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THE WILLIAM OSLER MEDAL ESSAY

A CONFLICT OF PROFESSIONS: THE MEDICAL MISSIONARY IN CHINA, 1835-1890

THERON KUE-HING YOUNG*

On October 26, 1834, there arrived in Canton an American by the name of Peter Parker.[1] A native of Framingham, Mass., and graduate of the Yale Medical School, he was to become the first of the "Medical Missionaries" from the Christian West to have reached the gates of China. The Rev. Dr. Parker, however, was not the first Western physician, nor the first Protestant missionary in China. But it was only after 1835 that the two functions were combined. In 1838, the Medical Missionary Society in China, the first of its kind in the world, was formally founded.

In a manifesto drafted by Thomas Colledge, Peter Parker, and Elijah Bridgman, the originators of the Society spelt out the aims that they wished to achieve:

> Viewing with peculiar interest the good effects that seem likely to be produced by medical practice among the Chinese, especially as tending to bring about a more social and friendly intercourse between them and foreigners, as well as to diffuse the arts and sciences of Europe and America, and in the end introduce the Gospel of our Saviour in place of the pitiable superstitions by which their minds are now

*The present essay is a part of the result of three months' research done at the Medical, Osler, Divinity, and MacLennan Libraries of McGill University during the summer and fall of 1971, supported by a grant from the Faculty of Medicine. I would like to extend my gratitude here to Professor Donald G. Bates for his encouragement, the Faculty Summer Grants Committee for their generosity, and the staff of the various libraries for their tolerance. And, from Henry Sigerist, who said: *Those who wait for inspiration for writing usually do not get it. When one has studied a subject and is full of it, then the empty white paper exerts an irresistible fascination and the words just drop out of your fountain pen* . . . I beg to differ!

[1] The definitive biography of Parker is George B. Stevens, *The Life, Letters, and Journals of the Reverend and Honorable Peter Parker, M.D., Missionary, Physician, Diplomatist, the Father of Medical Missions, and Founder of the Ophthalmic Hospital in Canton* (Boston: Congregational Sunday School & Publishing Society, 1896). Parker's own "Journals," some ten manuscript volumes, are in the possession of the Yale Medical Library. A list of Parker's publications and "memorabilia" is given in S.C. Harvey, *Yale J. Biol. & Med.*, 1936, *8*: 241. A brief biographical sketch, together with selected illustrated case histories is provided in C. J. Bartlett, *J.A.M.A.*, 1916, *67*: 407. While a medical student at Yale, Parker also attended lectures in theology but did not receive a degree from the Divinity School.

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governed, it was resolved to attempt the foundation of a society to be called the Medical Missionary Society in China.[2]

In the half-century after Parker's arrival and the formation of the Society, the work of the medical missionaries slowly progressed and expanded, having weathered several major international crises and internal upheavals. After the Opium War of 1839-42, medical missions were extended from Canton to the newly opened "Treaty Ports." With the conclusion of another war, 1856-60, this time against an Anglo-French alliance, Christianity was formally tolerated, further ports opened, and access to the interior granted.[3] This was followed by an upsurge in the number of medical missionaries dispatched to China. In 1886, the "China Medical Missionary *Association*" (not to be confused with the Medical Missionary *Society* founded in 1838) was conceived in an effort to coordinate the medical work of the numerous missions that had sprung up throughout the country. In 1890, the first general meeting of this Association was held in Shanghai, and thus concluded a period during which the medical missionary movement became firmly established in China.

The medical missionary was but one facet of the "Christian Presence" in nineteenth-century China. Medical work, as originally designed, was to be a means to an end, namely, religious conversion. It was but one of many means; others included education, social reform, and relief work. However, by virtue of his dual professional affiliations, the medical missionary frequently found himself unable to carry out his evangelistic assignments to the satisfaction of his missionary overseers at home, or his own conscience. He became a classic embodiment of the age-old struggle between "bodies" and "souls." In China, this conflict was magnified as a result of the phenomenal success—in the medical respect—of the medical missionary, in contrast to the dismal failure of Christianization in general. Despite the unprecedented deployment of missionary manpower and resources, at no time did the number of

[2] T. R. Colledge, P. Parker, & E. C. Bridgman. "Suggestions for the formation of a Medical Missionary Society offered to the consideration of all Christian nations, more especially to the kindred nations of England and the United States of America," *Chinese Repository* (Canton), 1836, 5: 370-372. Bridgman was the first American missionary to China, and Colledge, also known as "the Chinaman's Friend," was an East India Company surgeon.

[3] For a treatment of the Treaty of Tientsin (1858) and Convention of Peking (1860) as they relate to the missionary movement, see K. S. Latourette, *A History of Christian Missions in China* (New York: MacMillan, 1929), p. 274, and C. K. Wu, *The International Aspect of the Missionary Movements in China* (Baltimore: Johns Hopkins Press, 1930), p. 250.

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Chinese converts exceed 1% of the population.[4] Yet, on the other hand, the medical missionary had injected modern techniques and scientific concepts into a hitherto stagnant native medical system, and through his particularly energetic educational endeavours, created a whole new profession of medicine in China, which continues to thrive to the present day.

It is the aim of the present paper to approach the medical missionary in China within the period 1835-1890 as a manifestation of the professional conflict between medicine and religion. In developing this theme I shall document some of the reactions of the two professions in the "home countries" to the phenomenon of the medical missionary, and trace the evolution of their attitudes and policies towards this unique entity, who claimed allegiance to both of them half a world away. Since medical missions were not employed to any great extent by the Catholic Church, the discussion will be limited to the Protestant missionary societies from the United States and Great Britain.

The Medical Missionary as Evangelist

Medical missionaries had always dated their origin to Jesus Christ, "The Master Healer." But in modern times, the emergence of the medical missionary could safely be said to begin with the eighteenth century.

In 1701 it was recorded that a General Codrington of Barbados bequeathed two plantations to the Society for the Propagation of the Gospel in Foreign Parts, an Anglican missionary body, so that "three hundred negroes, at least, be always kept thereon, and a convenient number of professors and scholars maintained there, who are to be obliged to study and practise physic and chirurgery as well as divinity, that by the apparent usefulness of the former to all mankind they may both endear themselves to the people, and have the better opportunity of doing good to men's souls while they are taking care of their bodies."[5]

Here was the earliest reference to the establishment of a medical *mission.* The honor of being the world's first medical *missionary,* however, probably goes to one Dr. Kaspar Gottlieb Schlegemilch, who went to India in 1730 under Danish and German auspices, but alas, died

[4] Jessie Lutz (ed). *Christian Missions in China, Evangelists of What?* (Boston: Heath, 1965), p. vii.

