigin Memorial Hospital General Hospital Goodwill Hospital
US	SBC — Southern Baptist Convention <i>Jinxin hui</i> 浸信會 Baptist	Boxian (Pochow)	Women's Hosp.
US	UCSM — United Christian Mission Society <i>Jiduhui</i> 基督會 Protestant	Hefei (Luchowfu)	Christian Hospital
US	MEFB/WFMS — Joint	Wuhu	General Hospital

Fujian (Fukien) Province

Country	Mission Society	Location	Hospital Name
US	ABCFM — American Board of commissioners for Foreign Missions <i>Gongli hui</i> 公理會 Congregational	Changle (Dionghloh) Ingtau Pagoda Anchorage.	Christian Hospital Whitney Hospital Pagoda Hospital
GB	CEZMA/CEXMS — Church of England Zenana Mission <i>Zhonghua shenggong hui</i> 中華聖公會	Donggau (Dongkau) Loyuan	Women's Hospital Christian Doctrine

¹ Compiled using: (1) Individual mission society archives, (2) Boynton C.L., Boynton C.D., *1936 Handbook of the Christian Movement in China Under Protestant Auspices*, The National Christian Council of China, Shanghai, Kwang Hsueh Publishing House, 1936, (3) Ricci 21st Century Roundtable Database on the History of Christianity in China, <http://ricci.rt.usfca.edu>. Consulted various dates 2006–2009. (4) For some mission society Chinese names: Stauffer, M.T. (ed.) *The Christian Occupation of China*, Christian Continuation Committee, Special Committee on Survey and Occupation, 1922, reprint San Francisco, Chinese Materials Center, Inc., 1979,

	Anglican	Ningde (Ningteh)	Hospital Women's Hospital
GB	CMS — Church Missionary Society <i>Daying jiaohui</i> 大英教會 <i>Yinghang jiaohui</i> 英行教會 Anglican	Fuzhou (Foochow) Funing Kaosanshih Kienow (Kien'ow) Ningde (Ningteh) Putian (Putien)	Christ's Hospital Men's Hospital Women's Hospital <i>Po'ai</i> Hospital Men's Hospital Women's Hospital Women's Hospital St. Luke's Hospital
GB	EPM — English Presbyterian Mission <i>Daying zhang lao hui</i> 大英長老會 Presbyterian	Yongjun (Yungchun) Zhangpu (Changpu) Quanzhou (Chuanchow)	Christian Hospital General Hospital General Hospital
GB	LMS — London Missionary Society <i>Lundun hui</i> 論敦會 Congregational	Huian (Hweian)	General Hospital
US	MEFB/MEC — Methodist Episcopal Church <i>Meiyi mei hui</i> 美以美會 Methodist	Yanping (Yenping) Gutian (Kutien)	Aiden Speare Hospital Wiley General Hospital
US	PN — American Presbyterian Mission North <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Xingtai (Shunteh)	Hugh O'Neill Hospital
US	RCA — Reformed Church in America/Reformed Dutch Church <i>Meigui guizheng jiao hui</i> 美國歸正教會 Reform	Xiaoqi (Siokhe) Xiamen (Amoy) Tongan (Tungan)	Neerbosch Hospital Hope and Wilhemina Hospital Eliza H. Blauvelt Memorial Hospital
US	WFMS — Womens' Foreign Missionary Society of the Methodist Episcopal Church <i>Meiyi mei hui (nu bu)</i> 美以美會 (女部) Methodist	Futsing Sienyu (Sienyu) Mintsing	Lucy F. Harrison Hosp. Mary Eliza Nast Hospital Nathan Sites Memorial Hospital

		Yanping (Yenping)	Emma Fuller Hospital
		Bingtang (Haitang)	Christian Hospital
US/ GB	Joint — RCA, LMS Reform/Congregational	Zhuangzhou (Changchow)	Union Hospital
US	Joint — WFMS WFMS, MEFB, ABCFM Methodist Congregational	Fuzhou (Foochow)	Christian Union Hospital (Willis F. Pearce Memorial & Kate C. Woodhull)

Gansu (Kansu) Province

Country	Mission Society	Location	Hospital Name
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Lanzhou (Kaolan)	Borden Memorial Hospital.
		Pingliang	Mission Hospital
US	SDA — Seventh-Day Adventist <i>Jidu fulin anxiri hui</i> 基督複臨 安息日 Adventist	Lanzhou (Kaolan)	General Hospital

Guangdong (Kwangtung) Province

Country	Mission Society	Location	Hospital Name
US	ABFMS — American Baptist Foreign Mission Society American Baptist Mission Northern Baptists <i>Mei jinli hui</i> 美浸禮會 Baptist	Kityang	Bixby Memorial Hospital
		Chaoyang	General Hospital
		Shantou (Swatow)	Thresher Memorial Hospital
GB	CMS — Church Missionary Society <i>Daying jiao hui</i> 大英教會 <i>Yinghang jiao hui</i> 英行教會 Anglican	Pakhoi (Beihai)	General Hospital
GB	EPM — English Presbyterian Mission <i>Daying zhang lao hui</i> 大英長老會 Presbyterian	Swabue (Shanwei)	General Hosp.
		Wujingfu (Wukingfu)	General Hospital
		Shantou (Swatow)	(temp closed)
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Shiuchow	General Hospital
		Foshan (Fatshan)	Mission Hospital

