Early Protestant Medical Missionaries in China: Technical and Humanistic Approaches

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I wish to start my position paper from my recent teaching experience. I have been teaching “Westerners in Late Imperial China (1500-1900)” at Fudan University, Shanghai for about six rounds, and the audience includes both Chinese students and international students all around the world. Surprisingly, one of the most attractive topics for students is “Western medicine and Chinese medicine,” and specifically in my class, on the missionaries’ activities of medical practice and their attitudes toward traditional Chinese medicine.

The practice and efficacy of both the Western medicine and Chinese medicine has been catching people’s attention, and it is still a question for modern Chinese until today. Two hundred years ago, when most part of East Asia had not shared the value of cultural exchange, what was the first group of local Cantonese patients’ responses to the Western medicine brought by Protestant missionaries? Historical sources indeed reveal that most Chinese people chose Western medicine, for those problems Chinese medicine cannot usually solve, for example tumors, eye disease, etc. From a technical approach, the patient would accept what was helpful, without understanding
the theory of an alien culture. However, the further question is, were they also going to believe it as a miracle, or follow a message conveyed by the Western missionaries?

It touches the recognition of the cultural and human values.

Protestant medical mission in China is a complex issue. It is related to medicine, culture, gender, education, and local traditional beliefs (such as Taoism, Buddhism and Confucianism). From Western missionaries’ point of view, medical service and surgery was not only the method to cure someone’s body, but also a way to save people’s soul. The body-soul dualism has been long existed in Western philosophy and theology. The Protestant evangelical movement of the late 18\textsuperscript{th}-century emphasized the role of medical mission to world Christianity. In 1838, the Medical Missionary Society in China was founded by Peter Parker (1804-1888) and E. C. Bridgman (1801-1861) in Canton, in order to encourage gentlemen of the medical profession to practice among the Chinese, by affording the usual aid of hospitals, medicine and attendant, and to give a wider expression and a permanency to the efforts that have already been made to spread the benefits of rational medicine and surgery among the Chinese.

Sources indicate that up to the year 1887, 150 medical missionaries had come to China, including 27 women, and 33 of whom held both medical and theological degrees. In the year of 1887 alone, there were 33 British and 41 American medical missionaries in China. More than one hundred hospitals and dispensaries, as well as many medical colleges were founded all over China by medical missionaries (Choa 1990, 17). Fifty years after the arrival of Peter Parker, medical missions had become
an essential part of Protestant missionary efforts in China.

However, on the other hand, what was the role of traditional Chinese medicine during the modernization movement led by Westerners in late 19th-century China? Chinese medicine was at first regarded as superstition as well as the direct opposite of Western medicine when Peter Parker arrived at Canton in the 1830s. Parker and his colleagues such as William Lockhart (1811-1896) and Benjamin Hobson (1816-1873) all endeavored to “correct its mistakes.” They insisted that the interpretation of blood circulation by Chinese medicine was absurd and dangerous. Herbs and acupuncture were regarded as strange and puzzling.

It is worth mentioning that Chinese language acquisition was much emphasized among Protestant missionaries to China in the 19th-century, and the same for those medical missionaries and doctors. Peter Parker received the guidance from ABCFM (American Board Commissioner for Foreign Missions) that “the first task is to study the Chinese language” because it is an essential part that missionaries will rely on for the future. However, in reality, it shows that learning the Chinese language turned out to be a difficult task. Other pioneering missionaries had spent much more time composing religious pamphlets (such as Robert Morrison and William Milne from London Missionary Society), yet they had only a few converts through many years. In this sense, medical mission turned out to be far more “effective.” Still, reading, literacy, and education were considered the most important part of missionary activities for evangelical movement until the 1940s.
The early nineteenth century was a unique era during which Western scholars and missionaries were attempting to penetrate the pre-existing cultural barriers that divided China from the West, for the purpose of conveying a comprehensive range of information back to the Western audience. Early Protestant missionaries in China, though experiencing difficulties in terms of living conditions and cultural adaptation, never quitted their work of collecting local social information. Their practice can be revealed from the reference books that the Protestant missionaries compiled, in which Chinese local customs, indigenous gods, and social norms were freshly introduced and, some of them, fully discussed.