[5] "Medical missions," *Brit. & Foreign Med.-Chir. Rev.* (London), 1875, *56:* 307-326. Note that Codrington's grand plan never did come to fruition in so far as medical training was concerned.

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of dysentery one month after his arrival. In 1793, John Thomas, a veteran ship surgeon with the East India Company, returned to Bengal as a Baptist missionary. The first American medical missionary was John Scudder, who went to Ceylon in 1819.[6]

These, however, were isolated events. It was only after Parker's initial success in China that medical missions became an international movement. Thus, in 1861 there were only twenty medical missionaries in the world. This number rose to between 90 and 100 in 1878, and by the end of the eighties, there were 300.[7]

In June, 1834, three months after receiving his M.D. degree and one month after his ordination as a Presbyterian minister, Peter Parker set sail for China, having secured an appointment from the American Board of Commissioners for Foreign Missions (hereafter A.B.C.F.M.), the oldest and largest of the American missionary societies. He arrived at Canton in October, but in December he left for Singapore to learn Chinese, where in the meantime he also opened a dispensary. In November, 1835, Parker returned to Canton and opened the first missionary hospital.[8]

Even while he was in Singapore, Parker was engrossed in the medical aspect of his work. He was fully aware of his negligence of the religious side of his mission:

> I read last evening my instructions from the Board, and not without grief to find that, in the deep-growing interest I have felt for the sick and dying among the Chinese, I have in a degree deviated from those instructions . . . and have become involved in medical and surgical practice in a manner that I know not how to extricate myself.[9]

What were his instructions? At the farewell ceremony in New York, Parker was explicitly told by his superiors:

> The medical and surgical knowledge you have acquired, you will employ, as you have opportunity, in relieving the bodily afflictions of the people. You will also be

[6] For a general history of the early medical missionaries, see M. P. Barker, "Medical missions in heathen lands," *Med. & Surg. Reporter* (Philadelphia), 1883, *48*: pp. 2-5, 29-32. Also E. M. Dodd, *Gift of the Healer, the Story of Men and Medicine in the Overseas Missions of the Church* (New York: Friendship Press, 1964), p. 14.

[7] These figures were quoted by John Lowe, in James Johnston (ed), *Report of the Centenary Conference of the Protestant Missions of the World* (London: Nisbet, 1888), vol. 2, p. 107.

[8] Peter Parker. "Ophthalmic hospital at Canton: first quarterly report from 4th. November, 1835, to 4th. February, 1836," *Chinese Repository*, 1836, *4*: 461-473.

[9] Stevens, *Parker*, p. 111.

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ready, as you can, to aid in giving them our arts and sciences. But these, you will never forget, are to receive your attention only as they can be made handmaids to the gospel. *The character of a physician, or a man of science, respectable as they are, or useful as they may be in evangelizing China—you will never suffer to supersede or interfere with your character of a teacher of religion* [italics added].[10]

Parker was troubled greatly, and by June, 1835, he experienced a "darkness of spirit," and had to resort to weeping "by day and night in secret places." Guilt-ridden, he confided to his journal: "While anxious to benefit the bodies of the hundreds that weekly come to me, I have not yet raised an ejaculation to heaven in behalf of their souls." Finally, came a confession: "I partake too much of the spirit of the more worldly physician and not enough of the Christian, minister, and missionary of the cross of Christ."[11]

In May, 1836, with the work of the new hospital in full swing, Parker again wrote:

I have so much labor to perform for my numerous patients that I have not as much leisure to converse with them and to improve the opportunities that present of making known my errand among them. I must therefore be more on my guard lest the adversary by busying me about the body prevent my depriving him of some of these souls.[12]

This conflict in roles, the difficulty in striking a balance between the demands of the physician and those of the evangelist, would continue to plague Parker and indeed all the other medical missionaries that came in his footsteps.

Parker's overemphasis on medical work did not meet with the approval of his superiors at home. They finally came to a breach in 1843 when Parker, by virtue of his intimate knowledge of the Chinese, was made secretary and interpreter to the first U.S. Minister Plenipotentiary, Caleb Cushing. The Board of Commissioners took a dim view of this new digression and withdrew their support of Parker in 1845. Parker's friends rallied to his defence, as can be seen in the following letter from the U.S. Naval chaplain, Rev. I. W. Newton, to the Secretary of the Board, Rev. Rufus Anderson:

The surgeon is himself a preacher and makes his hospital a chapel. But that is not all; he gives them Christian books with his prescriptions. But there is more in it

[10] *Ibid.*, p. 82.

[11] Parker, "Journals," entries for June 12, August 15, and October 18, 1835. Quoted by J. D. Spence, "Peter Parker, Bodies or Souls," in *To Change China, Western Advisers in China* (Boston: Little, Brown, 1969), pp. 41-2.

[12] *Ibid.*, entry for May 1, 1836. Quoted in Spence, *op. cit.*, p. 41.

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than that; his medical practice is itself preaching; in the very act of amputating a limb, in his way, he tells them of Him who said, "I will be their healer." The story of the hospital and its 20,000 patients is Gospel, for what else can they think of it?[13]

And, with regards Parker's diplomatic assignment, Newton suggested that it could only aid the Mission because the Chinese "attach importance to promotion under government," and reminded Anderson that the privileges then enjoyed by the U.S. were mostly due to Parker, who had Cushing's complete confidence.

To understand the behavior of the A.B.C.F.M. towards Parker, one should take into account the current attitude among missionary circles that a medical missionary should be auxiliary to the regular, clerical missionary. The by-laws of the Board, for example, defined a "Missionary" as "one who has been ordained a minister of the gospel, and has actually come under its direction. All others—licensed preachers, *physicians,* schoolmasters, printers, etc.—are assistant missionaries" (italics added). With respect to the physicians, they "were all expected . . . to make their medical practice subservient to the grand object of the mission." And since "the employing of missionary physicians [grew] mainly out of the practice of employing married missionaries" it should follow that "their first care was of the mission families." Moreover, they were "expected to exert a conciliatory influence among the natives by the kindly offices of their profession. They [had] not been sent where the needful medical attendance was believed to be otherwise attainable."[14] This was the official attitude of the Board, as expressed by Secretary Rufus Anderson and published in 1861 in the fiftieth anniversary memorial volume of the A.B.C.F.M. It was not until 1885, at the seventy-fifth anniversary, that an official change in policy could be detected. The then Secretary, Judson Smith, D.D., addressed the Board's annual meeting:

The work of the medical missionary has assumed increased importance during the last decades of our history; and in many fields, like China and Japan, the physician exerts a Christian influence only second to that of the ordained missionary. . . . The conditions of the first proclamation of the gospel are in some measure reviewed; and a skillful and sympathetic ministry to the bodies of the sick and infirm in

[13] This letter, dated January 22, 1846, Canton, is quoted in W. W. Cadbury and Mary H. Jones, *At the Point of a Lancet, One Hundred Years of the Canton Hospital* (Shanghai: Kelly, 1935), pp. 96-8.

