

NURSING SHIFTS IN SICHUAN

Contents

List of Illustrations and Tables	ix
List of Abbreviations	xi
Historical Highlights	xii
List of Key People	xvi
Foreword	xviii
<i>Yuhong Jiang</i>	
Preface	xxiii
Introduction: Nursing, Shifted	3
Part 1:	
Before the Closure of the Peking Union Medical College	
1 China Calling (1914–33): Missionaries, Western Nursing, and the Rockefellers	23
2 Unsettling Nursing (1932–40): Japanese Invasion and the Shift to Chinese Leadership	60
3 Shifting Missions (1936–40): The Erosion of Missionary Nursing in West China	81
4 Waiting to Exhale (1940–42): Uncertainty, Internment, and the Japanese Takeover of the PUMC	116
Part 2:	
After the Closure of the Peking Union Medical College	
5 Starting Over in West China (1943–45): Displacement and Reimagining Elite Nursing in Free China	167

6	Fighting the Foundation’s “Darling Child” (1943–46): Conflicts with the PUMC	204
7	“Our Triumphant Return” (1946–49): Postwar Dreams and Dashed Hopes	230
8	The Last Chapter (1949–51): Missions, the PUMC, and the End of Modern Nursing in China	257
	Conclusion: The Rockefeller Effect: Nursing as a Liberating Movement for Women	281
	Acknowledgments	292
	Appendix 1: List of Nurses at the West China Mission, 1895–1951	296
	Appendix 2: PUMC Nursing Faculty, 1917–49	299
	Appendix 3: List of Interned Nurses in China	303
	Appendix 4: PUMC Nursing Graduates, 1924–39	313
	Notes	317
	Bibliography	367
	Index	373

Illustrations and Tables

Figures

0.1	Location of Canadian missions and key northern medical universities in China	xii
1.1	PUMC School of Nursing graduating class, 1926	39
1.2	PUMC senior class practicum, 1926	40
1.3	PUMC graduates, 1927	47
4.1	Plot plan for the WCUU Medical Centre, August 1941	121
4.2	Report by Mary Ferguson provided to the US State Department, from the MS <i>Gripsholm</i> , 1943	140
4.3	Number of American and Chinese nursing staff at the PUMC, 1917–49	155
4.4	Mary Ferguson’s March 1945 letter, smuggled out of China	162
5.1	Operating theatre at the WCUU University Hospital, ca. 1943	171
5.2	PUMC nursing faculty in West China, ca. 1943	191
5.3	Surgical ward in the WCUU University Hospital, ca. 1943	194
5.4	Renji nursing students in the WCUU University Hospital, ca. 1943	195
5.5	Nursing students in the medical ward of the WCUU University Hospital, ca. 1944	197
5.6	Nursing students in the WCUU University Hospital nursery, ca. 1944	200
6.1	PUMC nursing students at the WCUU, 1946	227
7.1	The WCUU nurses’ dormitory, ca. 1946	238

Tables

I.1	Four stages of nursing history in China, 1884–51	9
1.1	Canadian hospitals in China	30
1.2	Stations of the West China Mission, ca. 1920s	32
1.3	Vera Nieh’s education and work experience	46
2.1	NAC milestones and the involvement of PUMC alumnae, 1908–2013	67
3.1	Nurses at the WCM, 1936–41	101
4.1	Interned PUMC staff and faculty	154
5.1	Nurses at the WCM, 1941–46	172
5.2	PUMC nursing faculty at the WCUU as of 1 October 1943	190
8.1	PUMC alumnae leadership roles, prior to 1949	261
8.2	Graduates from the WCUU School of Nursing, 1950–54	277
8.3	PUMC graduate, by professional position, 1924–50	278

Introduction

Nursing, Shifted

What [Peking Union Medical College Dean of Nursing] Miss [Vera] Nieh and her faculty have achieved during the war has shown the finest quality of Chinese professional women. We all are very proud of them.

