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PROFESSIONAL MEDICINE AND RACE: MEDICAL MISSIONARIES IN QING CHINA AND GLOBAL HISTORY OF MODERN MEDICINE, 1807-1912

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DISSERTATION

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ABSTRACT

My dissertation seeks to chart the course in which Protestant evangelism intersected with the localization of Western professional medical practices, particularly surgery, in late Qing China. Current scholarship on Christian missions in Qing China has generally assumed a causal relationship between evangelism and Western professional medicine. Most scholars have taken for granted that Protestant missionaries were responsible for the introduction of Western professional medicine into China in the nineteenth and early twentieth centuries. Challenging this presumed relationship between Protestant missions and professional medicine, my dissertation argues that medical missions using professional medicine were by no means a natural outgrowth of Protestant evangelism. My dissertation demonstrates that medical missions in Qing China were initially opposed by "clerical missionaries" and Protestant missionary boards in the UK and America that sponsored missions in China. It was in fact the professionally trained medical practitioners who happened to be missionaries that initiated, promoted, and developed institutions of modern medicine in Qing China. Most of these "medical missionaries" were surgeons from the UK and America.

I situate my research in the intersection where three fields of historical studies—mission history, medical history, and racial science—converge. My dissertation explores the professionalization of medical missions in Qing China through an interdisciplinary and transnational approach, taking note of the impact of professionalization of medicine on Protestant evangelism in Europe, America, and China.

From a religious perspective, my project deals with how the professionalization of medical missions is conducive to the advance of Protestant evangelism in late Qing China. Students of Christian missions have ignored the tension between Protestant evangelism and professional medicine. Protestant clerical missionaries were not interested in healing bodies but saving souls. The use of medicine was only a means of convenience but not part of the evangelical strategy to achieve their religious goals. The current view that the development of modern medicine in China was the natural outcome of Christian evangelism was only an anachronistic

claim made by missionary societies. My dissertation demonstrates how medical missionaries as credentialed medical practitioners strove to reconcile the tension between religion and science through the professionalization of medical missions.

Unlike existing studies of medical missions, my dissertation approaches mission history in China from the global perspective of professionalization of medicine. My research examines the development of Western professional medical practices in cross-cultural and global contexts. I argue that the introduction and development of Western modern medicine by medical missionaries since 1838 has resulted in critical transformations of not only the medical topography in the late Qing and early Republic of China, but also the practices of professional medicine in the UK and America. The progress of modern surgical medicine, the formation of professional medical organization and the development of pathology of new surgical diseases were not fully materialized before their introduction into China. The professionalization of medicine in the West took place in an intercontinental or global community of medical professionals working in the West and East Asia, especially China. My dissertation situates these intercontinental concurrent practices and exchanges between medical professionals in China and the West in the intersection of mission history and the global professionalization of medicine in the nineteenth and early twentieth centuries.

My dissertation looks at different aspects of the professionalization of Western modern medicine in China. For instance, I examined the evolution of hospitals in China in comparison with that in the West. I found that while hospitals had a negative appeal in the West for most of the nineteenth century, the situation in China was very different. In order to make a point about how hospitals evolved differently in China, I noted that the concept of hospital did not really exist in the same way in China as it did in the West. The low mortality rates in performing surgery at mission hospitals in China enabled the medical missionaries to cultivate a sense of trust among the Chinese in going to hospitals when no one in the West would want to seek care in such a "dangerous" place. Medical missionaries in China not only had more bodies to operate on but also with more clinical evidence promoted and defended racial unity of humanity, challenging the surging tide of racial medicine in the West. Their experimental surgeries underpinned monogenesis contesting polygenesis and physicians' preoccupation with race specific diseases and

treatments.

Through the lens of medicine, I argue that medical missionaries were "missionaries" of modern medicine first and propagating Christianity only comes as their second and incidental objective. Although they had an additional interest in promoting Christianity, their main goal was, first and foremost, to disseminate and develop modern professional medicine globally. The contributions of medical missionaries in other parts of the world have also been obscured in the study of European medicine. In *Curing Their Ills: Colonial Power and African Illness*, Megan Vaughan noted that much of the research and writing on the history of medicine in European colonial territories during the nineteenth and twentieth century is "strangely silent on the activities" of medical missionaries and nurses. My dissertation is an attempt to fill this lacuna, and it could contribute to a better understanding of global construction of modern medicine.

To My Parents and My Advisor

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CHAPTER 1 INTRODUCTION: RETHINKING THE HISTORY OF MEDICAL MISSIONS IN CHINA

Introduction

Research Questions

> "The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoner and recovery of sight for the blind, to set the oppressed free" (Luke 4:18).

This study is about "medical missionaries"[1]in Qing China. Medical missionaries in the Qing often used quotations from the Bible to counter a majority of the missionaries' objections to treating the diseases of men through modern scientific techniques such as surgery and anatomy as a tool for evangelizing. The tension between evangelism and medicine, in particular professional medicine with an emphasis on surgery and anatomy, has been largely ignored to date by students of Christian missions. Previous scholarly explorations of Christian missions in Qing China have generally taken for granted the cooperation between evangelism and Western professional medicine.

The tension between evangelism and professional medicine actually pervaded the process in which Peter Parker, a licensed medical surgeon, was appointed as a missionary to China. While studying both medicine and theology, Peter Parker thought that in the future he might have a chance to employ his own medical and surgical skills for proselytizing. But after realizing that the mission board did not share his view of the use

[1] In this dissertation, the term "medical missionaries" refers to Protestant missionaries who were professionally trained in Western medicine and attained a medical license.

of medicine for evangelizing, Peter Parker had to conceal his disappointment. He sensed that professional training as a surgeon served as a hindrance in the process of being appointed as a foreign missionary. At the farewell meeting held on June 1, 1834, Peter Parker was given the instructions of the Prudential Committee of the American Board, stating emphatically that the medical and surgical knowledge and skills he had acquired should remain "handmaids to the gospel," and that his character as a surgeon, or as a man of science, should not supersede his character as a teacher of religion.[2] Ultimately, Peter Parker, with the instructions, was sent to China as a missionary, not as a "medical missionary."

The restraints which existed at Canton in 1834 had Peter Parker temporarily stay in Singapore, where he was supposed to acquire Chinese language to facilitate his mission.[3] But the rising people's demand of his medical service made it difficult for him to accomplish his chief mission, inculcating the Chinese with a religious conviction of "the health and eternal life of the souls" through preaching.[4] His growing interests in the sick among the Chinese came into conflict with the instructions from the Board, but he could not know how to reconcile them.

Peter Parker's involvement in medical and surgical practice in Singapore continued in Canton. The surgical treatment he performed at the ophthalmic clinic in Canton from 1835 produced visible and "magical" effects of Western professional medicine, especially

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[2] C. J. Bartlett. "Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings." *Journal of the American Medical Association.* 67 (1916): 407-411.

[3] George Stevens, *The Life of Peter Parker M.D*. (Boston and Chicago: Congregational Sunday School and Publishing Society, 1896).

[4] Ibid.

in treating diseases of the eye and tumors, which were very prevalent in China at the time.[5] The clinic appeared to become popular quickly, and up to 1840, about 8,000 Chinese patients had already received operations free of charge at the clinic in Canton.[6]

In 1838, Peter Parker and a number of Protestant surgeons founded the Medical Missionary Society in Canton with the motto of "Heal the Sick" and a master plan.[7] Their efforts were looked upon with suspicion by other missionaries. Missionaries' objections to attending to the diseases of men are deep-seated. Their prejudice against the body based on a sharp distinction between the body and the mind affected their perspective on healing. Spreading the gospel through medical treatment using modern scientific techniques such as anatomy and surgery did not constitute an integral part of the methods of evangelism. For the majority of missionaries, healing "spiritual miseries" through preaching was considered the ultimate goal of the mission. This was the case because while the mind or spirit was associated with "the promising presence of reason and rationality," the body "with abject practices" was always regarded as "sinful" and "mortal."[8]

But, today, no one doubts the use of medicine as an important tool for evangelizing in Qing China. Current studies on missionaries in China fully agree that establishing

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[5] Tradescant Lay, "Diseases among the Chinese: Tumours." *Lancet2* (Sep. 1840): 851-853.

[6] Bartlett, "Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings."

[7] Chinese native medical practitioners such as "Confucian doctors" and "Daoist doctors" had well established their own medical traditions when Peter Parker arrived at Canton. This situation suggests that without relying on medical techniques that native doctors were unskilled, medical missionaries could not appeal to Chinese people. The regulations of the Medical Missionary Society display that medical missionaries were well aware of the weaknesses of Chinese native medicine.

[8] Jojada Verrips, "Body and Mind: Material for a Never-Ending Intellectual Odyssey." *Religion and Material Culture: The Matter of Belief.* (London and New York: Routledge, 2010).

institutions such as medical schools and hospitals and the introduction of the professions of medicine and nursing are among the generally recognized contributions of Christian missions in China.[9] They take for granted these contributions of medical missions in evangelizing in China. But I argue that it was a complex process that needs to be explained. They do not note that professional medicine was never chosen as a major strategy for mission until 1838, nor were there "medical missionaries" in the world before 1838. The biggest weakness of these existing studies is that they do not distinguish between missionaries who were professionally trained in Western medicine and missionaries who were dilettantes of medicine. Thus far, their identities have been conflated into just "missionaries;" as a result, existing studies on medical missions in the Qing have failed to illuminate the process of "professionalization" through which the unique identity of a "professional medical missionary" was constructed. We need to examine how the process of professionalization intersected with the history of Christian missionaries in Qing China.

More specifically, without distinguishing the medical missionaries from the clerical missionaries, scholars cannot effectively explain how Western professional medicine was strategically introduced as a tool to evangelize or how it was practiced, developed, and localized by missionaries in China. Previous scholarship conventionally mentions "missionaries," a kind of a generic category, as agents who introduced Western medicine into China. However, based on the fact that clerical missionaries were not professionally trained surgeons, they cannot be considered agents who introduced Western professional

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[9] Jessie Lutz, *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility.* (Bethlehem: Lehigh University Press, 2010).

medicine into China, even though they dispensed some simple medicines to the Chinese people. Historically speaking, introducing Western professional medicine into China was made possible only by "medical missionaries" who as licensed surgeons founded the Medical Missionary Society in Canton in 1838. Then, is it common knowledge that medical missionaries played a critical role in introducing Western medical knowledge and practices into China? The problem considered is "common" to whom? It might be common knowledge to certain students who read missionary related works, but certainly not to historians in general.

Furthermore, to convincingly address the issue of internal conflicts within missionaries, it is effective to distinguish the two groups. Because a majority of the missionaries raised a question of the propriety of evangelists spreading the gospel through treating diseases rather than preaching,[10] medical missionaries had to struggle with both justifying the effectiveness of their medical mission works and proving their spirituality and faith in God as Christians. In order to overcome clerical missionaries' objections to attending to diseases of men as a means for evangelizing and their prejudice against their "dual" identity as a surgeon-cum-Christian, medical missionaries in Qing China strategically and consciously professionalized their medical missions, simultaneously constructing and strengthening their identity as "professional medical missionaries." As far as I know, no comprehensive study has dealt with the entire process of professionalization initiated and developed by Protestant surgeons in Qing China. This means that the existing fragmentary studies on medical missions in the Qing

[10] Ibid.

have failed to give a convincing answer to the following question: "Compared to other mission strategies, how effectively and successfully has medical treatment worked overall as a mission strategy in China?" Only after conducting a comprehensive study of the process of professionalization and distinguishing between the two missionary groups, a satisfactory answer to the question can be attempted.

There is a general tendency to think that employing medical work in evangelizing was easier and quicker than evangelizing through preaching in the Qing. This generalization seems plausible, yet it requires further examination. In addition to the conflicts within missionary groups, medical missionaries in Qing China, in the process of professionalizing medical missions with a focus on operation, faced several barriers related to Chinese people and society such as gentries and native doctors' hostilities; public fear of bodily mutilation influenced by the Confucian vision of the body; and Qing law, which strictly banned acts such as dismembering a living body and removing and using organs from a living person. Meanwhile, it should not be overlooked that a number of Chinese people actively participated in medical missions and supported them with contributions, volunteer activities in mission hospitals, and forming favorable discourses on medical missionaries and their medical missions. Both obstacles and support that medical missionaries had in China informed the entire process of professionalization in significant ways.

Research on medical missions in Qing China is still in its early stage, and I do not use the binaries of China vs. the West in my explorations of medical missions. In this study, I will investigate the professionalization process of medical missions in a global context. The complex process of professionalizing medical missions cannot be

illuminated effectively through the lenses of a Western-centered approach or China-centered approach.

Building on the existing scholarly explorations of medical missions in Qing China, this study takes a different approach to evangelism, covering the periods from 1807 to 1912. Unlike existing studies, this study is positioned at the intersection of religious, medical, and legal history. This is more effective in addressing the big question of the extent to which a medical mission through the professional use of modern scientific techniques such as surgery and anatomy worked as a powerful and influential mission strategy in the Qing. In dealing with this core question, this study places the professionalization process at the center of discussion.

Two comprehensive questions will be raised to investigate the professionalization process. One is how Protestant surgeons in Qing China constructed their own exclusive medical missions and developed their identity as "professional medical missionaries." A second is in what ways the obstacles and support that medical missionaries had in China informed the development of the professionalization process initiated by Peter Parker and other Protestant surgeons in 1838. The two questions are divided into sub-questions. First, what roles did the Medical Missionary Society and the China Medical Missionary Association[11] play in developing medical missions and the identity of "medical missionaries?" The second one concerns the particular ways in which medical missionaries competed with native medical practitioners such as "Confucian doctors" and "Daoist doctors," who actively practiced their medical skills in the urban medical

[11] The Medical Missionary Society of China had evolved into the China Medical Missionary Association, which was founded in Shanghai in 1886.

landscape. Especially, this study explores how medical missionaries employed surgical medicine to compete with Chinese ethnomedicine and its practitioners. The third question deals with the various manners in which Chinese people expressed their hostilities against and support for medical missionaries and their medical missions.

Issues

Main issues to be dealt with in this study concern internal and external obstacles that medical missionaries encountered in the course of professionalizing their medical missions in Qing China. Based on that medical missionaries had large number of Chinese patients,[12] one can argue that employing medical work in evangelizing was easier and quicker than evangelizing through preaching. But medical missionaries, in reality, confronted several barriers in their mission works.

The first obstacle lay in the missionary community. Most Protestant clerical missionaries argued that attending to the diseases of men was not the proper business of missionaries. Missionaries expressed serious doubt about the propriety of evangelists treating diseases rather than spreading the teachings of Jesus through preaching. Medical missionaries countered with the argument that Jesus himself had cured the sick and the lame.[13]

Another hindrance the medical missionaries had to tackle in the professionalization process was the public fear of bodily mutilation influenced by the Confucian vision of the

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[12] One example is that the hospital, established in Canton at the end of 1835 by Peter Parker, had about 8,000 surgical patients up to 1840.

[13] Luz, *Pioneer Chinese Christian Women*.

body. Medical missionaries performed operations on a living person, in addition to amputating and cutting a living body and removing organs for medical purposes. Meanwhile, Chinese people perceived magicians as people who mutilated a living body to extract human organs for medicinal purposes, and their somatic taboos and fears of bodily mutilation served as preclusion to medical missions, thereby producing misunderstandings of medical missionaries and their medical practices. Indeed, it was not accidental that medical missionaries were misunderstood as magicians by Chinese people.[14]

However, my study of the professionalization of medical missions shows that after Chinese people experienced Western medicine and surgery in person, many of them became active supporters of medical missionaries and their medical works. Chinese people were significant donors of medical missions with British and American merchants. Medical missionaries in reality depended on these two groups financially. In addition, some of Chinese patients became medical evangelists at mission hospitals and played multiple roles as medical and evangelical workers.

A closer examination of the professionalization process also reveals the significant, and largely neglected, parts that medical missionaries played in the process of localizing Western professional medicine in 19th century China. Medical missionaries introduced Western professional medicine and localized it through the process of practicing it for Chinese people as a means for achieving several objectives including evangelizing. In this process, medical missionaries transferred Western medical knowledge, skills, and

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[14] Barend J. ter Haar, *Telling Stories: Witchcraft and Scapegoating in Chinese History.* (Leiden: Brill, 2006). R. G. Tiedemann, *Handbook of Christianity in China* vol 2: *1800 to Present.* (Leiden: Brill, 2010).

institutions to China. Also, performing numerous experimental operations at mission hospitals, they successfully localized Western surgical medicine in China. Meanwhile, their surgical practices based on monogenistic vision of humanity challenged Western medical practitioners' view of diseases that was associated with the prevailing idea of the relation between evolution theory, race, and diseases.

Meanwhile, the legal limitations of the Qing state were keeping medical missionaries Western from fully transferring Western medicine and its institutions to the Chinese in the process of localization. This is the reason why medical missionaries mainly worked in the treaty ports where they were under the protection of their own legal codes. In the localization process, by lifting the legal limitations to hold the development of medical missions through involvement in legal reform in 1907, medical missionaries wanted to establish a stable legal foundation on which they were able to expand their medical missions throughout China with Chinese medical missionaries who were professionally trained in Western medicine. But they had to wait to realize their wish until the Republican era began.

In the Republican era (1912-1949), medical missions expanded across China beyond the treaty ports with a great inflow of full-fledged Chinese medical missionaries into medical missions. This was accompanied by a simultaneous increase in the number of the secular institutions of modernity such as hospitals and medical schools as well as subsidiary professions like nursing. The contributions of medical missions in evangelizing in Qing China have been so far regarded as one aspect of the achievements by missionaries in China. In this project, which will be the first comprehensive study on medical missionaries in the Qing, their contributions will be reappraised within the

conceptual framework of professionalization.

Conceptual Framework

The long and complex process with internal and external obstacles in which medical missionaries in Qing China strategically advanced their medical missions must be investigated comprehensively within a proper conceptual framework. This study will recast medical missionaries' multilayered efforts to deal with obstacles as the process through which they constructed their identity as "professional medical missionaries" or "specialists with spirit" and systematically developed their medical missions in the Qing. In this study, this process will be examined through the conceptual framework of "professionalization." The concept of professionalization provides an alternative framework for tracing the entire trajectory in which medical missions in Qing China were developed and exploring its impacts on Qing society.

The professionalization process encompasses a "movement toward correspondence with the professional model" (Hall 1968). The professional model involves attributes such as formal educational and entrance requirements, forming self-governing professional associations, forming a code of ethics, committing to continued study and public service, and encouraging professionalism (Vollmer and Mills 1966). Developing professional models as a strategy to differentiate themselves from the ordinary missionaries who often utilized medicine as a convenient supplement to their spiritual mission, medical missionaries in the Qing intensified their endeavors to create their identity as "professional medical missionaries," while simultaneously seeking to be acknowledged as full-fledged missionaries. In that process, as professionally trained

specialists, medical missionaries also envisioned and defined what it meant to be a "spiritual" body.

Thesis

This study is regarding professional medical missionaries in Qing China. Existing studies on medical missions in Qing China have assumed that utilizing professional medicine in evangelizing was natural. But in this study, I argue that the combination of evangelism and professional medicine cannot be taken for granted. Besides, previous scholarly works on medical missions have conventionally conflated the identity of professional medical missionaries and clerical missionaries into "missionaries." Consequently, the contributions of medical missionaries have been considered just one side of the accomplishments of "missionaries" in Qing China. I argue that it is essential to distinguish their identities to illuminate how effectively and successfully medical treatment through professional medicine worked overall as a mission strategy in the Qing. Based on the distinction of their identities, this study delves into how medical missionaries, through the process of professionalizing medical missions, overcame internal and external obstacles to utilize Western professional medicine as a tool for evangelizing to China.

The first conscious and strategic cooperation between evangelism and professional medicine in Qing China should be regarded as a landmark occasion in the history of Christian missions. Protestant missionaries such as Robert Morrison faced considerable difficulties in proselytizing in Canton when Peter Parker came to China in 1834.But the founding of the Medical Missionary Society in Canton in 1838 marked a watershed in the

history of Christian missions in China. Strategically and consciously appealing to medical treatment as a tool for missionizing, medical missionaries were able to make remarkable progress in Protestant mission in China, attracting many Chinese people who otherwise were hostile or indifferent to missionaries.

After 1838, clerical missionaries in the Qing still experienced a tough time in evangelizing. With the increasing popularity of medical missions, clerical missionaries brought Chinese people to medical missionaries when they failed to convert them through preaching. "Statistics of the Work of Protestant Missions in China for the Year ending 1905" in *A Century of Protestant Missions in China 1807-1907*, which was published as the centenary conference historical volume in 1907, shows that the strategic attempts to spread the gospel by means of professional medicine certainly increased the opportunities to expose natives to Christian teachings and convert them to Christianity. Christian missions to China in the 19th century were able to produce substantial outcomes in evangelizing with the use of professional medicine and professional medical missionaries.

Medical missionaries in Qing China, through the process of professionalization of differentiating themselves from clerical missionaries and advancing their distinct medical missions, introduced and developed new forms of medical knowledge and technologies; the secular institutions of modernity such as hospitals and medical schools; and the professions of medicine and nursing to China. In the process of demonstrating that Western professional medicine can increase the effectiveness of Christian missions in China, medical missionaries were also transforming Chinese people and Qing state's vision on the body.

Literature Review

Much has been written on missionaries in China (Latourette 1929; Fairbank 1957; Cohen 1963; Fairbank 1974; Fairbank and Barnett 1985; Bays 1996). These works have explored from several perspectives how Christian missions in China contributed to "the rise of modern Chinese nationalism," "the growth of Chinese anti-foreignism," and the growth of "indigenous Chinese Christianity." These studies on Christian missions in China have helped us understand how missionary evangelical and educational works served as the agents of social and cultural change, especially modernization in relation to the expansion of Christianity in the late Qing. But there is no systematic and comprehensive study, covering the whole periods from 1838 to 1912, of "professional medical missionaries" and their impacts on Qing society.

Underrated Medical Missionaries in Qing China

Chapters in books dealing with Christian Colleges and Chinese Christians invariably talk about how their medical colleges or departments and Western-trained Chinese doctors and nurses, who were largely trained in those colleges or departments during the Republican era, played critical roles in disseminating Western-style scientific medicine and nursing in China. John Stanley and Connie Shemo's recent studies (2010) are no exception.

Meanwhile, Shemo's monograph (2011) on Chinese medical ministries illustrates Kang Cheng and Shi Meiyu's medical missions in detail, but it underrates all the attempts and efforts by which medical missionaries before and after the two women challenged ordinary missionaries' objections to their medical missions and overcame a number of

barriers. The credit for the growth of medical missions in China cannot given only to the two Chinese medical missionaries and one missionary society. Shemo's study also conflates the identity of medical missionaries and ordinary missionaries without looking at the complex process in which medical missionaries in Qing China overcame various obstacles to advance their medical works.

Michael Lazich, Timothy Wong, and John Stanley's studies (2006) explore medical missionaries' mission works in Canton, Hong Kong, and one rural area. In their studies, the mission works of medical missionaries, not unlike previous scholarly explorations, were studied simply as one aspect of the history of Protestant missionaries in China. Consequently, the complicated conflicts and competing visions concerning the methods of evangelism among missionaries were largely ignored.

Yuet-wah Cheung's case study (1988), with particular attention to the Republican period, deals with two Canadian Protestant Missions'[15] medical works. Cheung pays scant attention to the significance of medical missions before the twentieth century, underrating the critical roles of the Medical Missionary Society and the China Medical Missionary Association in advancing medical missions in China.

There is no comprehensive work on medical missionaries in Chinese as well. But Nianqun Yang's short discussion on medical missions in *Zaizu Bingren 1832-1985* (*Remaking* "*Patients" 1832-1985*) (2006) deserves attention. Yang argues that medical missionaries actually contributed to the anti-Christian movement in the late Qing, and my thesis is not in agreement with his stance. In *Yiliao Cishan yu Ming-Qing Fujian Shehui*

[15] South China Mission and West China Mission

(*Medicine, Charity, and Fujian Society in the Ming-Qing period*) (2010), Zunwang Wang and Ying Li explore the growth of a medical mission in Fujian province, centering on Xu Jinhong, a Chinese female medical missionary who studied medicine in America. Yet Wang and Li's discussion bears a resemblance to Shemo's study of Chinese medical missionaries.

In an introductory essay entitled "Medical Missions" in *Handbook of Christianity in China: 1800-to the Present* (2010), Gary Tiedemann points out that the missionary societies by the late nineteenth century believed that the medical works were considerably efficient in converting the Chinese. However, Tiedemann's discussion of medical missionaries reveals that he does not recognize that medical missionaries in the Qing were not a logical development of Christian missions in China. As Tiedemann notes, medical missionaries also translated a number of Western medical works. But Tiedemann follows Ryan Dunch's argument that "it is important to recognize that missionary science translations were not part of a master plan, whether of individuals, of mission boards, or of abstractions like modernity, capitalism, or imperialist project."[16] I do not agree with their arguments. Medical missionaries, from the beginning of their mission works in China, included translations of Western medical and scientific works as an important strategy in their mission works and consciously invested their time and resources in the translation of Western medical works. Translating Western medical and scientific works is not a direct means for proselytizing, but medical missionaries with a master plan to advance their medical missions did not overlook the significance of the

[16] Tiedemann, *Handbook of Christianity in China* vol 2: *1800 to Present.*

translation work to facilitate the training of Chinese medical missionaries and disseminate Western medical and scientific knowledge. Translating Western medical works was one part of a "concerted effort" by medical missionaries to promote their medical missions in China. Both Tiedemann and Dunch do not also pay attention to the critical roles that the Medical Missionary Society and the China Medical Missionary Association played in furthering medical missions in China.

To sum up, all these studies cannot be treated as distinct pieces of work to illuminate medical missionaries in the Qing as critical agents who produced social and cultural changes such as the transformation of medicine through the process of professionalizing medical missions.

Medical Missionaries Characterized as "Specialists without Spirits"

Not unlike in the history of medicine in China, the contributions of medical missionaries have been also obscured in the history of medicine in Europe. In *Curing Their Ills: Colonial Power and African Illness*, Megan Vaughan noted that much of the research and writing on the history of medicine in European colonial territories during the nineteenth and twentieth century is "strangely silent on the activities of mission doctors and nurses."[17] How can we explain this silence? Vaughan did not suggest an answer, but her remark aroused my curiosity about the identity of medical missionaries who offered medical services in foreign lands like China during the nineteenth and early twentieth century.

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[17] Megan Vaughan, *Curing their Ills: Colonial Power and African Illness.* (Cambridge: Polity Press,1991).

Two articles in the *Chinese Repository* and the *China Medical Journal* provide critical information in approaching the identity of medical missionaries in the Qing. The article by Rev. Rufus Anderson in the *Chinese Repository* discusses "the theory of missions to the heathen."[18] Emphasizing the significance of oral instructions to heal "spiritual miseries" in mission work, Anderson argued that the system of missions should be still rendered more spiritual in its temper, objects, and measures.[19] According to Anderson, the idea that Christianity is identified with the diffusion of the scientific benefits functions as a formidable obstacle in establishing "purely spiritual missions."[20] In Anderson's view, medical missionaries using science for evangelizing are pious but still secular men.

Meanwhile, the article entitled "Divine Healing" by Dr. H. Lechmere Clift in the *China Medical Journal* shows that around 1910, medical missionaries were still struggling with the issue of the propriety of healing diseases of men by means of professional medicine, or "rational science." Promoting the significance of "Christian science" as a "righteous reaction from the materialism of the medical profession," Clift argued that so-called "divine healing" or "spiritual healing" or "faith healing," in which using medicine is refused in treating diseases and having a prolonged sickness is regarded as the "Lord's testing the body," is no healing at all (Clift 1910).[21]

While Rev. Anderson's argument reveals missionaries' deep-rooted prejudice

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[18] Rufus Anderson, "The Theory of Missions to Heathen." *Chinese Repository.* 15 (1846).

[19] Ibid.

[20] Ibid.

[21] H. Lechmere Clift, "Divine Healing." *China Medical Journal.* 24 (1910).

against the body based on a sharp distinction between the body and the mind, Dr. Clift's article shows an alternative way of perceiving the relationship between the body and the mind supported by scientific perspectives that stress a more balanced and integrated relationship.[22] As scientists /missionaries, medical missionaries envisioned the body with "a clinical specificity" while at the same time they tried to infuse "the flesh with animating presence of God."[23] For them, a healthy body, mind, and spirit rely on preventive health and the best surgical techniques. But they also argued that healing through medicine should be also linked to endorsing "a power of spirit over body in which prayer seems to have made available healing powers of God witnessing to His Glory."[24]

Medical missionaries' ceaseless efforts to create their identity as "specialists with spirits" through a union of their Christian and scientific convictions have been often overshadowed by their critics, who portrayed them as "the most secular of modern Christians."[25] Similarly, historians and anthropologists of Christian healing have rarely recognized medical missionaries as dwellers in the spirit. They have concentrated instead on those with more dramatic convictions about "spiritual healing," such as Pentecostals or spiritualists taken with séances and mesmeric healing.[26] Medical missionaries were regarded by both critics and scholars as the very personification of Max Weber's concept of "disenchantment." For Weber, disenchantment was a historical process that

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[22] Verrips, "Body and Mind: Material for a Never-Ending Intellectual Odyssey."

[23] Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*.

[24] Ibid.

[25] Ibid.

[26] Ibid.

demystified "mysterious incalculable forces," ensuring that "one need no longer have recourse to magical means in order to master or implore spirits."[27] Weber argued that science facilitated Protestant disenchantment, in particular producing "specialists without spirits."[28] This characterization of medical missionaries is a kind of stigma that has resulted in underrating their endeavors and contributions in evangelizing.

At the Intersection of "Liberal" Protestantism and Western Professional Medicine: Pamela Klassen's Approach to Protestant Medical Professionals

Going beyond conventional views on medical missionaries, this study follows Pamela Klassen's approach taken in *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*. In this work, Klassen contextualized early twentieth century Protestant medical professionals in North America within a wider network of "liberal" Protestants whose commitment to science and the social gospel helped bring into being the secular institutions of modernity, such as hospitals, universities, the Canadian version of a state-funded health care system, and transnational nongovernmental organizations, while they maintained habits of prayer and the conviction that spiritual energies course through the universe and the body.[29] Klassen employed the term "liberal" across the twentieth century to denote a kind of Protestantism with "a disposition of critical openness to change and science, optimism about religious interrelations, and commitment to social, political, and economic justice rooted in biblical text," not to denote the classic

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[27] Max Weber, *The Protestant Ethics and the Spirits of Capitalism.*(New York: W.W. Norton & Co., 2009). Max Weber, "Science as a Vocation." *From Max Weber.* (London: Routledge, 1991).

[28] Weber, *The Protestant Ethics and the Spirits of Capitalism* and Weber and "Science as a Vocation."

[29] Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity.*

liberalism of the free market or “a fuzzy bordering-on-heretical Christianity.”[30]

Concentrating on the early twentieth century liberal Protestants, including Anglican, Methodist, and United Church circles, Klassen also showed that the earlier liberals shared a “lineage” with the socially conscious, pluralistic Protestants who followed them. If the early twentieth century liberal Protestants had their heirs, they also had their own forebears whose commitment to medical science in mission work invoked serious doubt from the beginning. The focus of my study will be the forebears of the liberal Protestants, none other than “professional medical missionaries” in nineteenth century China. While liberal Protestants gained ambiguous power from their intimacy with and influence on many realms of early twentieth century culture, enthusiastically embracing secularity, science, the ‘natural,’ and the therapeutic,[31] medical missionaries in nineteenth century China commenced their works encountering a number of obstacles.

At the Intersection of the Professionalization of Medicine in the West and Medical Missions in Qing China: Professionalizing Medical Missions

The Professionalization of Medicine in the West

By 1800, Western surgeons’ attempts to elevate their status as professionals had yielded journals dedicated to surgery, in England its own colleges, including the Royal College of Surgeons, and, in general, rising social standing.[32] Surgeons’ efforts to raise

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30 Ibid.

31 Richard W. Fox, “The Culture of Liberal Protestant Progressivism, 1875-1925.” *Journal of Interdisciplinary History. 2*3 no.3 (1993): 639-660.

32 Linda L. Barnes. *Needles, Herbs, Gods, and Ghosts.* (Mass.: Harvard University Press, 2005).

their standing gained more strength on the basis of legal valorization of anatomy supported by the legislature of Massachusetts in 1831 and the Anatomy Act of England in 1832. During the second half of the nineteenth century, the movement towards the professionalization of medicine in the West aimed to develop "professional control in relation to protection against unqualified competitors; control over entry to the profession; medical ethics; and medical education."[33] The professionalization process of medicine in the West intersected with the process of professionalizing medical missions in Qing China.

The Professionalization of Medical Missions in Qing China

In terms of specialized technical knowledge, as licensed surgeons, medical missionaries in Qing China acquired significant knowledge and skills. But, as missionaries, they were not regarded as full-fledged missionaries, and their intimacy with material culture led other missionaries to doubt the integrity of their beliefs as Christians.

However, appreciating to the full the value of combining the healing of diseases with the teachings of Jesus, medical missionaries in the Qing held that the spheres of labor in the mission field should follow the direction in which missionaries' talents and training led them through the spirit of prayer.[34] Maintaining this perspective, the Medical Missionary Society of China instituted its constitution stating that securing doctors with qualified medical skills and proven character was indispensable for the successful

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[33] Ivan Waddington, "Professionalization: The Movement towards the Professionalization of Medicine." *British Medical Journal.* 301 (1990): 688-690.

[34] William Lockhart, *The Medical Missionary in China.*(London: Hurst and Blackett, 1861).

prosecution of medical missions in China. Dr. William Lockhart emphasized that medical missionaries should be qualified surgeons who can cope with severe cases, indicating that ministers cannot be made efficient medical missionaries with only a few months' attendance at lectures and brief observation of hospital practice.[35]

Meanwhile, for successful pursuit of their work, medical missionaries relied on the confidence of the public in their technical ability and character, and this imposed on them a duty to justify the trust they received from the Chinese people. Peter Parker's reports on surgical cases, with illustrations, and other medical missionaries' reports of operations and charitable works were presented to a group of nonmedical persons for the purpose of justifying the effects of their mission work in China.

The Medical Missionary Society of China had evolved into the China Medical Missionary Association by 1886 and the *China Medical Missionary Journal* (continued as the *China Medical Journal* in 1907) was founded by medical missionaries in 1887. The *China Medical Missionary Journal* became a critical venue through which medical missionaries in China could keep up-to-date with the professional body of knowledge and promote its growth. This professional association and journal in China also served as a transnational network, embracing medical missionaries who worked in Korea, Japan, and Southeast Asian countries like the Philippines in the late nineteenth century. This study will investigate how medical missionaries in the Qing, to become "specialists with spirits," balanced science and the gospel throughout the process of professionalization of becoming "professional medical missionaries."

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[35] Ibid.

As pointed out above, current studies of missionaries in China agree that the introduction of secular institutions of modernity such as medical schools and hospitals and "the introduction of the professions of medicine and nursing" are among the most widely recognized contributions of Christian missions to China.[36] Protestant medical missionaries were the earliest doctors to practice Western professional medicine as a tool for evangelizing in China,[37] with its emphasis on surgery and anatomy. But the process of localization of Western medical knowledge and technologies in relation to Chinese native medicine remains to be studied in the body of scholarship of medical missionaries and medicine in China. Exploring the complex process of adapting Western professional medicine for a Chinese environment certainly provides the key to understanding why and how medical missions prospered in Qing China.