[14] Rufus Anderson. *Memorial Volume of the First Fifty Years of the American Board of Commissioner for Foreign Missions* (Boston: A.B.C.F.M., 1861), p. 270.

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numerous instances opens the heart and conscience to the supreme gift of salvation. *This arm of our missionary service we shall increase* [italics added] . . . until the special demand is substantially met; we rejoice to note the increasing number of Christian physicians, men and women, who are offering themselves to this noble service.[15]

A similar development can be observed in other missionary bodies, such as the Church Missionary Society (C.M.S.), missionary wing of the Church of England.

Shortly after the conclusion of the Opium War, the C.M.S. instructed two agents—the Revs. George Smith and T. McClatchie—to travel to the five Treaty Ports and explore the possibility of establishing missionary stations. Smith's report contained a wealth of information on Chinese geography, history, and ethnography, but of particular interest was his opinion on medical missions.

After visiting Parker's hospital in Canton, Smith was much impressed, and declared that "at the present time [i.e. 1847] the Missionary Hospital is the most hopeful agency for effecting good on an extensive scale, by disposing the minds of rulers and people most favorably towards foreign teachers."[16] On the island of Chusan, off the coast of Shanghai, Smith had the opportunity to distribute some medicines, and was delighted when his grateful beneficiaries accepted his Christian literature. Smith wrote:

These little occurrences served to deepen in my mind a conviction of the importance of medical missionary efforts *when kept in their subordinate state* as mere subsidiary means in preparing the way for Christian evangelists in that heathen land [italics added].[17]

In 1850, the first C.M.S. medical missionary, William Welton, was dispatched to Foochow.

At home, medical missions slowly began to attract the attention of the Church hierarchy in the early sixties. According to Stock's official history of the C.M.S., at the annual Congress of the Church of England held at Oxford in 1862, "Dr. (later Sir Henry) Acland urged the

[15] I was led to this statement by Dodd, *op. cit.* (n. 6 above), p. 25, who quoted but did not cite its source. The original address, entitled "The future work of the American Board," was published in full in the *Commemorative Volume in Connection with the 75th Anniversary of the A.B.C.F.M.* (Boston, 1885), p. 83.

[16] George Smith. *A Narrative of an Exploratory Visit to Each of the Consular Cities of China and to the Island of Hongkong and Chusan, in Behalf of the Church Missionary Society, in the Years 1844, 1845, 1846* (London: Seeley, 1847), p. 123.

[17] *Ibid.*, p. 321.

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importance of Medical Missions, which in those days was not at all realized."[18] Throughout the decade from 1873 to 1882, missions occupied a definite place in these Congresses. At Derby in 1882, "The Organization of Native Churches, Missionary Centres, and Medical Missions" was the topic under discussion.[19] In Shrewsbury, 1896, Dr. C. F. Harford-Battersby read papers on the training of medical missionaries.[20]

It was after 1882 that "the Society [began] to consider seriously the importance of Medical Missions. In 1883 it had established one in Persia, two in Punjab, one in Kashmir, two in China. . . . *But such work was still regarded as only suitable in certain circumstances, and there was no intention to take it up on any large scale"* (italics added). Indicative of the official viewpoint in those times was the Rev. Gray's inquiring in the *Intelligencer* why "an expensive medical agency" should be employed in places where the ordinary missionaries already had free access to the people.[21]

A sub-committee was appointed to consider the subject of medical missions. Its report was completed in 1885 and suggested four circumstances under which Medical Missions were desirable:

a. in a country where the Gospel cannot freely be preached by ordinary evangelists;
b. in the case of aboriginal and uncivilised peoples likely to be specially impressed by the benevolent influence of medical work, particularly where medical aid cannot be obtained for the people from the Government;
c. when there are special opportunities, or a special call for training native medical evangelists;
d. where there is a strong missionary centre, with a large body of clerical missionaries, to whom a medical colleague may form a valuable auxiliary.

Among the other resolutions in the report, it was emphatically stated that "the medical work should always be subordinate to the spiritual." It also considered the "importance of sparing the General Fund a heavy expenditure upon medical and surgical requirements and appliances, and in view of the readiness with which many persons [would] contribute for such objects who [would] not contribute to general missionary work," a separate Medical Missionary Auxiliary Fund was

[18] Eugene Stock. *The History of the Church Missionary Society, Its Environment, Its Men, and Its Work* (London: C.M.S., 1899), vol. 2, p. 356.

[19] *Ibid.*, vol. 3, p. 12.

[20] *Ibid.*, vol. 3, p. 645.

[21] *Ibid.*, vol. 3, p. 309. The Rev. Gray was the Society's Secretary for Indian Affairs. The *Intelligencer* was the official publication of the C.M.S.

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set up, and an Auxiliary Committee appointed. Five years later, a full Medical Department was finally formed, raising medical missionary work from the "auxiliary" status.[22]

While decisions were made on missionary policies in the "home offices," the topic of medical missions also came up for debate in missionary publications. The worth of medical missions as evangelistic agencies came under the careful scrutiny of the strictly "clerical" missionaries working in the field. Thus, the Rev. W. T. Morrison, in an article to the *Chinese Recorder & Missionary Journal,* mentioned a generally overlooked fact:

> If we inquire how far these institutions are useful as a means of Christianizing the people, we will be greatly disappointed, if we have been led to expect large results. While we may thankfully observe the few cases of conversion among these [patients], we must admit that [they] bear a very small proportion to the thousands that have been in the hospital wards.[23]

In 1874, the Rev. William Scarborough, who for ten years had been connected with the Wesleyan Hospital at Hankow, published a general history and critique of medical missions in the same journal. Under the sub-heading "The Good Which They Undeniably Accomplish," he included the effect medical missions had on the foreign community in China in "developing a princely liberality" among the businessmen; the demonstration of scientific principles to native doctors; and the acquisition of anthropological data for the foreign scholar. None of these was related to evangelistic work, although he did mention that medical missionaries were useful in opening a new mission. Even so, he qualified his statement:

> It is true that the people soon became conciliated, when they find something to be given to them gratis that will do them good; since, however, this is appealing to the low motive of selfishness, I am inclined to consider the good done in this manner among the smallest benefits of medical missions.[24]

The above good points were "beyond dispute," but in the next section, under the rather provocative heading "The Good Which They Are Supposed to Accomplish," the very raison d'être of the medical missionary came under doubt. It was commonly believed that they allayed prejudice, but this was "a matter of opinion, not a matter of

[22] *Ibid.*, vol. 3, p. 310.
[23] W. T. Morrison, "Medical mission work in China," *Chinese Recorder,* 1869, *1:* 178-80.
[24] W. Scarborough. "Medical missions," *Chinese Recorder,* 1874, *5:* 137-152.