— I.C. Yuan (*China Medical Board*), 1946

In July 1943, nurses at the United Church of Canada West China Mission (WCM) in Chengdu, Sichuan, waited with nervous anticipation for the arrival of a new group of academic refugees at the campus of the West China Union University (WCUU), a Christian university run by four Protestant missions.¹ The WCUU was already hosting four evacuated universities from Japanese-occupied areas of China. For the previous three years, WCM nurses had been working out of two makeshift hospitals in Chengdu after the WCM Women's Hospital was destroyed by fire, likely arson, in 1940.² Plans had been made to build a new university hospital on the WCUU campus to replace the Women's Hospital, now in ruins, but these plans were hampered by wartime conditions. Although Chengdu, in its isolation, had thus far not been occupied by the Japanese, it had experienced the full impact of the Sino-Japanese War through six years of air raids, displacement, and war-related trauma. A combination of extreme inflation and restricted transportation was causing a critical shortage of food, medical equipment, and supplies. There was also a shortage of nurses. Prior to the war, as many as sixteen Canadian missionary nurses were working in West China at any given time. In 1943, there were only four. Nor were there enough Chinese nurses at the mission; graduates of the Canadian nursing schools were quickly seconded by the government to help with the war effort.³

The wartime nursing shortage impacted not only patient care and staff morale, but also the training of physicians. Since opening in 1914, the WCUU Medical College had always relied on the Canadian mission hospitals for the clinical training of medical students. That is, despite the “union” nature of the WCUU, the medical, hospital, and nursing services in Chengdu were, in fact, almost entirely a Canadian enterprise, primarily overseen and staffed by WCM missionaries. The WCM had ten mission stations in Sichuan, five of which had hospitals with small nurses’ training schools. The main training school, called Renji, was closely affiliated with the WCUU in Chengdu, and had been run primarily out of the WCM Women’s Hospital. Canadian missionary nurses supervised the nursing services of the WCM hospitals and ran the associated nursing schools, while Chinese nursing students provided much of the day-to-day patient care under the watchful eye of graduated (“graduate”) nurses. In other words, the WCUU Medical School was (indirectly but fully) reliant on Chinese nursing students; WCUU medical students obtained their clinical (hands-on) training in hospitals that were staffed mainly by nursing students and their instructors. The shortage of nurses and medical training schools translated into a shortage of medical training. In brief, the WCUU was keen to see its nursing educational programs flourish.

Up until this period, the WCM nursing schools, including Renji, offered “low-grade” nursing programs – an approach to nursing education common in China at the time. In “low-grade” schools, nursing students were junior middle school graduates who received three years of apprenticeship-style training in the hospitals. In contrast, the Peking Union Medical College (PUMC) in Beijing, which was sponsored by the Rockefeller Foundation, offered China’s only “high-grade” (collegiate) nursing program.⁴ At the PUMC, nursing students were senior high school graduates who had to meet university entrance requirements and complete a year of university-level prerequisites before entering nursing school. Whereas WCM graduates received a nursing diploma, PUMC graduates received both a diploma and a baccalaureate degree. The PUMC approach to nursing education was trailblazing. It reflected the Rockefeller Foundation’s aim to prepare nursing *leaders*, not simply rank-and-file nurses. Given this context, it is not surprising that, in July 1943,

the Woman's Missionary Society (WMS) and WCUU in Chengdu were so eagerly awaiting the arrival of what would be its fifth refugee academic institution. It would now host the elite PUMC School of Nursing.

One of the “most astonishing phenomena” in the War of Resistance against Japan was the mass migration involving thousands of students and hundreds of professors to West (“Free”) China.⁵ Although the migration started immediately after Japan invaded China in 1937, the PUMC remained in place in Beijing. In December 1941, the Japanese army used the pretext of America's declaration of war after Pearl Harbor to take over the PUMC. Within months, its faculty and students were scattered around China, with many migrating to the safety of Free China, a dangerous journey of 1,500 miles. The PUMC dean of nursing, Vera Nieh, and her brother set out for Free China in March 1943. Tragically, he was killed by Chinese soldiers along the way.⁶ After connecting with PUMC staff and alumnae in Chongqing, Vera Nieh agreed to take up the task to open the “refugee PUMC” School of Nursing on the WCUU campus.