Challenging conventional views on medical missionaries in the Qing, this study demonstrates that the professionalization process of becoming professional medical missionaries created "specialists with spirits," displaying compatibility between science/secularity and religion/spirituality and producing substantial outcomes in evangelizing in Qing China. In that process, we will also see the rising power of professional medicine as a tool for evangelizing, the appearance of a new perspective on the body and diseases, localization of Western professional medicine with its emphasis on surgery and anatomy, the resurgence of medical practices marginalized in Chinese ethno-medicine, the tension and the possibility of coexistence between science and religion, and newly emerging profession of medicine.

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[36] Lutz, *Pioneer Chinese Christian Women.*

[37] Ibid.

Chapter Organization

This study is organized into six chapters. Chapter 1 “Rethinking the History of Medical Missions in China” is an introduction of this dissertation. In this chapter, I suggest that the history of medical missions in China should be revisited based on more nuanced understanding of different missionary groups.

Part I “Trade, Evangelism, and the Origin of Medical Missions” consists of Chapter 2 and Chapter 3. In Chapter 2 “Protestant Missionaries, Merchants, and Medical Men in China,” I illuminate the origin of Protestant medical missions considering differing concerns and interests of three social groups-Protestant clerical missionaries, foreign merchants, and foreign medical men.

In Chapter 3 “The Founding of the Medical Missionary Society, 1834-42,” I explore the complicated trajectory that reveals how the differing concerns and interests of Protestant missionaries, foreign merchants, and foreign medical practitioners come to converge into the founding of the Medical Missionary Society of China in 1838. This chapter also examines funding sources, personnel, and objectives of the Society.

Part II “The Professionalization of Medical Missions in China, 1838-1912: Medical Missionaries and the Localization of Western Professional Medicine” including Chapter 4 and Chapter 5 examines how medical missionaries established medical missions as their own exclusive mission fields through the professionalization with a purpose of the localization of Western professional medicine. Part II argues that the professionalization of medical missions in China, interlocking with the professionalization of medicine in the West, produced the localization of Western professional medicine, thereby leading to the transformation of medicine (“revolutionizing medicine”) in China.

Chapter 4 “Professional Medical Men and Their Religious Mission: A Network of Medical Missionaries, 1838-1912” attempts to recast medical missionaries in China as a professional missionary group which formed through the complex process of professionalization of medical missions in the nineteenth and the early twentieth centuries. Throughout the period examined here, medical missionaries in China were shaping their own professional network for the professionalization of medical missions.

Chapter 5 “One Race and Universal Diseases: Experimental Surgery Against Evolution Theory” argues that Medical missionaries’ experimental operations based on monogenism challenged polygenism and its discourse on race specific diseases, stressing universality of bodies, diseases, and surgical solutions. In the late nineteenth century, Western medical practitioner, being affected by Darwin’s evolution theory, viewed a tumor as a symbolic disease of “uncivilized inferior” races such as Mongolian race and African race. But, challenging their view, medical missionaries took a stance that all humans were liable to any kinds of diseases and abnormal diseases like preternatural tumors were products that “uncivilized” medicine created. For them, Chinese ethnomedicine was uncivilized since it failed to develop surgery, thereby causing abnormal diseases and serious bodily deformities. From the view of medical missionaries, diseases were not related to “race” but rather related to “place” including various environmental factors such as soil, climate, habits, customs, and culture.

Chapter 6 “Evangelism without Clerical Missionaries” is a conclusion of this study. In this chapter, I emphasize that evangelism of medical missionaries greatly differed from that of clerical missionaries.

PART ONE
TRADE, EVANGELISM, AND THE ORIGIN OF MEDICAL MISIONS[38]

The Medical Missionary Society of China Revisited, 1807-42

> "To the various missionary Boards whose cooperation is sought, we would respectfully say, imitate Him whose gospel you desire to publish to every land. Like Him, regard not as beneath your notice the opening the eyes of the blind and the ears of the deaf, and the healing all manner of diseases**.** Until permitted to publish openly and without restraint the truths of the gospel, neglect not the opportunity afforded of freely practicing its *spirit* [emphasis original]." [39]

This quotation is from "Regulations and Resolutions" of the Medical Missionary Society of China published in 1838. It implies that the healing miracles abundant in the Bible were not usually highlighted in propagating the gospel by Protestant missionaries. They were devoted to saving soul by means of preaching. Healing the sick miraculously was in no way an important work that Protestant missionaries could strategically practice to attract the "heathen" and to spread the gospel in foreign mission fields. Missionaries were neither Jesus with wonderworking healing power nor credentialed medical practitioners with mastery of medicine or surgery or both of them. Using medicine, especially professional medicine, was not a strategic means for evangelism naturally initiated and furthered by Protestant missionary societies.

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[38] The Medical Missionary Society of China was not a professional medical society in terms of the composition of the organization in its early periods. The Society embraced foreign merchants, foreign medical men, Chinese merchants, and missionaries as members when it was established in 1838. Of course, these groups were not conceived as "medical missionaries." The origin of professional medical missions was the free medical aid of Thomas Colledge at Macao which commenced in 1827, and it did not bear on religion or religious organization or missionary works.

[39] Thomas Richardson Colledge, Peter Parker, Elijah Coleman Bridgman, "Medical Missionary Society: Regulations and Resolutions," *Chinese Repository* 7 (1838): 44.

Thomas Colledge, Peter Parker, and Elijah Bridgman, the founders of the Medical Missionary Society in China, were aware of the indifference of the Protestant missionary societies toward the use of medicine for evangelism. So, when the first public meeting of the Society was held in 1838, its founders took great pains to urge the missionary boards to cooperate in its medical mission.

In fact, the name of "the Medical Missionary Society" has misled people into believing that the Society was established by Protestant missionary boards and missionaries to take advantage of the power of medicine for evangelism in China. But the founders of the Society chose the name "missionary society" to underscore the fact that the Society in reality wished to look for qualified medical practitioners with a religious conviction and devotion to evangelism. The Society was by no means a sheer religious organization established exclusively by Protestant missionary boards and missionaries. Research into the trajectory of the establishment of the Society and its early development demonstrates that the Society was in fact a secular society.

The membership of Medical Missionary Society in China comprised three distinct groups of foreign merchants, foreign medical practitioners, and Protestant missionaries. An overwhelming majority of the members were the first two groups, and Protestant missionaries were only a minority in the Society. The Society was officially founded in Canton in 1838 by these disparate groups for the purpose of achieving multiple goals.[40] The multiple objectives of the Society included both religious and secular ones, and the latter involved commercial and scientific/medical objectives.

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[40] The Medical Missionary Society in China grew into The Chinese Medical Missionary Association in 1886.

“Medical missionaries” were the key members who played a major role in achieving the three goals. As the primary members of the Society, “medical missionaries” did not denote members who were “missionaries” but members who were professional physicians and surgeons. Also, “medical missionaries” did not designate the union of the professions of medicine and theology; it put a premium on the credentialed qualifications of medical practitioners. The professional training and credentials of medical practitioners were central to their identity as medical missionaries. For instance, ministers who only dabbled in medicine, without acquiring a license of medicine and surgery or a medical degree, for the purpose of facilitating Protestant evangelism did not deserve the title “medical missionaries.”

Peter Parker, one of the three founders of the Society, had two diplomas, one in medicine and the other in theology. Parker was a Protestant minister, but he qualified for being a medical missionary since he was a well-trained medical practitioner with a degree of M.D. It has been taken for granted to date that Parker was a paradigmatic illustration of “medical missionaries,” but his instance was actually regarded as an exceptional and rare one in the Society. The Society valued his professional credentials and identity as a medical practitioner above everything else. His clerical identity as a Protestant minister was in fact of no particular significance in the Society. Thomas Colledge, as president of the Society, emphatically stated that those exceptional and rare cases like Parker who earned degrees of both medicine and theology, unlike ministers who might try to use medicine without medical licenses or medical degrees, would not have any possibilities

to jeopardize a medical mission in China.[41] Accepting the definitions of a medical mission and a medical missionary articulated by Colledge, Parker did not set his identity as a minister before another identity as a medical practitioner. Parker did not employ professional medicine as a "missionary." Strictly speaking, he practiced professional medicine as a credentialed medical practitioner in a medical mission, thereby leading to the formation of new identity of a "medical missionary." It would not be unreasonable to postulate that his clerical identity as a minister rather came to serve as a "handmaid" to professional medicine in a medical mission.

As the major agents of the Society, medical missionaries comprised only qualified medical practitioners, and an absolute majority of them were lay medical practitioners with professional credentials. Medical missions in China, later being gradually extended into such countries as Siam (Thailand), Japan, and Korea,[42] were to be organized and administered exclusively by medical profession, not by clerical profession.

The Medical Missionary Society in China was not exclusively religious nor secular. Rather, the Medical Missionary Society in China, being a voluntary society from the outset, established a foundation for professional medical missions which were exclusively to be dominated and controlled by qualified regular medical practitioners.

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[41] Thomas Richardson Colledge, *The Medical Missionary Society in China* (Philadelphia: The Medical Missionary Society, 1838), 6.

[42] The medical missionaries of the Medical Missionary Society of China officially worked in China, Japan, Korea, and Siam. Interestingly, the realm of medical missions of the Society was overlapped with so-called "third realm" of foreign relations, "reserved for countries considered legally and culturally outside the "family of nations," and thus not entitled to govern sojourning foreigners." As Eileen Scully points out in her work, China was put in that "third realm" of foreign relations after its defeat in the Opium War in 1842. Siam in 1856, Korea in 1856, and Japan in 1858 were also included in this so-called "third realm." See Eileen Scully, *Bargaining with the State from Afar: American Citizenship in Treaty Port China 1844-1942* (New York: Columbia University Press, 2001), 65.

CHAPTER 2 PROTESTANT MISSIONARIES, MERCHANTS, AND MEDICAL MEN IN CHINA

Struggles of Protestant Missionaries

In 1831, an article entitled "The Missionary Question" was published in the *American Quarterly*. It stirred up much interest among the Protestant missionaries who were working to convert the Chinese in Canton, Malacca, Batavia, Penang, and Singapore since 1807. The article, based on the eyewitness accounts of South Sea missions written by Otto von Kotzebue, a post captain in the Russian imperial navy, and C. S. Stewart, a chaplain in the United States' navy, dealt with many consequential questions that bear on Protestant missions in foreign mission fields at large. The questions mainly pertained to the result of "the experiment" of proselytizing "heathen countries."[43]

Even though the article, juxtaposing the contrasting portraits of missionary work by the two witnesses, tried to offer the readers dispassionate views of Protestant missions and missionaries in the "heathen countries," it was in fact being inclined towards favoring the negative characterization of the result of "the experiment" of Protestant missions that was presented at length in *A New Voyage round the World* by Otto Von Kotzebue.[44] Robert Morrison, the first British Protestant missionary who was sent to Canton in 1807 by the London Missionary Society, comprehended the negative implications in the

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[43] Editor, "The Missionary Question," *The American Quarterly Review* X, no. XIX (1831): 93.

[44] Unlike the late nineteenth century, "implicit or explicit opposition to missionary endeavor" existed widely among all Western Christians in the early nineteenth century. See Peter van Rooden "Nineteenth-century Representations of Missionary Conversion and the Transformation of Western Christianity," 83.

overarching questions addressed on the basis of the two eyewitnesses of Protestant missions although he was not working in South Sea missions. Yet Morrison, in his article published in the *Chinese Repository* in 1832, drew a conclusion that "we consider the article headed "Missionary Question" in the *Quarterly*, a very faithful portraiture of the subject," signaling his mixed feelings about the interim result and the future of Protestant missions in China.[45]

As a matter of fact, such questions as "is it possible, is it desirable, to propagate the Gospel?" and "can savages be brought to embrace it with the spirit and the understanding?" raised in "The Missionary Question" were so pressing that could not be ignored from the standpoint of the Protestant missionaries who were concerned about the progress of their proselytizing work in foreign mission fields.[46] In particular, the questions were enough to embarrass Protestant missionaries who were working to convert the Chinese in Canton, Malacca, Penang, Batavia, and Singapore since 1807.

Just after "The Missionary Question" was introduced and discussed by Morrison in the *Chinese Repository*, Arthur S. Keating, an editor of the *Canton Register* and a correspondent of the *Chinese Repository*, for the purpose of justifying too slow progress of Protestant missionary work in Canton and British colonial areas, provided detailed accounts of the features of the methods made use by Protestant missionaries to propagate the gospel and proselytize "the heathen" in the article entitled "Labors of the Missionaries" that was also published in the *Chinese Repository*. In this article, making an objection to the opinion eulogizing the "successful results" of Catholic missionaries in

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[45] Robert Morrison, "Quarterly Review on Missions," *The Chinese Repository* I (1832): 109.

[46] The two questions were cited from Editor, "The Missionary Question," 93.

China before 1805 in comparison to Protestant missions getting no better in Canton and making slow progress in the British colonial areas since 1807, Keating criticized the proselytizing methods by which Jesuit missionaries attempted to attract the attention of "the heathen" in China.[47] Keating argued that since the Jesuit missionaries based on enthusiasm took advantage of "the gorgeous display, which always attended the outward observances of their worship" comprising "ceremonies, more barbarous, though scarcely less splendid," they were easily able to win people's favor and more chances to convert them.[48] Seen from the missionaries of the reformed religion, that is Protestantism, the Chinese Christians converted by Jesuit missionaries in China had in reality combined Christian doctrines with "their own customs and modes of idolatry,"[49] thereby failing to purify their soul that had been polluted by "idolatry." In short, their faith in God, which was adulterated by "materiality" bearing on "things," cannot be considered "pure" and "sincere" from the standpoint of Protestant missionaries.

Concurring with Keating's argument, Elijah Bridgman, an editor of the *Chinese Repository* and the first American Protestant missionary who came to Canton in 1829, pointed out that overall, Catholic missionaries' system of proselytizing in China had a defect. Bridgman, not unlike other Protestant missionaries' view of Catholic missions, argued that Catholic missionaries "failed in giving to those who were perishing for lack of vision, the *pure light* of revealed truth-HOLY BIBLE; and, consequently, they failed to employ the best possible means for inducing their pupils and others within their

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[47] Arthur S. Keating, "Labors of the Missionaries," *The Chinese Repository* I (1832): 268-70.

[48] Ibid., 269.

[49] Ibid.

influence, to exercise repentance towards God, and faith in Jesus Christ, and of establishing them on that rock that can never be moved [capitalization and emphasis in original].”[50]

As Keating and Bridgman had noted in their writings, Protestant missionaries, giving priority to the Bible, that is “the Word of God,” before anything else, had been generally using such “less splendid” or “plain” means as preaching the gospel and teaching the Bible as tools for proselytization. This point is applicable to the sixteen Protestant missionaries who were operating in Canton, Penang, Malacca, Batavia, and Singapore before 1832 as well.[51] Save for Rev. Robert Morrison, Rev. Charles Gutzlaff, Rev. Elijah Bridgman, and Rev. David Abeel who were sent to China, other twelve Protestant missionaries were working to convert the resident Chinese in Malacca, Batavia, Penang, and Singapore.[52] The section entitled “Religious Intelligence” in the *Chinese Repository* regularly published the reports of the missions by the Protestant missionaries who worked in the British colonial areas. Those reports vividly illustrated that Protestant missionaries mainly took advantage of such methods as preaching the word, teaching from house to house, distributing the “Holy Scriptures,” and instructing the Bible in schools.[53]

The focus of these strategies was on reforming souls by virtue of preaching the gospel and teaching the Bible, leading thereby to the conversion of “the heathen.” The tradition

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[50] Elijah Bridgman, “Remarks of Our Correspondent,” *The Chinese Repository* I (1832): 272.

[51] Peter Parker Collection, Historical Library, Cushing/Whitney Medical Library, Yale University.

[52] The 12 Protestant missionaries in the British colonial areas include William Milne, Rev. W. H. Medhurst, Rev. John Slater, Rev. John Ince, Rev. Samuel Milton, Rev. Robert Fleming, Rev. James Humphreys, Rev. David Collie, Rev. Samuel Kidd, Rev. John Smith, Rev. Jacob Tomlin, and Rev. Samuel Dyer. This information on Protestant missionaries in Canton, Malacca, Penang, Batavia, and Singapore is from Peter Parker Collection, Historical Library, Cushing/Whitney Library, Yale University.

[53] “Religious Intelligence,” *The Chinese Repository* I (1832): 376.

that strongly advocates "spiritual building" only through the Bible, namely " the Word of God," to get salvation of soul has been highlighted and maintained in mainstream Protestantism as the gist of Protestant spirit since the Reformation in the sixteenth and seventeenth centuries.[54] Only the Bible has been holding "a pre-eminence that no words can express" since the Reformation.[55]

But when Protestant missionaries tried to apply this pivotal spirit of Protestantism to the means for proselytizing in "heathen countries," they in reality had to take a hard time and more enduring efforts to produce the ideal result that they aspired to achieve, that is converting "the heathen," to borrow Keating's words, on the basis of exacting "conviction, full and undoubted, of the doctrines" of Christianity.[56] Of course, to verify if the "heathen" had conviction of the doctrines of Christianity and "sincere" faith in God was in no way a simple task to Protestant missionaries. In addition, as Protestant missionaries in Malacca, Penang, Batavia, and Singapore recurrently remarked in their reports in the *Chinese Repository*, more missionaries were demanded to propagate the gospel widely to the scattered "heathen," no other than the resident Chinese, by means of preaching and distributing the Bible.[57]

As a matter of fact, the interim result of Protestant missionary works even in the British colonial areas such as Penang and Malacca where no ban on missionary work existed failed to meet the high expectations of Protestant missionaries. In the historical

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[54] Gerald Bray, ed., *Documents of the English Reformation 1426-1701* (Cambridge: James Clarke & Co Ltd, 2004), 358-59.

[55] Robert Morrison, "The Bible," *The Chinese Repository* I (1832): 101.

[56] Keating, "Labors of the Missionaries," 269.

[57] "Religious Intelligence," 376.

documents bearing on the Protestant missions for the sojourning Chinese in the British colonial areas, Protestant missionaries frankly expressed that "the work to be accomplished is vast; the difficulties to be encountered, and to be overcome or removed, are numerous; while the laborers are few, and are compassed with many infirmities."[58]

In connection with the means of evangelizing in Protestant missions, Webb Keane's influential anthropological work of Dutch Calvinist missionaries on an island of Sumba in Southeast Asia in the 1990s would be of help to the furtherance of our understanding of the subject matter. In *Christian Moderns: Freedom and Fetish in the Mission Encounter*," the author, an anthropologist of Protestant missions, dealt with in depth the issue of the limitation of the typical means that Protestant missionaries took advantage of for conversion in foreign mission fields.

According to Keane, Protestant missionaries, through the process of converting "the heathen" into "a spiritual supreme being" with faith in God, conducted what is called "religious purification" that "draws on models of redemption and even religious paradigms for taking an agentive stance toward one's inner thoughts," thereby resulting in "abstraction," that is abstracting "modern subjects" from "material and social entanglements in the name of greater freedom."[59] As Keane had noted, "the goal of abstraction is one aspect of Protestant conversion that has provided both new concepts and new practices by which those concepts become inhabitable in ordinary lives" of the

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[58] Ibid.

[59] Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (Berkeley: University of California Press, 2007), 76-84. The expression of "a spiritual supreme being" is from Montesquieu's *The Spirit of Laws* which was quoted in Introduction of Margaret Aston*, England's Iconoclasts*. Vol. I *Laws Against Images* (Oxford: Oxford University Press, 1988), 1.

converts.[60] Applying the theory of "purification" proposed by Bruno Latour to his work in a forceful way, Keane pointed out that "purification," drawing "the proper boundaries between agentive subjective and mere object," seeks to form "entirely distinct ontological zone: that of human beings on the one hand; that of nonhumans on the other hand."[61]

It is said that "the sense of moral progress" drives "purification," and as indicated earlier in this chapter, the process of the Reformation in the sixteenth and seventeenth centuries, trying to eliminate the influences of "idolatry" on Christianity and Christians, sought to make the Bible the only way on which Christians should rely to purify their soul "degenerated" by the worships of "idols."[62] In this context, the Bible conceived as "the Word of God" symbolizes immateriality.[63] The Bible, not "miraculous" power of "idols" in various material forms, is regarded as the only route through which Christians are able to seek to be saved by God. "Things" illustrative of materiality with negative implications in conjunction with ceremonies, worships, "idols," and body/flesh in Protestantism should be clearly separated from "words," a symbol of immortal soul.[64] Salvation of soul through the Bible, not by means of any other material forms,

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[60] Keane, *Christian Moderns*, 76.

[61] Ibid., 76-77. In regard to the theory of "purification," refer to Bruno Latour, "Crisis," in *We Have Never Been Modern*, trans. Catherine Porter (Massachusetts: Harvard University Press, 1993), 1-12.

[62] I borrow the expression "the sense of moral progress" from Keane, *Christian Moderns*, 77.

[63] Matthew Engelke's *A Problem of Presence: beyond Scripture in an African Church* proposes an intriguing instance with regards to the relation between materiality and immateriality. In his work, Engelke, on the basis of his anthropological observations of religious practices of the Masowe weChishanu Church or Friday Masowe Church in Zimbabwe of Africa, shows that there are Christians who do not read the Bible in that they "want a relationship with God that is not dependent on things such as books." According to Engelke, "they want a faith in which things do not matter, because they understand things as a barrier to faith." To the Christians of the Masowe weChisanu Church, even the Bible, that is a "book," is regarded as a "material thing." Refer to Mathew Engelke, *A Problem of Presence: Beyond Scripture in an African Church* (Berkeley: University of California Press, 2007).2-3.

[64] Brigit Meyer, ed., *Things: Religion and the Question of Materiality* (New York: Fordham University Press, 2012).

undoubtedly constituted an integral part in Protestantism and Protestant missions.

However, Keane pointed out in a convincing way that "religious purification" is by no means successful in Protestant missions. According to him, "even the effort to spiritualize the conscience, by sharpening the distinction between immaterial subjects and material things, fosters the conditions for objectification."[65] Even though Protestant missionaries underscored the significance of "immaterial subjects" being separated from "material things," they, unlike what they originally intended, could not avoid being intertwined with "concrete forms" in propagating the gospel by means of preaching and circulating the Bible.[66]

Keane argued that "if the work of purification would set those material forms wholly apart from self-aware, agentive humans who would thereby stand alone, it is a task that cannot be completed."[67] This argument made by Keane is in no way pointless in that it in a forceful way propounds the significance of having comprehensive and holistic understandings of human beings and their lives which were deeply entrenched in "materiality" in close connection with various "material things" and "concrete forms." Protestant missionaries and their "purification work" based on the ordinary methods of proselytization in foreign mission fields had in fact overlooked the interlocked relationship between spirit and matter in relation to human beings and their daily lives.

Keane's research into "the mission encounter" in eastern Indonesia illustrates in a vivid way that Protestant missionaries on an island of Sumba encountered unexpected

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[65] Keane, *Christian Moderns*, 289.

[66] Ibid.

[67] Ibid.

reactions of the natives who in reality wished to get something material or "miraculous" ones as proof of Christian God's power that could be helpful to meeting their daily practical needs, for instance, medical treatment and animals like buffalos, not books like the Bible.[68] In this context, Keane provides one illustrative instance of conversation between himself and one Sumbanese in another his article of "Materialism, Missionaries, and Modern Subjects in Colonial Indonesia."

The conversation pertains to the claims of Protestant minister and church, and in it the Sumbanese named Umbu Delu complained about their claims as follows: "But *that* thing (i.e. the church) I call a subtle colonizer (Indo. *penjajah halus*)-every day you pay money. Give money to the minister, to the congregation. They say "If you don't give money, they won't read from their book. Pay that money. It's as if we buy it. But what are we buying? What we hear all our lives. It's the same too if we're sick-pay first….Even if you pay, you'll still be dead in the end. What are we going to see the proof?' They talk about hell-there's no proof of hell. I was already a Christian once, but they made me pay every day. Plus tithes every year. So I left the church [emphasis in original]."[69]

Umbu Hiwa, another native of an island of Sumba added his opinion on the subject matter of "proof" to attest to strength of religion to what Umbu Delu mentioned in the preceding conversation. "Let's compare religions. As for our proof, you can already see it-there's that gold. But the Christians don't have any proof. All they have is that book….That's where we have our strength-*we* didn't make that gold. Each one of these

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[68] Webb Keane, "Materialism, Missionaries, and Modern Subjects in Colonial Indonesia," in *Conversion to Modernities: The Globalization of Christianity*, ed. Peter van der Veer (New York & London: Routledge, 1996), 137-70.

[69] Ibid., 141.

house has its gold, replacement of the name of the ones who brought it, so there's a sign that they really came here. But these Christians, all they have is a book. This book can be destroyed, or again its handiwork can fade. But as for the tomb of (our ancestor), we can see it with our own eyes, we don't have to go far….Its' not easy to look at God, if it weren't for our ancestor who's at the side of God. We don't know God's place, only our ancestor does. We're not saying God doesn't exist-He exists (pointing upward). We say so, so do the Christians….But *they,* they only *talk*, they say "These are my sins" while *we* use *materials*-like ancestor did, they'd say "Give me a buffalo…. [emphasis in original]."[70]

Seen from the "heathen," religious books like the Bible brought by Protestant missionaries could not satisfy what they at the outset expected from religion, which is Protestantism in this context. I will mention one female native's wish of material help that she was in fact expecting when she decided to be a Protestant. Yet being so disappointed by what she could actually get by being a Christian, she in the end returned to her native religion since it, from the standpoint of the native woman, was able to provide at least some efficacious medical help for her sick kid.[71]

Books, in foreign mission fields in which Protestant missionaries should compete with the native religions, failed to function as the "proof" which might be interpreted as revealing the real existence of Christian God, whose supposed "wonderworking" power might be directly helpful to their daily lives full of such urgent concerns as health problems, food shortages, and financial difficulties. To the natives, many of the urgent

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[70] Ibid., 141-42.

[71] Ibid.

concerns could be resolved only by means of material things and help. Hence, it would not be an overstatement to say that "matter" or material benefits basically play a more significant part than "spirit" in choosing religion and advancing their belief in it.

However, spreading the gospel by means of medical treatment, especially using modern scientific medical techniques such as anatomy and surgery, did not constitute an integral part of evangelism. On the basis of religious doctrines, Protestant missionaries were basically disposed to stress the saving of the soul than the healing of the body. For a majority of missionaries, healing spiritual miseries or reforming souls through preaching the gospel was considered the ultimate goal of the mission.

Problems of Evangelism at Canton and Macao

It would not be unreasonable to speculate that Protestant missionaries in Malacca, Penang, Batavia, and Singapore in the early nineteenth century had similar experiences like the Protestant missionaries who attempted to proselytize the natives of an island of Sumba in eastern Indonesia by means of "religious purification" work that was implemented through the ordinary strategies of conversion. But at least we can draw a conclusion here that the conditions that Protestant missionaries experienced in Malacca, Penang, Batavia, and Singapore in the early nineteenth century were more favorable and promising than the circumstance that Protestant missionaries such as Morrison and Bridgman encountered in Canton since 1807.

It should be noted that the typical methods of propagating the gospel such as preaching and distributing the Bible tapped into by the Protestant missionaries in the British colonial areas could not be used in Canton from the outset of Protestant missions

set out by Morrison in 1807. Being contingently entangled in the conditions unfavorable to Protestant missionaries in China, the "plain" means of proselytizing "the heathen" in Protestant missions came to lose its opportunity to be tested among the Chinese in Canton, thereby leading to producing no remarkable progress in Protestant missionary work in China. As a matter of fact, Protestant missions in Canton could not help failing despite of Morrison and Bridgman's enthusiasm to proselytize "the heathen" in China. Their existence itself as Christian missionaries in Canton was regarded as illegal since the Qing government officially banned all religious activities of Christian missionaries to propagate the gospel and convert the Chinese from 1805 on.

Before 1805, the Qing emperors had in fact maintained a relatively lenient attitude towards Christianity, denoting Catholicism, and Catholic missionaries in China. For instance, in September of 1664, Johan Adam Schall von Bell, a Jesuit missionary who came to China in the Ming dynasty and was working as a director of the Board of Astronomy of the imperial court, was accused of instigating rebellion by Yang Guangxian (楊光先), an official student in Jiangnan province.[72] Yang, in his memorial to the Emperor Kangxi, argued that Schall was the ringleader of the conspiracy to subvert the reigning dynasty by means of establishing Catholic churches and printing "heretical" books. In his memorial to the Emperor Kangxi, Yang impeached Schall as follows: "T'ang Jo-wang, under the guise of calendar-making, reaches beyond the gate of the Golden Palaces and engages in spying out the secrets of our Court. If they (Westerners)

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[72] *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, compiled, translated, and annotated. Lo-shu Fu (Tucson: The University of Arizona Press, 1966), 35. Yang' Guangxian's memorial is included in Yang's work titled *Budei* (不得已).

do not have intrigues within and without China, why do they establish Catholic churches both in the capital and in strategic place in the province and why do they publish this heretical book to seduce the people throughout the Empire?"[73]

In April of 1665, Schall, with his five Chinese colleagues, was sentenced to death by dismemberment, but it was in fact not related to suspicion of "instigating rebellion" by means of establishing Catholic churches and publishing "heretical" books as Yang argued in his preceding memorial.[74] Schall, as a Catholic missionary-cum-scientist, was working as a director of the Imperial Board of Astronomy, and Yang's another memorial impeaching Schall's errors in making a calendar and choosing the burial date and geomantic site of the diseased prince led to the trial of Schall.[75] But Kangxi, also taking account of his long service as an official at the imperial court and his old age, in the end pardoned him for the reason that "he specializes in astronomy and the selection of burial dates and sites does not lie within his province."[76] Kangxi knew that Schall was a Jesuit missionary. But imposing restrictions on the activities relating to his religious identity as a Catholic missionary, Kangxi hired Schall as an official of the imperial court in that he was a scientist as well and treated him as a scientist with his trust on him.[77]

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[73] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 36. T'ang Jo-wang (湯若望) is Adam Schall's Chinese name.

[74] Ibid., 37.

[75] Ibid.

[76] Ibid., 38.

[77] Restrictions were put on the European missionary officials at the Qing imperial court. In the edict of Qianlong to George III, Qianlong said "even the European (missionary) officials in my capital are forbidden to hold intercourse with Chinese subjects; they are restricted within the limits of their appointed residences, and may not go about propagating their religion…" Quoted in Paul U. Unschuld, *The Fall and Rise of China: Healing the Trauma of History* (London: Reaktion Books, 2013), 19. Unshculd quoted the edicts of Qianlong from E. Backhouse and J.O.P. Bland, *Annals and Memoirs of the Court of Peking* (London: W. Heinemann, 1914), 322-31.

The Qing emperors were well aware of that the Catholic missionaries coming to China from Europe were seeking to propagate Christian teachings and convert Chinese people. According to Yang Guangxian's first memorial, there were already numerous Chinese converts and about thirty churches established in the interior provinces and Beijing, the imperial capital, around 1664.[78] But the Qing emperors including Qianlong did not strictly prohibit Catholic missionaries' propagation of Christian teachings in China before 1805. As a matter of fact, the Qing emperors implicitly tolerated Catholic missionaries to propagate the gospel and convert the Chinese under reasoning that there had been no serious attempts for Catholic missionaries and Chinese converts to overthrow the empire or to instigate rebellion through expanding influences of Catholicism in China.[79] The Qing emperors had recurrently received memorials to impeach Catholic missionaries' religious activities in interior provinces and their "suspicious" motives. But they, for example as Kangxi's attitude toward Yang's memorial shows, were lukewarm about dealing with those memorials sent from local officials and commoners.

The Qing emperors had a special interest in Western science and scientists. It seems reasonable to assume that this point could to a certain degree contribute to the formation

[78] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 36.

[79] For instance, Kangxi, in 1692, decreed to the grand secretary as follows: "Earlier the Board of (Rites) decided that the various Catholic churches should be preserved. However, We allow only the Westerners (not the Chinese) to practice Christianity. This has been already approved. At the present time the Westerners are managing the administration of our calendar-making, and previously they assisted us also by becoming part of our mission to Russia. In short, they have committed no crime. If we denounce Christianity as a heresy, We cannot forbid Christians to embrace it, since they are innocent…" In this decree, Kangxi mentioned that only the Westerners can practice Christianity, but in another edict proclaimed in 1692, Kangxi allowed the Chinese who attend the Catholic "churches to burn incenses and to worship as well." See Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 105-06. Fu refers to *Xichaodingan* (熙朝定案) by Verbiest et al.

of a generous attitude of the Qing emperors towards Catholic missionaries and the less strict application of the Qing regulations relating to Westerners to Catholicism and Catholic missionaries before 1805. Seen from the Qing emperors, Westerners' visit to the Qing state was not in many cases to be delightful in general. But it would be a misconception to say that the Qing emperors did not welcome the visit of Catholic missionaries from Europe. Some of the European Catholic missionaries who had made a visit to China since the Ming dynasty were scientists such as cartographers, mathematicians, and astronomers. The Qing emperors indeed welcomed those Catholic missionary scientists and wished to employ them as officials at the imperial court in order to take advantage of the state-of-the-art scientific knowledge of calendar-making, astronomy, and map-making brought by them.[80]

There is a noteworthy instance illustrative of the flexible application of the Qing regulations related to Westerners to Catholic missionaries before 1805. In July of 1687, the first group of French Jesuits missionaries comprising five people, namely Jean de Fontaney, Le Comte, Claude de Visdelou, Joachim Bouvet, and Jean-Francois Gerbillon, for the first time arrived in Ningbo in Zhejiang province by a ship of the Guangdong merchant. The Board of Rites did not allow them to reside in the interior saying that "since foreigners are not allowed to live in the Interior, the five foreigners, Hung Jo and

[80] The Catholic missionary scientists wished to be hired as officials to work at the Qing imperial court as well. The missionary scientists first submitted a petition to the viceroy and governor of Guangdong to ask for an employment at the imperial court. In a sense, local officials who did not like Catholic missionaries and their religious activities in local society also knew well that the emperors' attitudes towards the European missionary scientists were considerably favorable. For example, in 1724, when the viceroy of Zhejiang and Fujian provinces memorialized to send Catholic missionaries in the interior provinces to Macao to prevent their religious activities, he made an exception of the scientists. In his memorial, the viceroy mentioned that scientists should be sent to the capital to serve the imperial court. See Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 138, 284.

others, might not properly be allowed to stay in the Interior. We should order the governor to deport them to their own country. Hereafter, the merchants of the Interior are strictly forbidden to bring in foreign passengers. If they violate this prohibition, they will be severely punished. As soon as this order reaches the local magistrate and the maritime customs, it will be valid as law."[81]

However, the Board of Rites shortly received another edict from the emperor, and it reads as follows: "It is not improbable that among the foreigners, Hung Jo and others, are those who may know the method of calendar-making. If so, We order them to repair to Peking and wait for Our employment. As for the others who cannot be employed, we also allow them to reside freely in the Interior."[82] In the end, Bouvet and Gerbillon were employed as officials to work at the Imperial Board of Astronomy and other three missionaries, who were not scientists, were allowed to stay in the interior freely.[83] The reason the emperor reversed the first decision of the five French Jesuits missionaries was precisely because that there were scientists among the French missionary group.

The Qing emperors knew well that the European scientists hired as officials at the imperial court were Catholic missionaries.[84] But the emperors did not suspect the missionary scientists at the imperial court as spies who as Yang Guangxian argued in his

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[81] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 93, 98. This passage is from *Xichaodingan* (熙朝定案) by Verbiest et al. In the meantime, "Hung Jo" is a Chinese name of Jean de Fontaney.