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fact." Scarborough cited an incident in Canton, where patients could still believe in rumours that they were poisoned by the missionaries, despite the fact that the missionary hospital had been in existence for over thirty years. That the medical missionaries won confidence was not necessarily a blessing, since "blind and ignorant confidence" in the omnipotent doctor was more harmful than beneficent. That they excited gratitude among the natives was by no means general, though such instances were not rare. Finally, that they brought about conversion was more fiction than fact. "As a converting agency, . . . the hospital had been a failure." In twelve years of the operation of the Medical Missionary Society in Canton, there were a mere 12 converts from a total of 409,000 patients.[24]

More criticisms were revealed in the final instalment, under the title "On the Dangers that beset them." The Rev. Scarborough feared that some of the medical missionaries were not suitably qualified: "A medical missionary is not only a medical man, but something very much *higher*. . . . Skill in medicine is his lowest qualification" (italics added). He also frowned upon the usual practice in medical missions where the actual preaching were delegated to the clerics, "a disposition to regard the medical department as something more secular than the rest of the mission, something more scientific than religious." Too much reliance on native dispensers and the tendency to drift into private practice were two other dangers that medical missionaries should be on guard against.

The medical missionaries did not let such charges go unanswered. William Gauld of Swatow refuted Scarborough point by point in a letter to the *Recorder.*[25] From time to time they did not hesitate to use the printed word to reiterate that they were bona fide evangelists.[26]

Perhaps the most eloquent of the medical missionaries was William Lockhart, a veteran worker in China since 1839 and the first to open mission hospitals in Shanghai and Peking. He did not see the need to justify his emphasis on medicine at all, arguing that "if the medical missionary [were] ordained, either a good surgeon or a good pastor was spoiled." He ought to "have no responsibility as a pastor, or he

[25] W. Gauld. *Chinese Recorder,* 1875, *6:* 47-56.

[26] For example, see J. Dudgeon, "Medical mission work as an evangelistic agency," *Chinese Recorder,* 1884, *15:* 1-18, and J. K. MacKenzie, "The evangelistic side of a medical mission," *Chinese Medical Missionary Journal,* vol. 1, no. 1, reprinted in Mary Bryson, *John Kenneth MacKenzie, Medical Missionary to China* (New York: Revell, n.d.), pp. 396-404.

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[would] become distracted from his own line of operation, and thus be less willing to undergo the drudgery of his hospital; without the continuous work and effort there, he [could] not expect to have a wide influence."[27] These words were found in the preface to his opus magnum, *The Medical Missionary in China,* written while he was on furlough in England. In the text itself, he further elaborated on this theme:

> I should therefore recommend in every case that the medical missionary be a layman, and sent out *on an equal footing with the ordained missionary.* For the same person to attempt both these lines of duty is to insure more or less of failure in the one or the other. . . . This, of course, will not prevent a medical missionary from the accomplishment of much general missionary work. His office is that of a missionary; he will take every opportunity of Bible distribution, and avail himself of the occasions, peculiarly his own, of speaking to his patients privately . . .[28] [italics added].

Lockhart's approach to the allocation of duties was adopted by most other medical missionaries. For example, his successor in Shanghai, James Henderson, though "frequently asked to help in conducting the services in the London Mission Chapel, . . . did not usually preach, preferring to read a first-rate printed sermon" instead![29]

There was, however, one remarkable exception in the person of Harold Schofield, who went out of his way to engage himself in active preaching. Schofield was all the more unusual in that he abandoned a brilliant career at St. Bartholomew's and signed up with the China Inland Mission.[30] This society, incidentally, was the single largest missionary body operating in China and was founded by J. Hudson Taylor, a medical man himself. Sent to remote Shansi province, Schofield worked diligently and "although enthusiastic in his profession, he always kept the more directly spiritual part of his work in view, not only conducting the daily morning service for the patients himself,

[27] William Lockhart. *The Medical Missionary in China, a Narrative of Twenty Years Experience* (London: Hurst & Blackett, 1861), p. vi.

[28] *Ibid.*, p. 115.

[29] *The Life of James Henderson, Medical Missionary to China* (New York: Carter, 1873), p. 152. This is a compilation of Henderson's unfinished autobiography, extracts from his notebooks, letters, and recollection by his contemporaries. The name of the editor of the volume is not known.

[30] Schofield studied at Manchester, received his B.A. and B.Sc. degrees from London University and a first class Honours at Oxford. He qualified in medicine from Barts and won the Radcliffe Travelling Scholarship to Vienna and Prague. His obituary appeared in the *Lancet,* 1883, *2*: 711.

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but in the Sunday meetings, in the street-chapel, tea-shops, or crowded thoroughfares."[31]

The final recognition of the work of the medical missionary came belatedly in 1888, when the World Missionary Conference was held in London, attended by representatives from most of the Protestant missionary groups in the Western world. Medical missions were given a prominent place in the Conference's proceedings; a total of three sessions were devoted to them. From the published reports of this gathering there appeared little real debate on the subject. There was general agreement that medical missionaries should not be regarded as second-class citizens in the missionary world. The prevailing sentiment was best expressed by the Rev. John Lowe, F.R.C.S.E., and Secretary of the Edinburgh Medical Missionary Society:

> We hold that the true Medical Missionary is as much the ambassador of Christ . . . as much the preacher of the everlasting gospel as is his ordained clerical colleague. . . . We ask to be sent into the Mission-field in order that we may do the work of an evangelist. We ask that Medical Missions be recognized by our Missionary Societies, and our Churches, not merely as a benevolent agency, not as an occasional auxiliary to Missionary work, but as an embodiment of the Divine idea . . . when he commanded the Gospel be preached among the nations.[32]

Lowe also defended the not infrequent accusation of the poor conversion statistics coming from medical mission stations:

> If it can be truthfully said of any Medical Mission that in spiritual results it is not so fruitful as we might expect it to be, we have no hesitation in saying that the fault is not in the *agency* [Lowe's italics] nor with rare exceptions in the agent, but in the exceedingly limited resources placed at his disposal wherewith to carry on the work.