NZ	PCNZ — Presbyterian Church of New Zealand Foreign Mission <i>Xinxi lan zhanglao hui</i> 新西蘭長老會 Reformed Presbyterian	Longchuan (Kongchuan - via Canton)	<i>Po'wai</i> Hospital
US	PN — American Presbyterian Mission North Presbyterian Church in the United States Board of Foreign Missions <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Lianzhou (Linchow) Yangjiang (Yeungkong) Guangzhou (Canton) Haikow (Kiungchow) Nodoa Kachek	1. Van Norden Hospital 2. Brooks Memorial Hospital Forman Memorial Hospital Hackett Memorial Hospital (Tertiary Education) 1. David Gregg Hospital 2. David Graham Hospital <i>Hoihow</i> Hospital Mary Henry Hospital Christ's Hospital
GER	RM/RMG — Rhenish Missionary Society Rheinische Missionsgesellschaft <i>Lixian hui Deguo</i> 禮賢會, 德國	Dongguan (Tungkun)	Mission Hospital
US	RPC — Reformed Presbyterian Mission <i>Meiguo yuelao hui</i> 美國約老會 Reformed Presbyterian	Luoding (Loting) Takhing	General Hospital General Hospital
US	SBC — Southern Baptist Mission <i>Jinxin hui</i> 浸信會	Tungshan	<i>Leung Kwong</i> Hospital
US	SDA — Seventh-Day Adventist <i>Jidu fulin anxiri hui</i> 基督複臨安息日會	Guangzhou (Canton) Huizhou (Waichow)	Canton Sanitarium <i>Sui On</i> Hospital
US	SEFC — Swedish American Mission <i>Rui mei hui</i> 瑞美會 Evangelical	Guangzhou (Canton)	Todd Hospital
CANADA	UCC — United Church of Canada <i>Jianada lianhe hui</i> 加拿大聯合會 Protestant Union	Jiangmen (Kongmoon)	1. Men's Hospital 2. Marion Barclay Hospital
CANADA /US	Joint — UCC/UB	Guangzhou (Canton)	Canton Hospital

Guangxi (Kwangsi) Province

Country	Mission Society	Location	Hospital Name
GB	BCMS — Bible Churchmen's Missionary Society <i>Shengjing chai hui</i> 聖經差會 Anglican	Nanning	Emmanuel Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Interdenominational	Linfen	Wilson Memorial Hospital
GB	CMS — Church Missionary Society <i>Daying jiao hui</i> 大英教會 <i>Yinghang jiao hui</i> 英行教會 Anglican	Guilin (Kweilin)	Way of Life Hospital
US	SBC — Southern Baptist Mission Southern Baptist Convention <i>Jinxin hui</i> 浸信會	Wuzhou (Wuchow) Guilin (Kweilin)	Stout Memorial Hospital Baptist Hospital
US	SDA — Seventh-Day Adventists <i>Jidu fulin anxiri hui</i> 基督複臨安息日會 Adventist	Nanning	General Hospital

Guizhou (Kweichow) Province

Country	Mission Society	Location	Hospital Name
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Interdenominational	Anshun	Gospel Hospital
US	EC — Evangelical Church Mission <i>Shengdao hui</i> 聖道會 Evangelist	Tungjen	General Hospital

Hebei (Hopeh) Province

Country	Mission Society	Location	Hospital Name
US	ABCFM — American Board of Commissioners for Foreign Missions <i>Gongli hui</i> 公理會 Congregational	Tongxian (Tunghsien)	<i>Lu Ho</i> Hospital
US	CN— Church of Nazarene Protestant	Tamingfu	Bresee Memorial Hospital
GB	LMS — London Missionary Society <i>Lundun hui</i> 倫敦會 Congregational	(Xiaochang) Siaochang Cangzhou (Tsangchow) Tianjin	General Hospital Roberts Memorial Hospital Mackenzie Memorial

		(Tientsin)	Hospital
US	MEFB/MEC — Board of Foreign Missions of the Methodist Episcopal Church <i>Meiyi mei hui</i> 美以美會 Methodist	Changli Beijing (Peiping)	General Hospital Hopkins Memorial Hospital
US	MGC — Mennonite General Conference Mission <i>Meiguo qingjie hui</i> 美國清潔會 Mennonite	(Kaizhou) Kaichow	General Hospital
US	PN — American Presbyterian Mission North/Presbyterian Church in the United States Board of Foreign Missions <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Beijing (Peiping) Paoting	Douw General Hospital Taylor Hodge Memorial Hospital
INTN'L	SA — Salvation Army <i>Jiushi hui</i> 救世會	Dingxian (Tinghsien)	<i>Jen Min</i> Hospital
US	SDA — Seventh Day Adventist <i>Jidu fulin anxiri hui</i> 基督複臨安息日會 Adventist	Zhangjiakou (Kalgon)	North China Sanatorium.
GB	SPG — Society for the Propagation of the Gospel in Foreign Parts. <i>Daying anligan hui</i> 大英安立甘會 Anglican	Hokienfu Chichou (Chichow) Yungtsing Datong (Tatung)	St. Andrew's Hospital St. Barnabas' Hospital St. Stephen's Hosp. Moss Memorial Hospital
US	WFMS — Womens' Foreign Missionary Society of the Methodist Episcopal Church <i>Meiyi mei hui (nü bu)</i> 美以美會(女部) Methodist	Tianjin (Tientsin) (Beijing) Peiping	Isabella Fisher Hospital Sleeper Davis Hospital

Henan (Honan) Province

Country	Mission Society	Location	Hospital Name
US	Aug — Augustana Synod Mission <i>Xinyi hui</i> 信義會 Lutheran	Luoyang (Loyang)	Augustana Mission Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Kaifeng (Kaifeng) Qixian (Kih sien)	General Hospital Hospital
US	FMA — China Free Methodist Mission <i>Xunli hui</i> 循理會 Methodist	Kaifeng (Kaifeng)	Grinnel Hospital
US	LUM — Lutheran United Mission Lutheran	Huangchuan	Luther Hospital

	Board of Missions <i>Yu'e xinyi hui</i> 豫鄂信義會 Lutheran	(Kwangchow) Xinyang (Sinyang)	Honan Union Hospital
US	SDA — Seventh-Day Adventist <i>Jidu fulin anxiri hui</i> 基督複臨 安息日會 Adventist	Yencheng	Sanitarium
CANADA	UCC — United Church of Canada <i>Jianada lianhe hui</i> 加拿大聯合會 Protestant Union	(Zhangde) Changteho Taokou (Taok'ow) Weihui (Weihwei) Huaqing (Hwaiking)	General Hospital General Hospital General Hospital Menzies Memorial Hospital