[82] Ibid., 93. This passage is also from *Xichaodingan* (熙朝定案) by Verbiest et al.

[83] Ibid., 99.

[84] In *A Documentary Chronicle of Sino-Western Relations 1644-1820*, there are a number of instances that show Catholics missionaries, especially Catholic missionary scientists, who visited China and voluntarily asked for an employment at the Qing imperial court. Hiring the Catholic missionary scientists as officials at the imperial court was a kind of a customary employment practice of the Qing government. As Lo-shu Fu pointed out, the Qing emperors hired the European scientists only through the Catholic missionary network.

memorial, secretly intended to instigate rebellion by means of establishing Catholic churches and publishing “heretical” books until 1805. In addition, the emperors allowed other Catholic missionaries who came to China with the missionary scientists to reside in the interior provinces freely. The feelings of wariness of the emperors of the Westerners were presented in the form of the vigilance of the missionary scientists at the imperial court. But the Qing emperors in reality held an ambivalent attitude towards them which in a sense revealed basic trust on them as well.

For example, there is one illustration which displays the Qing emperors’ trust on the Catholic missionary scientists working as officials at the imperial court. In one of the Qianlong’s edicts to George III of England in 1793, the emperor remarked as follows: “It is true that Europeans, in the service of the dynasty, have been permitted to live at Peking, but they are compelled to adopt Chinese dress, they are strictly confined to their own precincts and are never permitted to return home.”[85] Seen from the Qing emperor, insofar as the European missionary scientists at the imperial court adopt Chinese dress and voluntarily abide by the strict constraints on their freedom of behaviors, they can be considered quite reliable ones.

However, in February of 1805, there took place one event that the European missionary scientist called Adeodato, who was tasked with administering calendar-making at the imperial court, secretly sent the Pope a letter to criticize Chinese authorities outspokenly and a map to indicate the places at which Chinese converts worship Catholicism in collusion with Chinese converts including a Chinese bannerman and a

[85] Quoted in Paul U. Unschuld, *The Fall and Rise of China: Healing the Trauma of History* (London: Reaktion Books, 2013), 15.

number of commoners.[86] This map event decisively disappointed the Emperor Jiaqing who like his predecessors had hired some of the Catholic missionaries as officials at the imperial court believing that the missionary scientists will not contact Chinese people in the interior for the religious activity. This event undoubtedly confirmed that Yang Guangxian's memorial of 1664 which impeached the Catholic missionary scientists at the imperial court was in no way groundless.

After this map incident, the Emperor Jiaqing, from 1805 to 1815, ordered local officials intensively to ferret out Catholic missionaries who had been spreading the gospel by means of printing religious books in the interior and also harshly punished Chinese converts who still preached and practiced Catholicism even after 1805 in which Catholicism was officially denounced. In addition, the Qing government deported the discovered Catholic missionaries to their home countries or Macao, meanwhile making an exception of the missionary scientists whom the emperor still wished to hire as officials at the imperial court. With the intensification of searching out Catholic missionaries scattered in the interior provinces, Catholicism and Catholic missions were officially prohibited in China from 1805.[87] The missionary scientists worked at the

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[86] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 350-54. Horsea Ballou Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 4 (Oxford: The Clarrendon Press, 1926), 16.

[87] In 1805, two French missionaries, Père Richenet and Père Dumazel, were waiting for the orders of the Emperor to proceed to Beijing. They finally left for Beijing in June of 1805, but they were ordered to turn back from the borders of the province of Zhili "by an Imperial Order revoking the former permission and directing that they might be reconducted to Canton without loss of time so as to be enabled to return to their native Country." Meanwhile, in July of 1805, an Italian missionary who tried to enter Shansi had to turn back from that province to Canton where he was "in close confinement and in considerable danger of being ultimately condemned to death, for the attempt to introduce himself clandestinely to the interior of the Empire." See Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 4, 16.

imperial court came to receive a close watch.[88]

In the worst time in relation to Christianity and Christian missions in China, Morrison came to Canton hiding his identity as a British Protestant missionary by a ship of American merchants. Before coming to Canton, Morrison stopped by Macao where he was informed by Sir. George Thomas Staunton and Mr. Chalmers, another British resident, that he would have a difficulty in obtaining residence in Canton.[89] This difficulty mentioned by Staunton and Chalmers was resulted from the strict orders of the British East India Company, which forbade any person not engaged in trade to stay in Canton.[90] The British East India Company was strictly observing the regulations that the Qing government promulgated in 1760. According to the regulations, the "residence of foreigners at Canton in the absence of the ships" was not allowed.[91] There was a fixed time for European ships to come and return, and if foreign merchants still need to stay on their affairs, they are obliged to go to Macao after asking the hong merchants to sell their unsold goods in their absence.[92]

But, the 1760 regulations issued by the Qing government mainly pertained to only foreign merchants, not Catholic missionaries who already scattered throughout China

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[88] From the late eighteenth century, the Catholic missionaries' visit to the Qing state was less common, and this meant that hiring the European missionary scientists became difficult seen from the Qing imperial court. For instance, between 1778 and 1781, Qianlong was wondering why Catholic missionaries do not come to China frequently compared to the previous days. Qianlong asked local officials in Canton to investigate the reason why the Catholic missionaries ceased to visit the Qing imperial court. See Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 284-85. 292-93.

[89] Eliza A. Morrison, *Memoirs of the Life and Labours of Robert Morrison, D.D.* (London Longman, Orme, Brown, and Longmans, 1839), 161-2.

[90] Ibid., 162.

[91] Horsea Ballou Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 5, supplementary, 1742-74 (Oxford: The Clarrendon Press, 1929), 94.

[92] Ibid.

including interior provinces since the Ming dynasty. If Morrison could come to China before 1805, he might have some opportunities to pursue his religious goal, propagating the gospel and converting the Chinese. But around 1807 when Morrison came to Canton as a Protestant missionary, the condition in China did not allow him to achieve his religious objective by means of the typical means of conversion.

When Morrison arrived incognito at Canton in 1807, his objective was to proselytize the Chinese through preaching the gospel with a new "Protestant" ethos.[93] Morrison was the first Protestant missionary who attempted to introduce Protestantism to China where "Christianity" in fact denoted Catholicism.[94] But as noted earlier, since the shocking map event, the situation in relation to Christianity and Christian missions in China wholly changed. Morrison, hiding his identity as a Protestant missionary from the outset, eventually got a position as an interpreter working for the Company to stay temporarily in Canton.[95] But while working as an interpreter for the Company, Morrison, as a missionary, mainly worked in a chapel of the British East India Company in Macao because of his illegal status as a Christian missionary in China.[96] It would not be unreasonable to speculate that Morrison's conclusion of "The Missionary Question" duly reflected upon the unpromising circumstances pertaining to Protestant missions in China.

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[93] Christopher Hancock, *Robert Morrison and the Birth of Chinese Protestantism* (London: T & T Clark, 2008), 5.

[94] Ibid., 5, 39.

[95] In 1811, Sir. George Thomas Staunton, who had played important roles as both a negotiator and an interpreter for the British East India Company became sick, and thus, Robert Morrison took over his role as an interpreter. Before being an interpreter for the Company, Morrison worked as a translator and a teacher of Chinese to members of the factory of Canton at a salary of 2,000 dollars a year. See Horsea Ballou Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 3 (Oxford: The Clarrendon Press, 1926), 165.

[96] Editor, "Neglecting or Despising the Savior," *The Chinese Repository* I (1832): 150.

When Bridgman, the first American Protestant missionary, came to Canon in 1829, the condition relating to Christian missions did not get improved at all. It was not a coincidence that Protestant missionary societies sent only four Protestant missionaries to China while they sent twelve missionaries to the British colonial areas such as Penang, Malacca, Batavia, and Singapore before 1832.

As pointed out earlier, the three objectives of the Medical Missionary Society of China were intimately associated with the concerns and interests of the three groups such as Protestant missionaries, foreign merchants, and foreign medical practitioners who came to Canton for different reasons before 1838. As examined in detail, Protestant missionaries could not overcome the obstacles that they unexpectedly encountered in China, thereby losing the chance to use the ordinary means of converting "the heathen." If we take into account of that the typical methods of conversion aiming at "purification" could not produce ideal results even in foreign mission fields where no prohibitions on Christian missions existed, we come to comprehend how critical the obstacles that Protestant missionaries faced in China since 1807 were.

British Merchants in Macao and Canton before 1834

While the stay of Christian missionaries in China became illegal after 1805, foreign merchants who acquired licenses at Macao to trade with China before coming to Canton were allowed to reside in the "factories" or "hongs" outside the city wall at Canton for a limited time period doing their business.[97] But their stay in China was restricted by the

[97] Westel W. Willoughby, *Foreign Rights and Interests in China.* Vol. II (Baltimore: The Johns Hopkins Press, 1927), 547.

Qing government as well. As noted earlier, the Qing government's regulations of foreign trade and commerce issued in 1760 imposed constraints on the business and behaviors of foreign merchants. Yet insofar as foreign merchants abide by the regulations, they could conduct their commercial business through Chinese hong merchants at the small port of Canton.

In the meantime, the concerns of foreign merchants devoted to secular and material interests like money differed from the instance of Protestant missionaries with interests in spiritual matters like saving souls. Especially, given that the numbers of foreign merchants in China were much bigger than other two foreign groups, namely Protestant missionaries and medical practitioners, the difficulties that they faced against in relation to their business in China could not be ignored. In particular, British merchants, who markedly frequented China from the early nineteenth century with American merchants, encountered several critical obstacles bearing on their trade with China.[98]

In relation to the objectives of the Medical Missionary Society of China, special regard should be paid to one of the salient concerns besetting the British merchants, that is overcoming prejudices and hostilities against them. Of particular significance is forging a positive image of themselves and a favorable relation with the Qing government to facilitate the growth of trade with China. Especially, in the early nineteenth century, it became apparent that British merchants were anxious about their public image and reputation in China.[99]

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[98] American merchants came to China for the first time in 1787. See Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 302.

[99] When Lord Amherst was sent to China as an ambassador by the British government in 1816, Secret Commercial Committee gave him a letter which elaborated the concerns relating to trade with China and

In this context, it should be noted that the Qing government's image of the British merchants was fairly tarnished in the early nineteenth century. There should have been multiple occasions and factors which led to the tarnished image of the British merchants in China. For example, as addressed earlier, the map incident in 1805 explicitly played a vital role in damaging the Qing state's overall image of the Westerners including Catholic missionaries and foreign merchants.

But the most critical event with regard to the image of the British merchants in China was the incident in which the British fleet landed at Macao in September of 1808 without consent of the Qing government on the ground that they wished to protect the Portuguese settlement, that is Macao, from the French during the Napoleonic Wars.[100] Only after landing at Macao, William Drury, a British Real Admiral in command of 300 troops, petitioned the viceroy of Guangdong asking him to grant their stay at Macao.[101] But later investigation of this event revealed that Drury brought the troops to Macao from Madras without getting a permission of the king of England since he was afraid that France might come to Macao and check the British merchants in trade with China.[102] After this

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the main objects of his mission. In the letter, Secret Commercial Committee mentioned that one of the concerns was "pre-exiting hostility" against the British merchants and "a venal partiality to the American Ships" at Canton. In this letter, Secret Commercial Committee also traced the origin of the distrust on the British merchants of the Chinese government to the incident of 1614 in which "the Dutch committed robberies on Chinese Vessels in the name of the English." Refer to "Letter from Secret Commercial Committee to the Right Honble Lord Amherst, Ambassador, Etc. Etc. Etc. Dated 17th January 1816" in Appendix V of Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 3, 284-95.

[100] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 369, 371. In his work, Morse indicated that Drury "had come to Macao with the most benevolent intentions: his object was to aid the Portuguese in defending Macao against the French-this aid was rejected both by the Portuguese, tenants of the port, and by the Chinese, lords of the soil." Refer to Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 3, 90-91.

[101] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 369-70.

[102] Ibid., 376.

incident, in 1809, Bailing (百齡), a new viceroy of Liangguang (兩廣), gave the following portrait of the British nationals in his memorial to the emperor: "The barbarians of that country are always unreasonable and dishonest…We have been too lenient with them. From now on, we must make amends and be more severe."[103] This incident in 1808 had the British merchants under suspicion of the Qing government.

In 1814, there took place another significant incident in which an American commercial ship was pursued by an English frigate *Doris* in Chinese inner sea.[104] From the standpoint of the Qing government, this incident presented a crescendo of "lawless" disposition of the British nationals.[105] The second British embassy to China in 1816 also ended up failing, thereby leading to the irreversible deterioration of the relation between China and Great Britain. In 1827, when the Select Committee of the British East India Company expressed strong displeasure with the unfounded suspicion of smuggling in a letter to the Hoppo who warned against smuggling, the Hoppo eventually admitted that he had been misunderstood.[106] But the Select Committee asked Morrison to translate the Hoppo's injunction, and he reported as follows: "The writer is unusually tenacious of the

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[103] Ibid., 377.

[104] Ibid., 393-94.

[105] In 1816, Lord Amherst came to China as an ambassador, and this incident constituted one of the issues that he needs to deal with in case when the Chinese government brings up this subject. Lord Castlereagh, in his letter to Lord Amherst, mentioned that "in order to enable you to make such explanations as may be satisfactory to the Chinese Government upon the first point I have to refer your lordship to the accompanying communication from the Lords Commissioners of the Admiralty, by which your proceeding in that respect will be regulated." But Lord Amherst's mission failed, and thus, the Company was still concerned about the negative influences of the incident of 1808 on the trade with China even in 1829. Refer to "Letter from the Right Honble Lord Castlereagh to the Right Honble Lord Amherst, Ambassador, Etc. Etc. Etc. Dated 1st January 1816" in Appendix V of Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 3, 279-84. For the circumstance in 1829, see Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 4, 216.

[106] Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 4, 152.

word 夷 E, ‘Foreign’. It is a dubious word, never used by ourselves.”[107] Although the Hoppo admitted his misunderstanding of the smuggling, the Select Committee still felt uneasy about the frequent use of the Chinese character Yi (夷) in the injunction of the Hoppo.

In 1830, when Mr. Baynes, the Chief of the English factory, brought his wife to Canton not in accordance with the regulations of the Qing government, this event provided a pretext that the Viceroy could criticize in public “the depraved morals of the foreigners” posting up a placard on the wall of the Company’s factory in Canton.[108] In addition to this event, foreigners’ use of sedan chairs carried by Chinese chair-bearers was condemned openly as well.[109] In the end, the English merchants complained about the insulting remarks and humiliating treatments by the Chinese authorities to the Select Committee of the Company.

The Select Committee of the Company replied as follows: “We are not surprised that the late Proclamations should have had the effect of exiting the general indignation of Foreigners they seem indeed to have been studiously got up for the purpose of galling their feelings and holding them up to contempt of the lower orders of Natives….The annual Proclamation respecting Servants has within the last few days been placarded to the Walls of our own Factories besides language the most grossly insulting and opprobrious, it contains insinuations which to a Chinese mind are equal to positive

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[107] Ibid., 152.

[108] Ibid., 234-36.

[109] Foreigners were actually able to sit in sedan chairs of the Chinese chair-bearers freely in Macao where the non-interference of the local magistrate was applied. See Robert Morrison, “Edict Disallowing Sedans to Foreigners,” *Chinese Repository* 2 (1833): 233.

charges against foreigners of crimes so shameful and atrocious, that we have thitherto refrained from polluting our records with the mention of them. This year they have attracted the notice of the Community in a greater degree than usual, having appeared (though from regard to Public Decency in a very modified form) in the Canton Register, a paper which now universally circulated through the East."[110]

The British merchants in China around 1830 sensed "the visible marks of inferiority imposed on them by a race whose superiority they did not admit."[111] Especially, the private British merchants, who traded with China in a limited scale not being engaged in the Company's official business in China, realized that their free trade in China which would be granted soon by the British government would not be immune from the disgraced public image of the British subjects, mainly denoting British merchants, in China. In 1833, J. Goddard, a British merchant who traded in both Canton and Macao and supported free commerce, published a long piece of article entitled "Free Trade with the Chinese" in the *Chinese Repository*. In this article, Goddard pointed out that even though the British merchants in China comprised well educated and talented ones, they were just conceived as "poor foreigners and traders" by the Chinese and not compatible with "a mandarin of even ordinary rank."[112] Interestingly, the author imputed the denigrated image of the British merchants to their own ignorance of their "relative position with regard to the Chinese."[113] He argued as follows: "It is the failure of not

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[110] Morse, *The Chronicles of the East India Company Trading to China 1635-1834*. Vol. 4, 236.

[111] Ibid., 242.

[112] J. Goddard, "Free Trade with the Chinese" *Chinese Repository* 2 (1833): 357.

[113] Ibid.

knowing ourselves, in our relative position with regard to the Chinese, in which all our errors are grounded. It is in vain that we know and feel that we are gentlemen, and engaged in a profession equal with those that rank the highest-if there be an alloy in the sight of others that we cannot overcome or dissipate. In short, we possess a tainted character with the Chinese, and until our government raises it by just and efficient measures, we must confess our fault, and have our sins ever before us."[114]

As a matter of fact, the Qing government's principal attitude towards the Westerners and image of them were formed on the presumption that Chinese civilization is the most civilized among others in the world. But the Qing emperors, in dealing with Westerners, took the position that those "barbarians" from the West, insofar as they abide by Qing law, should be treated fairly and leniently in China to avoid unnecessary troubles and conflicts between the Qing state and Western countries. For instance, the Emperor Jiaqing in his edict summarized how to treat the foreigners as follows: "In short, the way to control the strangers is to keep good reason and justice always on our side; then they will have no cause for compliant. Certainly, we should not venture to start a war. Nor should we show cowardice which will encourage them to act lawlessly."[115]

But, a series of incidents associated with the Westerners, in particular the British merchants, in the early nineteenth century caused a profound shift in the ways the Qing government dealt with the issues such as frontier defense and the control of "barbarians," concurrently worsening the Qing government's image of the Westerners most of them were British merchants at that time. Seen from the Qing government in the early

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[114] Ibid.

[115] Fu, *A Documentary Chronicle of Sino-Western Relation, 1644-1820*. Vol. I, 413.

nineteenth century, the British nation owned "lawless" and "the most materially deteriorated European character," and thus it deserved "arbitrary conduct" and "insolent language."[116] In November of 1834, the governor of the provinces Guangdong and Guangxi and the superintendent of customs of Canton issued a "proclamation against the hong merchants[117] conniving at and abetting vice in foreigners," and it abounded in criticism of foreign merchants who had been "ruining the morals and manners of the public" and "creating disturbances."[118] Further, the proclamation, for the purpose of controlling foreign merchants, stipulated the strict regulations that foreign merchants and hong merchants should abide by without fail.

Since 1834, the issue of the tainted public image of the British subjects in China came to the fore as a critical obstacle not conducive to the British government's strategic interests and efforts in the maintenance of "national dignity" in a global context.[119] In April of 1834, the British government, supporting the principle of free trade, finally decided to end the monopoly of the Company in trade with China. Since 1834, as a political authority for the private British merchants, the British government actively asked the Crown's representatives such as Lord Napier and Captain Elliot to take actions "to maintain their concept of national dignity" in dealing with the Chinese government.[120]

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[116] Goddard, "Free Trade with the Chinese," 356.

[117] The Qing emperors' image of the hong merchants who are intimately linked with the foreign merchants was negative as well, and the image of this group in China was being denigrated in proportion to the image of the foreign merchants in China. When Howqua, a security hong merchant, helped the Medical Missionary Society of China, his intention was to improve the degraded image of hong merchants. See Fu's work and Goddard's article p.357.

[118] Elijah Bridgman, "Edict Accusing Foreigners of Vice" *Chinese Repository* 3 (1834): 391.

[119] I borrow the expression "national dignity" from *A Research Guide to China-Coast Newspapers, 1822-1911*, eds. Frank H. H. King and Prescott Clarke (Cambridge, Mass: Harvard University Press, 1965), 18.

[120] King and Clarke, *A Research Guide to China-Coast Newspapers, 1822-1911*, 18. This point eventually

As a matter of fact, before 1834, a different approach was adopted by the Company with its own independent political authority in coping with the conflicts with the Chinese authorities. The Company did not want to draw the attention of the British government to the problems or the conflicts coupled with its trade in China. The Company was in reality not that interested in maintaining the concept of "national dignity." As Goddard indicated in his writing in the *Chinese Repository*, the Company, not to speak of the British government, did not have any specific policies to restore the tarnished image of the national character in China.[121] Therefore, whenever conflicts took place in relation to the trade with China, they in the end yielded to the Chinese authorities in Canton and tried to abide by the regulations and law of the Qing government.

But the British government, since 1834, directly came to deal with problems bearing on trade in China through the Crown's representatives like Lord Napier. A number of problems stemmed from trade in China were being now magnified as national issues that the British government wished to engage with more actively. The private British merchants, unlike the attitude of the Select Committee of the Company, also directly complained about the problems or obstacles that they encountered doing trade in China to the British government. The private British traders took more active attitudes in coping with the problems. One of the vexing problems besetting them was the negative public image of the British nationals in China.

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resulted in the frequent stoppage of trade with China, thereby leading to more concerns and complaints of the British free traders in China. Therefore, the British free traders were seeking to find better ways to improve the negative image of the British merchants in China. Supporting the Medical Missionary Society of China financially became one of the promising methods to pursue their purpose. Meanwhile, Lord Napier became a chief superintendent of British trade in China in 1834.

[121] Goddard, "Free Trade with the Chinese," 356.

Foreign Medical Men in Macao and Canton before 1834

But, of special interest is that the negative public image of the Westerners in China did not bear on the foreign medical practitioners like the ship surgeons whom the Company employed to treat seamen and merchants on board. Like the foreign merchants, the stay of the ship surgeons in Canton was not illegal. But whereas the public image of the foreign merchants in China was negative, the foreign medical men were the sole group that fairly succeeded in shaping a good image of them in China. As noted earlier, the Qing government's image of the Western scientists was very favorable, and this point might be able to be conducive to the formation of a positive image of the foreign medical practitioners in China in a certain way as well. But more explanations are required to understand the favorable attitudes of the Chinese people towards the medical practitioners accompanying the foreign merchants.

When the Company, abiding by English laws, hired surgeons as shipboard positions for the ships having more than forty men on board, their medical services were provided for Europeans and Americans free of charge.[122] The medical practitioners employed by the Company were not supposed to provide medical care to Chinese people save for some instances in which the Chinese were injured by the Westerners.[123] Some foreign medical practitioners befriended native medical practitioners and pharmacists in Canton and were

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[122] Since very few of the American ships engaged in trade in China hired their own physicians, American merchants and seamen mainly used the medical care provided by the ship surgeons of the Company. See E. Stevens, "Seamen in the Port of Canton," *Chinese Repository* 2 (1833): 425.

[123] Linda Barnes, *Needles, Herbs, Gods, and Ghosts*. (Mass.: Harvard University Press, 2005). In the meantime, occasional accounts describe encounters of European residents in Canton with Chinese physicians. Some foreigners were treated by Chinese physicians in particular when it is a matter of intermittent fevers and dysenteries considered local illness. See Robert Morrison, "The Fashionable Doctor in Canton" *Chinese Repository* 1 (1832).

able to observe their medical practice and patients. Yet there were a few of ship surgeons of the Company who treated Chinese patients in person with permission of the Company. Their medical practices for the Chinese in Macao and Canton constituted exceptional instances. But it is worth considering how these foreign medical practitioners unlike merchants and missionaries were able to gain the trust of the Chinese people in that it would help one understand another significant aspect bearing on the establishment of the Medical Missionary Society of China in 1838.

In 1805, Alexander Pearson came to Canton as a ship surgeon of the Company. As discussed earlier, 1805 was the year in which the map incident took place in Beijing, thereby leading to the ban on Christian missionary work in China. But Pearson, as a medical practitioner, was able to contact local Chinese people relatively freely. During the periods between 1805 and 1816, Pearson and Chinese native vaccinators like "A-he-qua" trained by him endeavored to expand the practice by vaccinating many people, and their endeavors partly produced positive results in preventing an annual epidemic.[124] In Bridgman's words, by means of practicing vaccine inoculation, Pearson carried "with him the high esteem and regard of all who knew him."[125] But Pearson indicated that even though numerous Chinese people were inoculated for eleven years, it was not difficult to realize "the characteristic apathy of the Chinese to what does not immediately appeal to their observation through exigency either of their sufferings or interests."[126] His report

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[124] Elijah Bridgman, "Vaccination" *Chinese Repository* 2 (1833): 37, 40. Bridgman as an editor of the magazine asked Alexander Pearson to send his reports of "the introduction of the practice of vaccine inoculation into China" which was originally written in 1816 to submit to the Board of the National Vaccine Establishment."

[125] Elijah Bridgman, "Benevolent Enterprise" *Chinese Repository* 1 (1832): 334.

[126] Bridgman, "Vaccination," 37.

did not also fail to point out that the practice of vaccine inoculation in China occasionally failed in preventing various diseases from occurring.[127]

Unlike Pearson, Thomas Colledge, another ship surgeon of the Company and later the founder and president of the Medical Missionary Society in China, embarked on his medical service oriented to eye surgery on the Chinese patients at Macao in 1827. With his personal funds, he rented two small houses to employ them as ophthalmic hospitals at which surgical treatments and hospitalization were provided to the Chinese patients free of charge.[128]

Colledge's medical practice which was devoted to performing surgery on the eye diseases proved its possibility that could appeal to people in China in which surgical medicine had been in reality degenerated since the Song dynasty.[129] Compared to the vaccine inoculation which required considerable time to establish its putative effects, performing surgery was able to reveal its "magical" efficacy immediately to the Chinese patients. The popular appeal of Colledge's medical practice to the Chinese patients in Macao can be also read in connection with Pearson's foregoing remarks of "the characteristic apathy of the Chinese to what does not immediately appeal to their observation."

Not only did Colledge's surgical practice differ from Pearson's practice of vaccinating, but also it was distinguished from the medical practice by other foreign

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[127] Ibid., 41.

[128] Elijah Bridgman, "Ophthalmic Hospital at Macao" *Chinese Repository* 2 (1833): 272. Thomas Colledge's report of his hospital at Macao was included in this article.

[129] Angela Leung, "Medical Learning from the Song to the Ming." *The Song-Yuan-Ming Transition in Chinese History* (Mass.: Harvard University Press, 2003).

medical practitioners who ran a dispensary for both the foreigners and the natives in Canton in 1828. The foundation of the dispensary in Canton was in fact laid by Colledge with assistance of J. H. Bradford, an American medical practitioner residing in Canton, but it was administered later by Bradford and R. H. Cox, a British surgeon with another license as an apothecary.[130] The two medical men did not perform surgery, and they mainly treated Chinese patients with simple diseases by means of prescribing and dispensing medicines.[131]

Unlike the medical practices of Pearson, Bradford, and Cox, Colledge's medical aid providing surgical treatments and hospitalization at a hospital produced immediate and appealing results. There are sufficient textual evidences to display that his medical practice was also conducive to the shaping of favorable image of the foreigners, in particular the British nationals in China. Letters of thanks with poems written by the Chinese patients or their connections were sent to Colledge, and they manifested the high esteem of the Britain as well as praising "supernatural power" of Colldege's surgical skills.[132] According to the detailed reports of the Ophthalmic Hospital at Macao, Colledge, from the outset, wished that his gratuitous medical service would be of help to the formation of positive image of the British subjects whose public image in China had been mainly shaped through the troublesome events in which merchants, seamen, and adventurers were involved. Colledge believed that professional medical practice would

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[130] A Philanthropist, *A Brief Account of an Ophthalmic Institution during the Years 1827, 28, 29, 30, 31, and 1832* (Canton: 1834), 22.

[131] Elijah Bridgman, "Canton Dispensary" *Chinese Repository* 2 (1833): 276-77.

[132] The expression of "supernatural power" came from the letter of thanks by a Chinese patient called Lin Tinming. See a Philanthropist, *A Brief Account of an Ophthalmic Institution*, 36.

be a marked evidence to prove that the Britain, as "the enlightened nation," possesses "other characteristics than those attaching to us solely as merchants and adventurers."[133]

Colledge's medical practice for the Chinese was demonstrating his conviction that medical aid by means of surgery would be the most desirable means to show "other characteristics" of the British subjects in China, thereby gradually increasing interests and support of the British merchants and Chinese hong merchants as well.[134] Even though the British merchants' financial support of Colledge's medical aid for the Chinese was not large scale overall, the numbers of donors and donations markedly increased between 1828 and 1832. For example, whereas the total amount of the donations was $372.02 in 1828, it increased up to $2065.75 in 1830.[135] A majority of the donors was private British merchants, and the Company intermittently supported it. Of special interest is that Chinese hong merchants were donating a considerable sum of money from 1830.[136] But in comparison with the British merchants and hong merchants, interests and support of Protestant missionaries were meager. Robert Morrison donated some money in 1828 and 1829, but he stopped donating from 1830. Other three Protestant missionaries who were in China at that time, namely Elijah Bridgman, Charles Gutzlaff, and David Abeel, never

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[133] Bridgman, "Ophthalmic Hospital at Macao," 272. Cited from Thomas Colledge's report of the Hospital at Macao included in this article.

[134] Seen from the hong merchants whose public image in China was negative being connected with foreign merchants in China, supporting the medical practice of the foreign medical men who were revealing other positive characteristics of foreigners in China could be instrumental to the shaping of a better image of themselves.

[135] A Philanthropist, "Account of the Yearly Expenses of the Ophthalmic Hospital with a List of the Donors," *A Brief Account of an Ophthalmic Institution*, 40-51.

[136] The hong merchants include Gowqua, Howqua, Kingqua, Mowqua, and Punkequa. In particular, Howqua's support of medical aid by foreign medical men in China was continuous, and he was one of the strong supporters of the Medical Missionary Society of China. See A Philanthropist, "Account of the Yearly Expenses of the Ophthalmic Hospital with a List of the Donors," 44.

donated for it. Other Protestant missionaries in Batavia, Singapore, Penang, and Malacca did not also support it. It would not be unreasonable to say that Protestant missionary boards and missionaries were not that interested in the medical aid for the Chinese people during that time.

Since 1832, journals and newspapers for the foreigners in Canton and Macao published articles of the medical practice of the foreign medical men in China highlighting the noticeable results of the foreign medical services for the Chinese. For instance, Bridgman, who was an editor of the *Chinese Repository*, tried to obtain the reports of the medical practices of Pearson and Colledge and published them with his brief comments in the *Chinese Repository*. But when Bridgman mentioned Perason's vaccination enterprise and Colledge's surgical practices for the Chinese at Macao in the journal in 1832, he did not conceive healing art as a possible means for evangelism in China. Like other Protestant missionaries, he still maintained that the most important means to propagate the gospel was translation and circulation of the Bible and education at schools to restore "wounded spirits." He even mentioned as follows: "In the healing art, for instance, we have more than one example immediately at hand. To pour light on dark eye-balls; and, by the simplest process imaginable, to raise an impregnable barrier against what had long been regarded as one of death's surest messengers, may not in themselves be deemed worthy of any special notice."[137] His remark manifests that using medicine was not the original plan of the Protestant missionaries in foreign mission fields. At that time, Bridgman's belated interest in the medical aid for the Chinese

[137] Bridgman, "Benevolent Enterprise," 334-35.

acquired a personal dimension. The idea of tapping medicine, in particular professional medicine, as a tool to evangelize did not enter his mind.

Unlike Protestant missionaries, some private British merchants were quick to take notice of the value of the professional medical service for the Chinese in relation to their future commercial stakes in China and donated money to it since 1828. The articles dealing with the medical services published in journals and newspapers since 1832 served as an effective means to give wider publicity to it, increasing thereby interests and support of the private British traders whose numbers markedly exploded since 1834. Coming across these articles, many private British merchants could not fail to notice that the Chinese, after experiencing the foreign medical aid, displayed their high esteem of the foreign medical men and their countries.

Seen from the British merchants, whereas Catholic missionaries in China had been worsening the image of foreigners causing problems and Protestant missionaries were aggravating burden laid on them, the foreign medical practitioners were displaying possibilities that could help them solve some of the critical problems bearing on their business in China. In particular, Colledge's professional medical service at the Ophthalmic Hospital in Macao, which stopped its operation in 1834 with his resumed medical duties as a medical officer of the Company, established the value of the medical aid based on surgical medicine in China. His medical aid for the Chinese proved that establishing "a friendly intercourse" with Chinese people could be possible through "good cause of promoting the happiness of mankind."[138]

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[138] A Philanthropist, *A Brief Account of an Ophthalmic Institution*, 26.

One foreign philanthropist's statement of Colledge's medical practice for the Chinese was heavily charged with entire confidence in the powerful influences that foreign surgeons could obtain in China by means of practicing surgery. The statement reads as follows: "While diplomatists and merchants would be repelled from the borders of the country. If I had the means, I would send a host, an army of philanthropic surgeons into this empire."[139] The wishful thinking of this foreign philanthropist, who eventually became one of the three founders of the Society, ended up being realized with the founding of the Medical Missionary Society in China in 1838.

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[139] A Philanthropist, *A Brief Account of an Ophthalmic Institution*, 24.

CHAPTER 3 THE FOUNDING OF THE MEDICAL MISSIONARY SOCIETY, 1834-42

This chapter explores the composition of the membership of the Medical Missionary Society in China, funding sources, its objectives, and its targets to demonstrate that it was founded as a secular society with multiple goals. Since the Society was not a missionary organization established by missionary societies and boards, those religious organizations did not support the Society financially. After the founding of the Society in 1838, Peter Parker, a vice president, took a fundraising trip to Europe and America from July 1840 to October 1842 to further medical missions in China. Parker's trip for fundraising constitutes another critical piece of evidence to prove that the Protestant missionary societies and boards did not support a medical mission at the outset of its operation in China.

The Medical Missionary Society of China as a Voluntary Society

In 1834, when the British East India Company failed to renew its charter to monopolize trade with China, the British free traders were the group who could benefit the most from its ending of the trade monopoly in China. But this event led to other unexpected problems that worried the British free traders. The traders were especially concerned about two issues affecting their business and the formation of a community of British free traders in China. In particular, the two concerns were regarding treating diseases and illnesses and establishing a friendly business relationship with the Chinese.

With the Company's failure of the renewal of its charter, the British free merchants soon realized that British merchants and seamen would not be able to rely on the free

medical services provided by the surgeons whom the Company, abiding by English law, employed for the large ships having more than forty men on board. The Company's end of trade monopoly in China meant that the large company ships surgeons would visit the port of Canton less frequently.[140] Given that about eighty or a hundred ships of the British free traders visited the port of Canton annually, their concern about getting medical aid for sick merchants and seamen was to require an alternative solution.[141] Realizing that the presence of medical men to treat their illnesses would be soon indispensable, the British free merchants strongly argued that hospitals for seamen should be established. Their appeal for the establishment of a seamen's hospital succeeded in attracting the attention of the British government.

Colledge, with the termination of his duty as a ship surgeon of the Company in April 1834, undertook new duties as a senior surgeon to H.M. superintendents in Canton and was asked to carry out a mission to build a hospital for British seamen and merchants engaged in foreign trade with China. The plan for a floating hospital at Whampoa was suggested by Colledge and submitted to lord Napier, a chief superintendent of British trade in China, for approval in August 1834.[142] The stations of floating hospitals, with the founding of "the British Seaman's Hospital Society in China," were finally established at Lintin, Kumsing Moon, and Macao with the donations from both the British government and British free traders in June 1835.[143]

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140 E. Stevens, "Seamen in the Port of Canton," *Chinese Repository* 2 (1833): 425.