Lowe's address serves as a convenient point to conclude the discussion on medical missions as viewed by the profession of the cloth. In the following pages, the attitude of the medical profession towards missionary doctors during the same period of time will be examined in turn.

The Medical Missionary as Physician

In contrast to the initially lukewarm reception of the medical missionary by the Church authorities, the medical profession in general

[31] M. G. Guinness. *Story of the China Inland Mission* (London, 1900), vol. 2, p. 424.
[32] James Johnston (ed), *op. cit.* (n. 7 above), vol. 2, p. 104ff.

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was enthusiastic right from the very beginning. Glowing reports on medical missionary work could frequently be found in the British and American medical press of the day.[33] Soon after Parker's establishment of his hospital, the *London Medical Gazette* noted:

> An hospital has been lately established at Canton, by an American surgeon and missionary, the Rev. P. Parker, for the gratuitous relief of afflicted Chinese. Several important operations have been performed, which have created considerable excitement among the Chinese, whose ignorance of surgery and medicine is said to be extreme. Such an institution may lead to the opening of an extended intercourse with the singular people, of which we as yet know so little.[34]

In the U.S., the *Boston Medical and Surgical Journal,* for example, considered Parker a proud son of Massachusetts and provided regular bulletins on his progress in its pages. Thus, in 1837 the *Journal* declared:

> The A.B.C.F.M. have acted very wisely in taking into its service physicians and surgeons, who are usually received with marks of distinction, as benefactors, in those benighted regions where moral darkness can never be dispelled, till the mild influences of Christianity are introduced by unobstrusive means. The physician rarely fails to secure the confidence of the wildest savage.[35]

After the formation of the Medical Missionary Society in Canton, the journal took an active part in publicizing the objectives of the Society, and volunteered to be a clearing-house in handling applications from American physicians.[36] The periodic lists of American medical missionaries serving overseas under the A.B.C.F.M. were further indications of this journal's unswerving belief in medical missions.[37]

In London Sir Henry Halford, President of the Royal College of Physicians, delivered an address to an audience composed of many of the high echelons of British society in 1838, and came out in favor of medical missions. Among those present were the Duke of Cambridge, the Archbishop of Canterbury, the Duke of Wellington, Sir Robert Peel, and "many distinguished members of the Church, the bar, and the senate." Sir Henry pointed out:

[33] Some of the reports on remarkable cases can be found, for example, in *Lancet*, 1837, *2*: 608; *Boston Med. & Surg. J.*, 1837, *15*: 29, 1839, *19*: 410, 424; *New York Lancet*, 1842, *1*: 108, 125, 202; *Edin. & London Monthly J. Med. Sci.* 1846, *6*: 393-398.

[34] *London Med. Gaz.*, 1838, *23*: 432.

[35] *Boston Med. & Surg. J.*, 1837, *15*: 384.

[36] *Boston Med. & Surg. J.*, 1839, *19*: 432.

[37] *Boston Med. & Surg. J.*, 1837, *15*: 384; 1842, *25*: 403; 1847, *35*: 540; 1851, *45*: 438.

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The Chinese received vaccination kindly . . . and since that time, they have allowed missionaries from America to establish an ophthalmic institution and also a general dispensary. . . . Undoubtedly the Chinese practice of physic is so meagre, and inadequate, as to give an easy superiority to the commonest pretension of European knowledge.

With those who practise upon such a system, if system it can be called, is it possible that . . . the English medical practitioner should come into competition without the greatest advantage in his favour. . . . And it is in this condition that I humbly propose, that those who are to be educated to become missionaries, after having had their minds thoroughly imbued with moral and religious principles in their first scholastic discipline, shall then attend to anatomy and chemistry, and the other courses of medical lectures, and for a certain time frequent some of the great hospitals, so as to qualify themselves to practise physic and surgery, as if they were to prosecute our profession as a means of living. . . . The Americans seem disposed . . . to keep separate civil and clerical characters. . . . Now confidence is not transferrable, and it does not follow that the impression of gratitude and attachment which the medical man shall have made by his successful administration to disease, will be given necessarily, and of course, to a stranger, introduced to explain what is required for the salvation of the soul. I hold it, therefore, far preferrable that the two characters be united in those whose zeal for the benefit of mankind may cause them to remote parts of the world.[38]

It was a memorable speech, as it represented a stamp of approval from someone at the top of the medical hierarchy. The missionaries never hesitated to quote this speech in support of their cause. Peter Parker was delighted when he read the article in Canton, and specially mentioned it in his first annual report.[39] The scholar-missionary Medhurst quoted it at length in his work on China, saying that it was "gratifying to see that this subject has begun to attract attention in high and influential quarters."[40] It was also utilized in the lectures given by the Edinburgh Medical Missionary Society (*vide infra,* p. 264) to medical students and prospective medical missionaries.[41]

[38] Sir Henry Halford. "On some of the results of the successful practice of physic," Address to the Royal College of Physicians, reported and abstracted in *London Med. Gaz.*, 1838, *21:* 774-777.

[39] Peter Parker. "First annual report of the Medical Missionary Society in China," *Chinese Repository,* 1838, *7:* 419-422.

[40] Walter Henry Medhurst was originally sent to Malacca as a printer in 1817. He was ordained 2 years later. Regarded as an expert on China and the Chinese language, he had revised the Chinese Bible and compiled a dictionary. Halford's speech was quoted in his book *China, Its State and Prospects with Especial Reference to the Spread of the Gospel* (London: Snow, 1838), p. 548.

[41] *Lectures on Medical Missions Delivered At The Instance Of The Edinburgh Medical Missionary Society* (Edinburgh: Sutherland, 1849), p. 123.

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Another example of the medical profession's acceptance of the concept of medical missions was the reception given to Parker when he made a grand tour of the U.S. and Europe after the Opium War had broken out and his hospital practice was interrupted.