Hubei (Hopeh) Province

Country	Mission Society	Location	Hospital Name
US	ACM — American Church Mission Protestant Episcopal Church <i>Meiguo shengong hui</i> 美國聖公會 Anglican	Wuchang	Church General Hospital
US	CovMS — Covenant Missionary Society Swedish Evangelical Mission Covenant <i>Xingdao hui</i> 行道會 Lutheran	Xiangfan (Siangyang)	Bethesda Hospital
GB	CSFM — Church of Scotland Mission <i>Sugelan fuyin hui</i> 蘇格蘭福音會 Presbyterian	Ichang (Yichang)	1. Buchanan Memorial Hospital 2. Rankine Memorial Hospital
GB	LMS — London Missionary Society <i>Lundun hui</i> 倫敦會 Congregational	Zaoshi (Taoshih) Wuchang Xiaogan (Siaokan)	Taoshih Hospital 1. Men's Hospital 2. Women's Hospital Mission Hospital
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Zhongxiang (Chungsiang) Hankou (Hankow) Wuxue/ Guangji (Wusueh) Anluhsien/Teian (Anlu) Huangshi (Shihuiyao)	Hill Memorial Hospital Methodist General Hospital (<i>Pu'ai</i>) General Hospital General Hospital General Hospital

		Suixian (Suihsien)	Suihsien Hospital
NOR	NLK — Norwegian Lutheran Mission <i>Zhonghua jidujiao lude hui</i> 中國基督教路德會 Lutheran	Laohekou	Dr. Frøyland Memorial Hospital
US	SDA — Seventh-Day Adventist <i>Jidu fulin anxiri hui</i> Adventist 基督復臨 安息日會	Wuchang	Sanatarium
SWEDEN	SMF — Swedish Missionary Society <i>Xingdao hui</i> 行道會 Lutheran	Shashi (Shasi) Hwanggang (Huanggang)	Polikliniken Hospital Hwangchow Hospital
JOINT	MMS/LMS — Joint Union Hospital	Hankou (Hankow)	Union Hospital

Hunan (Hunan) Province

Country	Mission Society	Location	Hospital Name
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Hongjiang (Hungkiang) Changsha	<i>Ai-hien</i> Hospital Hudson Taylor Hospital
FINLAND	FMS — Finnish Missionary Society <i>Xiang xibei xinyi hui</i> 湘西北信義會 Lutheran	Jinshi (Tsingshih)	Mission Hospital
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Shaoyang Yongzhou (Yungchow)	Methodist Hospital Mission Hospital
NORWAY	NMS — Norwegian Missionary Society <i>Nuo xinyi hui</i> 挪信義會 Lutheran	Yiyang (Yiyang) Xinhua (Sinhwa)	General Hospital Lutheran Hospital
US	PN — American Presbyterian Mission North <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Changde (Changteh) Xiangtan (Siangtan) Chengzhou (Chengchow) Hengzhou (Hengchow) Taoyuan	1. Hospital 2. Hospital Nathanial Tooker Hospital <i>Hui Ching</i> <i>Hui'ai</i> Hospital <i>Ren Chi</i> Hospital General Hospital
US	RCUS — Reformed Church in the United	Yuezhou	Hoy Memorial Hospital

	States <i>Damei fuchu hui</i> 大美復初會 Reform	(Yochow) Chengzhou (Chengchow)	Chengchow Hospital
US	YM — Yale Foreign Missionary Society/Yale in China. <i>Yali daxue</i> 雅禮大學 Tertiary Education	Changsha	<i>Hsiang Ya</i> Medical College: Hunan Yale Hospital

Jiangsu (Kiangsu) Province

Country	Mission Society	Location	Hospital Name
US	ACM/PEC—American Church Mission/Protestant Episcopal Church <i>Meiguo shenggong hui</i> 美國聖公會 Anglican Tertiary Education	Wuxi (Wusih) Shanghai	St. Andrew's Hospital St. John's University: 1. St. Elizabeth's Hospital 2. St. Luke's Hospital
US	AFO — American Friends Mission <i>Guige hui</i> 貴格會 Quaker	Luhø	Peace Hospital
US	BeM — Bethel Mission <i>Boteli hui</i> 伯特利會 Protestant	Shanghai	Bethel Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Anglican	Shanghai	Mission Hospital
US	CRC — Christian Reform Church Mission <i>Guizheng jidu jiaohui</i> 歸正基督教會 Reform	Rugao (Jukao)	Mission Hospital
GB	LMS — London Missionary Society <i>Lundun hui</i> 倫敦會 Congregational	Shanghai	Lester Chinese Hospital
US	MES/MECS — Methodist Episcopal Church South <i>Jianli hui</i> 監理會 Methodist	Changzhou (Changchow) Suzhou (Soochow)	Stephenson Memorial Hospital Soochow Hospital
US	PN — American Presbyterian Mission North <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Kiangyin (Kiangyin) Suzhou (Soochow)	Christian Hospital Tooker Memorial Hospital
US	PPM — Palmetto Presbyterian Mission Presbyterian	Suzhou (Soochow)	Wilkinson Hospital
US	PS — American Presbyterian South <i>Changlao hui (mei nan)</i> 長老會(美南)	Suzhou (Soochow)	Elizabeth Blake Hospital