Nursing Shifts in Sichuan examines how wartime unsettled dominant Western views and missionary approaches to nursing education, specifically through the evacuation of the PUMC from Beijing to the Canadian WCM. The refugee PUMC was hosted for three years by what it considered a “backwater” institution, during a time when most Canadians and Americans had either evacuated wartime China or were interned under the Japanese. This book details the story of the last sustained period of transnational relationships (and knowledge flows) between China, Canada, and the United States, as the Rockefellers, through the PUMC, aimed to develop a Chinese nursing elite. They succeeded to the point where PUMC alumnae held virtually all of the most important nursing positions in China during wartime, and even transformed Western nursing at the Canadian WCM, only to see all modern nursing programs in China shut down in 1951. That it would be thirty-five years before these same alumnae brought modern nursing back to China, in the 1980s, is both a cautionary tale of the transient nature of transnational relations and a treatise on the resilience of educated women.

Today, at a time of exponential (and some would say, unchecked and uncritical) increase in demands for transnational educational exchanges

between China and Canada,⁷ *Nursing Shifts in Sichuan* provides a timely, instructive, and fresh perspective on modern nursing as one of the most consequential additions to the Chinese health care landscape in the early twentieth century, and a liberating movement for Chinese women. Although it is well-recognized that Protestant missionaries introduced modern nursing to China, and that the PUMC had an enduring effect on Chinese nursing leadership, scholarly emphasis has been on a one-way flow of knowledge: from West to East – from Americans and Canadians to the Chinese. *Nursing Shifts in Sichuan* charts a new path in Chinese nursing history, one that draws and examines linkages between nursing education at two distinct but influential institutions, the PUMC and the WCUU. Seeking to understand the transition of modern nursing as Chinese actors replaced Canadian and American ones at these two institutions, this book traces multi-directional knowledge flows by following the geographic movements of and documented conversations by and about key individuals at these educational institutions. It takes special note of interpersonal conflicts as markers of differing – and shifting – values, beliefs, and assumptions, especially about nursing practice and education. As a social history, *Nursing Shifts in Sichuan* offers insight into how class, religion, gender, and nationality influenced interactions between nurses and physicians, staff and administrators, missionaries and civil servants, and Americans, Canadians, and Chinese. And it provides a transnational frame that grants historical agency to both Western *and* Chinese nurses, examining, importantly, how Chinese nursing faculty at the PUMC influenced Canadian nursing by inspiring the development of the first baccalaureate program for nurses at the WCUU in 1946. Finally, it underscores how modern nursing, so ubiquitous across the globe today (and still a primary avenue for women to access higher education), is a social construct with beginnings, evolutions, and endings.

THE HISTORY OF MODERN NURSING IN CHINA

Missionaries are widely credited with introducing modern nursing to China. The missionary era (1935–52) was a time of unprecedented change in China. Characterized by war, political upheaval, and the introduction

of modern medicine in the country, this period reformulated the health care and educational landscape and the nature of women's work in China.⁸ One of the most visible changes was the establishment of modern hospitals, centres of science, hygiene, and efficiency whose mandate for round-the-clock nursing care eventually became the *raison d'être* for nurses' training schools in hospitals across China – and for foreign-trained nurses who could teach Florence Nightingale's methods.⁹ The term “modern nursing,” as used here, was a systematic, hospital-based system of care of the sick that encompassed nurses' training and nursing practice under the same roof. Fashioned after the three-year apprenticeship training program for women developed by Nightingale in the late nineteenth century, modern nursing valued science and medical knowledge (even if it was unevenly applied). Modern nursing was closely associated with Western medicine. Until the understanding of nursing expanded in the 1920s to include public health, modern nursing was a result of, and dependent upon, the practice of Western medicine and the construction of Western hospitals, where most nursing education took place.¹⁰

In this book, the term “medical missions” refers to the domain of medical doctors, whereas “missionary nursing” refers to the domain of nurses. This distinction is to ensure that the work of nurses is not inadvertently subsumed into, or rendered invisible by, the work of physicians. The history of nursing in China during the missionary era can be divided roughly into four stages: introduction, professionalization, nationalization, and fragmentation (see the summary in [Table I.1](#)).¹¹ The first stage, from 1884 to 1914, was characterized by the arrival of missionary nurses, whose primary aim was to assist missionary physicians in their work. The first American missionary nurse, Elizabeth McKetchnie, arrived in Shanghai in 1884. The first Canadian missionary nurse, Harriet Sutherland, arrived in Zhifu, Shandong, in 1888. Both came to China to support the work of missionary physicians – McKetchnie to help Dr. Elizabeth Reifsynder to open the Margaret Williamson Memorial Hospital for Women and Children, Sutherland to help Dr. James Frazer Smith in the medical work being planned by the “Honan Seven” (Canada's first group of missionaries to China, who worked in Henan, a remote, interior province). Nurses who trained in the late nineteenth