141 Ibid.

142 Elijah Coleman Bridgman, "Plan for a Hospital for Seamen in China," *Chinese Repository* 3 (1834): 373.

143 Editor, "First Report of the British Seaman's Hospital," *Chinese Repository* 5 (1836): 275.

Their concern about meeting the medical needs in China was relieved by means of the floating hospitals, but this resulted in another unexpected concern for the merchants. Colledge and Alexander Anderson, as surgeons to H. M. superintendents, undertook a mission to treat the sick merchants and seamen at the floating hospitals. Colledge's serious engagement with the seamen's hospitals as a senior surgeon eventually led to the closing of his own ophthalmic hospital for the Chinese at Macao. As active donators to the hospital at Macao, the British free merchants did not fail to realize that they could not rely on the most effective means to improve their negative image in China. As a medical practitioner who established and ran the hospital, Colledge, from the beginning of his medical practice at Macao, hoped that his medical service would help to improve the tarnished image of the British in China. With the popularity of his medical practice among the Chinese, he was well aware of the significance of that practice in proving that the British possessed other "positive" characteristics than those displayed by British merchants and adventurers in China. When Colledge had to stop running the hospital at Macao with his new mission to establish seamen hospitals and treat seamen and merchants as a senior surgeon to H. M. superintendents in 1834, he could not anticipate the possibility of reopening the ophthalmic hospital for Chinese patients.

However, Colledge's hospital at Macao was reopened in 1838 as one of the official hospitals of the Medical Missionary Society of China with another ophthalmic hospital for Chinese patients at Canton. Peter Parker, a vice president, ran the hospital at Macao in place of Colledge, a president of the Society. Parker also simultaneously operated another ophthalmic hospital inside the factories in Canton in 1835 after the surgeons of the China Medical Service of the Company withdrew from Canton with the end of its monopoly on

Chinese trade in 1834.[144] The ophthalmic hospital at Canton constituted the second hospital of the Society, but actually functioned as the head hospital of the Society. The size of the hospital at Macao was bigger than the hospital at Canton, and the 19 rooms could accommodate up to 200 patients.[145] But the lack of surgeons who could work at the hospital at Macao led Parker to work mainly at the Canton hospital.

The establishment of the ophthalmic hospital at Canton in 1835 should be considered the consequence of Colledge's wish to continue to treat Chinese patients, the British free merchants' needs to improve their negative image, and Parker's change of mind as a Protestant missionary. The restraints at Canton caused Parker to stay temporarily in Singapore in 1834.[146] While staying in Singapore, Parker observed people's rising demands for his medical service and realized that treating diseases was more needed among the people than preaching the Bible. His growing interest in the sick Chinese came into conflict with the instructions from the Prudential Committee of the American Board, which stated emphatically that the medical and surgical knowledge and skills he had acquired should remain "handmaids to the gospel," and that his role as a surgeon should not supersede his role as a teacher of religion.[147] Meanwhile, with his involvement in the establishment of the floating hospitals for British nationals in China, Colledge closed the hospital at Macao. But with his professional interest in treating

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[144] D. G. Crawford, *A History of the Indian Medical Service 1600-1913 vol. II* (London: Thacker & Co. 2 Creed Lane E.C. Calcutta & Simla Thacker Spink & Co., 1914), 91.

[145] Peter Parker, "First Annual Report of the Medical Missionary Society," *Chinese Repository* 7 (1838): 421.

[146] George Stevens, *The Life of Peter Parker M.D.* (Boston and Chicago: Congregational Sunday School and Publishing Society, 1896).

[147] C. J. Bartlett, "Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings," *Journal of the American Medical Association* 67 (1916): 407-11.

Chinese patients, Colledge hoped to find another way to maintain and advance his free medical services for them.

That Colledge's professional medical aid for the Chinese patients at Macao served as an origin of medical missions in China has been ignored so far in the existing literature. Since those studies mainly focus on the religious aspect of medical missions, the story of medical missions in China conventionally begins with the arrival of Peter Parker in China in 1834 and his medical service for the Chinese at the ophthalmic hospital in Canton. But Parker was not in fact sent to China as a "medical missionary." During his short stay in Singapore, he was supposed to learn the Chinese language to facilitate his religious mission in Canton. Parker's involvement in medical and surgical practice in Singapore was an unexpected experience. Also, the establishment of the ophthalmic hospital for the Chinese at Canton in 1835 and his medical aids for the Chinese were similarly unplanned. The existing studies on medical missions in China are discreetly silent about Colledge's leading role in the establishment of the hospital at Canton and the Medical Missionary Society of China. As the name of the hospital suggests, Colledge's ophthalmic hospital at Macao provided an ideal model for the hospital at Canton. Parker's early reports of the hospital at Canton clearly show that Colledge was the critical figure in opening and operating the hospital at Canton. Since Colledge was an expert on eye surgery, he handed down his expertise on it and his own medicines to Parker. Parker, a general surgeon, recorded that he could perform successfully many difficult surgeries on cataracts employing the special treatment invented by Colledge.[148]

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[148] Peter Parker, "Fifth Quarterly Report of the Hospital," *Chinese Repository* 5 (1837): 456.

The surgical treatment Parker performed at the ophthalmic hospital in Canton from 1835 produced visible and “magical” effects of Western professional medicine, especially in treating diseases of the eye and tumors, which were very prevalent in China at the time. The hospital became popular quickly from the beginning, and up to 1840, about 8,000 Chinese patients had already received operations free of charge there .[149] The surgical operations performed at the hospital at Canton gave Colledge and Parker confidence in the positive effects of treating the Chinese patients by means of medicine, especially surgical medicine.

In 1836, Colledge published one critical document with Parker, entitled “Suggestions for Forming a Medical Missionary Society.” It was a master plan for the formation of the “Medical Missionary Society in China” and its agents. This document reveals that when Colledge and Parker opened the ophthalmic hospital at Canton in 1835, they were already planning to establish the Medical Missionary Society in China. According to the document “Suggestions for Forming a Medical Missionary Society,” the possible positive effects of performing medical practice in China included the following three different aspects.[150] First, medical practice among the Chinese could bring about more friendly exchanges between the Chinese and foreigners. It also could function as an efficient tool to introduce the arts and sciences of Europe and America to China. Lastly, it could function as a means to introduce the gospel to the Chinese.

The main purpose of this document was to solicit the donors who could financially

[149] Bartlett, “Peter Parker, the Founder of Modern Medical Missions: A Unique Collection of Paintings,” 407-11.

[150] Thomas Richardson Colledge, Peter Parker, Elijah Coleman Bridgman, “Suggestions for Forming a Medical Missionary Society,” *Chinese Repository* 5 (1836): 370.

support the establishment of the Medical Missionary Society in China and its operations.[151] As already pointed out, the idea of using professional medicine for evangelism stemmed from the unexpected cooperation between Colledge and Parker after the arrival of the latter in China. The use of professional medicine for evangelism was not an original strategy planned and supported by the missionary boards in the U.K. and America, and Colledge and Parker were well aware of this fact. Thus, in the "Suggestions for Forming a Medical Missionary Society," they attempted to persuade the missionary boards in the U.K. and America to support their plan to establish the Society. But the missionary boards were by no means the funding source on which the Society could rely in the beginning. The founders of the Society instead targeted the foreign merchants, in particular the British free merchants who had previously supported Colledge's hospital at Macao.

After publishing the document in 1836, the founders of the Society put an advertisement of the Society in the *Canton Register* for raising funds to support the Society and its ophthalmic hospital at Canton. The *Canton Register* had special relevance to the founding of the Society. The newspaper served as a mouthpiece for the British free traders who advocated the ending of the Company's monopoly in China trade, and it actively promoted the plan of the founders of the Society carrying a report of the progress of establishing the Society. The British free traders, as passionate patrons and readers of the newspaper, could keep abreast of the news of the founding of the Society. After putting an advertisement of the Society in 1836, the founders of the Society had to defer

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[151] Ibid., 371.

its establishment until sufficient subscriptions could be received from the public.

In 1837, the *Canton Register* carried news related to the founding of the Society, listing the names of donors and specifying the amount of the donations that they donated to the establishment of the Society. The total number of the donors on the list was sixty-three, and the total amount of the donations was $5230. All the patrons on the list were British free traders engaged in trade between India and China. The plan to establish the Society was good news to the British free merchants who were striving to look for an effective means to improve their tarnished image in China since Colledge's hospital had stopped its operations in 1834. They became the heavyweight supporters of the Society and the hospital at Canton, donating to forge a positive public image of themselves. Their financial support of the Society and the hospital aimed at advancing relations between themselves and the Chinese people in trading and establishing their new community in Chinese soil. It was not related to any religious purposes like personal salvation which many European merchants during the medieval period pursued through passionate donations to charitable institutions like hospitals.[152]

In our examination of the funding sources of the Society, there is another critical record that reveals a broader picture of those sources.[153] The document lists all the donors who supported the Society from 1836 to 1838 and the specific amount of money that they donated to the Society and its hospital at Canton. The document listed one hundred twenty-six donors. In addition to sixty-three donors on the list in the *Canton*

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[152] Albert Jonsen, *A Short History of Medical Ethics* (New York: Oxford University Press, 2009), 16.

[153] "Donations and Subscriptions to the Medical Missionary Society and the Ophthalmic Hospital at Canton, 1836-1838." 28-9.

Register, we see the names of another sixty-three donors on this list. The total amount of the money that these sixty-three donors donated was $4,499.75. In sum, the total amount of the donations from 1836 to 1838 was $9,729.75. Based on this evidence, it would be safe to conclude that the majority of the donors to the Society and its hospital at Canton were British free traders.

With the financial support of the British free merchants, some American free merchants, and one Chinese *hong* merchant,[154] the Society was finally established at Canton in 1838. The founding was possible because of the generous donations of these merchant groups from different nationalities. Interestingly, no Protestant missionaries donated to the founding of the Society. All individuals who donated to the Society qualified to be its members. People who donated $50 or more in one payment were considered life members, and people who donated $15 annually became members during the period of their donations.[155]

The Society held its first public meeting in the General Chamber of Commerce at Canton on February 21st in 1838, and the committee of management was organized. Nineteen people attended the meeting, and all attendees, except one American Protestant missionary, one American Protestant missionary-cum-surgeon, and one British linguist,[156] were the British free traders and the British surgeons.[157] Peter Parker was the

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[154] Howqua was the only Chinese hong merchant who supported the founding of the Society, and he donated $300 in addition to providing the factory house for free.

[155] Colledge, Parker, and Bridgman, "Suggestions," 371. After the Society was established in 1838, the Society made some changes in the criteria through which members for life were constituted. From 1838, the donors who donated $100 at one time were qualified to be members for life.

[156] This linguist who worked as an interpreter for the British free traders was J. R. Morrison, a son of Robert Morrison, a British Protestant missionary. He worked as an interpreter for the British free traders.

[157] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions,"32-

only American surgeon-cum-missionary. Thomas Colledge, G. Tradescant Lay, and Alexander Anderson were British surgeons. William Jardine and John Cleve Green were British surgeons-cum-free traders. Other British free traders attending this meeting were Robert Inglis, Joseph Archer, Captain Hine, T. H. Layton, H. M. Clarke, Alexander Matheson, Edmund Moller, A. C. Maclean, Richard Turner, W. Bell, and Charles William King.[158]

The committee of management of the Society comprised one president, six vice presidents, one recording secretary, one corresponding secretary, one treasurer, and one auditor of accounts.

Table 3.1 : The committee of management of the Society

Name of Positions	**Name of Personnel**	**Occupation of Personnel**
President	Thomas Colledge	Surgeon
Vice President	Peter Parker William Jardine Alexander Anderson G. Tradescant. Lay Elijah Bridgman Robert Inglis	Surgeon and Missionary Surgeon and Merchant Surgeon Surgeon Missionary Merchant
Recording Secretary	John Robert Morrison	Linguist

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[158] Ibid.

Corresponding Secretary	Charles William King	Merchant
Treasurer	Joseph Archer	Merchant
Auditor of Accounts	John Cleve Green	Surgeon and Merchant

Table 3.1 (cont.) : The committee of management of the Society

In addition to these six positions, there was a board of trustees comprised of three members: Thomas Colledge, Joseph Archer, and John Cleve Green. The committee of management of the Society is illuminating in that the two social groups of merchants and medical practitioners took central places in managing the business of the Society. Also, there were six directors for life, and people who donated more than $500 in one payment could be the directors for life of the Society. The financial contribution of this group to the founding of the Society was noticeable, and all of them were merchants. Lancelot Dent, James Matheson, Robert Inglis, Framjee Pestonjee, William Jardine, J. C. Whiteman became the directors for life.[159] People who donated $50 or more in one payment qualified for being members for life. There were 42 members for life, and except one Chinese hong merchant called Howqua, all of them were the British free traders and surgeons.

The composition of the members and the officers of the Society closely determined its objectives, which reveal its secular nature. The Society, which consisted of multiple social groups such as merchants, medical practitioners, and missionaries, pursued three objectives reflecting the differing needs of the three distinct groups.

[159] William Jardine was a British merchant-cum-surgeon.

When the first public meeting of the Society was held, G. Tradescant Lay, a British surgeon who attended on behalf of Colledge, made it clear at the outset of the meeting that the Society was established to give a wider extension and permanency to the successful endeavors that had been already made to spread "the benefits of rational medicine and surgery" among the Chinese people.[160] The endeavors indicate no other than the medical services of Colledge and Parker for the Chinese patients at Macao and Canton. The record of the first public meeting shows that there was absolute consensus on the secular objective of the Medical Missionary Society. The object of the Society was expounded at the meeting in more detail, and spreading the power and benefits of science and medicine in China came to the fore as the main objective of the Society, suggesting that the Society put the medical objective at the center of its work. The medical objective that the Society wished to pursue could be seen in three distinct ways.

Medical Missionaries' Criticism of Chinese Ethnomedicine

First, the Society sought to extend to the Chinese the benefits of "rational medicine and surgery," which was based on the emergence of a "new form of anatomical investigation" in the nineteenth century.[161] The medical practices of Colledge and Parker at Macao and Canton led to their assurance of the deficiency of Chinese medicine and the benefits of "rational medicine and surgery." Those benefits included the establishment of modern hospitals, the transplantation of Western medicine and surgery into China, and

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[160] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 33.

[161] "New dissection-based medicine," Chris Philo, ""The Birth of the Clinic": An Unknown Work of Medical Geography," *Area* 19, no.1 (2000): 14-5.

provision of the services of attendants at the hospitals.[162] The Society wished to establish medical institutions in China similar to those at home.[163] The founders and members had confidence in the beneficial values of Western medical institutions, including medicine and surgery, in easing diseases. The Society was pursuing a universal medical solution to human physical afflictions, and "rational medicine and surgery" was regarded as the universal solution.

Further, the Society aimed at "revolutionizing" medicine in China by means of extending the benefits of their "rational medicine and surgery."[164] When Lay stressed the significance of giving permanency to the medical aids of Colledge and Parker at the first public meeting, his statement was alluding to the objective of the Society to revolutionize medicine in China. From the perspective of the Society and medical missionaries, the Chinese medicine had several significant drawbacks. Revolutionizing medicine in China meant the universalization of "rational medicine and surgery" through overcoming those drawbacks.

In the first place, the Society criticized that almost all Chinese medical literature, in addition to magnifying the efficacy of many secret remedies, adopted "common vagaries concerning the pulse," which was considered key to the understanding of every disease in Chinese medicine.[165] Colledge and Parker mentioned that they were not aware that any correct knowledge of the circulation of the blood obtained in China. But through

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[162] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 33.

[163] Ibid., 39.

[164] Ibid., 41.

[165] Ibid.

longtime medical practice and patient investigations, they came to argue that Chinese medical practitioners' practice of observing the character of the pulse in the last stages of diseases exerted a bad influence on the prognosis of the number of hours that the patients with serious diseases may have to live. Colledge and Parker also indicated that the definition of the Chinese term Jin (筋) was not clear in terms of the medical aspect since the same term designates veins, arteries, nerves, and tendons.[166]

Chinese medical practitioners' ignorance of surgery and anatomy was also considered a representative characteristic of the Chinese medical system. Colledge and Parker met many Chinese patients who came to them too late as a last resort and lost the chance to get timely surgical aid, thereby leading to their early death. The medical records of the patients show that Chinese patients with serious surgical diseases usually relied on the therapeutics of drugs or plasters. The patients followed the prescriptions provided by Chinese medical practitioners, who wrote them based on their diagnosis of diseases after observing the frequency and force of the patients' pulse.

In addition, the close connection between astrology and Chinese medicine was another target of Western criticism of Chinese medicine. While treating Chinese patients, Colledge and Parker observed that many people relied on astrology to choose an auspicious day for getting treatments from medical practitioners. In many instances, people just waited until the auspicious day, thereby leading to the aggravation of their diseases beyond the control of the treatments of the medical practitioners.[167]

The objective of revolutionizing medicine in China also bears on the third aspect of

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[166] Ibid., 42.

[167] Ibid., 41.

the medical objective of the Society, which was cultivating "rational medicine and surgery" in China. "Rational medicine and surgery" or "scientific medicine" were in reality in the middle of advancements of their own throughout the nineteenth century in the West.[168] The Society and its agents sought to further it in China through medical missions. When Colledge had to stop running his hospital for the Chinese patients at Macao, the main reason why he wished to continue his medical aid was his professional interest in various diseases and patient investigations in China. As a medical man, Colledge realized that Western medicine in China was not only beneficial to the health of Chinese people, but also conducive to the advance of "rational medicine and surgery." To Colledge as a surgeon, China was a new medical frontier at which Western medical men could advance medical science, for instance enlarging and completing nosology through examinations of many different types of diseases and fostering surgical technologies through performing more surgeries on human subjects compared to Europe and America.[169] In the plan of medical missions for the Society, China was an ideal place for the development of modern medicine, which was in its formative period at the time.[170]

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[168] Medical missionaries called their medicine "rational" or "scientific" medicine. For the background of the emergence of scientific medicine in the nineteenth-century West, see Karl Figlio, "The Historiography of Scientific Medicine: An Invitation to the Human Sciences," *Comparative Studies in Society and History, 19* (1977):262-86.

[169] For understanding of the changing nature of nosology in the nineteenth century, see the article by Karl Figlio 1977.

[170] After the Opium War in 1842, China became more attractive for the advance of Western medical science among British medical men. For example, the British medical practitioners who treated the Europeans in Hong Kong established a medical association called "China Medical and Chirurgical Society" in 1845. Although their objective in the founding of the Society was different from that of the Medical Missionary Society in China, it had an interest in advancing medical science in Chinese soil like medical missionaries. Alfred Tucker, a British surgeon-cum-president of the Society, emphasized the importance of China in developing medical science as follows: "I think the least zealous among the medical community of China must acknowledge the propriety of forming this Society for the advancement of Medical and Surgical Knowledge, in a country where diseases previously little known, and even now very imperfectly understood, have committed such fatal and extensive ravages;-a country also hitherto forbidden to the

The medical objectives of the Society exactly reflected what Colledge wished to pursue in China through his medical services. The plan to foster Western medical science in China was explained in minute detail in the proceedings of the first public meeting of the Society.

In the first place, Colledge and Parker emphasized the meticulous examinations of the various diseases that were especially prevalent in China.[171] They argued that the advantages derived from the examinations of diseases in China would be greatly valuable to the advancement of medical science. To secure these advantages, medical missionaries, as the agents of the Society, were asked to record all important medical and surgical cases in minute detail including the province, habits, and other circumstances related to the history of each individual patient and the specific treatments applied.[172] The medical records written by medical missionaries in China actually constituted very informative documents that included abundant medical knowledge of various diseases in China and detailed explanations of treatments. These medical documents were called "hospital registers," and both the original regulations of the Society and its amended 1866 version included an article related to "hospital registers" considering their significance.[173]

In the second place, the Society asked medical missionaries to investigate the

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research of science, but which has been suddenly opened to the zeal of the medical philosopher, for discoveries in the materia medica, natural history, and the study of diseases on that mode of life affecting health among this curious race of people." Alfred Tucker, "Formation of the China Medico-Chirurgical Society, and Dr. Tucker's Address," *Chinese Repository 14* (1845): 415.

[171] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 41.

[172] Ibid., 40.

[173] The article related to "hospital registers" in the 1866 regulations reads as follows: "That at each institution under the patronage of the Society, a book shall be kept, in which shall be inserted, in a fair and legible hand, an account of all important medical or surgical cases: And that, in order that this may not interfere with the other duties of the physician or surgeon, any assistance necessary for keeping such a register shall defrayed by the Society." Xujiahui Call no. 059 M46 1858-65, 44.

substances employed in Chinese pharmacies and "their peculiar modes of preparation."[174] Medical missionaries were mainly professional surgeons, but like physicians, they could prescribe medicines or decoctions for their patients after surgical operations as well.[175] Consequently, they had considerable interest in looking for new effective additions to their own dispensatories through the detailed examinations of Chinese pharmacies. Although their overall view of Chinese medicine and medical practitioners was negative, their particular interests in enlarging their dispensatories led them to examine and value Chinese materia medica.

The examinations of the regulations and by-laws of the Society clearly demonstrate that its main objective was a medical one. The First Article of the regulations indicated that "in order to give a wider extension, and a permanency, to the efforts that have already been made to spread the benefits of rational medicine and surgery among the China, a Society be organized at Canton, under the name of the Medical Missionary Society in China: That the object of this Society be, to encourage gentlemen of the medical profession to come and practice gratuitously among the Chinese, by affording the usual aid of hospitals, medicine, and attendants: But that the support or remuneration of such medical gentlemen be not at present within its contemplation."[176] In addition to this article, the other ten articles of the regulations and by-laws of the Society did not mention any religious or commercial objectives. From this it can be deduced that the

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174 Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 41.

175 For instance, Parker and other British surgeons performed surgery on Chinese patients with large tumors in 1838, and after the surgery, Parker prescribed a decoction made of castor oil, chamomile flowers, and mucilase for the patient.

176 Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 33.

Society was in fact founded as a kind of professional medical society which sought to cultivate Western medicine and surgery in China by means of examining new forms of diseases and inventing new therapeutic agents through treating Chinese patients. This objective was also intimately related to the other significant medical objective of revolutionizing medicine in China.

But the rationale behind the founding of the Society could also appeal to other foreign groups such as merchants and Protestant missionaries, whose access to the Chinese people was partially or completely limited at the time when the Society was established. The founders of the Society stressed that "it addresses itself to the consideration of all" including foreign medical men, foreign merchants, and Protestant missionaries.[177] Considering the different interests of those groups in China, the Society unofficially formulated two other objectives to help foreign merchants, specifically British free merchants, and Protestant missionaries who were struggling with their endeavors in China.

As pointed out, the British free traders played significant parts in establishing the Society through being major donors, and their great interest in the Society was closely linked to the making of their positive image as benefactors in China. They believed that their image as benefactors would be conducive to their trading relationship with the Chinese. Since 1834, the British free traders realized that their public image in China was worsening and that the British government would not be very helpful to the improvement of their public image in China. Rather, the British government often had conflicts with

[177] Ibid., 42.

the Chinese government, thereby leading to the trade stoppage and the deterioration of the image of the British merchants. As one British free trader named Goddard remarked in an article, the British free traders "continued to be considered as poor foreigners and traders" in China after the East India Company ended its monopoly in Chinese trade, and that character "has been fatal to any social, or more elevated, intercourse."[178] The British free traders wished to find a way to solve this annoying problem.

Since 1834, as for purely commercial issues related to trade with China, the British free merchants tried to deal with them through a commercial organization called Canton Chamber of Commerce which was founded with the arrival of Lord Napier as a superintendent in China and transformed into the Canton General Chamber of Commerce in 1837.[179] The Canton Chamber of Commerce was only for British free merchants who wished to be able to communicate with the British government effectively through the organization. But the Canton General Chamber of Commerce, though mainly led by British free traders, was an inclusive commercial organization comprising the most respectable resident merchants from all nations for the purpose of dealing with various commercial issues with local Chinese authorities.[180] Since the organization was a purely commercial one, it did not wish to be involved into any political issues. The two commercial organizations also did not address any issues pertaining to their degraded image as British nationals.

Instead, the Medical Missionary Society in China became an alternative means that

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[178] Goddard, "Free Trade with China," 357.

[179] Editor, "Regulations of the Canton General Chamber of Commerce," *Chinese Repository, 6* (1837):44.

[180] Ibid.

British free traders could rely on for the improvement of their negative public image. They did not wish to be seen as "poor foreigners and traders" by the Chinese. As Goddard pointed out in his article, the British free traders themselves were aware that they as merchants had little influence in China, but foreign medical men had considerable influence in Chinese society.[181] In China, foreign medical practitioners could be considered the same social group as Chinese medical practitioners who were mainly Confucian scholars with esteem and prestige. Seen from the perspective of the Chinese, the foreign medical practitioners basically deserved their esteem and regard. Compare to their social status in the West at that time, foreign medical men were able to gain respect and esteem in China more easily than other groups. Even the Qing Emperors liked foreign scientists and medical practitioners. In addition to these aspects, when foreign medical men provided free medical services for the Chinese, they gained even more popularity and esteem among the Chinese people. The British free traders already observed how the free medical service of Colledge and Parker shaped a positive image of the foreigners and the countries from which they came. Thus, British free traders wanted to cast themselves as the generous benefactors who financially supported the charity for the Chinese through the Medical Missionary Society in China and its agents, that is to say medical missionaries.

The Society, being supported financially by British free traders, reflected their interests in improving their negative image in setting up its objectives. At the first public meeting in 1838, the founders of the Society said that "we hope that our endeavors will

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[181] Goddard, "Free Trade with China," 359.

tend to break down the walls of prejudice and long cherished nationality of feeling, and to teach the Chinese, that those whom they affect to despise are both able and willing to become their benefactors."[182] The Society was well aware that the restrictions on commerce and prejudices against foreign merchants resulted in limitations in relations with the Chinese, thereby leading to the loss of commercial profits in China. The Society stressed that the British free traders by themselves could not have a chance to do something good for the Chinese to improve their negative image and the aggravated relationship with the Chinese. The Society proclaimed that practicing medicine and surgery was the only way of doing good for the Chinese for the purpose of achieving good results for the different foreign groups in China.[183] The British free traders certainly believed that medical missions could be the best enterprise in helping them in that they were not related to the British government and could be considered a purely noble enterprise. From the perspective of the British free traders, medical missions in China were well worth supporting financially for their more general benefits. Since the Society also needed solid financial support to develop medical missions, it welcomed the traders' donations and accepted them as official members.

Compared to the numbers of the merchants, the number of Protestant missionaries in China was small, but they also wished to further their evangelical work getting help from the Society. The Society suggested that as a "department of benevolence peculiarly adapted to China," medical missions would have a possibility to help Protestant

[182] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 38.
[183] Ibid.

missionaries who had failed to preach the gospel in China.[184] The ordinary means for conversion such as preaching and teaching the Bible in Protestant missions could not be practiced in China because of the legal restrictions on Christianity since 1805, and this means that peculiar ways of conveying Christian teachings were needed in China.

But, it should be noted that even though the Society embraced the religious interest of Protestant missionaries, it did not in fact come up with any specific ways of helping Protestant missions at the outset of its operation. Save for the proceedings of the first public meeting, none of the documents of the Society before 1842 mention any concrete plans to spread the gospel by means of medical missions. In addition, the medical records documented by Parker before 1842 show that he and other surgeons never sought to proselytize the Chinese patients at the hospitals of the Society.

Recruiting and Fundraising

After its establishment, the Society sought to professionalize a medical mission. Above all, employing medical men with satisfactory credentials and securing reliable financial and medical support were essential for its professionalization. But the interruption of the foreign trade in Canton after December,1838 significantly deprived the Society of the financial support which mainly came from the British free traders.[185] This unexpected circumstance led to the dependence of the Society upon the support of the medical practitioners in Europe and America. In July of 1840, the Society sent Peter

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[184] Ibid.

[185] Elijah C. Bridgman, "Suspension of Trade at Canton in Dec. 1838," *Chinese Repository 7* (1838):437-56.

Parker, the vice-president of the Society, to England, America, and France on behalf of it to promote a medical mission. Parker met multifarious social groups. But, his trip especially aimed at encouraging medical practitioners to support the professionalization of a medical mission by means of financial support and professional medical aids.

Emergent "Hospital Medicine," Medical Men, and a Medical Mission

The nineteenth century medicine that the Society and its medical officers strategically promoted was differentiating between itself and that of the eighteenth century through the professionalization of medicine. Going through the process, modern clinical medicine was emerging with the development of modern clinical hospitals. The modern hospitals were staffed with credentialed medical practitioners, medical assistants such as nurses and pharmacists, and advanced medical and surgical arrangements for the patients. The emergent modern medicine intimately associated with the modern hospitals was based on modern medical practices involving pathological anatomy, clinical diagnosis, and surgery.

As Christ Philo indicated in his article, the modern medical practices, though now commonplace, has not always been around and had to be invented.[186] It has been well known that Paris in the early nineteenth century was the birth place of the modern medical practices and modern hospitals.[187] For example, the concept of a localized pathology based on the techniques of physical examination and autopsy was invented for

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[186] Christ Philo, "The Birth of the Clinic: an Unknown Work of Medical Geography," *Area* 32, no. 1 (2000): 12.

[187] David Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs* (Baltimore: Johns Hopkins University Press, 2006).

the first time in Paris.[188] Also, the modern hospital system developed during the revolutionary period, and this development facilitated "basic and far-reaching innovations in the corpus of medical knowledge."[189] After the French Revolution, Paris became a center of modern medicine which attracted the attention of numerous medical practitioners from Europe and America.[190]

The Parisian new medicine transferred to Europe and America with hundreds of medical practitioners who returned home after supplementing their medical training at the Paris clinical hospitals.[191] For instance, as John Warner pointed out, the Antebellum period (1820-1860) in America has been characterized as "the French period in American medicine."[192]

The Society and its medical officers also wished to transport and advance this French medical model characterized as "hospital medicine" in China.[193] "Hospital medicine" differed from preceding "bedside medicine" and from the subsequent "laboratory medicine." According to Erwin Ackerknecht, hospital medicine was a "quite specific and unique type of medicine."[194]

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[188] Ivan Waddington, "The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis," *Sociology* 7, no. 2 (1973): 211.

[189] Ibid.

[190] Rana Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780-1840* (Chapel Hill: The University of North Carolina Press, 2017).

[191] John Harley Warner, "The Selective Transport of Medical Knowledge: Antebellum American Physicians and Parisian Medical Therapeutics," *Bulletin of History of Medicine* 59 (1985): 213-14.

[192] Ibid., 213.

[193] The term of "hospital medicine" was used in Erwin Ackerknecht's *Medicine at the Paris Hospital*, 1794-1848 (Baltimore: Johns Hopkins Press, 1967) for the first time. This term was accepted by later medical historians well.

[194] Ackerknecht, *Medicine at the Paris Hospital*, xi.

Although the Society ran two hospitals at Macao and Canton, they did not actually meet necessary conditions for the modern hospitals. John G. Kerr, an American medical missionary who worked at the hospital in Canton, later mentioned that "the arrangements and ventilation of the hospital were badly adapted to hospital purposes and the location was unfavorable, being too far removed from the river."[195] After the founding of the Society, its members and medical officers continued to stress the significance of building modern hospitals in advancing a medical mission.

The Society was also well aware of the significance of employing skilled medical men, especially surgeons, in advancing hospital medicine. To the surgeons in the nineteenth century, the hospitals associated with the new medical practices were being perceived as their primary institutional spheres. The modern clinical hospitals emerged in the nineteenth century were in fact dominated by skilled surgeons who could perform complicated surgery, autopsy, and anatomy. As Erwin Ackerknecht noted, new medicine based on physical examination by hand and ear, pathological anatomy, the concept of the lesion, and statistics could be developed by medical practitioners who observed and practiced in the hospitals.[196]

In sum, hiring qualified skilled medical men was one of the most pressing tasks of the Society in addition to finding stable financial aids to establish modern hospitals in China. Parker's report of his long trip reveals his preoccupation with these two issues.

In the first place, Parker visited America. At Washington D. C., Parker held the first public meeting with medical practitioners in the Medical College to encourage them to

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[195] John G. Kerr, "Report of the Hospital and Dispensary, for the year 1855-56," (1857): 19.

[196] Ackerknecht, *Medicine at the Paris Hospital*, xi.

support a medical mission. The medical practitioners showed their interests in a medical mission. But at the same time, they also revealed doubt on the possibility of developing a medical mission in China.[197] They argued that more time to test Western medicine and surgery in China is required to guarantee a conclusive result of a medical mission. Like their counterparts in Washington D. C., the medical practitioners in New York similarly hesitated about making financial supports for a medical mission although they changed their attitudes later.

But the responses of the medical practitioners in Boston considerably differed from that of their counterparts in Washington D. C. and New York. The medical men in Boston organized a special committee to promote medical missions before Parker left for England in April, 1841. Consisting of five reputable medical practitioners, the special committee published a pamphlet entitled "Papers relative to Hospitals in China" to appeal the supports of medical establishments in China to the medical men in America. This pamphlet shows that especially Parker's success in surgical practice already attracted the great attention of American medical practitioners to the medical establishments in China.

When Parker visited Boston in 1841, a meeting of the Boston Medical Association was also called to hear from him detailed accounts of his operations and the specific goals of the Society.[198] At this meeting, the Boston Medical Association resolved as follows: "invite the attention of men of property to the medical establishments in China, and earnestly to recommend that they should furnish such assistance as shall give a

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[197] Peter Parker, "Report to the Medical Missionary Society," (1842): 32.

[198] The Medical Missionary Society in China, *Papers Relative to Hospitals in China* (Boston: I. R. Butts, Printer: 1841), 4.

permanent maintenance to these establishments."[199]

The result of the effort of the Boston Medical Association to support a medical mission did not appear until Parker came back to America from England. In March, 1842, a permanent fund of $5553.64 was collected by medical practitioners in Boston.[200] Compared to the amounts of the donations from other cities in America and the UK, the financial support from the medical practitioners in Boston was considerable. For example, Parker collected only $1022.55 in other cities in the UK and America from 1841 to 1842. The permanent fund functioned as a financial means through which the Society could be independent of unstable political and economic circumstances of the time. It actually constituted a critical financial source especially for the early development of a medical mission generating annual interests. Later, this permanent fund was effectively spent when the Society built a new hospital at Canton in 1865.

One of the noticeable outcomes of Parker's trip was the shaping of the transnational network of medical men to support the Society and its medical mission. Although Parker was not that successful in getting financial supports from merchants and religious groups in America and the UK, his trip resulted in the establishments of the auxiliary societies of the Society under the leadership of medical practitioners in the UK and America.[201] Specifically, the medical men in Boston, New York, Philadelphia, London, and

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[199] Ibid., 5.

[200] Parker, "Report to the Medical Missionary Society," 42. The donators in Boston are: G. Shattuck, Pliny Cutler, J. C. Warren, Amos Lawrence, John Bryant, C. Brooks, G. Shaw, E. Thayer, A. Lowell, William Sturgis, J. L. Gardner, Samuel Cabot, J. P. Cushing, James Jackson, W. Appleton, Abbot Lawrence, Samuel May, Joshua Sears, Edward Dwight, John Forbes, J. R. Mills, S. Hopper, D. Eckley, W. P. Winchester, H. Oxnard, S. Austin, Jr., J. Sargent, P. P. Parker, N. Appleton, H. B. Cleveland, F. C. Lowell, and Petty Vaughn.