	Presbyterian	Suqian (Sutsien)	General Hospital
		Qingjianpu (Tsingjianpu)	General Hospital
		Yancheng (Yencheng)	General Hospital
		Chinkiang	Goldsby King Memorial Hospital
		Haizhou (Haichow)	Ellen Lavine Graham Hospital
		Taizhou (Taichow)	Sarah Walkup Hospital
		Tongshan (Süchow)	1. M. I. Rogers Hospital 2. Christian Hospital
US	RCA — Reformed Church in America/Reformed Dutch Church <i>Meiguo guizheng jiao hui</i> 美國歸正教會 Reform	Tongan	Elizabeth H. Blauvelt Memorial Hospital
US	SBC — Southern Baptist Mission <i>Jinxin hui</i> 浸信會 Baptist	Yangzhou (Yangchow)	Baptist Hospital
US	SDA — Seventh-Day Advent Mission <i>Jidu fulin anxiri hui</i> 基督複臨安息日會 Adventist	Shanghai	Shanghai Sanitarium
US	SDB—Baptist Seventh-Day Missionary Society <i>Anxinri jinlihui</i> 安息日浸禮會 Baptist	Liuho (Liuhe)	Grace Hospital
US	UCMS — United Christian Missionary Society <i>Jidu hui</i> 基督會 <i>jidu jiaohui</i> 基督教會 Protestant (Disciples of Christ)	Nantong (Nantung)	Christian Hospital
US	Joint — MEFB/MEC, UCMS Tertiary Education	Nanjing (Nanking)	University of Nanking: Union Hosp.
US	Joint — MES/WC Tertiary Education	Shanghai	Women's Christian Medical College: Margaret Williamson Hospital

Jiangxi (Kiangsi) Province

Country	Mission Society	Location	Hospital Name
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Poyang	Mission Hospital

US	KAM — Kuling (Guling) American School <i>Guling mei xuexiao</i> 牯嶺美學校	Guling (Kuling)	Kuling Medical Mission Hospital
US	MEFB/MEC — Board of Foreign Missions of the Methodist Episcopal Church <i>Meiyi mei hui</i> 美以美會 Methodist	Jiujiang (Kiukiang) Nanchang	Water of Life Hospital Ensign Memorial Hospital
US	WFMS — Womens' Foreign Missionary Society of Methodist Episcopal Church <i>Meiyi mei hui (nü bu)</i> 美以美會 (女部) Methodist	Jiujiang (Kiukiang) Nanchang	Danforth Memorial Hospital Ida Kahn Memorial Hospital

Manchuguo

Country	Mission Society	Location	Hospital Name
GB	CSFM — Church of Scotland Mission <i>Sugelan fuyin hui</i> 蘇格蘭福音會 Presbyterian	Shenyang (Mukden)	Hospital
US	SDA — Seventh Day Adventist <i>Jidu fulin anxiri hui</i> 基督復臨安息日會 Adventist	Shenyang (Mukden)	Shenyang Sanatorium

Shaanxi (Shensi) Province

Country	Mission Society	Location	Hospital Name
GB	BMS/EBM — Baptist Missionary Society <i>Daying jinxin hui</i> 大英浸信會 Baptist	Xian (Sianfu/(Changan))	Jenkins Robertson Hospital

Shandong (Shantung) Province

Country	Mission Society	Location	Hospital Name
US	ABCFM — American Board of Commissions for Foreign Missions <i>Gongli hui</i> 公理會 Congregational	Lintsing Dezhou (Tehchow)	Lintsing Memorial Hospital Williams Porter Hospital
GER	AEPM/OAM — Ostasien Mission Allgemeiner Evangelisch-Protestantischer Missionsverein <i>Tongshan hui, deguo</i> 同善會, 德國 Reformed Presbyterian	Qingdao (Tsingtao) Jining (Tsining)	Dr. Wunsch's Hospital <i>Tung Shang</i> Hospital
US	ALM — Anglican Lutheran Mission of Shandong <i>Zhonghua xinyihui</i> 中華信義會 Lutheran	Qingdao (Tsingtao)	General Hospital

GB	BMS/EBM — Baptist Missionary Society/English Baptist Mission <i>Daying jinxin hui</i> 大英浸信會 Baptist	Zhoucun (Chowtsun) Qingzhou (Tsingchoufu)	Foster Hospital <i>Kuang Te</i> Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Yantai (Chefoo)	Mission Hospital
JOINT	CU — Cheloo (Qilu) <i>Qilu daxue</i> 齊魯大學 Tertiary Education	Jinan (Tsinan)	Cheeloo University/ Shantung Christian University: University Hospital
US	MEFB/MEC — Board of Foreign Missions of the Methodist Episcopal <i>Meiyi meihui</i> 美以美會 Methodist	Taian	<i>Po Chi</i> Hospital
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Chukiatsai Wuting	Laoling Hospital <i>Ru Chi</i> Hospital
US	PN — American Presbyterian Mission North/Presbyterian Church in the United States Board of Foreign Missions <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Yantai (Chefoo) Ichowufu Weixian (Weihsien) Tengxian (Tengshien) Jining (Tsining) Jinan (Tsinan) Yih sien	Temple Hill Hospital Floyd White General Hospital Shadyside Hospital North China Hospital Bachmann-Hunter Memorial Hospital Louisa Y. Boyd Women's Hospital Raymond Memorial Hospital
US	SBC — Southern Baptist Mission/Southern Baptists <i>Jinxin hui</i> 浸信會 Baptist	Laichow Pingdu (Pingtu) Huangxian (Hwanghsien)	Mayfield Tyzzer Kathleen Mallory Hospital Oxner-Alexander Hospital Warren Memorial Hospital
GB	SPG — Society for the Propagation of the Gospel in Foreign Parts <i>Daying anligan hui</i> 大英安立甘會 Anglican	Pingyin Yanzhou (Yenchow)	St. Agatha's Hospital St. Luke's Hospital