century were expected to be skilled at ventilating rooms, determining water potability, disinfecting “clothing, rooms and bodily discharges,” and sanitizing dwellings.¹² Early missionary physicians were pragmatic in their acknowledgment of the need for missionary nurses, whose practical skills and gender proved useful in China: as Dr. Frazer Smith noted, missionary nurses (all women) could open the door to the care of female patients who would otherwise never consider coming to a dispensary or hospital to be cared for by a male physician.

Although missionary nurses were an advantage to medical missionaries (i.e., physicians) seeking access to female patients, they were limited in the type of hands-on care they could provide themselves; Chinese social mores prevented women from giving physical care to male patients. When missionaries arrived in China, care of the sick was a family responsibility, and care could be performed only by a household member of the same gender as, and of lower status than, the patient.¹³ Work that involved caring for sick bodies was considered menial to the extreme, and there was little incentive for Chinese women to enter nursing programs. As C.T. Liu has noted, “it was always difficult for the Chinese to accord professional status to individuals who either performed menial duties, or touched the human body, as nurses invariably did.”¹⁴ In these early years, then, young men drawn from poorly educated classes provided physical care to male patients. Over the course of forty years (1888–1928), schools were opened in Fuzhou, Nanjing, Wuhan, Shanghai, Hangzhou, Guangzhou, Tianjin, Anjing, and Beijing.¹⁵ These were pre-professional programs that offered free room and board, and enrolled only a handful of students – mostly men from families favouring the missionary enterprise. Women in China were still uneducated and not expected to work in public places or care for anyone unrelated to them.

The professionalization stage, from 1914 to 1927, included the growth of the Nurses Association of China (NAC) and the development of nursing as a standardized profession. The emphasis was on training Chinese nurses in hospital-based programs headed by missionaries. Two significant events in China in 1911 helped to generate an increased interest in science and Western medicine. First, the Qing Dynasty was overthrown and replaced by the Republic of China, with Dr. Sun Yat-sen as

TABLE I.1 Four stages of nursing history in China, 1884–1951

<i>Stage</i>	<i>Years</i>	<i>Characteristics</i>	<i>Nursing milestones</i>	<i>Key events</i>
Introduction	1884–1914	Missionary nurses assist missionary physicians; pre-professional nursing schools established for Chinese men	1884: Arrival of first missionary nurse (American) 1888: Arrival of first Canadian missionary nurse	1910–11: Manchurian plague 1911: Overthrow of Qing Dynasty; 1912: Establishment of Republic of China
Professionalization	1914–27	Emphasis on training Chinese nurses in hospital-based programs headed by missionaries	1914: First Nurses Association of China conference; nurses have title <i>hushi</i> (“caring scholar”) 1920: PUMC opens first university-level nursing program 1926: 112 schools have registered with NAC	1927: Great missionary exodus; Nationalist army takeover of China, with government established in Nanjing
Nationalization	1927–37	Chinese nurse leaders step into administrative and teaching roles	1928: Appointment of first Chinese president and secretary of NAC 1930: NAC headquarters moved to Nanjing	1928: Establishment of Ministry of Health, Ministry of Education in Nanjing
Fragmentation	1937–51	Japanese occupation and mass migration of universities and refugees to West (“Free”) China; internment of foreign nurses; Western institutions forced to close in 1951	1937: NAC leaders withdraw to wartime capital in Chongqing, Sichuan; PUMC School of Nursing migrates to Sichuan, hosted by the West China Union University in Chengdu	1937: Outbreak of War of Resistance against Japan; wartime capital set up in Sichuan 1945: Outbreak of civil war 1949: Mao Zedong comes to power 1952: Remaining missionaries depart China