[201] It is not surprising that the merchants not engaged with Chinese trade were not interested in medical missions.

Edinburgh organized societies auxiliary to the Society to support the medical missions in China.[202] The supports of these auxiliary societies included pecuniary aids of its hospitals, educating Chinese youth of talent in medicine, providing medical periodicals, "keeping the Society informed of the progress of the medical and surgical sciences," and "the improvements in instruments and surgical apparatus."[203]

The medical practitioners' enthusiastic supports for the Society in fact pertained to their medical needs in relation to the rise of hospital clinical medicine in the nineteenth century. The medical practitioners who participated in the establishment of those auxiliary societies wanted the Society and its medical missionaries to provide them with "contributions to materia medica, paintings of remarkable diseases, and specimens of morbid anatomy."[204] It should be noted that medical men in the nineteenth century were struggling with the shortage of the surgical and anatomical subjects at the hospitals. Violent and barbarous nature of surgery caused great resistance to getting surgery at a hospital,[205] thereby resulting in the difficulties in acquiring specimens of pathological anatomy which were so critical to the clinical diagnosis and the invention of new forms of treatment.

For instance, in the early nineteenth century, American medical men who returned home from Paris encountered considerable obstacles in transporting Parisian hospital clinical medicine into America. As John Warner has noted, "principles of specificity" still

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[202] Medical practitioners in New York in the end promised to support the Society after observing more medical works done by the Society and organized an auxiliary society of the "Chinese Medical Missionary Society of New York" before Parker left the city.

[203] Parker, "Report to the Medical Missionary Society," 36.

[204] Ibid.

[205] Hogarth, *Medicalizing Blackness.*

governed American approaches to treatment in the nineteenth century.[206] This means that factors such as race, along with temperaments, social and physical environment, moral status, age, gender, and occupation were employed to tailor therapy to each individual patient.[207] Since American medical antebellum thought was based on "the principle of specificity which pays attention to the specific characteristics of patients," private practice at the home of individual patient was still a dominant medical practice.[208] For example, in nineteenth century America, most people with means were treated at home, not at hospitals.[209] Many American physicians believed that medical knowledge from their observations on the patients treated in the wards of French charity hospitals would have not been useful in American context.[210]

French medical approach to the patients was criticized by American medical men, and they viewed French clinicians as brutal in terms of the three aspects: "little interest in curing patients," objectification of the sick, and the use of "medical and surgical encounters as time to perform the art of healing through display and spectacle."[211] For example, in 1841, in the *Western Journal of Medicine and Surgery*, Charles Caldwell criticized the French medical approach as follows: "the surgeon is satisfied with a dexterous and showy operation, though the subject of it should die and be under the

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206 Warner, "The Selective Transport of Medical Knowledge: Antebellum American Physicians and Parisian Medical Therapeutics," 213-31.

207 Ibid.

208 Hogarth, *Medicalizing Blackness.*

209 Ibid.

210 Ibid.

211 Ibid.

dissection knife of some hawk-eyed hospital walker, in an hour afterwards…"[212]

But this does not mean that American medical practitioners did not try to transport and develop Parisian hospital medicine. Paris clinical school and its new medical model in fact dominated western medicine in the early and middle part of the nineteenth century.[213]

However there existed a wide disparity between the North and the South of America in the advance of French hospital medicine. The latter was definitely fortunate in advancing it because of the slavery. In the South, medical schools and hospitals could employ the bodies of free blacks and the enslaved.[214] The Sothern medical colleges and hospitals were able to compete with "older, more established medical institutions in the North" with easier access to the human bodies.[215] As Rana Hogarth pointed out, "the very construction of racial difference" played a critical role in advancing Southern medical education and medical infrastructure.[216]

Unlike their counterparts in the South and Paris, the Northern physicians did not have easy access to dead and living bodies as anatomical and surgical materials. In addition to "the principle of specificity," this became another serious obstacle to them. Therefore, despite their considerable admiration of Parisian clinical model, it was not easy for them to transfer and develop it in the North.

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[212] Ibid.

[213] Ibid.

[214] Ibid.

[215] For example, Dr. Thomas G. Prileau, the Dean of the Medical College of South Carolina, mentioned that "no place in the US offers as great opportunities for the acquisition for anatomical materials…" Hogarth, *Medicalizing Blackness*.

[216] Hogarth, *Medicalizing Blackness*.

Therefore, when the Northern medical practitioners heard about Parker's surgical practice at the Canton hospital and its successful result as an effective treatment, they saw a great possibility that China could be a new medical frontier to advance the new medical model of hospital medicine. For example, the president of the Boston Medical Association, James Jackson was originally a representative of skepticism of the French medical model as an effective therapeutics. But Jackson became the most passionate supporter of a medical mission after meeting Parker in 1841. The pamphlet of "Papers relative to Hospitals in China" published by the special committee of Boston medical practitioners is an evidence to demonstrate that Boston medical men welcomed and supported the plan of the Society to transfer and develop Parisian hospital medicine in China through a medical mission.

The British medical practitioners had similar obstacles in transporting and advancing French hospital medicine as well. In this global medical context, we see a transnational network to further the new hospital medicine connecting China, the UK, and the North of America. It was not accidental at all that all medical missionaries since 1838 came from the UK and Northeastern America. In addition, the majority of the medical missionaries were Northern medical practitioners of America.

All the evidences show the critical roles of the British and American medical practitioners, especially Northern medical men of America, in professionalizing a medical mission after December, 1838. The professionalization of a medical mission in China could not be possible without the financial and medical support of this medical group.

The history of medical missions in China conventionally begins with Peter Parker as

a founder of the Medical Missionary Society in China. It actually ignores the critical roles and contributions of Colledge as a cofounder-cum-president and the British free merchants and foreign medical practitioners as active donors in initiating and advancing a medical mission. Their critical roles in founding and supporting the Society have been largely overlooked in the history of medical missions in that the history of medical missions has been generally written from the religious perspective.

But the complicated process through which the Medical Missionary Society was established clearly reveals that the origin of medical missions employing professional medicine was the free medical aids of Colledge for the Chinese at Macao.[217] Colledge's medical practice at Macao was not related to any religions purposes or religious organizations. The founding of the Society could not be possible had Colledge did not provide his medical aids for the Chinese at Macao. His successful medical aids for them markedly proved the value of using surgical medicine in China. Also, his hospitals at Macao became main properties of the Society and Colledge, unlike Parker, continue to maintain his position as a president of the Society for a long time.

Professional medicine performed by lay professional medical men originally did not bear on Protestant missions, but it for the first time came to be intertwined with Protestant teachings in foreign mission fields with the establishment of the Medical Missionary Society in China by heterogeneous groups comprising foreign merchants, credentialed medical practitioners, and Protestant missionaries in 1838, signaling the birth of modern medical missions. The birth of a medical mission and its professionalization in China

[217] The term of professional medicine is in contrast with domestic medicine.

concurrently resulted in the professionalization of modern medicine and the appearance of medicine as a profession in China.

Epilogue

The founding of the Medical Missionary Society was possible with the successful medical precedents of Colledge and Parker and the financial support of British free traders. The Society was therefore far from a purely ecclesiastical organization with a focus on religious goals. It was rather a voluntary society founded by the cooperation of foreign surgeons, British free traders, and Protestant missionaries to achieve medical, commercial, and religious goals in China.

The two chapters of Part I traced the complicated trajectory of establishing the Society and its early development, focusing on the years from 1807 to 1842. What emerges in sharp relief is that the Society, although trying to pursue three distinct goals, in fact prioritized the medical goals of fostering modern medicine and “revolutionizing” medicine in China. Protestant missionaries were therefore not responsible for the introduction and development of Western modern medicine in China. Part I clearly demonstrated that medical missions were by no means a natural outgrowth of Protestant evangelism in China, and that professionally trained medical men called “medical missionaries” in the Society initiated, promoted, and developed institutions of modern medicine in Qing China.

The Society evolved into a professional medical association along with a direction of development intimately related to the professionalization of medicine that sought to transform medicine as an occupation into a profession of medicine pursuing autonomy

and monopoly in a medical field. The Medical Missionary Society in China grew into the China Medical Missionary Association in 1886. The Association actually became a professional medical association comprised only credentialed medical practitioners. The Association was a professional medical organization of qualified medical men who practiced Western medicine and surgery as medical missionaries in China.

The Association eventually evolved into the China Medical Association in 1925 and into the Chinese Medical Association in 1932 forming a homogeneous medical profession. This long process reveals that the medical goal of the Society was never relegated to the role of the handmaid of the gospel. The medical mission of the Society did not develop as a part of Protestant missions dependent upon the supervision of missionary boards and clerical missionaries. The medical mission was distinctively distinguished from the evangelism of clerical missionaries.

PART TWO
THE PROFESSIONALIZATION OF MEDICAL MISSIONS IN CHINA, 1838-1912:MEDICAL MISSIONARIES AND THE LOCALIZATION OF WESTERN PROFESSIONAL MEDICINE[218]

The establishment of the Medical Missionary Society in Canton in 1838, being a secular society with support of foreign and Chinese merchants and foreign medical practitioners such as former British East India Company surgeons and naval surgeons of different nationalities, signified groundbreaking changes in the direction of the Protestant missions in China. Professional medicine, using scientific biomedical techniques such as anatomy and surgery, which had never constituted an integral part of the methods of evangelism, appeared as a newfound strategy to spread the gospel with the founding of the Medical Missionary Society in China and the advent of the distinct missionary group called "medical missionaries."

There is a general tendency to think that employing medical work in evangelizing was easier and quicker than evangelizing through preaching. But what have been often overlooked thus far are the conflicts within these missionary groups. Based on religious doctrines, missionaries were more disposed to stress spiritual salvation than the prescribed rejuvenation of one's body.

However, this conflict or division among the missionaries would not have arisen had medicine not been undergoing a process of professionalization in Europe and America in the nineteenth century. The emergence of professional medicine, especially knowledge

[218] In my dissertation, professional medicine denotes modern medicine that emerged near the end of the eighteenth century and went through the professionalization in the nineteenth and early twentieth centuries. Specifically, my dissertation focuses on modern surgical medicine.

and skills involving surgery and anatomy, contributed to demarcating a group of missionaries who had received professional training at medical institutions and missionaries who only dabbled in simple medical treatments of common diseases. Professionalization not only produced medical practitioners with special medical and surgical skills, but also a distinct group of missionaries with a distinct identity and a vocation defined by institutional qualifications.

Since "general missionaries"[219] were not professionally trained medical practitioners, they cannot be considered agents who introduced Western professional medicine into China, even though they dispensed some simple medicine to the Chinese people. Historically speaking, introducing Western professional medicine into China was made possible only by "medical missionaries" who, as qualified medical practitioners, founded the Medical Missionary Society in China in 1838. Then, is it common knowledge that medical missionaries played a critical role in introducing Western medical knowledge and practices into China? The problem considered therein is to whom the word "common" applies. It might be common knowledge to certain students who read missionary related works, but certainly not to historians in general.

Of special interest is how the contributions of medical missionaries have been obscured in the history of medicine both in China and the West. In *Curing Their Ills: Colonial Power and African Illness*, Megan Vaughan indicated that even though Western biomedicine constituted an important component of an African healing system, little research has been carried out on the "ideologies, practices and symbolism" of the

[219] "General missionaries" denote "non-medical missionaries." Medical missionaries called "non-medical missionaries" "clerical missionaries" as well.

European medical missionaries who introduced the m   first into Africa in the late nineteenth and early twentieth centuries.[220] Meanwhile, in Republican China (1912-1949), Western professional medicine became mainstream in a Chinese medical system with the growth of medical missions while Chinese medicine was considerably marginalized.[221] But the mission works of medical missionaries have been studied to date simply as one aspect of the history of Protestant missions and missionaries in China. Consequently, the process of localization of Western medical knowledge and technologies in relation to Chinese medicine remains to be studied in the body of scholarship of medical missionaries and medicine in China. Exploring the complex process of adapting Western professional medicine for a Chinese environment certainly provides the key to understanding why and how medical missions prospered in the Qing and Republican eras, concurrently bringing to light the process of their transformation into skilled institutions.

Medical missionaries in China, through the professionalization process of differentiating themselves from "general missionaries"[222] and advancing their medical missions, strategically introduced and developed new forms of medical knowledge and technologies; the secular institutions of modernity such as hospitals and medical schools; and the professions of medicine and nursing to China. But there are no studies considered

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[220] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (California: Stanford University Press, 1991), 56, 206.

[221] See Kim Taylor's *Chinese Medicine in Early Communist China, 1945-63: A Medicine of Revolution* to gain detailed understanding of how marginalized and sidelined Chinese medicine could transform it into an essential part of the national health care system with "its deliberate promotion by the Chinese Communist Party." Kim Taylor, *Chinese Medicine in Early Communist China, 1945-63* (London and New York: Routledge Curzon, 2005), 1.

[222] "General missionaries" mean "clerical missionaries" without a medical license or medical degree.

distinct pieces of work to illuminate medical missionaries in China as critical agents who produced social and cultural changes such as the transformation of medicine through the process of professionalizing medical missions. For example, Miranda Brown's recent work also does not have any reference to the critical roles of medical missionaries. When Brown mentions Wu Liande (伍連德) in relation to medical modernization in China, she did not know that Wu actually was a Chinese medical missionary.[223]

Existing studies also have not paid close attention to the fact that professionalization of medical missions in China intersected with the professionalization of medicine in the West in the nineteenth and early twentieth centuries. For instance, in *Chinese Professionals and Republican State: The Rise of Professional Associations in Shanghai, 1912-1937*, a classic work in the study of the development of professions in China, Xu Xiaoqun emphatically stated that "although Chinese native medicine is as old as Chinese history, the story of medical professionalization has to start with the arrival of Western medicine in China, introduced by missionaries in the second half of the nineteenth century."[224] Yet Xu did not offer a detailed account of this professionalization. Not unlike exiting studies on medical missions in China, Xu did not distinguish between missionaries who were professionally trained in Western professional medicine and missionaries who were dilettantes of medicine. As a consequence, he failed to elaborate on the professionalization process of medical missions through which Western professional medicine was localized in China as well as the professional identity of a

[223] Miranda Brown, *The Art of Medicine in Early* China: *The Ancient and Medieval Origins of a Modern Archive* (New York: Cambridge University Press, 2015).

[224] Xiaoqun Xu, *Chinese Professionals and the Republican State: The Rise of Professional Associations in Shanghai, 1912-1937* (Cambridge: Cambridge University Press, 2001), 42-3.

"medical missionary" was constructed. Furthermore, Xu did not take into consideration that the professionalization of medicine in the West closely intersected with the professionalization of medical missions in China throughout the nineteenth and the first half of the twentieth centuries.

In April of 2015, the article of "Lessons from the East-China's Rapidly Evolving Health Care System" by David Blumenthal and William Hsiao was published in *the New England Journal of Medicine*. According to the article, inconsistent policy and concomitant problems in China's health care system since 1949 manifestly revealed the significance of the value of an institution of "medical professionalism" which was alleged to have been absent from the history of medicine in China. The authors claimed that Chinese physicians did not undergo the professionalization process of medicine, thereby not having a chance to develop an institution of "medical professionalism":

> Chinese physicians had little history or tradition of professionalism or independent professional societies to draw on. China had transitioned from a society organized according to Confucian principles (which did not envision the existence of a modern, independent profession such as medicine) to a communist country (in which clinicians were state employees owing their primary allegiance to the Communist Party) to quasi-market environment. At no point along this journey did physicians have the opportunity or support to develop the norms and standards of medical professionalism or the independent civic organizations that could promote and enforce them. Indeed, the Chinese language has no word for "professionalism" in the Western sense.[225]

There is no specific reference to the historical developments of the medical profession and the professionalization process of Western medicine during the late Qing and Republican periods in the above quotation. The argument of this article is no other than

[225] David Blumenthal and William Hsiao, "Lessons from the East-China's Rapidly Evolving Health Care System," *The New England Journal of Medicine* 372, no. 14 (2015):1283.

the natural outgrowth from the lack of research into the intersection of the professionalization of medical missions in China with that of medicine in the West. Since the intersection of the two processes resulted in a unique formation of medical professionalization in China, tracing the complex trajectory of the intersection in the cross-cultural context is essential to the reconstruction of the story of medical professionalization in China.

The professionalization of medical missions in China was the earliest attempt that sought to hitch Protestant "moral therapeutics" to the "train of medicalization" with biomedicine's rapidly increasing power and authority in the nineteenth and twentieth centuries.[226] Of particular significance is that the professionalization and specialization of surgery was at the very center of the growing influences of biomedicine. Medical missions peculiarly adapted to China in which native medical practitioners did not perform surgery were being professionalized, intimately interlocking with the professionalization and specialization of surgeons and surgery in the West.

From the outset of medical missions in China, medical missionaries strategically and deliberately accepted Chinese patients with diseases that required surgical intervention to show the immediate and "miraculous" efficacy of surgery as an innovative means for evangelism. Especially, medical missionaries had become increasingly interested in treating Chinese patients with tumors, particularly preternatural tumors, and cancer. Even in the early twentieth century, in which preventive medicine was gradually gaining its force, surgery as curative medicine still played major parts in the mission hospitals in

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[226] Pamela E. Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity* (Los Angeles: University of California Press, 2011), 62.

China. Surgical medicine constituted an integral part of medical missions in China.

Part II including Chapter 4 and Chapter 5 examines how medical missionaries established medical missions as their own exclusive mission fields through the process of professionalization with a purpose of the localization of Western professional medicine. Part II argues that the professionalization of medical missions in China, interlocking with the professionalization of medicine in the West, produced the localization of Western professional medicine, thereby leading to the transformation of medicine ("revolutionizing medicine") in China.[227] Medicine in China had evolved along with the advance of medical missions, and it placed modern surgical hospitals, hospital-based surgeons called "consulting surgeons," and surgical medicine at the center of the transformation throughout the nineteenth and early twentieth centuries.

[227] The Medical Missionary Society in China used the expression of "revolutionizing medicine."

CHAPTER 4 PROFESSIONAL MEDICAL MEN AND THEIR RELIGIOUS MISSION: A NETWORK OF MEDICAL MISSIONARIES, 1838-1912

This chapter attempts to recast medical missionaries in China as a professional missionary group which formed through the complex process of professionalization of medical missions in the nineteenth and the early twentieth centuries. Medical missions have been dealt with to date often as fragmented and individualized missions of some medical men who had been conventionally described as “missionaries” in existing studies. Overall, this conventional approach both explicitly and implicitly shares the assumption that there was no professional network of medical missionaries in China. But medical missionaries in China were shaping their own professional network for the professionalization of medical missions throughout the nineteenth and the first half of the twentieth centuries.

Furthermore, this conventional approach to medical missions reveals several weaknesses. Above all, this approach has assumed that employing medicine, in this case professional medicine with emphasis on pathological anatomy and anatomy-based surgery, served as a natural strategy for evangelizing non-Christians in Protestant missions. This unquestioned presumption originates from that the originality and historicity of the rise of Protestant missions in the nineteenth century have been largely ignored thus far by students of Protestant missions.[228] According to Peter van Rooden’s

[228] Peter van Rooden, “Nineteenth-Century Representations of Missionary Conversion and the Transformation of Western Christianity” in *Conversion to Modernities*: *The Globalization of Christianity* (New York and London: Routledge, 1996).

insightful consideration of their unique origins, Protestant missions actually emerged with the establishment of missionary societies in Europe in the very late eighteenth century. Protestant missions and their members did not have any previous experiences of using medicine as a strategic means for evangelism.

The aforementioned presumption has also overlooked the novel development and transformation of professional medicine as an occupation into a profession of medicine through its professionalization in the nineteenth and early twentieth centuries. As Michel Foucault argued in *The Birth of the Clinic*, the medicine which appeared and advanced in the nineteenth century was not the same as the one which had dominated the Western societies up until the late eighteenth century.

If one understands these two distinct historical phenomena that occurred in the nineteenth century, it cannot be taken for granted that Protestant missions in the nineteenth and twentieth centuries mobilized medicine, especially professional medicine, for spreading the gospel in foreign mission fields.[229]

The advance of medicine through the professionalization, especially knowledge and skills involving surgery and anatomy, contributed to demarcating a group of missionaries who had received professional training at medical institutions and missionaries who only dabbled in simple medical treatments of common diseases. Professionalization not only produced medical practitioners like consultants or specialists with masterful surgical skills, but also a distinct group of missionaries with a distinct identity and a vocation defined by institutional qualifications.

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[229] In contrast with "domestic medicine," "professional medicine" was successfully transformed into a profession of medicine through the professionalization in the nineteenth and twentieth centuries.

Between 1838 and 1912, the Medical Missionary Society in China and the Medical Missionary Association of China sought to formulate and institutionalize qualifications for medical missionaries in the cross-cultural context. The credentials for the medical missionaries were being more specifically defined with the establishment of the Medical Missionary Association of China in 1887 and its later growth into the China Medical Association in 1925 and finally the Chinese Medical Association in 1932.[230]

Medical missionaries endeavored to construct their professional identity as "consulting surgeons" through building modern hospitals or, in Foucault's words, "new clinics" that included specialized arrangements for patients and was staffed by credentialed medical practitioners and well-trained medical assistants. [231] Their professional identity as consulting surgeons and specialists could be created and sustained mainly by means of performing numerous surgeries and examining patients' pathological anatomies at the hospitals which were conceived as "primary institutional spheres" for precisely such operations.[232] Although many small dispensaries were established in conjunction with mission hospitals,, these smaller outfits were not considered "primary institutional spheres" for medical missionaries.

In sum, in order to achieve the professionalization of medical missions, missionaries' credentials should be institutionalized in the first place. At the same time, in constructing

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[230] In 1932, the China Medical Association had evolved into the Chinese Medical Association, forming the homogenous medical profession in China.

[231] Michel Foucault's definition of "new clinics" should be provided to articulate the meaning of this term. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York: Pantheon Books, 1973).

[232] For the definition of "primary institutional spheres," see Eliot Freidson, *Professionalism: The Third Logic* (Chicago: Chicago University Press, 2001), 159.

and consolidating the professional identity as consulting surgeons and specialists, the establishment of modern hospitals as "primary institutional spheres" was critical.

This chapter explores how the professionalization of medicine in global context throughout the nineteenth and the early twentieth centuries closely intersected with the professionalization of medical missions in China, specifically concentrating on the issues of credentials for medical missionaries and the main strategies that medical missionaries used to construct and consolidate their professional identity as credentialed medical practitioners, in particular as consulting surgeons and specialists. This chapter argues that the standardization of medical practitioners' professional identities, which were defined by Western-based qualifications and created an exclusive network of credentialed medical men within a skilled medical organization and mission hospitals, was the most critical component in the professionalization of medical missions in China.

The Professionalization of Medicine in the West and Credentials for Medical Missionaries in China

The authority and power usually assigned to contemporary biomedicine seem to be taken for granted, but they were not naturally formed attributes of this particular branch of medicine. The authority and power imposed on contemporary biomedicine should be historicized. It is necessary to identify the processes by which dominant voices in and institutional forms of biomedicine came to exercise control.[233]

The professionalization of medicine in the nineteenth century in the West, especially

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[233] Shirley Lindenbaum and Margaret Lock eds., *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life* (Berkeley: University of California Press 1993), xi.

in the United Kingdom and the United States, manifests how the medical profession, pursuing medical autonomy and monopoly, was transforming itself from an incohesive group encompassing motley medical practitioners into a cohesive and exclusive group of practitioners.[234] Developing professional models as a tool to differentiate themselves from unqualified practitioners who often practiced medicine as a means of living without a license or a recognized medical diploma, licensed or qualified medical practitioners intensified their endeavors to regulate the profession often through legislative attempts at restricting those unqualified to practice their trade.

The standard of credentials for the missionaries of the Medical Missionary Society in China duly reflected social reality and problems that became a considerable source of concern to the medical practitioners on either side of the Atlantic. The main concern shared by the medical practitioners in the UK and the United States pertains to the competition from unqualified practitioners like untrained quacks whose practices, employing various commercial devices to enthrall a naïve public with money to spend, covered various medical fields from lithotomy to patent medicines.[235][236]

The Medical Act of 1858 in England, with the establishment of a system of registration, drew a clear legal boundary between those who qualified through recognized medical diplomas and licenses and those who did not.[237] The registered medical

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[234] Ivan Waddington, *The Medical Profession in the Industrial Revolution* (New Jersey: Humanities Press Inc., 1984).

[235] Roy Porter, *Quacks: Fakers & Charlatans in Medicine* (Stroud: Tempus, 2003), 70.

[236] Rosemary Stevens, *Medical Practice in Modern England: The Impact of Specialization and State Medicine* (New Brunswick and London: Transaction Publishers, 2003), 11.

[237] Ivan Waddington, "Professionalization: The Movement towards the Professionalization of Medicine," *British Medical Journal* 301 (1990): 688.

practitioners thus became the only "healers" officially recognized by the General Council of Medical Education and Registration on behalf of the state.[238]

Whereas the medical practitioners in the UK succeeded in legally drawing the boundary between the qualified and the unqualified in the mid-nineteenth century and imposing legal restrictions of the latter, their American counterparts had to tackle the unsolved problem of legally differentiating "regular" medical practitioners from "irregular" practitioners consisting of homoeopathists, eclectics, and untrained quacks, throughout the nineteenth century. "Irregular" practitioners and quacks consisting of motley healers in the United States, persistently appealing to the public's sympathy and striving to gain supporters for their campaigns against "regular" medical practitioners, claimed that "regular" medical practitioners' attempts to control the practice via legislation, with the intention to monopolize it, violated their constitutional liberty and a person's freedom to choose which ever medical practice desired.[239] Seen from the perspectives of those "irregular" practitioners and quacks, the movement towards legal restrictions of the practice was called "medical slavery" and its adherents were known as the "Medical Trust," and the combination of the two would obstruct the possibilities of advancing diverse therapeutics.[240][241] Since legal restrictions of medical practices also banned unqualified practitioners from charging for treatments, they desperately opposed these measures. Yet despite "irregulars" and quacks' tenacious campaigns against the

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[238] Margaret Stacey, *The Sociology of Health and Healing* (London: Unwin Hyman, 1988), 85.

[239] Reginald H. Fitz, "The Legislative Control of Medical Practice," *Boston Medical and Surgical Journal* 130, no.24 (1894): 581-85.

[240] Henry Wood, "Medical Slavery through Legislation," *The Arena* 8 (1893): 680-89.

[241] T.A. Bland, "The Medical Trust," *The Arena* 19 (1898): 520-26.

legislation, around 1894, "regular" medical practitioners holding recognized medical degrees or diplomas in all states save for three including Massachusetts officially differentiated themselves from "irregular" practitioners and untrained quacks. Through this action, the "regular" practitioners sought to transform the profession into a cohesive and exclusive group that employed standardized forms of medicinal treatments.

Thomas Colledge, a former senior surgeon of the British East India Company and the president of the Medical Missionary Society in China, who paid close attention to the unstable circumstances related to medical professions in the two countries in the first half of the nineteenth century, realized that he needed to take an important initial step to professionalize medical missions in China. In 1838, after officially announcing the "Regulations and Resolutions" of the Medical Missionary Society of China with other two founders, Peter Parker and Elijah Bridgman, Colledge separately published another critical pamphlet about the credentials required for medical missionaries in China. Colledge's pamphlet, entitled "The Medical Missionary Society in China," clarified the main purposes of the Society and urged the various missionary societies and evangelical communities in the UK and the US to take into consideration the desirable influences of modern medicine on Protestant missions in China and support medical missions as a newfound strategy for evangelism. Colledge's pamphlet is an important evidence which shows that the Society was not a religious organization but surgeons had an additional interest in helping clerical missionaries.

The pamphlet, indicating the qualifications for medical missionaries, also served as a strict warning against quackery and quacks who might be able to engage in their craft under the pretext of medical missions and ultimately undermine the effectiveness of these

institutions. According to Colledge, medical missionaries should be the masters of their profession before anything else could be considered. Being "religious" or pious in terms of personality came second. Making it clear that medical missionaries are not the union of the two professions of medicine and divinity, Colledge underlined that the instance of Peter Parker, a well-trained medical practitioner-cum-minister, is exceptional and "rara avis in terries."[242] Seen from the perspective of Colledge, those cases like Parker who had diplomas of both medicine and divinity would not have any possibilities to jeopardize the fundamental goals of medical missions in China. Colledge's remarks targeted "those missionaries of the Gospel who, possessing an imperfect knowledge of the healing art, attempt to make it a means of introducing themselves to the confidence of the heathen."[243] "Those missionaries of the Gospel" who only dabbled in medicine could run the risk of inflicting harm upon medical missions and people's health. The Medical Missionary Society in China, from the outset of medical missions being introduced to the locals, categorized medical missionaries and "missionaries of the Gospel" as separate and functioning differently within their operational scope ."

The "Regulations and Resolutions" of the Medical Missionary Society in China, explaining why the founders gave the name of "a missionary society" to the institution, also hinted that the purpose of medical missions resided exclusively within a boundary of one profession, namely medicine, and not within the combination of the two professions of medicine and theology. The founders of the Society hoped to fill the institution with

[242] Thomas Richardson Colledge, *The Medical Missionary Society in China* (Philadelphia: The Medical Missionary Society, 1838), 6.
[243] Ibid.

medical practitioners who were well acquainted with their profession and possessed "the self-denial and the high moral qualities which are usually looked for in a missionary."[244]

In reality, in terms of the overall composition of the members, the Medical Missionary Society in China accepted merchants and small clerical missionaries as members of the Society since there were small numbers of medical missionaries at the time when it was established in 1838.[245] The regulations of the Society included one Article concerning membership.[246] According to the Article articulating qualifications for joining the Society, people subscribing annually for fifteen dollars could become members of the Society during the period of their subscriptions. The donors who gave a lump sum of one hundred dollars qualified to become members for life. In addition, to qualify for selection as directors for life, donors were directed to give a sum total of five hundred dollars at once.

However, only the members with medical licenses and degrees could be recognized as medical missionaries, i.e. the main agents of the Society. The 1838 Regulations included an Article regarding the qualifications of medical men employed by the Society. The Article stated that the candidates should provide satisfactory certificates of their medical education to receive patronage of the Society. Those candidates also were required to submit "testimonials from some religious body" to prove their "piety,

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[244] Thomas R. Colledge, Peter Parker, and Elijah C. Bridgman, "Medical Missionary Society: Regulations and Resolutions," *Chinese Repository* 7 (1838): 39.

[245] Chapter 3 of this dissertation dealt with the composition of members of the Medical Missionary Society focusing on the founding year of the Society.

[246] Colledge, Parker, and Bridgman, "Regulations and Resolutions," 33.

prudence, and correct moral and religious character."[247] After the candidates provided certificates of their medical education and testimonials, they underwent an examination of their qualifications.

The by-laws of the Society offer more detailed explanations of these examinations. According to them, "candidates for the Society's patronage must present their credentials to the President, or senior Vice-President, who, with one of the Vice-Presidents, following the order abovenamed, and the two Secretaries, shall examine, and if they see fit, accept such person,-their proceedings, however, always being subject to the approval of the whole committee, and finally to that of the Society itself if necessary."[248]

Although the regulations asked the candidates to submit testimonials from religious bodies, those religious testimonials were not in fact elements critically considered in examining the qualifications of medical missionaries. Since the society was not a religious organization, it accepted medical practitioners who wished to serve the Chinese patients as medical missionaries without requiring documentation from religious bodies. Therefore, medical men with satisfactory credentials were able to be employed as medical missionaries after successfully passing the examinations.

Maintaining its original standards of credentials for medical missionaries, the Society adopted more detailed resolutions for would-be medical missionaries on March 27, 1842. When these new resolutions were adopted, Parker, as a medical officer of the Society,

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[247] Ibid., 34.

[248] The Medical Missionary Society in China, *Report of the Medical Missionary Society, Containing an Abstract of Its History and Prospects and the Report of the Hospital at Macao for 1841-2 together with Dr. Parker's Statement of His Proceedings in England and the United States in behalf of the Society* (Macao: Press of S. Wells Williams, 1843), 47.

was on his trip to England, America, and France to promote medical missions of the Society. One of the main social groups with which Parker wanted to meet was medical practitioners. He wished to recruit would-be medical missionaries and obtain financial and medical support from them to modernize medical missions. Unlike the response of the religious groups in those countries, that of medical men was considerably positive. Hopeful of the fruitful result of Parker's trip, the committee of the Society expected that more able medical men would come to China to devote themselves as medical missionaries in connection with the Society.[249] Before the Opium War in 1842, Canton and Macao were the only places where medical missionaries could work legally. But the Society was already planning to expand its medical work to other places and employ more practitioners as missionaries. Therefore, the Society specified what proficiencies these practitioners coming to China should be knowledgeable in so that they would be accepted as missionaries in accordance with the new resolutions.

These resolutions stated that, in addition to satisfactory credentials as a medical man, command of Chinese dialects was required to work as a medical missionary. As the superintendents of the medical institutions of the Society, medical missionaries should undertake the management of the institutions and labor efficiently by themselves among the Chinese patients.[250] Therefore, a medical man who aspired to be a medical missionary was asked to study Chinese, in particular the dialects spoken in districts not

[249] Alexander Anderson, "Minute of a Meeting of the Committee, March 27th, 1842," *Report of the Medical Missionary Society, containing an Abstract of Its History and Prospects; and the Report of the Hospital at Macao, for 1841-2; together with Dr. Parker's Statement of His Proceedings in England and the United States in behalf of the Society.* (Macao: Press of S. Wells Williams, 1843), 45.
[250] Ibid.

already occupied by medical missionaries around 1842.[251] The Society decided that until the would-be medical missionaries obtained sufficient proficiency in the dialect of their desired place of work, no funds of the Society would be advanced for that purpose.[252] While studying the Chinese language, the would-be medical missionaries were also asked to assist other missionaries in the hospitals and dispensaries already established by the Society.[253]

Extraterritoriality obtained by the Treaty of Nanjing in 1842 and a supplementary treaty in 1843 freed medical missionaries from the legal obstacle. Accordingly, after the Opium War, the Society was able to expand its medical work to Hong Kong and the treaty ports such as Shanghai, Ningbo, and Amoy except Fuzhou under the influence of extraterritoriality. The Society established more hospitals and dispensaries and sent its medical officers to these facilities.[254] Around 1844, there were nine medical practitioners who were working as Society medical officers in Hong Kong, Canton, Shanghai, Ningbo, and Amoy: Peter Parker and A. P. Happer at Canton; Benjamin Hobson, Dyer Ball, D. B. McCartee, and A. P. Happer at Macao and Hong Kong; William Lockhart at Shanghai; J. C. Hepburn and William Cumming at Amoy; and Daniel. J. Macgowan at Ningpo.[255] These nine medical practitioners from the United States and the UK were qualified

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[251] Ibid.

[252] Ibid.

[253] Ibid. Medical missionaries indicate the medical officers of the Society.

[254] After the Treaty of Nanjing, five treaty ports in China were opened to foreigners: Canton, Shanghai, Ningbo, Amoy (Xiamen), and Fuzhou.

[255] Benjamin Hopson withdrew his membership from the Society in 1847 and stopped working as a medical missionary. He established his own hospital at Kam-li-fau in Canton in connection with the London Missionary Society in 1848. In 1865, the Society took over Hopson's hospital and John G. Kerr, another missionary, took care of the hospital as a superintendent. Kerr had connections to the American Presbyterian Church, and he was employed as one of the Society's medical officers.

medical license or degree holders. They formed their own medical missionary network assisting one another by exchanging surgical knowledge and techniques in person or through medical and surgical reports.