Shanxi (Shansi) Province

Country	Mission Society	Location	Hospital Name
US	ABCFM — American Board of Commissioners for Foreign Missions <i>Gongli hui</i> 公理會 Congregational	Fenyang (Fenchow) Taiku (Taiku)	1. Harwood Memorial Hospital 2. Kate Ford Memorial Hospital 1. Taiku Hospital 2. Branch Hospital
GB	BMS/EBM — Baptist Missionary Society <i>Daying jinxin hui</i> 大英浸信會 Baptist	Daizhou (Taiyuanfu)	Arthington Memorial Hospital Schofield Memorial Hospital
US	CBM — Church of the Brethren Mission <i>You'ai hui</i> 友愛會	Pingding (Pingtingchow) Liaozhou (Liaochow)	Brethren Hospital Brethren Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Changzhi (Changchih) Linfen	Wilmay Memorial Hospital Wilson Memorial Hospital

Sichuan (Szechuan) Province

Country	Mission Society	Location	Hospital Name
US	ABFMS — American Baptist Foreign Mission Society/ American Baptist Mission Northern Baptists <i>Mei jinli hui</i> 美浸禮會 Baptist	Yazhou (Yachowfu) Yibin (Suifu)	Briton Corlies Memorial Hospital 1. Men's Hospital 2. Women's Hospital
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Paoning	Henrietta Bird Memorial Hospital
GB	CMS — Church Missionary Society <i>Daying jiao hui</i> 大英教會 <i>Yinghang jiao hui</i> 英行教會 Anglican	Mianzhou (Mienchu)	General Hospital
GB	FSC — Friends Mission Friends' Service Council/ Quakers <i>Gongyi hui</i> 公誼會 <i>Gongxin hui</i> 公信會 Friends	Suining Dongchuan (Tungchwang)	Friends' Hospital Friends' Hospital
US	MEFB/MEC — Board of Foreign Missions of the Methodist Episcopal Church <i>Meiyi mei hui</i> 美以美會 Methodist	Chongqing (Chungking) Tzechow	Syracuse in China Hospital General Hospital

US	SDA — Seventh-Day Advent <i>Jidu fulin anxiri hui</i> 基督複臨 安息日會 Advent	Daqianlu (Tatsienlu)	Tibetan Mission Hospital
CANADA	UCC — United Church of Canada <i>Jianada lianhe hui</i> 加拿大聯合會 Protestant Union	Chongqing (Chungking) Chongzhou (Chungchow) Fowchou (Fowchow) Rongxian (Junghsien) Luxian (Luhsien) Ziliujing (Tzeliutsing)	General Hospital General Hospital General Hospital General Hospital General Hospital
US	WFMS — Womens' Foreign Missionary Society of the Methodist Episcopal Church <i>Meiyi mei hui (nü bu)</i> 美以美會 (女部) Methodist	Chongqing (Chungking)	Gamble Memorial Hospital
CANADA	UCC, MEFB/MEC — Protestant Union Tertiary Education	Chengdu (Chengtü)	West China Union University: 1. Men's Hospital 2. Women and Children's Hospital 3. Eye, Ear, Nose Throat Hospital

Yunnan (Yunnan) Province

Country	Mission Society	Location	Hospital Name
INTN'L	CIM — China Inland Mission <i>Neidi hui</i> 內地會 Inter-denominational	Yuanjiang (Yuankiang)	Mission Hospital
GB	CMS — Church Missionary Society <i>Daying jiao hui</i> 大英教會 <i>Yinghang jiao hui</i> 英行教會 Anglican	Kunming	General Hospital
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Zhaotong (Chaotung)	General Hospital
US	PN — American Presbyterian Mission North/Presbyterian Church in the United States Board of Foreign Missions <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Jiulongjiang (Kiulungkiang)	General Hospital

Zhejiang (Chekiang) Province

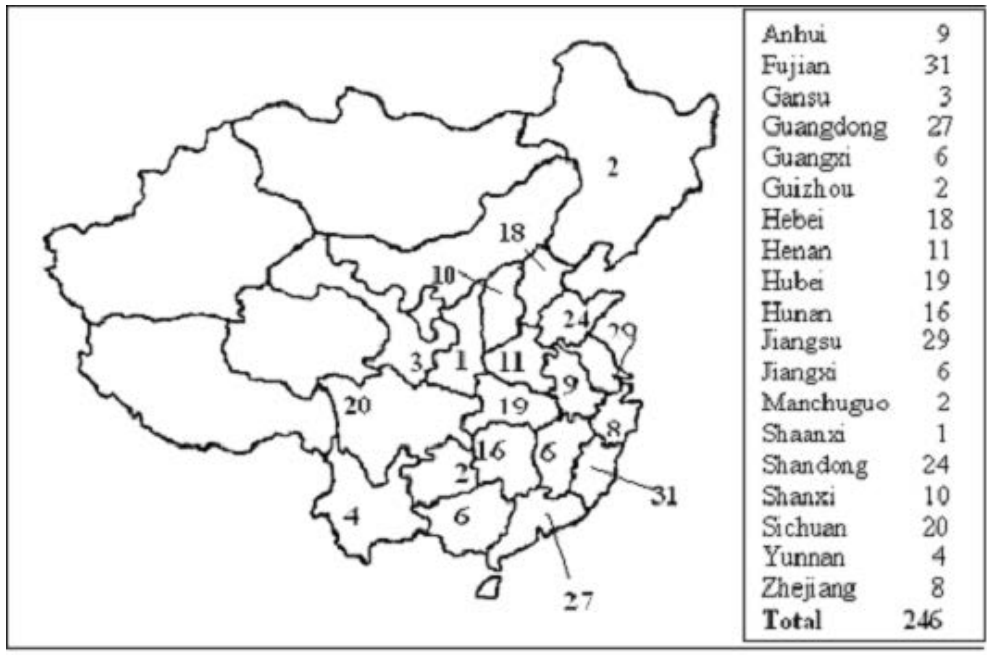
Country	Mission Society	Location	Hospital Name
US	ABFMS — American Baptist Foreign Mission Society <i>Mei jinli hui</i> 美浸禮會 Baptist	Ningbo (Ningpo)	<i>Hwa Mei</i> Hospital
		Shaoxing (Shaohing)	Christian Hospital
		Jinhua (Kinhwa)	Pickford Memorial Hospital
GB	CMS — Church Missionary Society <i>Daying jiao hui</i> 大英教會 <i>Yinghang jian hui</i> 英行教會 Anglican	Hangzhou (Hangchow)	<i>Kwangchi</i> Hospital
US	MES/MECS — Methodist Episcopal Church South <i>Jianli hui</i> 監理會	Huzhou (Huchow)	General Hospital
GB	MMS — Methodist Missionary Society <i>Daying xundao hui</i> 大英循道會 Methodist	Wenzhou (Wenchow)	Blyth Hospital
US	PN — American Presbyterian Mission North/Presbyterian Church in the United States Board of Foreign Missions <i>Changlao hui (mei bei)</i> 長老會(美北) Presbyterian	Ningbo (Ningpo)	McCartee Hospital
US	PS — American Presbyterian South <i>Chang lao hui (mei nan)</i> 長老會(美南) Presbyterian	Jiaxing (Kashing)	Kashing Hospital