president. Second, the Manchurian plague (1910–11) swept through China and received a multinational medical response. That same year, the China Medical Commission (a committee of the Christian Medical Association of China) became interested in the state of the missionary hospitals, and discovered that there were only 140 trained nurses in all of China, and that only half of the hospitals in China had a nurse.¹⁶ Cora E. Simpson, who headed up a nurses' training school in Fuzhou, toured missionary hospitals in China and observed their lack of sufficient staff to care for patients.¹⁷ Urging a more systematic approach to nurses' training in China, Simpson helped to move the NAC, established in 1909, to take a more active role. Holding its first annual meeting in 1914, the NAC introduced the word *hushi* ("caring scholar") to represent the title of nurse and called on all nurses' training schools to register with the NAC and all graduates to hold the title *hushi*. Four missionary hospital schools registered. The curriculum laid out by the NAC recommended a program of study of three years. By 1920, 52 training schools had registered; by 1926 there were 112.¹⁸

By the time the Peking Union Medical College School of Nursing opened in 1920, nursing had already been established as an acceptable profession for young women in China. As an elite university, however, the PUMC raised the attractiveness of nursing education even further by appealing to families seeking opportunity for their daughters to enhance their social status. Applications were competitive. Prospective PUMC students not only had to meet university entrance standards, but they also had to be proficient in English. While this narrowed the pool of prospective applicants considerably, it also allowed the PUMC to attract students from upper-class families. Unlike schools who attracted students as a way to raise the students' social status, PUMC desired students who *came with* a high social status.

The nationalization stage of modern nursing history in China, from 1927 to 1937, was characterized by Chinese nurse leaders stepping into administrative and teaching roles previously held by missionaries. Although the years 1925 to 1927 were characterized by rising nationalism and related anti-Christian movements (culminating in the great missionary exodus of 1927, during which 8,300 missionaries fled their mission

stations), the decade thereafter was a period of relative peace, when the fledgling Nationalist government ruled from Nanjing. The NAC conference in Shanghai in 1930 recorded a Chinese attendance of 2,000, which was tenfold that of Western nurses.¹⁹ During this period, the Ministry of Health became interested in the promotion of public health. By 1935, China reported 217 nursing schools – one national, ten provincial, and 206 private.²⁰ However, the “curriculum was made up to suit the need and convenience of hospitals, and students were brought in as cheap labor to work in the wards.”²¹ To redress the situation, the Nationalist government’s Commission on Medical Education put together ten six- to nine-month fellowships for teacher training and practical experience at the PUMC School of Nursing. By 1936, the NAC recognized over 6,000 registered nurses, very few of whom were foreign.

The fourth stage, fragmentation (1937–51), which started with the Japanese occupation, was characterized by chaos, wartime trauma, and displacement of both nurses and patients. The nursing profession and higher education suffered severely during the eight-year War of Resistance against Japan. Most of the mission hospitals were in East China and soon found themselves within the Japanese occupied areas.²² A mass migration of educational institutions to the relative safety of West China did not generally include private schools, most of which lacked the independent means or leadership to withdraw to Free China. As we have seen, even the PUMC School of Nursing did not relocate until 1943. Some of the NAC leadership remained in Nanjing under Japanese surveillance, while others withdrew to Free China’s wartime capital of Chongqing, in Sichuan. As John Watt notes, “during this period nursing established itself as not only a woman’s calling but an activity requiring professional competence.”²³ *Nursing Shifts in Sichuan* takes place during this fourth stage, which ended with the expulsion of Westerners and the closure of collegiate nursing schools, including the PUMC and WCUU, in 1951.

REFUGEE PUMC: COLLIDING CULTURES

The PUMC School of Nursing’s period of refuge at the WCUU from 1943 to 1946 was a landmark in Chinese nursing history. These years also

mark a pivotal time in the career of Vera Nieh. Celebrated as PUMC's first Chinese dean of nursing, Vera Nieh was a PUMC alumnus and a Rockefeller fellow. She was a model of the type of graduate the Rockefeller Foundation's China Medical Board (CMB) envisioned when it started a nursing program at the PUMC in 1920. Vera Nieh was well educated, having attended the Keen Anglo-Chinese girls mission school in Tianjin, the PUMC in Beijing, the University of Toronto, Columbia University, and the University of Michigan. By the time Vera Nieh took the helm of PUMC in 1940, she had secured a spot in a tightknit, international network of nursing's elite, with a well-trodden path between Chinese and Western circles. Evacuating Beijing in 1943 after the Japanese takeover of the PUMC campus, she came to West China with administrative, educational, and wartime experience. Once there, she was given a clear mandate by the CMB: to reopen the PUMC School of Nursing on the WCUU campus in Chengdu. This meant creating a space for university-level nursing education in a setting established and long occupied by nurses from the Canadian West China Mission (WCM) and their "low-grade" nurses' training.