The experience of first-stage cultural encounter of early Protestant missionaries in China can be revealed from the books that they collected for learning purpose. Robert Morrison (1782-1834) was appointed by the London Missionary Society as the first Protestant missionary to China. He arrived at Canton in 1807; however, about one year later, because of the lack of a base for conducting missionary work, Morrison moved to Macao where he was employed by the East India Company as a translator till 1815. It was then that he began to compile language reference books, including *A Grammar of the Chinese Language* (1815), and *A Dictionary of the Chinese Language* (1815-1823, in three parts; abbreviated as Dictionary in the following discussion).

Due to the fact that early Protestant missionaries in China were discouraged from making contacts with local people, most of them ran some risk to study the Chinese language. In his diary, Morrison recorded the jeopardy that his Chinese
teacher might get into if he continued helping him. In fact, under the help of a few “Chinese Masters,” Morrison soon collected a large amount of information on local Chinese culture. His frequent visit to Buddhist temples in Canton, as well as his experience of buying various books pertaining to vernacular Chinese may corroborate this fact (Eliza Morrison 1839, vol. I., 202-212). In his report to the London Missionary Society in December 1809, Morrison wrote that during the past two years living at Canton and Macao, he succeeded to acquire more than one thousand books, covering a wide range of subjects relating to Chinese literature, history, religion, medicine and so on.

Today, in Morrison’s Collection at the School of Oriental and African Studies, University of London, about 900 Chinese books bound in traditional jackets are recorded in the catalogue. According to Andrew West’s investigation, there are 216 books on native religions, and 133 works on traditional Chinese medicine, 76 vernacular fictions etc., and in total constituting more than a half of the collection (West 1998, XVI). It demonstrates that except for potential religious competition related to local Chinese beliefs, the difference between traditional Chinese medicine and its Western counterpart was the next important topic that early Protestant missionaries wished to focus on. In details, Morrison acquired not only ancient Chinese medical classics of the Yellow Emperor, but also books on contemporary treatises on the body’s energy path, pharmaceutical works, pulse diagnosis and treatment, and collections of prescriptions.

In Morrison’s English-Chinese Dictionary, the word medicines is interpreted as
藥材，which means *materia medica*, the dry material for pharmacy in a traditional Chinese way; and in the next entry - *the profession of medicine* - the phrase is translated as *yixue* 醫學 (which means *medicine* in the modern Chinese language). Then, a further explanation follows, “The theory of Chinese medicine hinges upon the notion of man’s being 小天地, ‘a little heaven and earth;’ and on the dual powers, yin 陰 and yang 陽; or a ‘vis inertia and vis mobile’ existing in every animal body (Robert Morrison 1822, 273; in detail, see *Indo-Chinese Gleaner* January, 1821). Physician is translated as 方家 “the writers of prescriptions” and “should observe 望; listen to 闻; enquire of 问; feel, the pulse of the patient 切” (Robert Morrison 1822, 318).

According to G. H. Choa’s research, Morrison had some training in medicine although he was neither a fully qualified doctor nor a medical missionary by definition. However, Morrison found out that medical practice would provide the early Protestants to China with an easy access to ordinary people, while his own literary occupation gave him no such scope. Therefore, the preaching way of combining medical practice and evangelical work was suggested by Morrison and others at Macao in the early nineteenth century. “In place of attempting any regular system of teaching or preaching, let them heal the sick and administer to their wants, mingling with their medical practice, such instructions either in religion, philosophy, medicine, chemistry, etc., as the minds of individuals have been gradually prepared to receive …” (Choa 1990, 7-8). Although it was only a suggestion due to the fact that the early Protestant missionaries to China were in fact limited in South China and
Southeast Asia, other attempts were made such as dispatching free medical pills together with religious pamphlets in missionary clinics.