Appendix IV – Maps

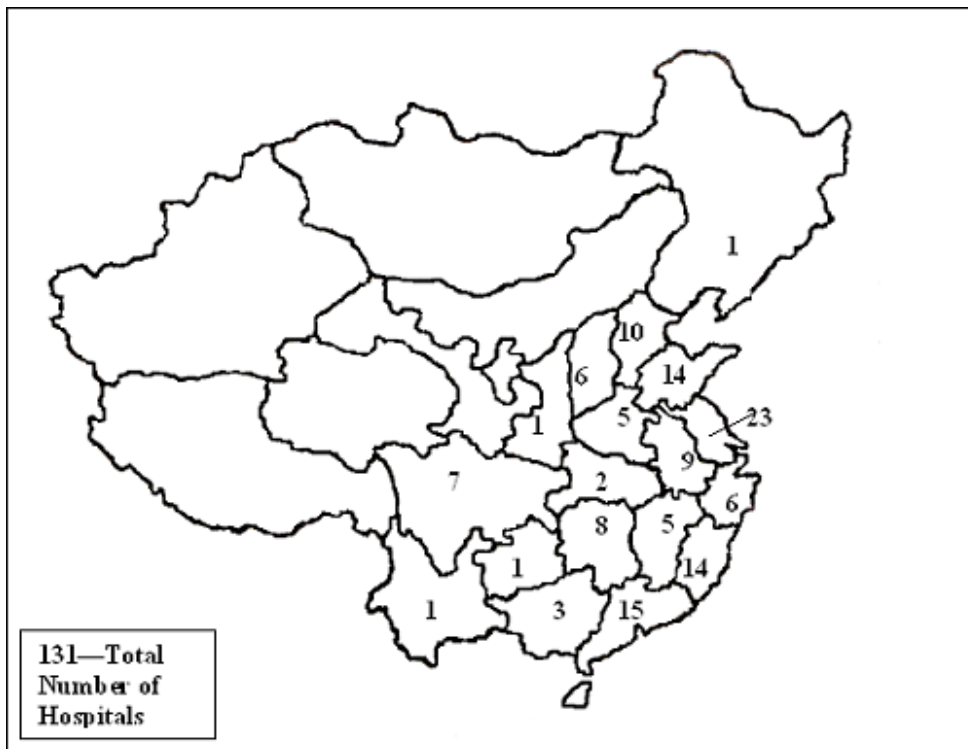


Map 1: Provinces of China under the Republic¹

¹ Fairbank, J.K. (ed.), *The Cambridge History of China, Republican China 1912–1949*, Vol., 12, Part 1, Cambridge, Cambridge University Press, 1999, p. 30.