Vera Nieh wasted no time. The refugee PUMC took in its first class of first-year students in 1943, adding a new cohort of students each year after that. When the PUMC nursing faculty and all of its students followed Nieh back to Beijing in 1946, the WCUU opened its own baccalaureate program for nurses. The program ran under the leadership of Canadian missionary nurse Cora Kilborn until she evacuated to Canada in 1950.

Were it not for the Japanese takeover of the PUMC in 1941, it is highly unlikely that nurses from the Canadian WCM and the PUMC would have crossed paths. Although both groups played significant roles in the establishment of nursing in China, they were separated geographically and by national, ethnic, religious, and class differences that were deeply ingrained, making each group wary of the other. Their coming together was a collision of disparate worlds of nursing, representing differing priorities and practices. The WCM and PUMC nursing schools opened within five years of each other – the WCM in 1915, the PUMC in 1920.²⁴ A key difference between them was that Canadian missionaries had been

in West China for almost three decades before the first nursing school was opened there in 1915. Nursing at the WCM was, and remained, an extension of medical mission priorities: the primary purpose of nurses' training was to staff mission hospitals. In contrast, the PUMC aimed to develop nursing leaders. It emphasized university-level preparation of nursing leaders in administration, education, and public health, and offered a baccalaureate degree. Its incoming students were older than at the WCM (eighteen-year-old university students as opposed to fifteen-year-old junior middle school graduates) and had been taught in English. Furthermore, PUMC alumnae, armed with a degree and English fluency, were well positioned to (and did) pursue master's degrees from leading institutions in the United States. PUMC graduates had opportunities that WCM graduates could only dream of.

Despite the eagerness with which the West China missionaries received the PUMC refugees, it became quickly apparent that the PUMC personnel were less interested in a partnership than in a physical space in which they could re-establish their own programs. Although the WCM (Renji) program was officially an "affiliate" of the PUMC program and shared clinical teaching space at the University Hospital, the two programs ran independently of each other. Vera Nieh had little appetite to adapt or improve the Renji program. Rather, she sought to build the PUMC program on a new foundation, accepting a fresh group of incoming students in 1943. Her vision to recreate the PUMC in West China was met with resistance both within the West China Mission and, perhaps more surprisingly, in the China Medical Board itself. Power struggles became virulent in West China, where, as Nicole Elizabeth Barnes puts it, Nieh experienced a "stunning degree of sexism."²⁵ Her superiors characterized her as aggressive and psychologically unstable, and schemed for her resignation. They were not successful.

While physicians and others *with* positional power tried to force Vera Nieh from her job as dean in the early 1940s, students and others *without* traditional power tried to force Cora Kilborn from hers a few years later, in 1950. That year, Kilborn, a China-born missionary nurse from a highly respected missionary family, experienced an uprising among her students, who characterized her as inept and controlling. To make

matters worse, a PUMC alumnus working at the WCUU slapped Kilborn in the face during a disagreement – something that was unthinkable, and astounds even today. Given her family background and position as a dean of nursing, both Chinese and nursing norms dictated that Kilborn be shown the utmost respect. This slap signalled – and symbolized – the end to Western influence in Chinese nursing at the WCUU. Kilborn departed China shortly afterward, having given twenty-four years of missionary service to Chengdu.