Appreciating fully the value of combining the healing of diseases with the teachings of Jesus in their medical practice, medical missionaries in China held that the sphere of labor in the mission field should follow the direction in which missionaries' talents and training led them through the spirit of prayer. William Lockhart, a British medical missionary who worked both in Shanghai and Beijing, further highlighted that medical missionaries should be qualified surgeons who are able to cope with severe cases, indicating that ministers cannot be made efficient medical missionaries with only a few months' attendance at medical lectures and brief observations of hospital practices.[256] From the perspective of medical missionaries, clerical missionaries fall into a category of quacks such as nostrum-mongers, "clairvoyants, faith-curers, mind-healers," and "Christian scientists."[257] The Society never employed practitioners whose skills and background might be called into question, violate the terms set in the member regulations, and endanger the credibility of the Society itself. The constitution of the Society was so framed to safeguard the standards of qualification.[258]

The Society had maintained its original constitution without any major revisions since 1838. But when a special meeting of the Society was held in 1865, one suggestion was

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256 William Lockhart, *The Medical Missionary in China* (London: Hurst and Blackett, 1861), Preface.

257 Fitz, "The Legislative Control of Medical Practice," 581.

258 Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 44.

made to revise Article 7 of the constitution regarding trustees.[259] The management committee was appointed to perform this duty and this was the most noticeable change made to the document.

According to the original Article 7, "all real estate or other property belonging to the Society [shall] be held on behalf of the same by a Board of Trustees consisted of the President, the Treasurer, and the Auditor of accounts."[260] But the revised Article stipulated that a Board of Trustees consisted of "the Treasurer,-(that is the Senior Partner, residing in Hongkong, of the firm which are the Treasurers)-the Auditor of accounts, and the Recording Secretary."[261]

According to the revised Article 7, the Recording Secretary, a medical missionary who worked as a superintendent of the Canton Hospital,, played a role as a member of a Board of Trustees instead of the President. This implies the importance of the position of the Recording Secretary within the Society. While other positions like Vice-President could be shared by medical men, merchants and clerical missionaries, the positions of the President and the Recording Secretary were exclusive to medical practitioners. The President of the Society was Thomas Colledge since 1838, and his stay in England prevented him from attending the meetings and taking care of the logistical and other numerous tasks required to oversee the continued operation of the Society's medical institutions. Therefore, these institutions were in fact supervised by the Recording

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[259] O. H. Perry and John G. Kerr, "Medical Missionary Society in China," *Report of the Medical Missionary Society in China for the Year 1865*. (Hongkong: A. Shortrede & Co, 1866), 3.

[260] Colledge, Parker, and Bridgman, "Medical Missionary Society: Regulations and Resolutions," 34.

[261] O. H. Perry and John G. Kerr, "Minutes of the Twenty-Seventh Annual Meeting of the Medical Missionary Society in China," *Report of the Medical Missionary Society in China for the Year 1865*. (Hongkong: A. Shortrede & Co, 1866), 7-8.

Secretary, that is the medical missionary who worked as a consulting surgeon of the biggest hospital founded by the Society. This revision on the trustees functioned as a critical means to strengthen the power and influence of medical missionaries as medical officers in the Society.

Except for this revision, there was no noticeable change on the composition of the members of the Society until 1866. Around this time, the Society still comprised multifarious social groups such as merchants, medical practitioners, and clerical missionaries. But the clerical missionaries remained a minority. While the number of Chinese who donated funds to the Society had increased considerably since 1838, the number of clerical missionaries who donated remained largely static. The reports of the annual meeting of the Society do show that some clerical missionaries nevertheless often joined these meetings. Since the annual meetings were open to the public, clerical missionaries with an interest in medical missions were able to join it without having a right to vote as an official member. But its lists of donors and subscribers reveal that few clerical missionaries became members through subscribing, and the subscription was often an irregular one.[262] In many cases, clerical missionaries did not subscribe to support the Society. Some clerical missionaries subscribed to it, but the subscription was not enough for them to be a member of the Society. For example, there were no clerical missionaries who subscribed to the Society for the year 1865.[263] In 1866, two clerical missionaries, Rev. M. Williams and Rev. G. Piercy subscribed to the Society, and the total

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[262] $15 was the minimum subscription for being a member for one year.

[263] "Report of the Medical Missionary Society in China, for the Year 1865," 38-9.

amount of their subscriptions were only $15.[264] The amount of their subscription was not enough for them to be an official member of the Society., not enough to be considered as official members.

In the 1867 meeting, one noticeable issue related to the membership of clerical missionaries was addressed. The members of the Society suggested that every Protestant missionary in Canton should be honorary members and entitled to vote.[265] Yet the subsequent documents of the Society show that this suggestion did not produce any visible result in the end.

While the number of clerical missionaries in the Society had not increased until 1866, there had long been a steady increase in the number of medical missionaries. In 1848, Benjamin Hobson withdrew his membership from the Society to establish a mission hospital at Kam-li-fau in connection with the London Missionary Society.[266] In 1854, John G. Kerr, an American medical practitioner, came to Canton and joined the Society as a medical officer. In addition to Kerr, there were more medical practitioners who joined the Society as medical officers. R. H. Graves came to Canton in 1856 and oversaw the Society's dispensaries at Shiu-hing and Wuchau. In 1857, Wong Fun, the first Chinese to receive a medical diploma from the University of Edinburgh, came back to China and worked as a medical officer. In 1859, John Carnegie arrived at Amoy and became a medical missionary.

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[264] Rev. M. Williams's subscription was $10 and Rev. G. Piercy's subscription was $5. "Report of the Medical Missionary Society in China, for the Year 1866," 25.

[265] When the Society grew into the Medical Missionary Association of China in 1887, the Protestant clerical missionaries as honorary members did not have their voting right.

[266] Hobson's hospital was transferred to the Society in 1865 because of the financial issue. Dr. Kerr ran the hospital instead of Dr. Hobson.

Adam Krolczyk, a member of the Rhenish Missionary Society, arrived at Hong Kong in 1861 and afterwards opened his own small dispensaries at Shik-lung and Fu-men in the Tung-kun district.[267] But the Rhenish Missionary Society did not have any specific plans to support his medical labors. Therefore, Krolczyk decided to transfer his two dispensaries to the Society, with the prospect of stable financial support, in order to enlarge their physical presence and also their areas of influence. In 1864, E. Faber, another member of the Rhenish Missionary Society arrived at Hongkong. Like Krolczyk, Faber wished to work as a medical officer to receive financial support.[268] Between 1864 and 1870, there were 8 more medical missionaries who came to China: Porter Smith, E. Faber, S. P. Barchet, J. Nacken, A. O. Treat, T. P. Harvey, J. Hunter, and Dauphin W. Osgood.[269]

However, since 1871, with the increasing interest shown towards medical missions by Protestant missionary societies and boards, one can observe the considerable increase in the number of medical missionaries throughout China. Between 1871 and 1886, 105 medical men came to China to labor as medical missionaries.[270] Some would become a Society member while others would not.

The increasing number of medical missionaries finally led to the necessity to establish a nationwide medical missionary organization through which all medical missionaries in

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[267] Adam Krolczyk, "Report of the Rev. A. Krolczyk, of the Rhenish Missionary Society," 1865.

[268] For the complete list of all medical missionaries who worked in China before 1886, please see the article entitled "Medical Missionaries to the Chinese," *The China Medical Missionary Journal* 1.2 (1887): 45-59. This list includes some medical practitioners who were not the members of the Society. The medical practitioners who were not the members of the Society mainly worked in Hongkong since 1842.

[269] The Medical Missionary Association, "Medical Missionaries to the Chinese," 55-6.

[270] Ibid., 55-9.

China could discuss important issues related to medical missions and cooperate to more systematically develop them.

There were in total 79 medical missionaries in 1886, and these all agreed to the found the Medical Missionary Association of China in 1887.[271] One needs to pay attention to the leading role of the Medical Missionary Society established in Canton and Dr. John Kerr in founding this nationwide association. After Peter Parker suddenly died in 1888, Dr. Kerr took over as the Association's President. Considering his achievements and reputation as a medical missionary, it is not surprising that he came to lead this establishment with other medical missionaries, becoming the first president of the Association.

Unlike the Medical Missionary Society, all the officers of the Association were credentialed medical practitioners. For example, the following table shows the officers of the Association for the year of 1887, and the officers consisted of only credentialed medical practitioners.

Table 4.1: The officers of the Medical Missionary Association of China in 1887

President	John G. Kerr, M.D. (Canton)
Vice-Presidents	J. K. McKenzie, M.R.C.S. L.R.C.P (Tientsin) W. A. Deas, M.D. (Wuchang) H. W. Boone, M.D. (Shanghai) H. T. Whitney, M.D. (Foochow) A. Lyall, M.B., C.M. (Swatow)

[271] Medical Missionary Association of China, "List of Medical Missionaries in China, Corea, and Siam," *The China Medical Missionary Journal* 1, no. 1 (1887): 34-7.

Secretary and Treasurer	E. M. Griffith, M.D. (Shanghai)
Board of Censors	B. C. Atterbury, M.D. (Peking) A. Wm. Douthwaite, M.D. (Chefoo) Duncan Main, M.D. (Hangchow) R. C. Beebe, M.D. (Nankin) Rev. A. L. Macleish, M.B. C.M. (Amoy) Rev. C. Wenyon, M.D. M. CH.[272] (Canton)

Table 4.1 (cont.): The officers of the Medical Missionary Association of China in 1887

The Association, although maintaining the term of "missionary" in its name, in fact functioned as a professional medical organization similar to organizations in America and Europe. In terms of membership, it did not accept non-medical groups as active or honorary members, reflecting the accelerating global trend of professionalized medicine. The practitioners who worked as missionaries consolidated their unique identity as *medical* missionaries through this elite network.

According to "Constitution and By-Laws" of the Association, only medical missionaries qualified to be the active members of the Association.[273] Other medical practitioners who engaged in private practice in China at the time could be honorary members only through applying to the medical missionaries and were not entitled to vote. There was another membership category which is called "corresponding members." They

[272] Like C.M., M.CH. means Master of Surgery.

[273] The Medical Missionary Association of China, "Constitution and By-laws of the Medical Missionary Association of China," *The China Medical Missionary Journal* 1, no. 1 (1887): 32.

consisted of “all non-resident medical missionaries throughout the world, and of such others as may be duly elected by the votes of the Association.”[274] Like honorary members, corresponding members were also not allowed to vote. Based on the Constitution, merchants and clerical missionaries without a medical degree or a medical license could be only corresponding members within the Association. In 1887, 79 medical missionaries consisting of 34 British and 45 American medical men joined the Association as active members. Their medical degrees and licenses prove that all the active members of the Association were credentialed regular medical practitioners.

Also, the composition of the active members and their credentials as medical practitioners demonstrate that the case of Peter Parker who had multiple professional identities was scarce in the Association. In 1887, there were only 9 “clerical medical missionaries” with two degrees in medicine and theology.[275] As Thomas Colledge already stressed in his pamphlet in 1838, the case of Parker was not a typical model for a medical missionary. Rather, many of the active members of the Association were lay practitioners without a degree in theology.[276]

The Association also had its local divisions at different treaty ports. Each local division had its own medical missionary society. For instance, the original Medical Missionary Society, which was established in Canton in 1838, functioned as one of the local medical branches overseeing the Guangdong division. There were four more local

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[274] See the Article IV of the “Constitution and By-laws” of the Association.

[275] The nine “clerical medical missionaries” are A. L. Macleish, R. McDonald, C. Wenyon, Sydney R. Hodge, A. P. Happer, S. Hunter, J. C. Thomson, R. H. Garves, and L. H. Gulick.

[276] The history of professional medical practitioners until 1500 reveals that during the medieval period in Europe, the power of professional medical men was considerably weak compared to the amateurs who performed so-called “clerical medicine” or “alternative medicine.”

divisions: The North China division, the Wuchang and Hankow division, the Shanghai division, and the Fukien and Formosa division. There was a difference between the Association and the local medical societies regarding who members of each were. The local divisions under local societies, unlike the Association, could accept merchants and clerical missionaries as active members.

The founding of a nationwide medical missionary association was a critical step towards securing autonomy and self-regulation of medical missions in China. Autonomy and self-regulation were the most crucial conditions in the professionalization of medicine. Excluding clerical missionaries, the Association and medical missions would not be affected by clerical missionaries and their manner of evangelizing.

While the new association excluded clerical missionaries without medical credentials, it still maintained the religious objective parallel to the medical objective. But the Association put a premium on its medical objective. According to Article I of its Constitution, the Association had three objectives: "First.-The promotion of the Science of Medicine amongst the Chinese, and mutual assistance derived from the varied experiences of Medical Missionaries in this country. Second.-The cultivation and advancement of Mission Work and of the Science of Medicine in general. Third.-The promotion of character, interest, and honor of the fraternity by maintaining a union and a harmony of the regular Profession in this country."[277] With the increasing financial support for medical missions given by the Chinese people, the commercial objective was being excluded from the main objectives.

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[277] The Medical Missionary Association of China, , "Constitution and By-laws of the Medical Missionary Association of China," *The China Medical Missionary Journal* 1, no. 1 (1887): 32.

After the Medical Missionary Association of China was founded, the Association formulated more specific processes that reflected the American system of evaluating and crediting medical practitioners. As to credentials of the members, Article III of its constitution stipulated that only "graduates of recognized regular medical college[s]" can be the members of the Medical Missionary Association of China after being recommended by another member first and then being elected by a two-thirds vote at the regular meeting.[278] Accurately reflecting the uphill battle to pass legal restrictions on "irregulars" and quacks--especially in late nineteenth century America--Article III stressed that only "regular" medical practitioners with medical diplomas or degrees of M.D. from high-ranking medical colleges be qualified as such. In a similar vein to the constitution of the Medical Missionary Society which allowed for both qualified physicians and surgeons as missionaries, the new constitution of the Medical Missionary Association institutionally left room for accepting credentialed physicians and later obstetricians as members.

However, in practice, medical missionaries, as William Lockhart pointed out in 1861, had to be able to deal with serious diseases which required specialized surgical treatments that Chinese medical practitioners could not perform for their patients. In addition, British surgeons, not unlike physicians, were automatically given prescribing rights if they had acquired qualification as surgeons before 1886 in which the tripartite division of medical practitioners in the UK legally lost its former relevance.[279] Meanwhile, British surgeons who had acquired qualification after 1886 mandatorily had to study medicine

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[278] Ibid.

[279] Waddington, *The Medical Profession in the Industrial Revolution*, 176.

with emphasis on surgery and midwifery to be a qualified medical practitioner like American surgeons who studied these disciplines together. Therefore, hiring experienced surgeons with a license of surgery or a medical degree became a priority in professionalizing medical missions in China.

It was no coincidence that all medical missionaries from the UK were hospital-based surgeons called consultants and were licensed either as surgeons or dual-licensed as surgeons and physicians. Meanwhile, medical missionaries from America, where there existed no tripartite division in terms of one's credentials, were "regular" medical practitioners with clinical experiences of performing general and specialized surgeries. Later, many Chinese medical missionaries, being trained in an American or British medical educational system, became surgeons who were able to use Western-based practices to the benefit of the Chinese people.

The establishment of the Medical Missionary Association of China as a professional medical organization was undoubtedly conducive to the consolidation of missionaries' identities as specialized providers of care. It also played a critical part in blocking the possible influence and, more importantly, the intervention of clerical missionaries in strictly non-religious, medical-based business. The Association should be considered a organization which consisted of qualified practitioners with an unofficial interest in a religious goal to spread Christian teachings in China. It was not a religious organization established by clerical missionaries nor by their sponsors, the missionary societies. Since the Association still maintained the word of "missionary" in its name, one can easily regard it as a religious organization which is interested in using medicine for a religious purpose rather than the reverse. In this regard, it is worth noting that M. Radiguet, a

former consul in China, paid attention to the secular nature of this organization in his letter to the Academy of Medicine in Paris in 1890.[280] In the letter, explaining a scheme of a "lay Society of Medical Missionaries to the East," the motive, and its political influence, Radiguet argued that the lay society of medical missionaries would be "a help to medical science probably," but it could be "a hindrance to the progress of Christianity."[281] His negative view of the impact of medical missions on the progress of Christianity should not be accepted as an unconditional truth. However, his assessment and understanding of the nature of the Association was quite correct.

In addition to the establishment of a professional association of medical missionaries in China, medical missionaries also tried to construct mission hospitals as another crucial network throughout China. Building mission hospitals mattered to medical missionaries and their medical missions for several reasons. One of the significant reasons concerns the construction of a professional identity as medical elites. Their close observation and knowledge of the medical institutions like Western hospitals greatly influenced their actions and policies related to the building of the mission hospitals in China. In the following section, I will explore why medical missionaries put a premium on the establishment of these hospitals even though other options were available.

Mission Hospitals and Medical Missionaries as Consulting Surgeons

In 1887, the new journal entitled the *China Medical Missionary Journal* was

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280 The Medical Missionary Association of China, "Notes and Items," *The China Medical Missionary Journal* 4, no. 1 (1890): 44.

281 Ibid.

published by the Association. In the first issue of the journal, medical missionaries talked about the construction of hospitals in relation to the development of medical missions. Their discussion on the construction of the hospitals was actually regarding the most effective strategy that they could employ to advance medical missions. Building hospitals had been always considered the most important task in relation to the development of medical missions by medical missionaries since Thomas Colledge and Peter Parker. As pointed out in Chapter 3, when Colledge and Parker initiated a medical mission in Canton and Macao, their main strategy was to transport and develop hospital medicine based on new medical practices such as physical examination, clinical diagnosis, anatomo-surgery. Later other medical missionaries followed their predecessors as well.

But it should not be taken for granted that medical missionaries chose hospital medicine as a main strategy for medical missions. Hospital medicine was still in the middle of advancing throughout the nineteenth century. It was not a medicine that people could put their entire trust on. People's perception of the hospitals before the late nineteenth century was much closer to the ancient concept of hospitals as "places of care for sick or poor people."[282] People believed that hospitals are the last resort that poor people without financial resources and family members could get some care before impending death.

Unlike our modern concept of hospitals, hospitals in the West were not generally considered ideal places for curing diseases in the nineteenth century. For example, as Charles Rosenberg pointed out in *The Care of Strangers*, most Americans did not have

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[282] Zacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 2015), 235.

real access to the hospital system.[283] Rather, hospitals had a negative connotation in the West for most of the nineteen century.[284] In America before 1860, people believed that "accepting any charity is humiliating," and hospital wards filled with chronic patients without money and family members were not conceived as ideal places of cure for themselves.[285] As Rosenberg indicates, rest, warmth, and a nourishing diet were the major aspects of hospital care.[286] The British people's perception of hospitals was similar as well. In addition, surgery did not play a prominent role in medical care of hospitals. For example, by 1830, the Massachusetts General Hospital became a dominant medical institution in New England, but "surgical operations were seldom scheduled" in spite of John C. Warren's professional reputation.[287] Rosenberg also made a point about limited operations performed at the Antebellum hospitals. There were quite many surgical admissions at hospitals, but few operations performed.[288] This pattern continued even after the availability of anesthesia since 1846.[289] Dangerous nature of surgery and high mortality rates in performing surgery furthered people's negative perception of hospitals. Hospitals were generally regarded as a dangerous place that spreads infection and causes death throughout the nineteenth century.[290]

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[283] Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, Inc., 1987), 177.

[284] Professor Rana Hogarth made this point in relation to the evolution of hospitals in the West.

[285] Rosenberg, *The Care of Strangers*, 25-7.

[286] Ibid., 25.

[287] Guenter Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 347.

[288] Rosenberg, *The Care of Strangers*, 28.

[289] Ibid.

[290] Risse, *Mending Bodies, Saving Souls*, 381.

If one understands the fundamental aspects of hospital care in the West during the nineteenth century, they would wonder why medical missionaries in China adopted hospital medicine as their main strategy even in the period when it was at its formative stage in the West. There were actually two other options that could be employed as strategies for medical missions in addition to the building of mission hospitals. One of them is to work in dispensaries at which medical practitioners could treat outpatients with minor diseases. Another possible strategy was to treat people through itinerancy without building any dispensaries or hospitals. But these two options were not adopted as a main strategy by medical missionaries in China.

While hospitals had a negative appeal in the West for most of the nineteenth century, the situation in China was very different. It should be noted that the concept of hospitals did not really exist in the same way in china as it did in the West. In addition, surgery did not advance in Chinese medicine. This point means that Chinese people did not have a negative prejudice against hospitals and surgery. Early medical missionaries such as Thomas Colledge and Peter Parker already noticed that there was no concept of hospitals and surgery in China. Medical missionaries believed that they would be able to develop hospitals and surgery differently in China.

Since surgery based on pathological anatomy was the main tool for a medical mission in China, medical missionaries put a premium on the construction of modern surgical hospitals with many wards at which they could treat many surgical patients together. Being aware of the negative image of hospitals in the West, medical missionaries desired to build big hospitals equipped with credentialed medical practitioners and professional medical surgical arrangements for curing various surgical diseases of people from all

classes, not just for caring the poor sick whose death is impending. Mission hospitals were not a care place for refugees and poor people. While voluntary hospitals in the West were changing its role from a care place for refugees and poor class to a place of providing scientific surgical treatments to all classes in the 1870s,[291] mission hospitals in China were established as a place of providing scientific surgical medicine to all people from their beginnings. In addition, in advancing a medical mission, inpatients who needed major surgical treatments were viewed as more important than outpatients. Medical missionaries sought to build big modern surgical hospitals that could accept many surgical inpatients. As J. K. McKenzie, a medical missionary at a Tientsin hospital, emphasized, medical missionaries would not be content to confine themselves to the field of outpatient work at small dispensaries.[292] Missionary medicine in China was centered on the hospital's wards unlike the American situation in which even early twentieth-century institutional medicine was centered on the independent dispensaries and the hospital's own outpatient facilities.[293]

In advancing medical missions in China, medical missionaries made more concerted endeavors to cultivate a sense of trust among the Chinese in going to hospitals when no one in the West would want to seek care in such a dangerous place. They wished to create a positive image of hospitals as a place for cure and surgery as an effective means for cure among the Chinese. Especially, early medical missionaries like Peter Parker were well aware of the importance of low mortality rates in performing surgery at mission

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[291] Risse, *Mending Bodies, Saving Souls,* 385.

[292] J. K. McKenzie, "The Construction of Hospitals," *The China Medical Missionary Journal* 1, no. 2 (1887): 77-8.

[293] Rosenberg, *The Care of Strangers*, 5-6.

hospitals. Low mortality rates in performing surgery were critical to the establishment of the excellent surgical reputation of mission hospitals.[294] Early mission hospitals like Parker's Canton Hospital accepted only surgical patients, and there were so many successes with surgery even before the emergence of germ theory. For example, the total number of patients that Parker had performed surgeries until June in 1838 was 5600.[295] But the mortality rates in performing surgery was so low. Parker stressed the low mortality in performing surgery as follows: "we once more repeat the fact that, no fatal termination had attended as yet an operation at the hospital, though in two or three instances of great intricacy there has been but a hair's breadth escape from death. This circumstance no doubt has had an important influence in producing the unbounded confidence of all who apply for relief, among whom have been, the past term, persons of various ranks, and from the remote parts of the empire, from Ningpo on the east, and Peking on the north, to the borders of Tartary on the west."[296] In relation to surgery, many historians indicated that wound sepsis was a "great drag on surgery."[297] But in *Spreading Germs*, Michael Worboys pointed out that "sepsis was often confined to individuals and that serious epidemics were sporadic."[298] The surgical cases that Parker dealt with were mainly major operations including eye surgeries, amputations and removal of huge tumors, but wound sepsis was rarely mentioned in hospital records of

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[294] Risse, *Mending Bodies, Saving Souls,* 348.

[295] Peter Parker, ""Ophthalmic Hospital at Canton: the eight report including the period from January 1st to June 30th, 1838," *Chinese Repository* 7 (1838): 92.

[296] Ibid., 105-6.

[297] Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (New York: Cambridge University Press, 2000), 74.

[298] Ibid.

surgical practice. It was often recorded that all wounds in relation to surgery healed naturally and cleanly. With numerous successful operations, early medical missionaries could attract more surgical patients and perform more surgeries promoting hospitals “as a place of first rather than last resort.”[299]

In addition, the establishment of modern surgical hospitals was essential in maintaining and consolidating a professional medical identity as a consulting surgeon. It should be noted that medical missionaries in China were not general practitioners. General practitioners were medical men who had an interest in general practice and ran their own private offices for personal medical practice or visited patients in person. But medical missionaries were hospital consulting surgeons and specialists with a specialty of surgery who were regarded as elite groups in medical profession in the UK and America.

Like consultants and specialists who were increasing their power with the rise of modern hospitals and specialization of medicine in the nineteenth century West, medical missionaries were also using hospitals to demarcate themselves and general practitioners who came to China after the Opium War in 1842. In demarcating themselves and general practitioners, working at hospitals or not was a critical criterion. The latter usually opened their private small-scale clinics for making profits in the treaty ports like Shanghai. Unlike this group, medical missionaries concentrated on building hospitals. After building mission hospitals, in order to protect their professional elite identity as a consulting surgeon, medical missionaries blocked general practitioners’ influx into their mission hospitals and medical missions as well.[300]

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[299] Risse, *Mending Bodies, Saving Souls,* 348.

[300] As noted already, the Association allowed general practitioners to be an honorary member through the

In order to understand the conflict and tension between these two medical groups, it should be noted that the professionalization of medicine and the specialization of medical knowledge and techniques in the nineteenth century also resulted in intra-profession conflicts between consultants or specialists and general practitioners in the UK and America. In the seventeenth and eighteenth centuries UK, surgeons, unlike physicians with degrees from universities, were not regarded as medical profession. Surgeons, who had joined in the Barber-Surgeons' Company of London with the barbers, were just seen as "strangers" to medicine such as quacks and apothecaries from the perspective of physicians.[301][302] But after dissociating themselves from the barbers in 1745, surgeons were finally made possible to place stress on "pure surgery."[303] Surgeons' constant endeavors to elevate their status as medical professionals in the nineteenth century, interlocking with the specialization of surgical knowledge and techniques, were being towards distinguishing "pure surgeons" called hospital consulting surgeons from general practitioners who failed to get a position to work as surgeons at hospitals and then acquired a license of apothecaries to practice as surgeon-apothecaries as a last resort for a living.

After the Medical Act of 1886 in the UK, the tripartite division in medical profession officially lost its relevance, and all medical practitioners were considered general

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recommendation system of medical missionaries. But the Association never granted a right to vote to them.

[301] Bernice Hamilton, "The Medical Professions in the Eighteenth Century," *The Economic History Review*, 4.2 (1951): 149.

[302] Michel Foucault, *History of Madness*, trans. by Jonathan Murphy and Jean Khalfa (London and New York: Routledge, 2009), 305-06.

[303] Zachary Cope, *The History of Royal College of Surgeons of England* (Springfield: Charles C. Thomas Publisher, 1959), 1-6.

practitioners who were able to practice medicine, surgery, and midwifery together.[304] Like the structure of American medical profession, there had been no tripartite division among medical professionals in terms of basic credentials since 1886 in the UK. This changed the meaning of “general practitioners” in the UK from surgeon-apothecaries to non-specialists with no specialty. Thus, since 1886, the conflict between consulting surgeons and general practitioners/surgeon-apothecaries in the UK was being transformed into the conflict between specialists with a specialty and general practitioners or non-specialists with no specialty like the conflict between the two medical groups in America.

Considering the unique nature of medical missions in China, the Medical Missionary Society in China and the Medical Missionary Association of China especially looked for consulting surgeons or specialists with a specialty of surgery to increase the success rate of surgery to the maximum. General practitioners were not adequate to their mission works in which making difficult surgical cases successful within the limits of the possible constituted the most important component in developing medical missions in China.

In the late half of the nineteenth century, medical missionaries were aware of that other foreign medical practitioners in China sometimes downplayed their mission works without knowing well who they are and what they do. Many of those foreign medical men in China at that time, except for medical missionaries who worked in their own mission hospitals, were general practitioners who opened their private clinics to make money offering general medical practices for the foreign sojourners with various nationality and Chinese people in treaty ports such as Shanghai and Canton. Medical

[304] Waddington, *The Medical Profession in the Industrial Revolution*, 126.

missionaries' counterarguments against the critics brought into relief the perceived gap between themselves as hospital consultants or specialists and those rank-and-file general practitioners based on status in medical profession and specialized medical knowledge and techniques. For instance, in 1887, just after the Medical Missionary Association of China was established, H. W. Boone, a famous American surgeon and one of the vice presidents of the Medical Missionary Association of China, clarified that unlike other foreign medical practitioners in China, medical missionaries consisted of "second to none" specialists such as surgeons, physicians, and obstetricians, not general practitioners of medicine.[305]

The Association sought to institutionalize specified standards of credentials for medical missionaries with the growth of specializations or "division of labor" within medicine in the nineteenth century "in the pursuit and application of complex, formal knowledge and technique."[306] For example, medicine "expanded in size and were either transformed or split up into separate disciplines, many of which developed sub disciplines that split off again to become established as distinct, organized disciplines in their own right."[307] With the specialization of medicine in the late nineteenth century, medical missions needed more specialists with an expertise of specialized medical disciplines. The size of mission hospitals was getting bigger with more specialists in the early twentieth century.

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[305] H.W. Boone, "The Medical Missionary Association of China: Its Future Work," *The China Medical Missionary Journal* 1, no. 1 (1887): 1

[306] Eliot Freidson pointed out that the terms of "specialist" and "specialization" did not emerge in English until the middle of the nineteenth century or in French before 1830. See Eliot Freidson, *Professionalism: The Third Logic* (Chicago: Chicago University Press, 2001), 19, 21.

[307] Ibid., 21.

Epilogue

Medical missionaries in the early twentieth century, looking back on the long history of medical missions in China, stressed that medical missionaries as consultants and specialists were the leading medical practitioners who had guided and promoted the professionalization and specialization of medicine, notably surgical medicine, in China throughout the nineteenth and early twentieth centuries.

Specialized surgical knowledge and techniques resulting from the specialization process of medicine well served as integral and effective tools to further medical missions in China in the nineteenth and early twentieth centuries. The significant roles that professional surgical medicine as a symbol of medical missions in China played were reconfirmed at the China Medical Conference in Peking in 1926.

At the Conference, Chuan S. H. and Li K. H., Chinese medical missionaries, presented their papers entitled “Hospitals and Health” and “The Health Obligation of Mission Hospital” and suggested that medical missionaries should place more emphasis on preventive medicine like public health than curative medicine like surgery.[308] But the majority of medical missionaries of the China Medical Association including James L. Maxwell, H. Owen Chapman, J. H. Wylie, J. E. Gossard, and E.J. Stuckey emphatically stated that giving priority to preventive medicine like public health in medical missions has a possibility to harm the established reputation and identity of medical missions that had strategically employed and advanced curative medicine, especially surgical medicine,

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[308] K. H. Li, “The Health Obligation of Mission Hospitals,” *The China Medical Journal* 41(1927): 222-28. S. H. Chuan, “Hospitals and Health,” *The China Medical Journal* 41(1927): 229-32.

as a tool to spread the Gospel in China.[309]

Medical missionaries at the Conference basically agreed that their ideal of medicine needs to be somewhat revised considering the value of preventive medicine in relation to curative medicine.[310] Yet they made it clear that professional medicine based on specialized surgical and anatomical knowledge and techniques still should be the symbol and main force of medical missions playing vital roles as curative medicine in mission hospitals. In early twentieth century China, mission hospitals were still only places at which professional surgical relief was afforded to the Chinese people.

To sum up, the professionalization of medicine in the nineteenth century West resulted in the emergence of professional medicine, specialization of medicine, medical elites such as consultants and specialists with a specialty, and simultaneously a distinct group of missionaries called medical missionaries with recognized medical credentials. Professional medicine with emphasis on surgery, anatomy, and pathology, being paired with medical missions in China in the nineteenth century, contingently came to have new identity of an innovative tool for evangelism. But the newfound strategy for evangelism could be employed exclusively by medical missionaries most of whom were qualified professional surgeons.

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[309] The Medical Missionary Association of China evolved into the China Medical Association in 1909. The official journal of the Medical Missionary Association of China also changed its name from *the China Medical Missionary Journa*l to *the China Medical Journal* in the same year. In 1932, the China Medical Association again evolved into the Chinese Medical Association with the amalgamation with the National Medical Association forming a national medical association representing a united modern medicine profession in China. *The China Medical Journal* also changed its name into *the Chinese Medical Journal* in 1932.

[310] "Discussion on Dr. S. H. Chuan and Dr. K. H. Li's Papers," *The China Medical Journal* 41 (1927): 232-34.

CHAPTER 5 ONE RACE AND UNIVERSAL DISEASES: EXPERIMENTAL SURGERY AGAINST EVOLUTION THEORY [311]

> "The world is a whole: and as the human race approximates to the perfection which it is destined to reach, the principle of union and fellow-feeling will become more and more influential. A Bacon, a Newton, or a Franklin, is not to be monopolized. Such men belong not merely to the nation that gave them birth, but to the whole world. They were doubtless designed by Providence, to be blessings not merely to a single age or country, but to all successive ages, and to every land…If the principle is admitted that our race is *one*, then *remoteness* of the empire for which we plead cannot neutralize the obligation [emphasis in original]."[312]

Medical Missionaries' Vision of Humanity

"Our race is *one*" was the medical missionaries' vision of humanity presented in the "Regulations and Resolutions" when the first public meeting of the Medical Missionary Society in China was held in Canton in 1838. If we take the prevailing view of race in Europe and America around 1830s into account, what medical missionaries proclaimed with regard to race in the above quotation is tellingly revolutionary. Their understanding of race differed radically from the dominant discourse of race since the late eighteenth century.

There were competing theories of race, but it is explicit that since the mid nineteenth century, the idea of race based on biological essentialism became a mainstream

[311] For this chapter, I was inspired by Londa Schiebinger's "Medical Experimentation and Race in Eighteenth-century Atlantic World," *Social History of Medicine* 26, no. 3 (2013):364-82 and Todd L. Savitt's "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *The Journal of Southern History* 48, no. 3 (1982): 331-348.

[312] Thomas Richardson Colledge, Peter Parker, and Elijah. Coleman Bridgman, "Medical Missionary Society: Regulations and Resolutions," *Chinese Repository* 7 (1838): 43.

intellectual trend both in Europe and in the US. The close relation between race and environmental factors was also decoupled in this understanding of race. The dominant notion of race around the mid nineteenth century was that there were originally distinct races with innately fixed biological differences that would determine the level of civilization of each race.[313] Biological essentialism, in Harrison's words, was definitive of the ideas of race called polygenism since the mid nineteenth century.[314]

If one understands medical missionaries' vision of humanity considering this dominant conception of race around the mid nineteenth century, we would see the uniqueness of their understanding of humanity. Their vision of humanity derived from religious orthodoxy and the biblical vision of unity of mankind. As successors of monogenism that was a prevailing idea of humankind from the ancient times until the late eighteenth century, their vision of humanity differed from the vision of humanity that was prevailing since the mid nineteenth century. Medical missionaries' understanding of humankind based on monogenism was not a mainstream intellectual thought. But, other medical practitioners like Charles Roman, an African American physician, had a similar vision of humanity. For example, Roman challenged polygenism and discourse on "race specific diseases," arguing that "humans belonged to the same species and therefore their traits and dispositions were shared across the colour line."[315] The tension between two competing visions of humanity continued throughout the nineteenth century.