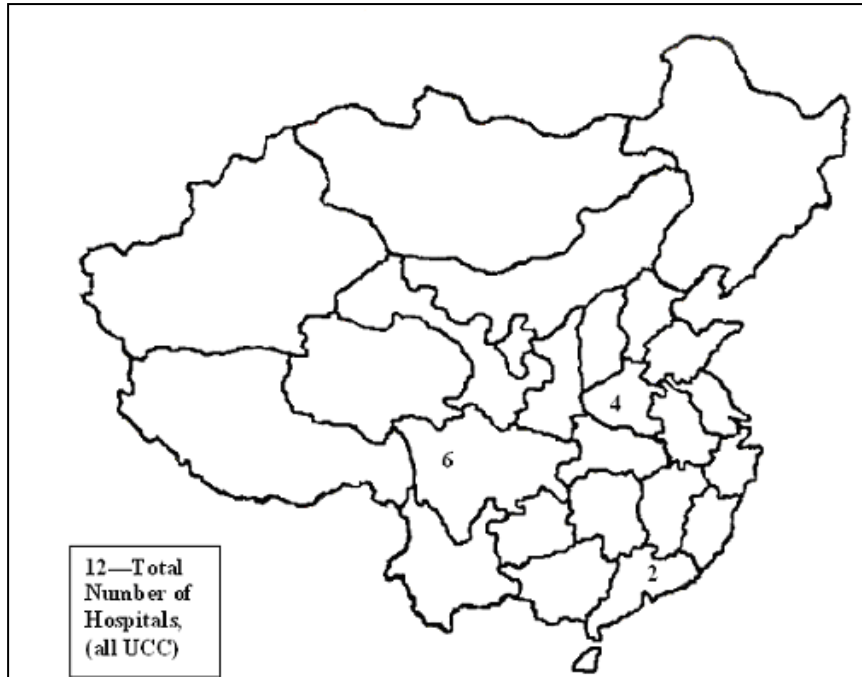


**Map 2: Numerical Distribution of Protestant Mission Hospitals
by Province, 1936²**

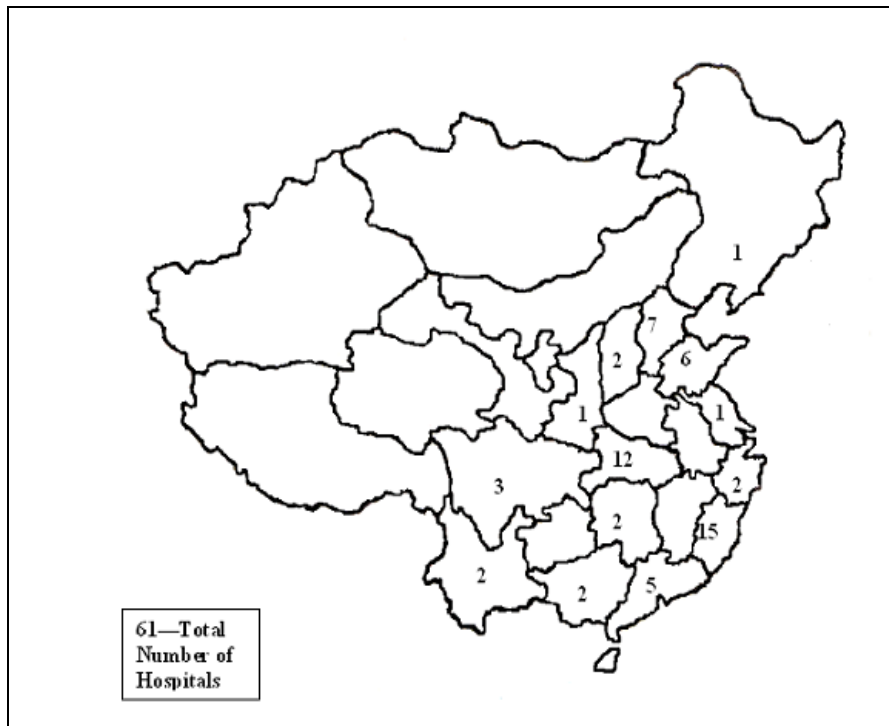


**Map 3: Numerical Distribution of American Mission Hospitals
by Province, 1936**

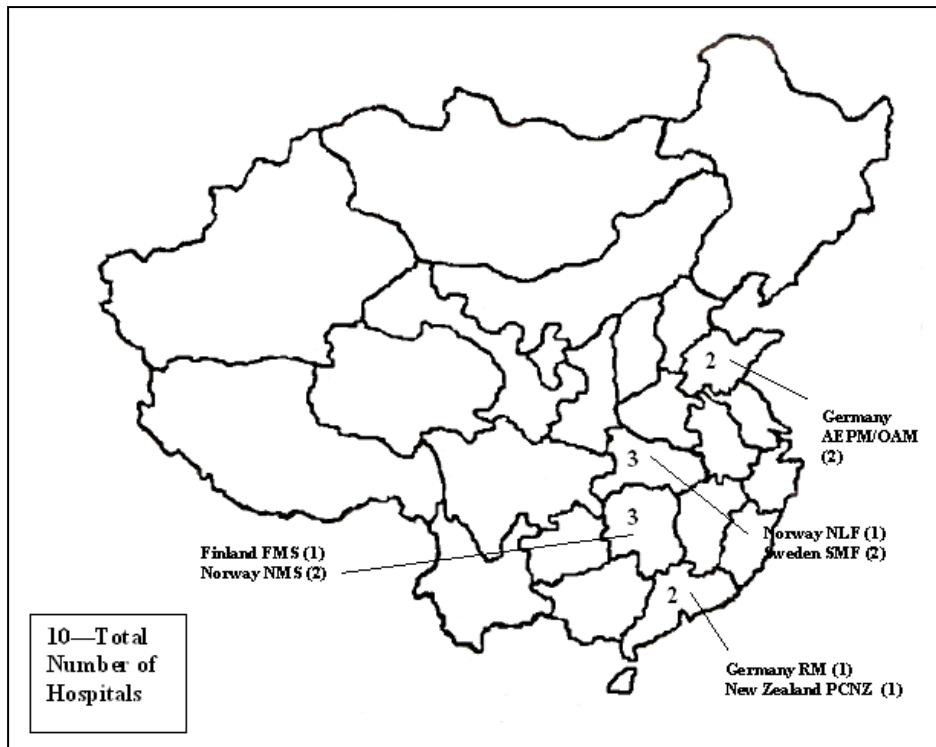
² Maps 2–9 compiled by the writer from individual mission society archives and Boynton, *Handbook*, 1936.



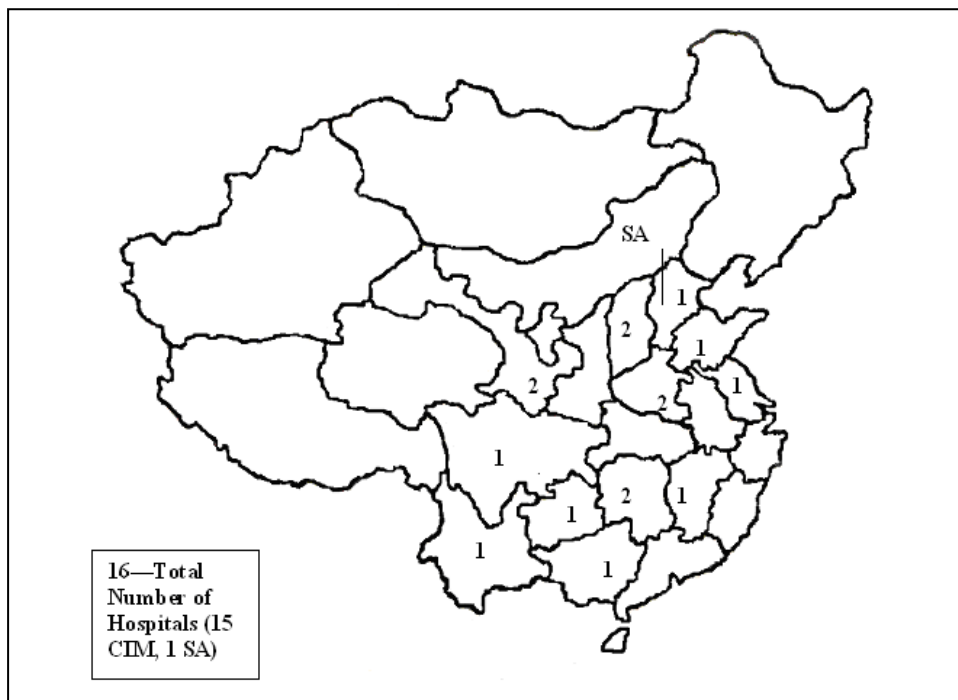
Map 4: Numerical Distribution of Canadian Mission Hospitals by Province, 1936