The presence of PUMC nurses in wartime Sichuan helped to unsettle nursing as understood and taught by missionary nurses there. For missionary nurses, nursing was an opportunity to sooth the suffering of strangers – a social imperative rooted in Christ’s mandate to his followers to care for the poor and sick. Nursing education emphasized a virtuous character and altruistic service to God and others. While this view aligned well with Florence Nightingale’s model, it was slow to catch up to scientific advances and the promise of public health embraced by the founders of the PUMC. For PUMC nurses, nursing was a scientifically based means toward a population-based end: a healthy citizenry. Their view of nursing was inspired by findings from the 1923 *Goldmark Report*, a comprehensive survey of nursing in the United States by the Rockefeller Foundation’s Committee for the Study of Nursing Education.²⁶ The report proved crucial in determining Rockefeller Foundation health priorities and decisions, which, in turn, were taken up by the PUMC. The view of public health as an avenue to strengthen the citizenry became particularly relevant during China’s War of Resistance against Japan. It aligned well with an emerging view of nursing in West China as a patriotic – and not simply altruistic – practice. By healing and strengthening the citizenry, Chinese nurses could help liberate China from foreign (most urgently Japanese, but also Western) occupation and influence. In this way, the presence of the PUMC in West China unsettled local notions of what it meant to be nurses. By the time the Japanese occupation ended, Chinese nursing students in Chengdu were no longer satisfied with Western nursing as previously taught and practised. For the first time, nursing students began to voice strong opinions and agitate for change. After sixty years, nursing in West China was coming into its own.

SOURCES: ACCESSING MULTIPLE PERSPECTIVES

Nursing Shifts in Sichuan is based on a wide range of material obtained from personal collections and visits to archives across four countries over an eight-year period. Archives included the Rockefeller Archive Center (New York), the PUMC Archives (Beijing), Bedford College Archives (London, UK), United Church of Canada Archives (Toronto), and University of Manitoba Archives (Winnipeg). The personal collections were primarily from missionary relatives with whom I worked on earlier studies of the United Church of Canada North China Mission in Henan; some of the material overlapped with or was otherwise relevant to this study of United Church of Canada WCM in Sichuan. Sources include institutional committee minutes and correspondence, telegrams, confidential memos, personal letters, photos, self-published memoirs, and unpublished interview transcripts and audio recordings. They also include books written by missionaries and others working and living in China, many of which I have collected via rare book collections and bookstores over the years.

For the past several years, historians of nursing have favoured a critical approach to historical analysis, one that uses constructs of identity (race, gender, class) as a lens through which to understand how power imbalances have shaped nursing work. Analysis has long shifted away from a focus on the “grand dames” of nursing. Instead, nursing history has moved “from an era of heroic biography to an era more interested in the archeology of humbler lives,” making work on the ordinary daily lives of subjects more possible and desirable.²⁷ At first glance, a book like *Nursing Shifts in Sichuan* that foregrounds an elite institution may seem to risk losing historians’ calls to focus on ordinary women and the lives of lesser-known figures.²⁸ However, despite the notoriety of the Rockefellers and the disproportionate privilege held by those associated with the PUMC, it is really the deans of nursing who emerge as the actors with both the most prestige and the most conflicted relations. Gertrude Hodgman (PUMC dean of nursing, 1930–40), Vera Nieh, and Cora Kilborn were constantly embroiled in power struggles, particularly in relation to their relatively low status within their respective organizations – as women

(versus men), nurses (versus physicians), and, in the case of Vera Nieh, Chinese (versus Western).

This study focuses on the transition in modern nursing from Canadian and American actors to Chinese ones at two distinct institutions, the PUMC and WCUU. Primary sources reviewed include institutional documents from these two institutions, as well as personal correspondence, memoirs, and interview transcripts of nursing educators, students, alumnae, and administrators who worked or studied at either (or both) of them. Although most of the primary sources originate in China, they were almost exclusively written in English. At the PUMC, this could have been because the nursing programs were taught in English and all Chinese students and educators were required to be fluent in English. At the WCUU, nursing programs were taught in Chinese, but correspondence was generally geared to other English-speaking missionaries or family members. In any case, nursing educators and administrators – be they Chinese, Canadian, or American – were expected to be bilingual. Even during the wartime years, when the PUMC was staffed entirely by Chinese, internal records were in English. What this underscores is an understanding of modern nursing in China as a transnational project as much as a national one. *Nursing Shifts in Sichuan*, then, is less a study of Chinese nursing per se than a study of nursing as a global phenomenon. If the use of English in the early years was colonial residue, its persistence during wartime points to its currency for *these particular* Chinese nurses who wished to be, or remain, part of the global nursing community.