From the 1830s, the pioneer medical missionaries proposed to form a society in China. The Medical Missionary Society in China was then founded by Peter Parker and E. C. Bridgman in Canton in 1838. The objectives of the societies were defined as follows (seven in total, here listed are the four related to science and religion):

1) To encourage Western medicine amongst the Chinese, and afford an opportunity for Christian philanthropy and service.
2) To extend to the Chinese people some of those benefits which “science, patient investigation, and the ever-kindling light of discovery, have conferred upon the West.”
3) To provoke inquiry into truth by the opposing of exact science to superstitious ignorance.
4) To advance general medical knowledge by the reflex benefits which will accrue from scientific discoveries in China.

Science and rationality promoted by the Enlightenment thinkers had been prevailing in the early nineteenth century; and Protestant missionaries, too, found it necessary to prove the Western medical science more advanced than the “heathen” culture comprised of superstitions. Cultural criticism can be revealed from missionaries’ records of medical practice, targeting in particular at the traditional Chinese medical treatment. For example, William Lockhart (1811-1896) and his colleague Benjamin Hobson (1816-1873), the early medical missionaries to China from the London Missionary Society in the 1830s, though learnt some knowledge of Chinese pulse diagnosis, opposed its general ideas. Dr. Lockhart wrote down, “in each wrist the pulse could be variously read over a zone nearly two inches long, which was divided into three sections, each of which was held to possess an external and internal
pulse.” (Lockhart 1860, 114) However, in general, he believed that “the endless variations in pulse interpretations were largely fanciful.” (Van Gulick 1973, 42) As a skillful surgeon, Dr. Hobson criticized that Chinese physicians made no distinction between veins and arteries, having no knowledge of the heart’s proper function or of the change in the blood in capillaries and lungs. Moreover, Western doctors found it absurd that every organ has a pulse but not the brain (Lockhart 1860, 155).

As for pharmaceutical works, Chinese herbs were on the contrary adopted by medical missionaries and won a fame of “undoubted efficacy.” Missionaries were impressed by Chinese doctors’ command of thousands of materia medica, including not only herbs, but also powders and concoctions. Aside from the theoretical foundation of general medicine, pharmacy seemed to be a more acceptable tool for missionaries to solve local problems. Efficacy was taken as the role of testing pharmaceutical validity, and it was applicable especially Chinese patient needed not to receive a surgical operation. It is recorded that in south China, Dr. Hobson used chaulmoogra in the treatment of leprosy. Protestant missionaries also acknowledged that ginseng was considered the ultimate medication of premodern China, the same as penicillin in the West.

For early Protestant medical missionaries to China, Western medicine had been a package of updated scientific knowledge and therefore no single idea of standard practice was established. As Van Gulick pointed out, “Western medicine in the early nineteenth century was still largely premodern, whereas one generation later its enormous icy congestion of clever metaphysics, folk wisdom, and accumulated
quackeries had begun to thaw, shift, and grind its way downstream.” (Van Gulick 1973, 144) Therefore, to Peter Parker and his British colleagues Lockhart and Hobson, the practice was also a process of their own digestion of newly scientific inventions, including the use of anesthesia in surgical operation, Pasteur antisepsis, and so on.

In addition to professional knowledge, missionary identity was of the utmost concern for early medical missionaries in China. They soon realized that local Chinese acceptance of Western medicine was almost a final choice (usually an operation needed); and if Western doctors cured them, it would be regarded as a miracle. More patients would then follow, yet merely hoping for the medical miracle. The role of missionary was diminished in the whole process, and little room existed for evangelical communication; therefore, early medical missionaries in China had been questioned that if it was possible to combine the task of a minister / preacher and a doctor in career (Choa 1990, 19).