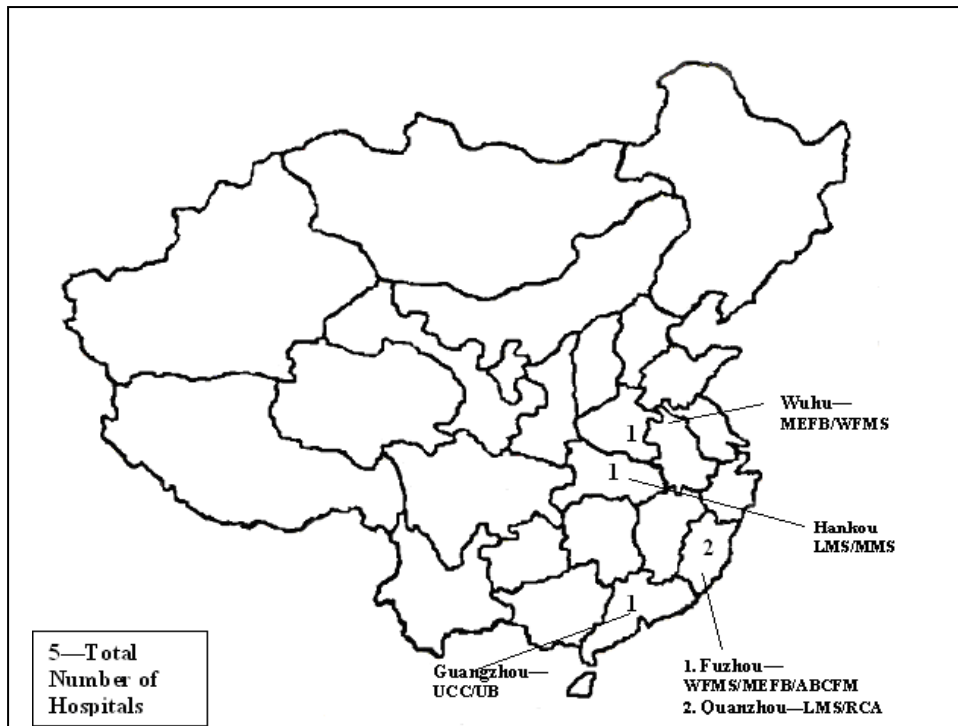
Map 5: Numerical Distribution of British Mission Hospitals by Province, 1936



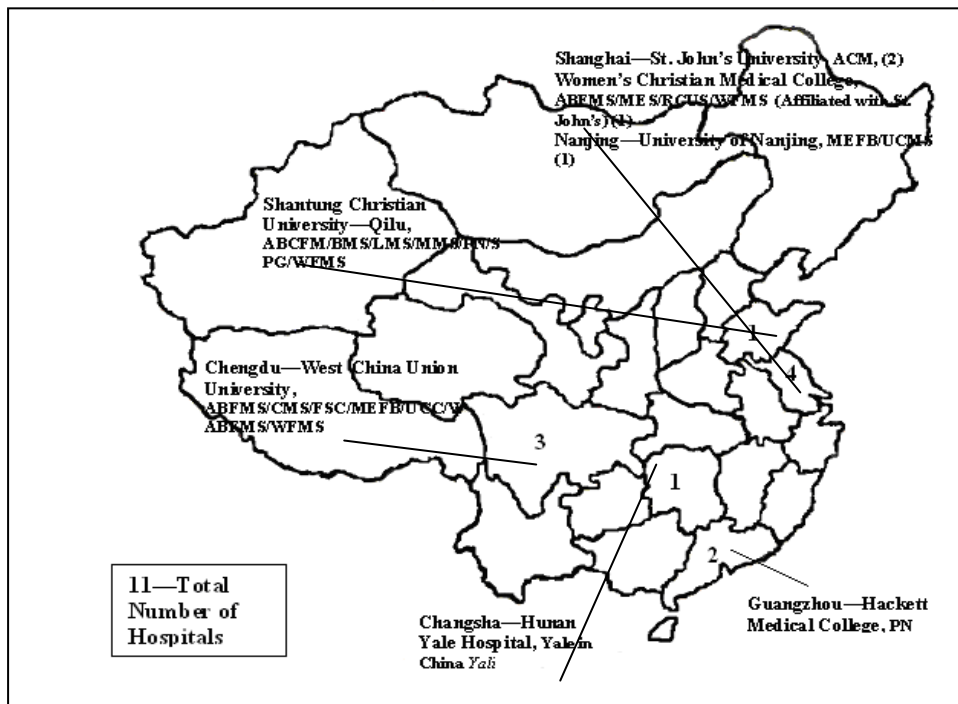
Map 6: Numerical Distribution of European and New Zealand Mission Hospitals by Province, 1936



Map 7: Numerical Distribution of International Mission Hospitals by Province, 1936



Map 8: Numerical Distribution of Jointly supported Mission Hospitals by Province, 1936



Map 9: Numerical Distribution of Higher Education Mission Hospitals by Province, 1936³

³ The Peiping Union Medical College (PUMC) at this time was independent of missionary control.