In June, 1840, Parker left Canton for America. Besides visiting his family, he went to Washington and talked to the President, and even preached to Congress "exhibiting to that assembly the moral condition, as well as the prospects of China generally, and those of the [Medical Missionary] Society incidentally." He traveled throughout New England, spoke in medical schools and theological seminaries as well as before the "lay" public. He pleaded his cause and asked for donations. In Boston, for example, he secured a permanent fund amounting to $5550. In April, 1841, he addressed and was enthusiastically received by the Boston Medical Association, which pledged assistance and resolved to appoint a committee on medical missions.[42]

Parker also crossed the Atlantic. In Paris he had a sympathetic audience with Louis-Philippe. In the British Isles he made speeches in the major cities, met dignitaries, and raised funds (about $225 in London). He was a celebrity and everywhere he went the response was favorable, except in one instance when he was courteously told by the Bishop of London that "much as he approved of the object and means . . . he could not in any way cooperate in such labours with those who dissent from the Established Church."[43] In Edinburgh a committee was formed to found a medical missionary society similar to the one Parker co-founded in Canton. Thus in 1841 the "Edinburgh Association for Sending Medical Aid to Foreign Countries" was founded. It later changed its name to "Edinburgh Medical Missionary Society" (E.M.M.S.),[44] an organ instrumental in the rapid rise of the medical missionary on an international scale.

The chief aims of the E.M.M.S. were to rouse in the public an interest in medical missions, solicit funds, and channel them to individual missionaries for the purchase of medicines and instruments. In the 1850s it began to supply the various missionary bodies with qualified agents from among the medical graduates whose education it had financed. It had twelve students under its auspices in 1867, and by

[42] *Boston Med. & Surg. J.*, 1841, *24*: 176-8.

[43] Parker's activities abroad were included in a pamphlet, "Report of the Medical Missionary Society containing an abstract of its history and prospects . . . together with Dr. Parker's statement of his proceedings in England and the United States," which was reviewed and abstracted in *Chinese Repository*, 1843, *12*: 191.

[44] *London & Edin. Monthly J. Med. Sci.*, 1843, *3*: 267.

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1899 this number was doubled.[45] In 1875 it was reported that "the demand for suitable and well-qualified men is greater than the supply" as the Society had before it ten applications which it was unable to meet.[46]

At its inception, the E.M.M.S. was termed "a very laudable undertaking" by the *London Medical Gazette,* which also published the Society's list of objectives.[47] Further evidence of the support of the medical profession was the fact that the Society had enlisted as its officers some of the cream of Edinburgh medicine. In 1855, for example, its President was William Brown, F.R.C.S.E. and F.R.S.E. One of the three vice-presidents was the Professor of the Practice of Physic, W.P. Alison, M.D.,F.R.S.E. Serving on the Committee, which consisted of 36 members (16 "medical," 6 "clerical," and 12 "lay") were James Miller, F.R.C.S.E., F.R.S.E., Professor of Surgery and Surgeon to the Queen in Scotland, and John Hutton Balfour, M.D.,F.R.S.E., Professor of Medicine and Botany.[48] Sir James Simpson was also "among those who had been its friends."[49] In 1882 the *Edinburgh Medical Journal* offered its services in issuing a pamphlet on the E.M.M.S. and distributing it to "every medical man in the three kingdoms."[50]

Other similar organizations were founded, based on the model of the Edinburgh society. In 1878, the London Medical Missionary Association, and in 1881, the International Medical Missionary Society (New York City), were organized.[51]

Apart from these societies, aspiring medical missionaries were supported financially through their medical training by scholarships. For example, when Parker visited London in 1841, the Royal College of Surgeons pledged to undertake the educational expenses of Chinese youths, and also three scholarships were founded at King's College for the training of medical missionaries.[49] In 1885 the Society for the Promotion of Christian Knowledge offered studentships tenable for four years at £150 per annum. Medical men willing to study towards

[45] These figures were given in the section on "The Edinburgh Medical Missionary Society" in *The Missionary Yearbook for 1889* (London: Religious Tract Society, 1889).

[46] *Brit. & For. Med-Chir. Rev.*, 1875, *56:* 326.

[47] *Lond. Med. Gaz.*, 1845, *35:* 805.

[48] The list of Officers was published as an appendix in J. H. Balfour, *Biographical Sketch of the Late Dr. Golding Bird, Being an Address to Students delivered at the Request of the Edinburgh Medical Missionary Society* (Edinburgh: Constable, 1855).

[49] *Brit. & For. Med-Chir. Rev.*, 1875, *56:* 313.

[50] *Edin. Med. J.*, 1882, *27:* 955.

[51] J. A. Cutter. "Some facts regarding Medical Missions and the International Medical Missionary Society," *Albany Med. Annals,* 1888, *9:* 135-8.

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ordination, clergymen willing to qualify medically, and those willing to do "lay" mission work were eligible.[52] In the U.S. a Dr. William H. Thomson established in 1876 seven scholarships at the University of the City of New York for students who were to become medical missionaries.[53]

Against this sea of approval shown by the medical "establishment" and its press, the *Lancet* was at the very beginning skeptical of the whole notion of doctors serving a religious cause. Shortly after Parker gained a foothold in Canton, the London Missionary Society began to advertise in English medical journals for qualified medical missionaries. The following excerpt from the *Lancet* is indicative of this journal's attitude:

> A copy of an advertisement from the "Directors of the London Missionary Society" . . . has been sent to us for notice in this place. The Directors of the Society announced that they are desirous of making the talents of highly qualified medical men, good operative surgeons, subservient to the introduction of Christianity among the immense population of China, and that they wish such men to pioneer the way for their missionaries. . . . Without at present expressing any opinion on the *propriety* of attempting to carry this project into effect . . . we feel assured, however, that *no members of our profession . . . will hastily close with the proposals which the Society have to make* [italics added].[54]

The *Lancet's* coolness did not go unnoticed. In a letter to the Editor, signed by "A Tyro in the Profession," a complaint was launched:

> On two or three occasions lately, I have seen in the Lancet advertisements and proposals for sending medical men to China, in connexion with which there have been *editorial remarks of a decidedly dissuasive character*. . . . It appears to me, Sir, that the projectors of this scheme, as you are pleased to call it, would raise the medical profession, if not to an intellectual, certainly to a moral elevation to which it had never before attained. . . . I regret that my probationary period has so long to expire . . . but to all my professional brethren, who consider themselves competent, I would appeal, and urge them . . . to stand forth individually, and aid in this laudable undertaking [italics added].

[52] *Brit. Med. J.*, 1885, *2:* 884. The Society for the Promotion of Christian Knowledge (S.P.C.K.), the Society for the Propagation of the Gospel in Foreign Parts (S.P.G.), and the Church Missionary Society (C.M.S.) were all missionary bodies of the Church of England. The first two were considered "High Church" and they were not as active in China as the C.M.S.

[53] E. M. Bliss. *The Encyclopedia of Missions* (New York: Funk & Wagnalis, 1891), vol 2, section on "Medical Missions."