Peter Parker was ordained a Presbyterian minister and received his degree of doctor of medicine in 1834. He was sent by ABCFM to China and established a hospital at Canton in 1835. Dr. Parker immediately became famous for ophthalmology and tumor operation. In Parker’s journal, he recorded thousands of medical cases in details. Receiving too many patients, Parker confessed that he had no time to go on preaching; instead, he emphasized evangelism during the physician-patient conversation. Facing the criticism, Parker addressed, “not that education can make a pagan Christian, but because it is one of the best auxiliaries. …, not that science can convert a heathen, but that by demonstrating to him the falsity in
his religion it may prepare for him to seek the truth.” (Chinese Repository 1838, vol.7, 42) Two cases below correlate Parker’s statement and deserve a closer observation:

November 1835 - My father and mother are aged and depend upon me for support. I was fast becoming blind and unable to work – I felt bad that I could not then support them or myself. I heard of the new Dr. and I have come only one day and am better. He is all the same as our josh (God) to me.

It is a typical narration from a traditional Chinese perspective, centering on filial piety and family value. The concept of Chinese God (josh) can be interpreted as a fluid idea. A Chinese josh can be replaced cross-culturally, when a patient feels that he is protected or saved. Parker then corrected the patient and told him that “the God of Heaven – and his goodness in giving us all our mercies, and especially his Son to die for us.” (Van Gulick 1973, 52)

On Feb 1st, 1836, Parker successfully removed a 16-inch circumference sarcomatous tumor from a little girl’s head. At the next meeting with her, Parker found her well and happy:

I spoke to her of the recent goodness of God, made known to her for the first time the name of the Savior who died for her. When I spoke to her of his taking little children in his arms and blessing them, when on earth, she appeared as much delighted as children usually are at the rehearsal of an interesting tale. On asking her if she would like to see Jesus she replied with much animation in the affirmative.” (Van Gulick 1973, 152-153)

Through other similar cases, Parker found that the unique relationship between a medical doctor and a patient could facilitate their communication, and therefore, the characters of local Chinese were easier to be detected. To save the body and the soul was a pair of twin goals in medical missions. The successful result of medical work not only glorified the Western science, but also revealed the power, the wisdom, and the love of God. Therefore, the efficacy of the medical treatment can usually
influence the patient’s choice of religious beliefs.

As pioneers of medical missionaries, Parker, Lockhart, and Hobson contributed immensely to scientific modernization of Western medical techniques in China. It is no doubt that Protestant missionaries facilitated the social change during the Intellectual Reform Movement in late nineteenth-century China. However, the diversity of Chinese responses, including acceptance, rejection, and eclecticism, to Western medicine existed among various social classes, and lasted for about a century until the Mao years of the New China.

Protestant missionaries not only introduced Western science and medicine to China, but also propelled the social reform during the late 19th and early 20th centuries. Further research can be done from the approach of analyzing the role and the functions of medical missionary activities throughout the nineteenth century, and to compare Western medicine in the Christian theological system with Chinese medicine in the Neo-Confucius system. Chinese responses to the Western medicine and Western missionaries’ opinions of the Chinese medicine are both worthy of noticing, in order to understand cultural encounters in a historical context. Furthermore, more details of the missionary’s “textual practice” (referring to those who emphasized the Chinese language study and wrote religious pamphlets in Chinese) deserve investigation, and therefore, to understand why scientific and humanistic approaches were equally important for Protestant mission to China of the nineteenth-century.
Five Big Questions:

1) Since the past twenty years, many universities in China have started to claim that they were previously Christian colleges in the pre-1949 era (at least for the purpose of tracing a longer institutional history). What role does this historical legacy play with regard to the reception of Christianity in both scientific and humanistic teaching and research in contemporary China, and other East Asian countries? What are the differences across different regions?

2) What part of the “liberal education” can be borrowed in contemporary China? There has also been a re-occurrence of Confucius moral education (emphasizing filial piety, social harmony, etc.) in Chinese society. How to realize the re-establishment of morality and social responsibility in an economically booming country?

3) From 1949 until now, departments of natural sciences and technology dominated universities in China (following the Soviet Union model). It is said that more and more students of “perfect ultraist” have been trained. What role should the humanities play to redress the balance?

4) In contemporary China (and other East Asian countries), what does liberalism mean in scientific and humanistic studies respectively?

5) Can efficacy be taken as a moderator in regard to science and religion? Medical missionary was more effective, but why did Chinese language need be studied by Protestants?
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