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[313] Nicholas Hudson, "From "Nation" to "Race": The Origin of Racial Classification in Eighteenth-Century Thought," *Eighteenth-Century Studies* 29, no 3(1996): 247.

[314] Mark Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India 1600-1850* (Oxford: Oxford University Press, 1999), 14.

[315] Terence D. Keel, "Charles V. Roman and the Spectre of Polygenism in Progressive Era Public Health Research," *Social History of Medicine* 28, no. 4 (2015):744.

Race, Medical Experiments, and Anatomical Observations

in the Late Eighteenth and Nineteenth Centuries

As Londa Schiebinger pointed out in "Medical Experimentation and Race in the Eighteenth-century Atlantic World," in the seventeenth and early eighteenth century, naturalists and medical practitioners seldom questioned "the interchangeability of human bodies with regard to race."[316] Of course, there were competing theories of race during that period. According to Norris Saakwa-Mante, "the idea of using species-difference to represent race is relatively rare in the mid-seventeenth- to mid-eighteenth-century…but not unknown."[317] Saakwa-Mante indicated that John Atkins (1685-1757)'s racial theory in his surgical manual entitled *The Navy-Surgeon* was a "recognizable part of the polygenist tradition."[318] But given the dominancy of monogenism during that period,[319] it is quite natural for naturalists and medical practitioners to take the interchangeability of human bodies for granted.[320] In the event they questioned, they assumed that differences in climate, not racial constitutions, could affect the effectiveness of drugs on human bodies.[321] The nature of bodies was considered identical in general during that period.

But since the second half of the eighteenth century, more European naturalists and

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316 Schiebinger, "Medical Experimentation and Race in Eighteenth-century Atlantic World," 381.

317 Norris Saakwa-Mante, "Western Medicine and Racial Constitutions: Surgeon John Atkins' Theory of Polygenism and Sleepy Distemper in the 1730s," Waltraud Ernst and Bernard Harris eds., Race, Science, and Medicine, 1700-1960 (London: Routledge, 1999), 30.

318 Ibid.

319 Andrew Curran, *The Anatomy of Blackness: Science and Slavery in an Age of Enlightenment* (Baltimore: The Johns Hopkins University Press, 2011), 82.

320 For example, although Blumenbach divided humankind into five varieties, he did not regard races "as sharply divergent from one another." Londa Schiebinger, "Race and Sex in Eighteenth-Century Science, *Eighteenth-Century Studies* 23, no. 4 (Summer, 1990): 390.

321 Schiebinger, "Medical Experimentation and Race in Eighteenth-century Atlantic World," 381.

medical practitioners began questioning the interchangeability of bodies, paying attention to what they perceived to be racial differences.[322] There were different types of medical experimentations related to race, and they are illuminating examples to consider various views of the late eighteenth-century medical practitioners in regard to understanding the nature of bodies. A medical practitioner like James Thomson, who was a plantation doctor in Jamaica from 1799 to 1822, conducted anatomical experimentations with skin color to find "the ultimate sources of blackness in human skin," rejecting the environmentalism supported by many of his contemporaries.[323] He assumed that Europeans and Africans were separate human groups.[324] His anatomical experimentations were searching for anatomical and physiological difference between races. But, this type of medical experimentations coexisted with other experimentations with different purposes. A colonial military surgeon in Grenada, Colin Chisholm, conducted medical experiments on living humans to find whether internal body heat is the same in different climates.[325] Chisholm's experimentations sought to prove basic human nature regardless of different races. He believed that all humans belonged to one species composing of several varieties. These varieties rely on factors such as climate, soil, location, and culture, and for Chisholm, place was considered critical than race in preventing diseases and restoring health. Other medical practitioners performed another type of medical experimentations that aimed at finding more effective treatments for their

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[322] Ibid., 364.

[323] Ibid., 372.

[324] Ibid., 371, 377.

[325] For the discussion of Colin Chisholm's experiments, I refer to Schiebinger, "Medical Experimentation and Race in Eighteenth-century Atlantic World," 374-77.

patients or expanding medical knowledge.[326] For instance, John Quier conducted experiments with smallpox inoculation on slaves in Jamaica to investigate difficult questions that were not answered within European medical circles.[327] But his experiments to inoculate pregnant women arose a question about race. Quier's colleagues in London asked whether his experiments done on Africans and the result were valid for Europeans. Quier originally assumed universal human interchangeability. Quier's purpose was to invent better cures for humankind, not finding racial differences. It was evident that doubt on the interchangeability of bodies had considerably increased since the mid eighteenth century. But it was not a dominant intellectual trend yet. Many European medical practitioners still believed the interchangeability of human bodies, recognizing impacts of environmental factors on bodies. The influence of environments on race was still regarded as a major cause to create human physical variations.

The majority of European naturalists and medical practitioners before 1830s had no assurance of that there were separate species of man with fixed biological essence. This also pertained to the lack of comparative human anatomical materials. As George Stocking indicated, comparative human anatomical materials lacked around the late eighteenth and early nineteenth century.[328] Although some medical practitioners like Thomson conducted anatomical experimentations to examine racial anatomy, these experiments were in scarce at that time. Also, the subjects for the experiments to find

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[326] Ibid., 377.

[327] For the discussion of John Quier's experiments, I refer to Schiebinger, "Medical Experimentation and Race in Eighteenth-century Atlantic World," 377-81.

[328] George W. Stocking, *Race, Culture, and Evolution; Essays in the History of Anthropology* (New York: The Free Press; London: Collier-Macmillan, 1968), 29.

racial anatomy were mainly black slaves. In the voluminous literature on skin color published in Europe between 1675 and 1810, no Amerindians or Asians were dealt with as anatomical subjects.[329]

With the rise of polygenism since 1830s, anatomical experiments and observations to locate biological characteristics between allegedly separate species of man were rising. The focus of anatomical investigations changed. Medical experiments to search for racial anatomy in the late eighteenth and early nineteenth century focused on the surfaces of bodies, mostly skin color. But anatomical observations of skin color were not deemed reliable to locate peculiarities in racial anatomy anymore.[330] Medical practitioners moved their focus to the inert and extractable parts to find biological peculiarities of races.[331] Various body parts was anatomically examined to locate stable racial differences. The diameters of hair of different human groups were measured to explain the classification of mankind.[332] A Southern physician, Samuel Cartwright's "Report on the Diseases and Physical Peculiarities of the Negro Race" shows that almost all body parts including brain, nerves, blood, liver, neck, feet, bones became anatomical subjects to locate racial peculiarities.[333] Anatomy of pelvises of "African negress" and white female was

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[329] This point was originally made by Renato Mazzolini. See Schiebinger, "Medical Experimentation and Race in Eighteenth-century Atlantic World," 370.

[330] Evelynn M. Hammonds and Rebecca M. Herzig, eds., *The Nature of Difference: Sciences of Race in the United States from Jefferson to Genomics* (Cambridge: The MIT Press, 2008), 16.

[331] Ibid.

[332] "The Hair and Wool of the Different Species of Man," *United States Magazines and Democratic Review* 27 (November 1850):455, reprinted in *The Nature of Difference*, 58.

[333] Samuel Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical and Surgical Journal 7* (1851):691-715, reprinted in *The Nature of Difference*, 67-86.

compared.[334] Another Southern physician, T. E. Murrell focused on anatomical details of ears of blacks to account for racial peculiarities between blacks and whites.[335] A New York physician, John Orlando Roe's discussion on surgical operations on Irish "pug nose" shows that a nose was regarded as a body part indicative of racial peculiarities.[336]

With the rise of anatomical observations of bodies based on biological essentialism since the mid nineteenth century, discourse on race specific diseases also became a major component of intellectual thoughts in regard to discerning the nature of bodies. Medical practitioners assumed that a certain race was more liable to certain diseases or immune from certain diseases. In the US, Southern medical practitioners argued for racial diseases peculiar to blacks based on their anatomical observations. For instance, Cartwright argued that blacks were mostly liable to diseases such as pulmonary congestions, bilious and dynamic fevers, scrofula, colics, cramps, convulsions, worms, glandular and nervous affections, sores, biles, warts, and other disease of the skin.[337] Meanwhile, he claimed that "dyspepsia is not a disease of the negro; it is, *par excellence*, a disease of the Anglo Saxon race; I have never seen a well-marked case of dyspepsia among the blacks. It is a disease that selects its victims from the most intellectual of mankind, passing by the ignorant and unreflecting."[338] According to Cartwright, the view that "there are no racial

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[334] Joseph Taber Johnson, Figure from "On Some of the Apparent Peculiarities of Partuition in the Negro Races" *American Journal of Obstetrics* 8 (January 1875): 117, reprinted in *The Nature of Difference*, 59.

[335] T. E. Murrell, "Peculiarities in the Structure and Diseases of the Ear of the Negro," *Transections of the International Medical Congress*, Ninth Session, vol.3 (Washington, D.C., 1887), 817-824, reprinted in *The Nature of Difference*, 42-51.

[336] John Orlando Roe, "The Deformity Termed 'Pug Nose' and Its Correction by a Simple Operation" (1887), reprinted in *The Nature of Difference*, 52-57.

[337] Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," 73-77.

[338] Ibid., 77.

or physical differences in mankind" is erroneous, and each different race has its own distinct internal or physical differences that could cause racial peculiar diseases.[339] American Indians were also the subjects of discourse on racial diseases. Washington Matthews, a U.S. Army Surgeon, argued that "consumption increased among Indians under civilizing influences."[340] But, Thomas Mays, a Philadelphia physician, argued that the Indians were innately liable to consumption regardless of the civilizing influence.[341] Mays claimed that since whites were less liable to consumption, a blood mixture with whites could improve the Indians.[342]

Since 1830s, medical practitioners dealt with more varied human groups such as the Irish and American Indians in addition to blacks for anatomical observations and discussions on racial diseases associated with biological essentialism. But there was still almost complete lack of anatomical observations of Mongolian race.

Experimental Surgery of Medical Missionaries in Qing China

Experimental surgeries to test new surgical skills and develop new surgical treatments were also rising in the nineteenth century with the advancement of hospitals and modern medicine. In "The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis," Ivan Waddington pointed out that the dominance of the doctors within the hospital situation facilitated medical innovations through various

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[339] Ibid., 76.

[340] Washington Matthews, "Consumption Among the Indians" (1887), reprinted in *The Nature of Difference*, 89-94.

[341] Thomas Mays, "Does Pulmonary Consumption Tend to Exterminate the American Indian?" (1887), reprinted in *The Nature of Difference*, 95-99.

[342] Ibid., 99.

ways in the nineteenth century.[343] One of the various ways was performing experimental operations. For instance, American medical practitioners in Paris witnessed French surgeons' many experimental operations on patients at hospitals.[344] One medical practitioner mentioned "many other bold and violent surgical operations now in vogue in Paris…"[345] These experimental operations were mostly for the purpose of testing or developing new surgical knowledge and techniques to treat patients better.

But, compared to the increasing needs of experimental operations, there was a shortage of surgical patients at hospitals. The dangerous nature of surgery in the nineteenth century worsened the situation. This circumstance became a big concern to surgeons both in Europe and in the US. But, in the US, Southern medical practitioners' circumstance was better than that of Northern medical practitioners because of slavery.[346] For instance, in the early 1840s, an American gynecologist, James Marion Sims employed black female slaves to advance his skills in surgical science at his hospital that was primarily for "the care of negro surgical cases."[347]

Meanwhile, Northern medical practitioners who came to China as medical missionaries performed numerous experimental surgery on Mongolian race, especially

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343 Ivan Waddington, "The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis," *Sociology* 7, no. 2 (1973):211-24.

344 Ibid., 218.

345 Ibid.

346 In "A Dictate of Both Interest and Mercy?" Slave Hospitals in the Antebellum South," Stephen C. Kenny pointed out that "slave infirmaries were key players in the domestic slave trade, as well as mechanisms for professionalization and the mobilization of medical ideas in the American South." Slave hospitals became "a clinical medical laboratory, providing physicians with a constant supply of research subjects and permitting the formation of a specialist branch of southern medical knowledge-"Ngoro" or racial medicine." Stephen C. Kenny, "A Dictate of Both Interest and Mercy? Slave Hospitals in the Antebellum South," *Journal of the History of Medicine and Allied Sciences* 65, no. 1 (2010):1-47.

347 Ibid., 18.

the Chinese. During the nineteenth century, surgeons, being informed by the prevailing conception of race, that is polygenism, performed experimental dissections and operations to locate anatomical and biological differences among races. But it was still difficult for them to get anatomical materials of Mongolian race. Anatomical materials of Mongolian race were in fact crucial to both polygenists and monogenists to prove racial fixity or racial interchangeability. Medical missionaries in China were the only medical practitioners who provided these missing anatomical human materials through surgical practices.

Western professional medicine based on the biomedical techniques such as anatomy and surgery served as a powerful driving force to advance medical missions in China throughout the nineteenth and the early twentieth centuries. Performing numerous experimental operations as an effective means for medical missions, medical missionaries were also demonstrating the universal nature of human bodies as Colin Chisholm, a colonial surgeon in Jamaica, did through his medical experimentations. Chinese bodies became significant sources to provide rare medical materials and data to promote interchangeability of bodies and universality of diseases. Therefore, it would be meaningful to explore the details of their surgical practices for the Chinese. As consulting surgeons, medical missionaries' focus was on serious surgical diseases, especially "preternatural" tumors and cancer.

Chinese Ethnomedicine and Chinese Surgery

It is not possible to understand medical missionaries' thinking and actions without knowledge of Chinese ethnomedicine and its practitioners. This section, with a focus on

the years before 1838, briefly explores the medical landscape in Canton where Confucian physicians, Daoist physicians, and other types of healers practiced medicine in varied ways.

By the establishment of the "Canton System" in 1757, all foreign trade was limited to a port of Canton and to factory areas leased from Chinese merchants. Foreigners were not allowed to enter the city of Canton for any reason.[348] But occasional accounts describe interesting encounters of European residents in Canton with Chinese physicians.[349] Some foreigners were treated by Chinese physicians who seemed to be "rhubarb doctors," in particular when it is a matter of intermittent fevers and dysenteries considered local illness.[350] "Rhubarb doctors" had long held the reigns of medical sovereignty in Canton.[351] As "Confucian physicians," they legitimized their practice by claiming their authority of the production of "prescription/method books (*fangshu*)" and "the interpretation of the cold damage disorders (*shanghan*) category of diseases."[352] Yet there were other healers who did not administer rhubarb at all in Canton. A well-known physician who had risen from "a mere hawker of drug" used about 20 to 24 medicines to

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[348] Eileen P. Scully, *Bargaining with the State from Afar: American Citizenship in Treaty Port China 1844-1942.* (New York: Columbia University Press, 2001).

[349] John Livingstone, "Chinese Botany." *Indo-Chinese Gleaner.* 2.9 (1819): 122-124. John McLeod, M.D. *Voyage of H.M.S. Alceste, to China, Corea, and the Island of Lewchew,* 3rd ed. London: John Murray, [1817] 1820. A. Pearson, "Some Notices Illustrative of Chinese Medical Opinion and Practice in Paralysis." *Transactions of the Medical and Physical Society of Calcutta.* 2, (1826): 137-150. Robert Morrison, "The Fashionable Doctor in Canton." *Chinese Repository.* 1 (1832). John Francis Davis, *The Chinese: A General Description of the Empire of China and Its Inhabitants.* vols.1-2. (London: Charles Knight, 1836).

[350] Morrison, "The Fashionable Doctor in Canton."

[351] Ibid.

[352] Angela Leung, "Medical Learning from the Song to the Ming," *The Song-Yuan-Ming Transition in Chinese History.* (Mass.: Harvard University Press. 2003).

write a prescription. Although he did not speak good mandarin and was unable to explain the properties of his prescriptions, he was noted for an efficacious prescription.[353] These accounts reveal that the use of medicinal drugs was a prevailing therapeutic method.

As a matter of fact, therapy and treatment in the ancient Chinese ethnomedicine embraced multiple techniques such as acupuncture, moxibustion, drugs, massage, ophthalmology, surgeries, and witchcraft. But from the Song dynasty on, many aspects of the ancient medical tradition such as acupuncture, ophthalmology, surgeries, and witchcraft were increasingly marginalized, being considered technical, manual, or superstitious.[354] Although acupuncture, an important method of treating illness, was still popular during the Ming and Qing periods, it had lost its preeminent position in the scholarly tradition of medicine with physicians' preference to the use of decoctions based on drug prescriptions. Acupuncture was in the end abolished in the Imperial Medical Academy in 1822.[355] The use of healing drugs derived from animals, plants, and minerals constituted the most important method of therapy. Pharmaceutical preparations by pharmacists included decoctions, pills, mixing with liquor, and powder.[356] Foreign observers' accounts of drug shops of herbal practitioners, Chinese artists' paintings of itinerant healers and peddlers selling medical pills and plasters on the streets of Canton, and a medicine shop along thirteen Factory Street vividly depicted how flourishing the use of materia medica in curing diseases was in Canton, generally in China in the

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[353] Morrison, "The Fashionable Doctor in Canton."

[354] Leung, "Medical Learning from the Song to the Ming."

[355] Yuan-ling Chao, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou, 1600-1850.* (New York: Peter Lang, 2009). Leung, "Medical Learning from the Song to the Ming."

[356] Barnes, *Needles, Herbs, Gods, and Ghosts*.

nineteenth century.

Unlike the flourishing use of medicinal drugs, surgical skills had been increasingly deteriorated since the Song dynasty. Chinese eye surgery was a good example to show the state of surgery. Western surgeons in Canton discovered that cataracts and other eye maladies had been treated through surgery with different kinds of needles and the use of drugs by native medical practitioners. For instance, G. Tradescant Lay, a British surgeon, reported Chinese eye surgery in the journal of *Lancet* in 1840. Lay's report of Chinese eye surgery is a rare account to describe the detailed process of eye surgery. His report dealt with one section of surgeries of Chinese ophthalmology that had held a unique position in Chinese medicine. But it enables us to ask about the state of eye surgery in the Qing era. In his account, Lay mentioned that "the confined portion sloughs off, and the lips of the wound soon adhere; but as the eyelid is not sufficiently elevated to lift the cilia off the eyeball, little good is effected by this painful and unsightly operation."[357] Given that the number of blind among the Chinese in Canton was very great, and around 1835, there were about four thousand seven hundred and fifty blind persons, and many people also suffered from eye maladies, Lay's negative appraisal of Chinese eye surgery is suggestive.[358]

Like acupuncture, the surgical skills of treating the eyes marked with Daoist features and performed by Daoist physicians was gradually marginalized and deteriorated throughout Song-Yuan-Ming transition with the rise of medical orthodoxy taking on a

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[357] G. Tradescant Lay, "Chinese Surgery," *The Lancet* (1840):877.

[358] Stevens, *The Life of Peter Parker M.D.*

Confucian outlook.[359] Authored by Tang Daoist physician Sun Si-miao, *Yin-hai jing-wei*, a classical text of traditional Chinese ophthalmology, actually contained ample evidences of the significance of effective surgical interventions in treating eye diseases. It simultaneously advocated the application of various herbal, mineral, and animal medicine as well.[360] But as Lay's another detailed description of eye surgery showed, the Chinese in reality valued themselves much upon their skill in the applications of medicinal drugs to the eyes.[361]

Surgery as a Strategy for Medical Missions

During the eighteenth century, while gradually recognizing Chinese diagnostic and therapeutic skills, Western medical practitioners continued to explore Chinese theories of the body. In the late eighteenth and the early nineteenth century, the availability of knowledge of Chinese theories of the body induced Western surgeons to investigate the state of surgery in China. A number of treatises of acupuncture classified acupuncture as surgery since it involved puncturing the skin.[362] But, Western medical practitioners recognized that the Chinese saw the body in a different way. They sensed that Chinese medical practitioners never performed operations such as an abdominal incision and amputation for gangrene, not to mention of dissection.

Although medical missionaries recognized that Chinese ethnomedicine highly

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359 Leung, "Medical Learning from the Song to the Ming,"

360 Ssu-miao Sun, *Essential Subtleties on the Silver Sea: the Yin-hai-jing-wei, A Chinese Class on Ophthalmology,* translated and annotated by Jürgen Kovacs and Paul Unschuld (Berkeley: University of California Press, 1998).

361 G. Tradescant Lay, "Chinese Surgery: Diseases of the Eye," *The Lancet* (1841):326-328.

362 Barnes, *Needles, Herbs, Gods, and Ghosts.*

developed internal medicine based on materia medica, their general appraisal of Chinese ethnomedicine except for pharmacology was negative.[363] Like other Western medical practitioners, they also concluded that Chinese ethnomedicine lacked anatomical and surgical knowledge and skills that were considered the gist of Western modern medicine by professional medical practitioners, especially surgeons. Medical missionaries were well aware of that if they would use materia medica as a means for medical missions, they would not be so successful in achieving their objectives. Accordingly, it was natural that medical missionaries focused on deficiencies in Chinese ethnomedicine. Furthermore, the British East India Company surgeons' observations of Chinese medical practitioners and Parker's medical practice in Canton made members of the Medical Missionary Society confirm that whereas ordinary modes of conveying the Gospels had failed to attract the regard of the Chinese, that of practicing medicine and surgery is "a department of benevolence peculiarly adapted to China" with a potential to be able to result in favorable outcomes in missionizing in China.[364]

From the perspective of medical missionaries, professional medicine with emphasis on surgery and anatomy was medicine of "civilized" nations. Consequently, when the Medical Missionary Society of China was established in Canton in 1838, the most important objective of the Society was to revolutionize "uncivilized" Chinese ethnomedicine replacing it with Western professional medicine. But it should be also noted that Western professional medicine was in the middle of advancing it through the

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[363] In terms of pharmacology, medical missionaries wished to make up for the weak points of the Western pharmacy by learning Chinese pharmacy systematically.

[364] Colledge, Parker, and Bridgman, 1838. "Medical Missionary Society: Regulations and Resolutions." *Chinese Repository.* 7 (1838).

professionalization process throughout the nineteenth century. Medical missionaries were developing it through medical missions in China.

Preternatural Tumors, a Symbolic Disease of "Uncivilized" Races?

When Thomas Colledge opened his hospital at Macao in 1827, he performed only eye surgery for the Chinese. As an eye surgeon, Colledge's focus was on treating eye maladies like cataracts. But in 1831, he happened to encounter a Chinese laborer with a large tumor. His tumor was described as follows: "A large tumour on the lower part of the belly, extending from beneath the umbilicus to the anterior border of the annus, with which he had been afflicted for ten years. It had enlarged so rapidly during the last three years that it hung down to his toes, and the unfortunate man was able to walk only by holding his body back."[365] In 1832, with permission of Chinese authorities in Canton, Colledge brought 32 years old Ho-Lŏ to Guy's Hospital in England for removal of a tumor that weighted fifty six pounds.[366] But, Ho-Lŏ had died from blood loss and shock. It was the first surgery on the Chinese with a tumor by a Western surgeon. Also, the enormous tumor of Ho-Lŏ was the first recorded medical case in regard to preternatural tumors in China found by the Western medical practitioners.[367]

When Peter Parker opened an ophthalmic hospital for free treatments of natives at Canton in 1835 with Colledge's medical help, he desired to concentrate on treating eye diseases with surgery as well. He believed that diseases of the eye were those the most

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[365] Editor, "Fatal Operation on a Chinese," AJMR 5 (1831).

[366] The circumference of the tumor was "four feet" when it was detached from the body. Also, its texture was "steatomatous, like udder." See Editor, "Fatal Operation on a Chinese."

[367] *The Chinese Repository* 3, 489.

common in China, and being a class in which the native practitioners were most impotent and the cures would be as much appreciated as any other. Parker did not expect that he would come to perform numerous surgery on preternatural tumors.

However, Parker was very surprised by the numbers of the Chinese patients with extraordinary tumors. The first case that Parker performed an operation was a large sarcomatous tumor of a little Chinese girl in 1836. According to Parker's description of her tumor, it was "a sarcomatous tumor projecting from her right temple, and extending down to the cheek as low as her mouth, sadly disfigured her face. It overhung the right eye, and so depressed the lid as to exclude light. The parotid and also its accessory gland were very much enlarged. This large tumor was surrounded by several small and well defined ones, the principal of which lay over the buccinator muscle."[368] Before Parker resolved upon operating on her, he talked with her parents. They mentioned that a small wart on her body suddenly grew into a huge tumor after she had a small pox four years ago.[369] Since this fist surgical case, Parker undertook a lot of operations on preternatural tumors with assistance of surgeons from Scotland, England, and France.

Parker's regular reports of the hospital in the *Chinese Repository* recorded numerous surgical cases of preternatural tumors, and some of the cases were presented on colorful paintings.[370] The following paintings portray some of the Chinese patients with preternatural tumors that Parker treated.

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[368] Peter Parker, "Ophthalmic Hospital at Canton," The Chinese Repository 4 (1836):467.

[369] Parker, "Ophthalmic Hospital at Canton," 468.

[370] As for the paintings of some of preternatural tumors Parker treated at Canton, see Peter Parker's Lam Qua Paintings Collection at Harvey Cushing/John Hay Whitney Medical Library. This collection includes 80 paintings by Lam Qua, a Chinese painter. Also, these paintings were displayed at Parker's hospital to show the Chinese efficacy of surgery. http://whitney.med.yale.edu/gsdl/collect/ppdcdot/

Figure 5.1 Portrait No. 44: Man with large mass hanging from left upper arm[371]

Figure 5.2 Portrait No. 36: Man with giant cyst off right cheek[372]

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371 http://whitney.med.yale.edu/gsdl/cgi-bin/library?c=ppdcdot&a=d&d=DppdcdotppAEE

372 http://whitney.med.yale.edu/gsdl/cgi-bin/library?c=ppdcdot&a=d&d=DppdcdotppADG

Figure 5.3 Portrait No.26: Woman with huge, green ulcerating legion on the left breast[373]

Figure 5.4 Portrait No. 84: Girl with large tumor of the buttocks[374]

[373] http://whitney.med.yale.edu/gsdl/cgi-bin/library?c=ppdcdot&a=d&d=DppdcdotppACG

[374] http://whitney.med.yale.edu/gsdl/cgi-bin/library?c=ppdcdot&a=d&d=DppdcdotppAIE

Parker's unexpected encounters with many patients with preternatural tumors naturally increased his interest in this abnormal disease and Chinese medical practitioners' treatments of tumors. Parker's surgical records included patients' pathography, and many of them mentioned that how Chinese medical practitioners dealt with tumors. According to their pathography, Chinese medical practitioners mostly applied plasters and caustic chemicals to tumors.[375] For instance, in 1838, a patient called Le Sanying visited Parker's hospital, and she had a large tumor on the forehead.[376] Parker noticed that her tumor was very ulcerated. She told Parker that her disease began one year ago and the original size was like a hen's egg. She said that she relied on Chinese physician's treatments to cure it. Based on her words and his observation of her tumor, Parker described the tumor and her condition as follows: "The Chinese as usual applied escharotics, by which it was converted into a ulcer of a bad character…The ulcerated tumor spread over a surface of three or four inches. Another tumor had also attained the size of a small orange under the left ear, and a third had commenced over the temporal artery of the right side near its origin. The pulse was feeble, the countenance sallow…"[377] The following painting depicts Le Sanying with tumors.[378] As Parker noted, the large tumor on her forehead was seriously ulcerated.

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[375] W. H. Collins, in his note of surgical cases, explained the side effects of using the plasters as follows: The Chinese treatments is "to smear the part with a thick layer of yellow earth, or of a compound plaster, which certainly hides the bleedings or wound, but neither alleviates the pain, nor hastens suppuration and free discharges. So tenacious is the application, that often the whole hand becomes infiltrated with pus, and assumes serious dimensions. There is often suppuration of muscles, tendons, and ligaments, with the loss sometimes of one or more fingers." W. H. Collins, "Report of the Peking Hospital for 1869," 8.

[376] For Le Sanying's case, see Peter Parker, "Ophthalmic Hospital in Canton," *The Chinese Repository* 7 (1838-39):97-98.

[377] Ibid., 98.

[378] http://whitney.med.yale.edu/gsdl/cgi-bin/library?c=ppdcdot&a=d&d=DppdcdotppAAI

Figure 5.5 Portrait No.08: Woman with tumor on forehead and cystic growth on left ear

After performing an operation on her, Parker recorded that "had the tumor been left to itself by the native physician it might have been easily removed, and the young woman saved a great deal of suffering. Her case is still doubtful."[379] This suggests that Chinese physicians' malpractice of tumors became an obstacle to the surgical process. Le Sanying's case represented Chinese physicians' typical therapeutic method to treat tumors. Chinese physicians in fact viewed tumors as skin diseases such as ulcers and abscesses and indiscriminately applied treatments for those skin diseases to tumors.[380] There were a lot of medical cases that proved malpractice of tumors by Chinese physicians. Therefore, Parker sensed that their treatments ulcerated a tumor and then converted a ulcerated tumor into a large malignant tumor.

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379 Parker, "Ophthalmic Hospital in Canton," 98.

380 As far as I know, there was no name for a tumor in Chinese ethnomedicine.

Tradescant Lay's account of diseases among the Chinese also paid attention to the prevalence of tumors and Chinese physicians' treatments of them.[381] According to his account, "tumors of every sort, situation, and size, abound in the southern parts of China."[382] He conjectured that a vegetable and watery diet and the lack of the use of salt caused the prevalence of tumors especially among the poor.[383] In addition, Lay pointed out that the deterioration of the skills of the Chinese physicians in treating tumors worsened the situation. In the late eighteenth- and the early nineteenth century, Western medical treatises on acupuncture classified acupuncture with surgery since it punctures the skin. But around 1790, the skill to treat a tumor in China greatly differed from that in the West. If gangrene was first observed as a tumor, Chinese medical practitioners "pierced it with a needle to expel the blood or pus, and then applied a piece of beef."[384] They did not eliminate a tumor with a knife and never tried to amputate for gangrene. Parker's surgical report of a sarcomatous tumor in *Boston Medical and Surgical Journal* pointed out that moxibustion was also often applied to the treatment of tumors.[385]

Other medical missionaries who worked in other treaty ports also treated many patients with preternatural tumors and observed many malpractice cases. William Lockhart, a medical missionary working at the Chinese Hospital at Shanghai since 1844, treated a lot of patients who suffered from large tumors in the hands and other parts of the body. Based on his observations and operations on them, he realized that Chinese

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[381] Tradescant Lay, "Disease Among the Chinese. Tomours," *The Lancet* (Sep.1840):851-853.

[382] Ibid., 851.

[383] Ibid., 852.

[384] Barnes, *Needles, Herbs, Gods, and Ghosts.*

[385] Peter Parker, *Boston Medical and Surgical Journal* (1839).

physicians viewed a tumor as a sloughy ulcer and treated it using treatments for ulcers.[386] Lockhart knew that Chinese physicians usually employed chloride of mercury or calomel ointment to "cleanse the ulcer and produce a free purulent discharge."[387] Like Parker, Lockhart also sensed that using caustic chemicals to treat tumors was the major cause that transformed a normal tumor into a preternatural tumor often with ulceration and malignant nature. But, more fundamental reason in regard to the existence of preternatural tumors in China was the absence of surgery in Chinese ethnomedicine.[388]

Chinese physicians' therapeutic methods to deal with tumors proved that Chinese medical practitioners had forgotten about surgical techniques promoted in *Huangdi neijing suwen* (Yellow Emperor's Inner Classic-Basic Questions, hereafter *Suwen*), one part of *Huangdi neijing* (Yellow Emperor's Inner Classic) that reached its present form at the end of the Warring States period in the third century B.C. *Suwen* in fact advocated surgical techniques applied to open the skin and either to affect certain processes in the body or to remove specific body parts or pathogenic or pathological substances from it with needles and tools similar with lancets or blades and bloodletting.[389] But outside the

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386 William Lockhart, "Missionary Hospitals in China: Report of the Chinese Hospital at Shanghai for 1848," *The Chinese Repository* 18 (1849):507.

387 Lockhart, "Missionary Hospitals in China: Report of the Chinese Hospital at Shanghai for 1848," 507. Meanwhile, this does not imply that using caustic chemicals was effective in treating ulcers. Chinse patients' pathography also showed that Chinese physicians aggravated small ulcers or abscesses into enormous ones after applying caustic chemicals. An interesting malpractice case was included in the following medical report. See William Lockhart, "Fourth Report of the Chinese Hospital at Shanghai, for the year ending Dec. 31 st, 1850," *The Chinese Repository* 20 (1851):158-9.

388 The absence of surgery in China led people to using various methods to treat tumors. Some people relied on healing rituals of a spirit medium. Dr. Collins at the Peking Hospital treated a child with a large tumor of the eye-ball, and his parents invited a spirit medium before coming to the hospital. The spirit medium "burnt incense and ordered an infusion of *Hwang lien* (*Justicia paniculata*, according to Murray's China, without any success." W. H. Collins, "Report of the Peking Hospital for 1869," 14.

389 Paul U. Unschuld, *Huang Di nei jing su wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text.* (Berkeley: University of California Press, 2003).

Suwen tradition, one cannot find any evidences to show continuing widespread use of those surgical techniques in printed medical literature of subsequent centuries.[390] The surgical techniques to treat a disease like a tumor in *Suwen* were not the same as that to pierce a tumor with a needle to press out the blood or pus. When medical missionaries arrived in China, *Suwen*'s surgical techniques were already extinct. Given that Qing law proscribed mutilation of a living person, even if the surgical skills were still extant at the time, they could not have risen to the surface, let alone being developed.

For the early medical missionaries such as Peter Parker and William Lockhart, preternatural tumors were an apparent proof that revealed the critical weakness of Chinese ethnomedicine. In addition, they firmly believed that that successfully removing preternatural tumors with surgery was the most effective means to demonstrate "magical" efficacy of Western medicine and to persuade the Chinese to choose medical services of medical missionaries with confidence before going to Chinese physicians.

Medical missionaries who came to China after 1870 similarly followed their predecessors' medical strategy in advancing medical missions.[391] Working at missions hospitals in different cities, they competitively performed experimental operations on preternatural tumors in front of bystanders. The following picture depicts Elizabeth Reifsnyder who was performing surgery on a large tumor at the Margaret Williamson Hospital in Shanghai in 1885.

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[390] Ibid.

[391] The numbers of medical missionaries in China had increased a lot since 1870s.

Figure 5.6 Dr. Reifsnyder, a graduate of Women's Medical College of Philadelphia, performing a successful ovariotomy in Shanghai, as depicted on a Chinese handbill (1885)...(*Boston Medical Library*) [392]

Medical missionaries also shared how they treated preternatural tumors successfully in medical reports published in *The China Medical Missionary Journal.* In 1888, Alexander Lyall, a consulting surgeon at the Swatow Hospital, reported that he successfully removed a large fibroma that weighed 23 lbs.[393] The patient called A.B., aged 46, told him that she got a small lump on the back eight years ago, and it has since then increased in size. Lyall described her tumor as follows: "the huge mass reaching nearly to the hip and being about 2.5 feet in circumference at its widest part. The tumour only involved the skin and subcutaneous tissue, and had no attachment to the scapula. The isthmus and right lobe of the thyroid gland were also enlarged to some extent,

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[392] This picture is from Ira M. Rutkow, Surgery: An Illustrated History (St. Louis: Mosby-Year Book, Inc., 1993):74.