[54] *Lancet,* 1837, *2:* 490. The London Missionary Society is a non-denominational body, one of the largest and oldest in China. It sent the first Protestant missionary, Robert Morrison, to China in 1807. The first English medical missionaries, William Lockhart and Benjamin Hobson, were also from this Society.

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The Editor's reply, equally revealing, was as follows:

> We might publish the foregoing letter as a sample of the class which editors are often greatly condemned by the writers for keeping from the public view. . . . Without disputing any one of the propositions which he lays down, we may observe, that his views and philanthropic expressions would be just as apposite to the question if placed underneath the title of "Wales" or "Van Diemen's Land" or "Isle of Sky" as under that of "China." *Medical men must be influenced by some other considerations* than those contained in this panegyric on medicine, if any of them decide on accepting the proposals of the Missionary Society. We may add, that the above is the only communication professing to treat on the subject of medical missions to China, which we have received since the plan of the Society was made known in our pages [italics added].[55]

Very little was said further on this matter in the *Lancet,* as there were no doubt far worthier targets among the high priests of London medicine to keep the indefatigable founder and editor of the journal, Thomas Wakeley, busy. The years passed, but Wakeley remained recalcitrant, as evident from an 1855 editorial titled "Medicine Independent of Theology." At that time there were among the medical profession people advocating the establishment of Christian medical associations to promote medical mission work among medical students, much along the same lines as the Edinburgh Medical Missionary Society. The *Lancet* viewed this with suspicion, and in very strong language denounced what the Editor believed was an ill-judged attempt to revive the hegemony of Religion over Medicine.[56]

A refutation was promptly tendered by the Edinburgh group. Professor Balfour, in a lecture to medical students, countered-attacked:

> In the Lancet . . . there is, I regret to say, an attempt made to decry the efforts of Christian Medical Associations such as our own . . . and [to present] a most erroneous view of our proceedings. . . . We have no wish to instil particular Church views. . . . We desire the good of medical students independent of all systems of Church government, and we repudiate all bigotry, intolerance or thraldom. We repel the insinuation, that we desire to exclude any man from our schools, or that we want to compel a student by unworthy motives of worldly benefits to adopt our views.[57]

A change of tone in the *Lancet* came only after Wakeley's death (1862). Thus, in 1866 the journal published a favorable review of the

[55] *Lancet,* 1837, *2:* 631.
[56] *Lancet,* 1855, *1:* 44.
[57] J. H. Balfour, *op. cit.* (n. 48 above), p. 5-6.

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reports from medical missionaries in China and India, and in 1882, a "highly appreciative editorial" on the Edinburgh Society, which was acknowledged by the *Edinburgh Medical Journal.*[58]

Prompted by the success of medical missions overseas, many evangelically minded physicians in England decided to apply the same formula at home. In 1862, a meeting of the Christian Medical Association, chaired by A.D. Grainger, F.R.S., decided to form a committee "to arrange and carry out a plan by which the profession in England might contribute to the spread of Christianity by means of medical missions."[59] In 1866 a dispensary for the poor in Liverpool was opened.[60] The secretary of this mission, R. Hibbert Taylor, was "anxious to bring the subject [of medical missions] under the notice of the members of the British Medical Association" and announced his intention, in a letter to the *British Medical Journal*, to give an address entitled "Medical Mission in the Foreign and Home Aspects" for those attending the forthcoming B.M.A. annual meeting at Chester.[61] London, with its labyrinth of slums, was fertile ground for a medical mission, and the establishment of one was proposed in a meeting at the Presbyterian college in 1869.[62] In America, domestic medical missions were opened in Philadelphia (1879) and in Chicago (1885).[63]

One should be careful in evaluating what appeared to be overwhelming support of medical missions by the medical profession at large. While the nineteenth century did not tolerate any frontal attack on religious institutions from members of a socially respected profession, many physicians supported medical missions in so far as they reflected the prowess and superiority of medicine and science. The *Boston Medical and Surgical Journal* editorial quoted above (p. 262) is a good example of self-congratulatory prose. Even the missionary societies admitted the fact that they received contributions for medical missions from people who would not otherwise support missions in general (above p. 257). Many took pride in the fact that Medicine succeeded where Religion failed in the winning of hearts. Some did not hesitate to sling a shot or two at organized religion. The following, which appeared in the *Transactions* of the College of Physicians in Philadelphia, is such an example:

[58] *Edin. Med. J.*, 1882, *27*: 955.
[59] *Brit. Med J.*, 1862, *2*: 184.
[60] *Brit. Med. J.*, 1868, *1*: 304.
[61] *Brit. Med. J.*, 1866, *2*: 82.
[62] *Brit. Med. J.*, 1869, *2*: 469.
[63] "Medical Missions," in Bliss, *Encyclopedia of Missions*, vol. 2.

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. . . such a practical form of Christianity must appeal most powerfully to an intelligent nation which sees *its own ministers of religion ignorant and inactive* in remedying evils at their own doors, while a young American Christian physician leaves home and friends . . . for nothing but the love of his Master and his fellow-men, spends his life for their betterment [italics added].[64]

Whereas the clergy always insisted that the medical missionaries be evangelists, the prevailing opinion among medical men was that they need not be so. Lockhart's view on this subject had already been mentioned (p. 260 above). Professor James Miller told a group of medical students in a lecture at the Edinburgh Medical Missionary Society:

Let it not be forgotten, that to obtain the end of Medical Missions, it is not in all cases essential that the Medical man should be himself the Evangelist. The professions may be distinct in representation while one in operation.[65]

While the religious bodies worried about the adequacy of "theological content" in the medical missionary's work, the medical profession was more concerned over possible breach of "professional etiquette" these people might commit far from their home land. Thus future medical missionaries were warned:

We would deem it inexpedient to send a Medical Missionary to any of the great cities of the East where European or American physicians or surgeons are stationed in sufficient number to meet the demands made upon them by the natives around. . . . It would evidently be improper to send a Medical Missionary (whose services among the native population must be in general gratuitous) where a private practitioner has established himself, and must live by his profession.[66]

The students were also instructed on such mundane necessities as fees:

While the pauper population shall have the full benefits of skill and medicine free, the opulent population must pay . . . [for] Christianity does not introduce a marketable commodity into the market of the world to depreciate labour and to destroy the means of honest livelihood. . . . Upon the principle of indiscriminate charitable practice we are destroying the Medical profession itself in China. . . .

[64] W. W. Keen. "On medical missionary work, with some notes on the condition of medicine in Japan," *Trans. Coll. Phys. Philadelphia*, 1879, 3rd. series, *4*: 13-25. The "young American Christian physician" referred to was J. C. Berry, medical missionary to Japan, whose life was the subject of discussion at the meeting.