[393] Alenxander Lyall, "Excision of a Large, Soft Fibroma, 23lbs. in Weight," The China Medical Missionary Journal 2 no.3 (Shanghai: Kelly & Walsh, Limited, the Bund, 1888):123-126.

causing slight pressure symptoms."[394] Lyall included a picture of her with the tumor in his report.[395]

Figure 5.7 A picture of a patient called A.B. with a tumor on the back

After performing an operation on her tumor, Lyall recorded that "in warm climates it is remarkable to what enormous bulk non-malignant tumours will attain without seriously affecting the general health."[396] Lyall conjectured that a benign tumor in warm climates could increase its own size rapidly. His conjecture implies that an incidence of a tumor is universal, but environmental factors like a climate could affect the development of a disease. While Parker and Lockhart considered Chinese physicians' malpractice of tumors a major cause of a preternatural tumor, Lay and Lyall paid attention to the factors such as dietary habits, class, and climates. But, it is apparent that all of them viewed a

[394] Ibid., 125.

[395] Ibid., 124.

[396] Ibid., 125.

tumor as a universal disease, agreeing that the occurrence and development of a tumor could be affected by various environmental factors. In addition, they agreed that Chinese ethnomedicine failed to treat tumors.

The main objective of their competitive experimental operations on preternatural tumors was to advance medical missions extensively through treating many patients effectively. But it should be noted as well that their numerous observations and experimental operations on preternatural tumors were in fact challenging Western medical practitioners' view of a tumor that was associated with the prevailing idea of the relation between evolution theory, race, and diseases.

The dominant notion of race since 1830s posited the close relation between race and civilization. Moreover, with the rise of Darwin's ideas about civilization and evolution since 1870s, "uncivilized" races came to denote evolutionarily "inferior" races. "Darwin's assertion of the evolutionary continuity" between "lower" animals and human beings led to the idea that white race's biological nature is more complex than that of other races from the perspective of evolution theory.[397] In *Evolution and Disease*, Bland Sutton, a British surgeon, mentioned that "it may be further stated that animals other than man are liable to tomours, agreeing in all respects with those which have been so long and closely studied in him. Of all tomours occurring in the lower animals, so far as the facts at our disposal show, the commonest forms are the infective granulomata including sarcomata."[398] Based on this assertion, races that were allegedly considered close to

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[397] Hammonds and Herig, *The Nature of Difference,* 106. Bland Sutton, *Evolution and Disease* (1890):242-249.

[398] John Sutton, *Evolution and Disease* (London: Walter Scott, 1892), 248.

lower animals would easily develop tumors like sarcomata. Meanwhile, Western medical practitioners assumed that white races were not biologically vulnerable to the tumors that lower animals contract often.

Therefore, for the majority of Western medical practitioners, preternatural tumors including enormous saromata were a symbolic disease of "uncivilized inferior" races such as African race, Malay race, and Mongolian race. They could naturally suppose that evolutionarily inferior races will be innately more vulnerable to preternatural growths. In their thoughts, preternatural tumors were a "debasing" disease that caused serious physical deformity on the bodies of inferior races. To put it another way, that disease symbolized natural "degeneration" of those inferior races.[399] That abnormal disease was far from a symbol of evolution. In their thoughts, the term "evolution" could be applicable to only white races. Accordingly, it was considered that preternatural tumors were not a disease for an evolutionarily advanced white race.

It seemed that during the nineteenth century, Chinese people were more suffering from preternatural tumors that resulted in serious bodily deformities. But for medical missionaries, a high incidence of preternatural tumors among the Chinese was not related to the so-called innate inferiority of their biological characteristics. From the perspective of medical missionaries, the prevalence of preternatural tumors among the Chinese or any other "uncivilized" races should not be explained from the perspective of evolution theory. Medical missionaries posited that biological nature of human bodies, being affected by various environmental elements, is identical regardless of race. Consequently,

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[399] I borrowed the terms of "debasing" and "degeneration" from Introduction of Chapter 4 in *The Nature of Difference*.

every humans have possibilities to contract any kinds of diseases. But, depending on different environmental factors, each individual will contract different diseases. Therefore, medical missionaries took a stance that the prevalence of preternatural tumors in China originated from various environment factors including climates and eating habits. In addition, they argued that unnatural diseases like a preternatural tumor were also products that Chinese medical culture produced. Medical missionaries viewed that medical culture without surgical medicine was uncivilized one. In conclusion, from the view of medical missionaries, diseases were not related to "race" but rather related to "place" including various environmental factors such as soil, climate, dietary habit, custom, class, and culture.

Cancer, a Symbolic Disease of White Race?

In *How Cancer Crossed the Color Line*, Keith Wailoo, concentrating on the issue of cancer and race, explores the transformation of cancer from a white female disease in the early twentieth century to a universal disease for other races as well since midcentury.[400] Because Wailoo mainly focused on the twentieth century, he did not pay attention to the emergent discourse on cancer in relation to the issue of race, evolution, and diseases in the late nineteenth century.

While preternatural tumors were regarded as a symbolic disease of "uncivilized inferior" races in the late nineteenth century, medical practitioners in the West were trying to construct cancer as a symbolic disease of "civilized superior" white races. In 1888, H.

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400 Keith Wailoo, *How Cancer Crossed the Color Line* (Oxford: Oxford University Press, 2011).

Percy Dunn, an assistant ophthalmic surgeon and pathologist at the West London Hospital, published an article entitled "Theory of Cancerous Inheritance" in the *Lancet*.[401] In this article, Dunn in fact criticized the dominant theory of the hereditary transmission of cancer. But his article shows well that the majority of Western medical practitioners viewed cancer as a hereditary racial disease of white races in the late nineteenth century. For instance, they argued that "English people as a race are inherently much more liable to cancer…"[402] In the late nineteenth century, as Sutton pointed out in *Evolution and Disease*, "the great frequency of cancer in the white races of mankind" became a big issue to Western medical practitioners.[403] It was supposed that white races were vulnerable to cancer from an evolutionists' point of view. According to Sutton, the structural nature of gland tumors including cancer was peculiar because of the cells called epithelium.[404] Gland tumors and cancer were "due to the epithelial modification which give rise to secreting glands."[405] Sutton mentioned that only complex animals could develop epithelium. Therefore, it was believed that evolutionarily advanced animals with complex organisms would contract more complex diseases like gland tumors and cancer that are difficult to diagnose and cure.[406] From the perspective of evolutionists, white races developed the most complex organisms than any other races. This implies that cancer was considered an "ennobling" disease and a symbol of evolution unlike

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[401] H. Percy Dunn, "Theory of Cancerous Inheritance," The Lancet (January, 1886):148-150.

[402] Ibid., 149.

[403] Sutton*, Evolution and Disease*, 248.

[404] Ibid., 242.

[405] Ibid., 248.

[406] Ibid.

preternatural tumors that were regarded as a "debasing" disease and a symbol of degeneration.

But medical missionaries and their medical practices with emphasis on surgical medicine were already helping cancer cross color line in the nineteenth century. Medical practices of medical missionaries, based on their distinct vision on humanity, were demonstrating that cancer was an egalitarian disease regardless of race. Their countless experimental operations on various kinds of tumors at mission hospitals revealed that there were in fact numerous people with cancer in China. As a matter fact, cancer was an unknown disease to the Chinese. Through medical missionaries' experimental operations on various kinds of tumors, cancer became known to the Chinese as a disease. A disease like cancer might have always existed in China since the ancient times. But there was no name for cancer in Chinese ethnomedicine. Historically speaking, cancer was a disease without history in China. It is not possible to estimate how many cancer patients existed in the nineteenth century. But considering the population of China in the nineteenth century compared to that in Europe and the US, it would be possible to assume that China had more cancer patients than any other countries.

With increasing information on the incidence of cancer among "uncivilized inferior" races, Western medical practitioners became considerably embarrassed in relation to their understanding of cancer as an "ennobling" disease of white races. If they viewed cancer as an index of the degree of civilization and evolution, they also had to admit that China was a very civilized country and the Chinese was a superior race in terms of evolutionary theory. Besides, their limited knowledge of causes of cancer and their ignorance of the occurrence of cancer among other races increased uncertainty about their dominant

discourse on cancer.

Their unclear understanding of causes of cancer led to their renewed efforts to locate causes of that mysterious disease. One of the efforts was to initiate a "cancer enquiry expedition." In the early twentieth century, Western medical practitioners were eager to figure out accurate causes of cancer through an extensive investigation of the incidence of cancer among other races. But medical practitioners in the West were ignorant of the occurrence of cancer among other races. For example, Sutton pointed out that British medical practitioners did not develop knowledge of the occurrence of cancer among the natives of colonies, even of India."[407] In 1900, British medical practitioners who were working in India started a discussion of the incidence of cancer among Indians in *The Journal of Tropical Medicine*. J. C., a colonial surgeon in India, started a discussion raising questions of "does cancer occur in native races resident in the tropics?" and "is sarcoma known?" He suggested five points in answering these questions: (1) "Does cancer occur in your practice amongst natives? (2) Does sarcoma occur? (3) Do they occur amongst Eurasians (half castes)? (4) What is the nature of the diet of persons afflicted? (5) What proportion of the population is attacked by malignant disease?"[408] Leonard Rogers, a professor of pathology at Medical College in Calcutta, replied to his questions. Rogers mentioned that "all kinds of malignant growths are common enough in India."[409] But he added that "the expectation of live and the proportion of persons living

[407] Ibid., 246.

[408] J. C., "Article for Discussion: Does Cancer Occur in Native Races Resident in the Tropics? Is Sarcoma Known?" *The Journal of Tropical Medicine* (April, 1900):236.

[409] Leonard Rogers, "Reply to Article for Discussion: Does Cancer Occur in Native Races (of India)?" *The Journal of Tropical Medicine* (June, 1900):280.

at the cancerous age is certainly much lower than at home, so that it is difficult to compare the cancer rate of the native of India with the English rate."[410] W. J. Buchanan also replied, and he argued that although there were patients with cancer, but on the whole cancer or other malignant disease is not so common among natives of India as in Europe.[411] Their long discussion of the issue ended with a suggestion of initiating a "cancer enquiry expedition" in 1901. In "A Cancer Enquiry Expedition," the author pointed out that "local enquiries in European countries have yielded as yet but few, if any, facts of scientific precision, and we are as much in the dark as ever concerning cancerous infection."[412] As for the purpose of this expedition, the author remarked as follows: "There is, however, another aspect of the disease which lies open to us, namely, a world-wide enquiry as regards the prevalence of the disease. The natives of India, China, and other countries are popularly believed, and to a certain very limited scientific extent are known, to be, if no immune, at least much less liable to become the subjects of cancer than are the people of Western Europe, and the more temperate countries of Northern America. Is this assumption correct? is a point worth determining. Were the enquiry conducted more widely and still more thoroughly, not only might a great deal of useful information be obtained, but it is possible some facts of practical importance might be ascertained, for in this direction it would seem a possible solution of the cause of cancer

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[410] Rogers, "Reply to Article for Discussion," 280.

[411] W. J. Buchanan, "Reply to Article for Discussion: Cancer in India," *The Journal of Tropical Medicine* (July, 1900): 311.

[412] Editor, "A Cancer Enquiry Expedition: How the Etiology of Malignant Disease May Be Elucidated by Enquiries and Observations Among Natives of the Tropics," *The Journal of Tropical Medicine* (Nov. 1901):384.

lies."[413]

In 1902, Imperial Cancer Research Fund started to conduct an extensive research in cancer. After conducting this research project, Dr. E. F. Bashford, a director of the project, published a report entitled "What Research in Cancer Shows: Neither Hereditary Nor of Congenital Origin" in the *New York Times* in 1905.[414] In this report, he argued that cancer is a universal disease originating from various environmental factors. Bashford stressed that even animals have cancer. This extensive research project revealed that the issue of cancer was a world-wide problem, not limited to white race. The result of this research project actually confirmed that medical missionaries' understandings of cancer and its causes were considerably accurate.

Interestingly, notwithstanding these various efforts to prove universality of cancer since the late nineteenth century, it was very recent that cancer in fact began crossing color line. But, more interestingly, disparities in data and research in regard to cancer still exist along with color line.[415]

Epilogue

Unlike their counterparts in the UK and the US who were struggling to obtain more patients as medical subjects for their experimental operations, British and American surgeons who worked as medical missionaries in Qing China had a favorable

[413] Ibid.

[414] E. F. Bashford, "What Research in Cancer Shows: Neither Hereditary Nor of Congenital Origin," *The New York Times* (Nov. 7, 1909).

[415] See "Table 1-Breast Cancer Incidence and Mortality: US Rates in a Global Context" in Nancy Krieger, "Is Breast Cancer a Disease of Affluence, Poverty, or Both? The Case of African American Women," *American Journal of Public Health* 92, no. 4 (April 2002): 611-613.

environment to perform experimental operations. In addition to the absence of surgery in Chinese ethnomedicine, Chinese people's changing view of a body and their growing willingness to choose Western surgical medicine to treat their diseases in fact contributed to the progress of experimental operations that were crucial to the advancement of modern medicine.

In this chapter, I attempted to understand medical missionaries' medical practices in a global medical context to illuminate medical missionaries' distinct vision of humanity and their medical practices based on their vision of humanity. Their medical and surgical practices were conducive to the promotion of racial interchangeability and universality of human bodies and diseases, challenging the prevailing conception of race associated with biological essentialism. In addition, their numerous experimental operations of preternatural tumors and cancer also challenged the dominant discourse on the relation between evolution theory, race, and diseases.

The objective of their experimental operations was not for figuring out biological racial differences at all. Their experimental operations were for the purpose of treating patients better. Their operations were also providing crucial medical data for promoting the notion of racial interchangeability or racial uniformity. Their understanding of race and human bodies was closely related to their efforts to look for universal medical solutions to the universal diseases rather than proving racial differences and unique diseases of white race. Western medicine-trained Chinese surgeons who worked as medical missionaries in the twentieth century inherited this vision of humanity, human bodies, and diseases.

For medical missionaries, China was a newly found "frontier" for advancing modern

medicine that was at the formative stage throughout the nineteenth century. Medical missionaries often stressed the significance of China in developing medical and surgical knowledge and skills. They also noticed that Chinese patients were willing to accept new treatments including new drugs recommended by foreign doctors. China was a quite ideal important place where new medical knowledge of diseases could be produced and experimental surgical techniques could be tested and developed with numerous surgical patients. The medical and surgical knowledge and skills in fact advanced through numerous experimental operations on Chinese bodies. New drugs made of new medicinal plants were invented and added to modern pharmacy as well. In addition, medical missionaries shared their knowledge and skills and new medical findings with their counterparts in Europe and the US through various medical journals or in person, contributing to the advancement of modern medicine and universal medical solutions to universal diseases.

CHAPTER 6
CONCLUSION: EVANGELISM WITHOUT CLERICAL MISSIONARIES

Professional Medicine as a "Handmaid to the Gospel?"

My dissertation challenges the current view of religious medicine. The Gospels in the Bible abounds with wondrous stories in which Jesus, by means of his supernatural healing power, healed the blind, the deaf, and the sick with such various diseases as leprosy and hemophilia. Medical missionaries in Qing China, through the complex process of professionalizing medical missions, seamlessly linked those abundant healing miracles in the Bible to their medical practices built on professional medicine with an emphasis on surgery and anatomy.

But this should not be led to the presumption that there is an intrinsic close relation between Protestantism and medicine, specifically professional medicine which contingently came to be a newfound strategy of evangelism through medical missions commenced with the establishment of the Medical Missionary Society of China in 1838. Professional medicine, which extended its influence in the very late eighteenth century and advanced apace in the nineteenth and twentieth centuries through the professionalization of medicine, originally had no bearing on Protestantism and Protestant missions.

There has been a perception to take it for granted that Protestant missionaries employed medicine to help spread the gospel in China throughout the nineteenth and early twentieth centuries. Challenging this assumption, my dissertation argues that medical missions using professional medicine were by no means natural growth of Protestant evangelism in China. It has been actually overlooked that medical missions

were the exclusive mission works that one profession, no other than medical profession, developed and controlled on the basis of professional knowledge and skills, ideologies, and institutions. Qualified medical practitioners, who since 1838 called themselves "medical missionaries" not "missionaries," were the actual agents who embarked on medical missions and professionally advanced it in China.

As the opening quotation of Part One, which is from "Regulations and Resolutions of the Medical Missionary Society," implies, the healing miracles abundant in the Bible were not usually highlighted in propagating the gospel by Protestant clerical missionaries who were devoted to saving soul by means of preaching. Healing the sick miraculously was in no way the province that Protestant clerical missionaries could strategically practice to attract the regard of the "heathen" and to spread the gospel in the foreign mission fields. Clerical missionaries were neither Jesus with wonderworking healing power nor credentialed medical practitioners with mastery of medicine or surgery or both of them. Medical missions in the nineteenth and twentieth centuries should not be considered a strategic means of evangelism naturally initiated and furthered by Protestant missionary societies and missionaries.

Historically speaking, Protestant missionary societies did not enthusiastically claim that medical missions based on professional medicine are effective tools of evangelism until the late nineteenth century.[416] In the late nineteenth century, medical missions that originally commenced as a specialized mission with multiple objectives only for China gained considerable popularity as a means for evangelism in a global context, thereby

[416] Strictly speaking, they did not claim until the third quarter of the nineteenth century.

resulting in the phenomenon that the contested issue of "healing" permeated mainstream Protestantism and Protestants. At the same time, the emergence and development of various healing sects and cults with an emphasis on "faith healing" or "divine healing" inside and outside Protestantism were accelerating further. There was a growing need for mainstream Protestantism to put up so-called "orthodox medicine," that is to say professional medicine, which, providing differentiated scientific healing services, could face against those healing sects and cults which promote "faith healing" or "divine healing" not based on "orthodox medicine." In order to claim medical missions, which already well advanced on the basis of the increasing force of professional medicine, as a means with an intrinsic significance for evangelism, mainstream Protestantism and its missionary societies realigned their lukewarm attitudes towards medicine, medical missions, and medical missionaries. With this change of the attitude, the claim that professional medicine, a symbol of medical missions, had been a "handmaid to the gospel" and should also remain a "handmaid to the gospel" has been repeatedly produced by Protestant missionary societies and missionaries. This claim circulated in a global context coining a conventional presumption of the intrinsic congruence between Protestantism and medical missions based on professional medicine.

However, we should not make a hasty conclusion that the claim that professional medicine should be subordinate to divinity as an instrument for Protestant evangelism was also without objection shared by medical missionaries. It should be recalled that medical missionaries initiated medical missions against prejudice of clerical missionaries and professionally advanced them without relying on clerical missionaries. As Megan Vaughan had noted in *Curing Their Ills: Colonial Power and African Illness*, medical

missionaries actually developed their own unique "ideologies, practices and symbolism" through medical missions.[417] Since medical missionaries have been conventionally categorized to date as "missionaries," little research has been conducted on what Vaughan pointed out, that is their distinct "ideologies, practices, and symbolism." Historically speaking, the complicated process of professionalizing medical missions in China manifests that the claim promoted by Protestant missionary societies and clerical missionaries in fact contradicts the actual practices of medical missionaries in medical missions.

Even though the Medical Missionary Society of China manifestly defined what would constitute medical missions from the outset of medical missions in China, medical missionaries in the late nineteenth century still had to redress clerical missionaries' erroneous views of medical missions. From the standpoint of the medical missionaries, since medical missions sought to spread the gospel and reform the soul of the individual through treating the sick, the most essential component in advancing medical missions was to treat the patients best at mission hospitals by means of cutting-edge surgical and medical knowledge and skills. Yet the majority of the Protestant clerical missionaries regarded medical missions as convenient tools to gather "the heathen" in one place for the purpose of preaching the gospel and distributing the Bible. Clerical missionaries were not that interested in medical services of medical missionaries at mission hospitals. In addition, they did not want to visit patients at hospital wards to read scripture and pray with them in person. Clerical missionaries were in fact reluctant to visit wards to avoid

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[417] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (California: Stanford University Press, 1991), 56.

contracting diseases or cross infection from unsanitary environments. This was a main reason why medical missionaries did not want to hire clerical missionaries for a religious work at mission hospitals. Instead of employing clerical missionaries as religious workers, medical missionaries hired Chinese people as “medical evangelists.”

It is unsurprising that Protestant missionary societies argued that opening more dispensaries would be more effective and economic than building mission hospitals that required a sizable cost of construction and operation. Even though medical missionaries set up their own dispensaries nearby the mission hospitals, they did not consider the dispensaries the crucial components of medical missions. Because the functions of the dispensaries mainly were to distribute simple medicines and treat common diseases not requiring serious surgical treatments, opening more dispensaries was far from sufficient conditions to further medical missions.

In practice, the fundamental element of medical missions in China was surgical medicine based on scientific anatomical knowledge, and thus, hospitals at which surgical treatments and hospitalization were professionally offered had priority over dispensaries in medical missions. Medical missionaries in China considered hospital-based medical services provided by credentialed medical practitioners the overriding components in professionalizing medical missions. Protestant missionary societies and clerical missionaries in reality paid no close attention to the crucial fact that an overwhelming majority of medical missionaries in China were surgeons, specifically hospital-based surgeons called consulting surgeons in a British medical context or specialists in an American medical context, whose professional identity as consulting surgeons or specialists was directly related to the position and the role at the hospitals.

If we investigate in depth the process through which the Medical Missionary Society of China was established, the member composition, the objectives, and the sources for funding of the Society, it should be clear that the claim made by Protestant missionary societies and clerical missionaries was a questionable one that was made to their advantage on the basis of the positive results that the professionalization of medical missions produced. One usually takes the slanted view of medical missions for granted, thereby unwittingly reducing the multifaceted aspects of medical missions to the religious objective. If we trace back the history of medical missions in China based on this one-sided perspective embroidered by Protestant missionary societies and clerical missionaries, we, leaving other significant aspects of medical missions out of consideration, shall limit our discussion only to the religious aspect in connection with medical missions, conventionally asking how medical missions contributed to Protestant missions in China. As a result, such secular aspects of medical missions as scientific aspects cannot be put in sharp relief and would remain far from being fully explored. But in reality, advancing in-depth understanding of the scientific aspects of medical missions would of particular significance to answering the preceding question that how medical missions were conducive to the advancement of Protestant missions in China.

According to Protestantism's conventional claim of medical missions, professional medicine should be a "handmaid to the gospel" to serve as an instrument for Protestant evangelism and be satisfied with that limited role for Protestant missions. If we accept this claim, there is no need to emphasize the professional identity of medical missionaries as credentialed medical practitioners. Besides, seen from the Protestant missionary societies and missionaries, it is not a significant issue any more that how medical

missions facilitated the localization of professional medicine and the formation and development of medical profession in China.

Approaching medical missions only from the religious perspective continues to obscure that professional medicine employed by medical missions in the nineteenth century and first half of the twentieth centuries originally had no religious orientation with it. This approach ends up leading people to believe that medical missions were natural outgrowth of Protestant missions in China and later in other foreign mission fields like Africa. But the distance between professional medicine and Protestantism in fact came to be close through the purposeful endeavors of medical missionaries, who as credentialed medical practitioners strategically sought to combine professional medicine with the gospel to achieve a religious objective.

In the process narrowing the distance of science and religion, professional medicine and medical missionaries did not function only as handmaids to the gospel. Medical missionaries in China, as qualified medical practitioners, had another significant objective of their own as well in addition to the religious objective. It should be noted that the lack of comprehensive research and systematic evaluations of the scientific achievements by medical missionaries as medical profession in the history of medicines in both China and the West stemmed from the conventional religious approach to medical missions and medical missionaries. Compared to the numerous medical practitioners in the nineteenth century West, medical missionaries in China were among the highest in terms of their knowledge and techniques of medicine and surgery. But with the fact that their professional medical practices was intertwined with a religious objective, that is to say the spread of the gospel, their professional identity as a medical practitioner has been

naturally obscured and replaced with the religious identity of "missionaries," thereby leading to the creation of the conventional image of medical missionaries as "unprofessional" medical practitioners. This "unprofessional" image of medical missionaries in the end resulted in that the medical contributions and achievements made by medical missionaries in the nineteenth and first half of the twentieth centuries have not received close attention and systematic considerations in medical history in both China and the West.

If we attempt to develop in-depth understanding of the close interlocking between the professionalization of medicine in the West, further in a global context, and medical missions in China throughout the nineteenth and first half of the twentieth centuries, we shall see that medical missionaries in China, not unlike medical practitioners in the West, were transforming themselves as medical practitioners into a profession of medicine, which advances its own specialized knowledge and skills, professional ideologies, and institutions pursuing professional autonomy and dominance, through the professionalization of medical missions. Seeking to draw a clear boundary between themselves and other professions like clerical profession and laymen not to be affected and controlled by them, medical missionaries in China grafted professionalization of medicine on Chinese society and localized it, thereby increasing authority and influences of professional medicine in China. In addition, the medical practices of medical missionaries in China were making a significant contribution to the globalization of medical professionalization in the nineteenth and twentieth centuries.

The historical considerations of the interlocking between the professionalization of medicine in a global context and medical missions in China shall manifest that the gospel

was in reality serving as a handmaid to professional medicine in medical missions, in part contributing to the localization of professional medicine in China. Through the process of professionalizing medical missions, professional medicine strategically came to be combined with supernatural components of Protestantism such as God's wonderworking healing power and the powers of the Bible and prayer. The supernatural aspects of this strategic combination could partly help Chinese people raise their faith in the efficacy of professional medicine. Professional medicine tapped by medical missionaries witnessed a result of the growing awareness of its "scientific" efficacy among the Chinese people, but it was also able to maximize its "magical" efficacy by virtue of the supernatural layer strategically added by medical missionaries.

More importantly, through the professionalization of medical missions, Protestantism, which was losing its power in the nineteenth century West, had an opportunity to revive its decreasing force with the growing popularity of medical missions in China going hand in hand with the increasing power of professional medicine in the nineteenth and early twentieth centuries.[418] Historically speaking, professional medicine contributed to the spread of religion, no other than Protestantism, but it was far from serving as a handmaid to the gospel. Rather, the gospel, being a handmaid to professional medicine through medical missions, was strategically being employed by medical missionaries in the structure of the division of labor within medicine. Being combined with professional medicine in the nineteenth century, the gospel gained an opportunity to spread itself

[418] Protestant missions emerged "as an ongoing and regular activity" only at the very end of the eighteenth century. See Peter van Rooden "Nineteenth-century Representations of Missionary Conversion and the Transformation of Western Christianity," in *Conversion to Modernities: The Globalization of Christianity*, ed. Peter van der Veer (New York & London: Routledge, 1996), 65-87.

through medical missions in Qing China.

In conclusion, medical missions in China were a momentous episode in the history of mission and the history of medicine in China as well as in the global history of modern medicine. Challenging the current view of religious medicine, my dissertation also demonstrated the following three major contributions of medical missionaries. First, medical missionaries advanced surgery and medicine in China. Second, medical missionaries provided anatomical materials for the global development of surgical medicine. In addition, medical missionaries challenged the dominant racial theory through their experimental surgeries on the Chinese.

EPILOGUE: MEDICAL MISSIONS AND QING LAW

To date, the important subject of the relationship between Christian missions in China and law has received the least close attention. Medical missionaries in Qing China carried out their medical missions within the legal boundaries informed by Qing law, international law like extraterritoriality, and foreign law, and those legal limits had a profound impact on them in a complicated way.

Qing law reflected people's fears of removing body parts by mutilation.[419] From the perspective of the Qing state, the acts stipulated in Article 2 and Article 288 were not considered medical practices, and they were associated with confusing others by practicing magic (*yaoshu* 妖術).[420] Qing law banned acts such as mutilating a living body and removing and using organs from a living person. Qing law inflicted a harsh punishment known as *lingchi* (death by slicing) for such acts. The Qing state regarded those acts as perversions of morality.

Qing law in reality functioned as an obstacle to foreign medical missionaries' medical practices before 1842. Before 1842, British East India Company surgeons in

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[419] My interest in Qing law and Chinese legal history was inspired by Professor Shao Dan and her seminar titled "Law and Society in Chinese History" delivered in Spring 2010 at the University of Illinois, Urbana-Champaign. In class, Professor Shao introduced *The Great Qing Code* and other legal sources. Professor Shao shared how she approaches the legal history of Qing China with the class. My interest in legal history owes to various sources that she introduced. I would also like to express my thanks to Professor Jungwon Kim. Taking her seminars and doing an independent study with Professor Kim, I developed a comparative perspective on legal history and broadened my academic scope. Professor Kim introduced me to important studies and issues of Korean legal history.

[420] The fifth statute "[Acts that are] Not in Accordance with the Way [*Dao*]" (*budao* 不道) of Article 2 entitled "The Ten Great Wrongs" (*shie* 十惡) and Article 288 entitled "The Dismemberment and Appropriation of [the Bodily Parts] of a Living Person"(*caisheng zhegeren* 採生折割人). I use William C. Jones's translations of *The Great Qing Code* (Da-Qing Lüli). Oxford: Clarendon Press; New York: Oxford University Press, 1994.

Canton refused to treat the Chinese to avoid legal punishment.[421] But because Peter Parker and his assistant surgeons offered medical treatment for natives in Canton before 1842, performing operations and bearing the responsibility for the failures in surgeries were risky burdens. For instance, when Parker decided to operate on a little girl with a huge sarcomatous tumor in 1835, he was willing to do it only after obtaining a written document, signed by both parents, stating that the operation was undertaken at their request, and that they would exculpate him from censure if the child should die as a consequence of the surgery.[422] Even the burial of the corpse in case she died had to be planned with the father.[423]

Extraterritoriality provided in the Treaty of Nanjing in 1842 and a supplementary treaty in 1843 removed legal obstacles, granting foreign medical missionaries rights to move into the treaty ports.[424] But the Qing law still banned amputating and inflicting wounds on a living body and removing organs from a living person still served as an impediment to their medical missions. Medical missionaries were well aware that it would be eventually necessary to foster Chinese medical missionaries to expand medical missions beyond the treaty ports. They sought to teach natives Western professional medicine with an emphasis on anatomy and surgery.

There were three ways medical missionaries could produce Chinese medical

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[421] Barnes, *Needles, Herbs, Gods, and Ghosts.*

[422] Stevens, *The Life of Peter Parker M.D.*

[423] Ibid.

[424] Since the Treaty of Nanjing granted extraterritoriality only to the British, non-treaty nationals were still subject to Qing law. However, in reality, non-treaty nationals (and the Chinese) who lived in foreign-concession areas within the treaty ports were under the jurisdiction exercised by a Mixed Court, where foreign law was actually applied.

missionaries. First, it was essential to build a medical school for the natives to produce licensed surgeons who were professionally trained in Western medicine in China. But under Qing law, which inhibited the free use of corpses and removing body parts from a living person by mutilation, it was impossible for the natives to perform dissections and operations freely that were required practices to become surgeons. For example, in the 1890s, three missionary medical schools for Chinese women were established within China, but graduates from these medical schools remained assistants to American women medical missionaries.[425] In reality, fostering professional licensed surgeons through establishing medical schools was unworkable under Qing law.

Establishing a medical school in Hong Kong can be considered an alternative solution to this problem. But, as Sun Yat-sen's experience shows well, even after attaining a medical degree to qualify to be a medical missionary, native students were actually unable to join medical missions for certain reasons. One of the main reasons concerned the extent to which the training of the native students in a medical school in Hong Kong was good enough to allow them to practice their medical and surgical knowledge and skills for Chinese people. Even in Hong Kong, where the British Anatomy Act (1832) was applied, acquiring corpses for the purpose of practicing dissections and operations remained a difficult problem. This situation led the British to disapprove of native graduates' practicing medicine as medical missionaries in their dominions. Even if their medical training was sufficient, native graduates could not practice surgery except in British dominions and foreign-concession areas within treaty

[425] Connie Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu, 1872-1938: On a Cross-Cultural Frontier of Gender, Race, and Nation.* Bethlehem: Lehigh University Press, 2011.

port cities, where they would be protected by foreign law.

Another possible route to foster Chinese medical missionaries was to educate Chinese students abroad, but this method proved to be virtually impossible in the late Qing. Kang Cheng and Shi Meiyu, better known as Ida Kahn and Mary Stone, were very exceptional cases. In 1873, Kang Cheng was adopted by Gertrude Howe, one of the first American missionaries for the newly created Woman's Foreign Mission Society (WFMS).[426] Kang Cheng became an American citizen. Shi Meiyu was Chinese, and Howe served as a legal guardian while she was studying medicine with Kang between 1892 and 1896 in America.[427] With the support of Howe and other "influential Methodist men" in Ann Arbor, Michigan, Kang Cheng and Shi Meiyu were able to enter into America by avoiding the Chinese exclusion laws enacted in 1882 and begin studying medicine.[428] The exclusion laws made the kind of adoption Howe practiced impossible for later missionaries.[429] Accordingly, the route, through which foreign medical missionaries in Qing China could train natives as medical missionaries, was virtually blocked.

Qing law affected Chinese medical missionaries' medical practices as well. After returning to their hometown, the treaty port city of Jiujang, as a regularly appointed WFMS medical missionary in 1896, Kang Cheng and Shi Meiyu lived and practiced medicine in the territory in Jiujiang, which was controlled by foreigners.[430] In the case of

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[426] Ibid.

[427] Ibid.

[428] Ibid.

[429] Ibid.

[430] Ibid.

Shi Meiyu, since she was a Chinese subject, she was still under the jurisdiction of the Qing government. But by living and offering medical treatment in a territory protected by foreign law, she could avoid the legal limitations and the judicial power of the Qing state. The legal limitations of the Qing state prevented medical missionaries from expanding medical missions throughout China because Chinese medical missionaries were bound by Qing law.

In the late Qing period, medical missions were very popular among Chinese people and received more support from them.[431] But the number of medical missionaries sent from the West could not meet the increasing popularity of medical missions. Around 1906, the problem of medical missionaries supply finally surfaced. This was the critical problem that should by all means be resolved in the professionalization initiated to achieve sustainable development of medical missions in China. The issue of involvement in legal reform was raised in an effort to find a fundamental solution to the problem.

The Qing state's vision of the body revealed in the legal codes against magic and magicians unquestionably collided with that of medical missionaries. In 1907, Protestant missionaries such as Dr. John Ferguson and E. T. Williams raised the issue of Chinese legal codes against magic and magicians at a meeting of the China Branch of the Royal Asiatic Society. They agreed that before the Commission formed to revise Chinese penal codes completed its work, the codes should be amended so as not to persecute

[431] The supporters of medical missions included varied social groups such as gentries, reformers, officials, merchants, and women. They made use of the process of professionalizing medical missions for their own purposes and interests and participated in the process in a variety of ways.

magicians.[432] They argued that the acts regarded as crimes under Qing law actually constituted the very basis of natural science.

The relation between medical missions and Qing law has not been studied yet. The study of this issue will require another in-depth consideration of legal issues linked to medical missions, medical missionaries' involvement in late Qing legal reform, and changes in the Qing legal codes in relation to medical practice. It would be meaningful to examine how the Qing state, through legal reform, came to terms with the changes that medical missions produced in the fabric of society.

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[432] Editor. *The North China Herald and Supreme Court & Consular Gazette.* 82 (1907).

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[435] "AdHoc, a Yale Divinity School faculty-library initiative, is web-searchable database that contains electric images and texts related to the history of Christianity."(http://divdl.library.yale.edu/dl/Browse.aspx?qc=AdHoc&qs=1158) My special gratitude goes to Dr. Melissa Grafe, who is John R. Bumstead Librarian for Medical History of Cushing/ Whitney Medical Library at Yale University. Dr. Grafe kindly drew my attention to other Yale collections

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