[65] James Miller. "Lecture 1—Introductory," in E.M.M.S. *Lectures*, p. 34.

[66] William Swan. "Lecture II—Importance of Medical Missions," *Lectures* (n. 41 above), p. 114.

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Free medicine would also hinder those European doctors, who might not have the "pious design" of the medical missionaries, but were there to advance science.[67]

But the most important issue that the medical profession was perpetually concerned about, was the maintenance of "high professional standards." One reason why the medical missionary was welcome was that the new breed largely replaced the former practice whereby clerical missionaries were given perfunctory instruction in medicine before being sent off to their respective posts. For example, at St. Augustine College, Canterbury, students attended the hospital regularly during their last year of missionary training.[68] Robert Morrison, the first clerical missionary to China, himself had attended lectures at St. Bartholomew's Hospital in 1805.[69] Such an abbreviated medical course was viewed with distaste by the medical profession. Medical missionaries must be medically qualified, even though they were to practise among uncivilised aborigines. The President of the Edinburgh Medical Missionary Society was also against any lowering of standards:

> There was an impression at one time, that a Missionary might have lower qualifications than another man . . . that he should attend one or two medical lectures before leaving this country. Sometimes arrangements were made for his getting a medical degree . . . [but] the proficiency required in the candidate was looked at very indulgently, because he was to be a Missionary. . . . We should reject the idea of a minister being transformed into a Medical Missionary, merely by attending a few courses of lectures.[70]

Lockhart, writing from personal experience, pointed out the danger inherent in an inadequate medical training:

> I believe it a great mistake to suppose that an efficient medical missionary can be made out of a minister . . . allowing him with but a slight examination to obtain a diploma, and to think himself henceforth a qualified surgeon capable of assuming any responsibility. . . . The medical and surgical knowledge thus acquired is of small practical use . . . but often leads him into dangers because from his ignorance he is induced to undertake what he is unfit for. The natives soon find out if a man knows

[67] J. Watson, "Lecture IV—On the Duties of a Medical Missionary," *Lectures*, p. 195.

[68] *Brit. & For. Med-Chir. Rev.*, 1875, *56:* 322.

[69] Marshall Broomhall. *Robert Morrison, A Master Builder* (London: China Inland Mission, 1924), p. 32.

[70] William Brown. "Lecture III—On the Qualifications of a Medical Missionary," *Lectures*, p. 140.

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his work; they will trust one who can help them, and speedily ascertaining how far he can be trusted. . . .[71]

To understand the anxiety of the medical profession over the proper qualifications of medical missionaries, one need only look at the development of the profession itself in the nineteenth century. During the same period when the medical missionary movement was in full swing, the medical profession was in the process of sorting itself out through a series of Bills (finally culminating in the Medical Act of 1858) calling for reforms in medical education and licensure. In the U.S.A. the whole of the nineteenth century could be considered a Dark Age for the profession, with quackery on the rampage. The profession was conscious of its image to the public, which did not hold it in as high esteem as it would in the next century. With the good work they were doing overseas, medical missionaries brought credit to the profession, and they must be identifiable as medical men first and foremost.

The year 1890, when the first China Medical Missionary Association conference was convened, marked the end of the first period of the medical missionary movement in China, a period of pioneers reaching into virgin territories, the ascending phase of a "Rise and Fall" in the fortunes of the medical missionary.[72] The establishment of the C.M.M.A. itself was symbolic of a striving for professional and peer recognition of the medical missionary. Its formation was the direct result of an appeal by H. W. Boone, one of its founders:

Our united action would raise our individual status in China, it will gain us a respectful hearing among *medical men and medical societies at home*. . . . We could take our place as a band of organized workers in the cause of science and add our quota to the knowledge of the world [italics added].[73]

It is significant that the medical missionaries themselves had elected to identify with the international medical and scientific community. The C.M.M.A., which was later superseded by the Chinese Medical

[71] W. Lockhart, *op. cit.*, p. 117.

[72] The "Fall" of the Western missionary began in the thirties with the gradual transfer of responsibility to native physicians and clergy, and reached its total completion in the fifties, with the creation of the People's Republic. For the development from 1890 on, see H. Balme, "The trend of medical mission policy in China," *International Review of Missions*, 1924, *13*: 247; J. L. Maxwell, "Devolution in medical missionary work in China," *Int. Rev. Missions*, 1930, *19*: 98; and E. H. Hume, "Christian medical work and the Chinese government," *Int. Rev. Missions*, 1938, *27*: 433.

[73] This was a Letter to the Editor of the *Chinese Recorder*, 1886, *17*: 398-400.

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Association,[74] together with the hospitals and medical schools throughout the country, were the most important legacy of the "missionary invasion" of China in the last century. The medicine brought along by the Europeans and Americans has become firmly entrenched in Chinese society. The Christian Church, in comparison, has not flourished.

Conclusions

In summary, I have attempted to provide an account of how the medical missions in their development in China represented a point of conflict between the two ancient and venerable professions of medicine and religion. I have cited the experience of individual missionaries, as well as demonstrated the various camps of opinion in the two sides. We have seen at the beginning the reluctance of the Church and its missionary bodies in acknowledging the popular influence of the medical missionaries, the attempt to submerge their medical identity, and the insistence on their subordinate status to the ordained, clerical missionaries. In contrast we have seen the ready acceptance by the medical profession, which saw in these agents in foreign lands a great boost to its prestige at home. The medical missionaries, while caught in the middle, were indispensable to both. It was only through the wonders of medical treatment that the message of the Church's teachings could reach the people, and on the other hand it was only through the respectability of religious affiliation that the medical missionaries could bring credit to the medical profession.

In the nineteenth century the profession of medicine was considered beneath the other more esteemed professions such as the clergy, the bar, and the army, in social stature. But with the rise of "scientific medicine" and the effort of the medical profession to clean its own house toward the end of the century, this order became reversed. It can be speculated that the development of the medical missionary was a hint of events to come. Already the Church had sensed in the performance of the medical missionary a threat to its dominance, while the medical profession had begun to realize its enormous potential. Western religion and medicine were presented side by side to the Chinese people, and their choice seemed to have confirmed the trend.

[74] The China Medical Missionary Association in 1925 was renamed the *China* Medical Association, which was merged in 1932 with the *National* Medical Association (founded in 1915 with a Chinese membership) to form the *Chinese* Medical Association, which continues to thrive to the present day despite the tremendous changes in the political climate.

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