As a historian of nursing, I approach this work with an awareness of my own subjectivity. In this, I draw on the work of Pamela Sugiman who, in her study of interned Japanese Canadians in Canada, noted how her own identity as a third-generation Japanese Canadian whose parents were interned in British Columbia in the Second World War influenced her work.²⁹ Situating herself as a co-creator of the narrative, Sugiman recognized the need to consider her own motivations and needs alongside those of her subjects. Similarly, I recognize that my own experiences and perspectives as a former dean of nursing at a private, faith-based university necessarily influences my work. I have been writing

about nursing history in China for many years now, having started by researching Canadian missionary nurses in Henan,³⁰ branching out to missionary nurses who were interned under the Japanese in China,³¹ and then to broader, co-authored studies of nursing as a whole in China, including at Qilu and the PUMC.³² In the last few years, however, I have been working as a university administrator, including as a dean of nursing, and my administrative insights inevitably influence my reading of the materials. For example, I am sensitive to, and surprised by, how little has changed in terms of gendered and other power differences in nursing – particularly a view that nursing (still predominantly a female profession) does not require (or deserve) advanced education. As a regular writer and reader of committee minutes, I am also sensitive to evidence of committee members’ subversive attempts to circumvent, leverage, or disrupt decisions they disagree with – for nurses, this usually means decisions they believed would be harmful to nursing. And, as the former dean of the only private Christian nursing program in Canada, I am sensitive to ways in which missionaries positioned themselves in relation to the PUMC and vice versa: whereas missionaries viewed themselves as virtuous carriers of Christian culture, PUMC members viewed missionaries as well-intentioned but insulated remnants of a bygone era. Finding myself cheering for the underdogs in this story, I also find it sobering that, in the face of the tidal wave of socio-political change headed their way, nurses in China had little control over the destiny of modern nursing there.

OVERVIEW OF CHAPTERS

This book is divided into two parts, roughly before and after the 1942 closure of the PUMC. **Part 1 (Chapters 1–4)** examines the contexts of nursing at the WCM and the PUMC that helped shaped the values, beliefs, and identities of nurses at both places. Nurses took up the mantle of their respective institutions, embodying the ideal that advancing nursing was core to a nation’s development and progress. Whereas Canadian missionaries were inspired by religious ideals, American nurses were motivated by the idea of a well-funded educational experiment in which

to test new ideals. In both cases, wartime interrupted and reshaped the way these ideals were transferred and taken up by their Chinese protégées. **Part 2 (Chapters 5–8)** explores the nature and impact of bringing two worlds of nursing together as the refugee PUMC entered a space that had been occupied by Canadian missionaries since the 1890s.

The story of nursing in China, like the story of missionaries in China, is one of “repeated disturbances and wars, with repeated withdrawals and returns” of Western nurses.³³ To capture what living on the edge of evacuation meant not only to Westerners, but also to Chinese nurses, this book is organized into eight thematic chapters that overlap somewhat chronologically. **Chapter 1 (1914–33)** sets the stage. It examines the early influence of missionary nurses on professional nursing development in China, introduces the WCM and its most significant family, the Kilborns. It provides a historical context for the PUMC and discusses the significance of the *Goldmark Report* in shaping the PUMC’s unusual emphasis on public health and baccalaureate education. It also introduces the PUMC’s most recognized alumnus, Vera Nieh, and analyses early controversies at the Beijing Health Station that foreshadowed conflicts to come. **Chapter 2 (1932–40)** focuses on the PUMC and Chinese nursing, examining the impact of the Japanese invasion and the Nationalist government’s requirement of Chinese leadership at the helm of all organizations. It includes analyses of the shift in leadership at the Nurses Association of China and Vera Nieh’s uneven path to the deanship of the PUMC School of Nursing. **Chapter 3 (1936–40)** focuses on Canadian missionary nursing at the WCM, considering how nursing’s social identity shifted as nurses responded to war-related phenomena such as the mass migration to West China, relentless air raids, and diminishing resources. It also discusses how these factors – coupled with the destruction of the WCM Women’s Hospital and consular calls for the evacuation of missionaries from China – contributed to the erosion of Canadian missionary nursing across China. **Chapter 4 (1940–42)** analyses the devastating impact of Pearl Harbor on PUMC and WCM nursing. The attack resulted in the Allies, including the United States and Canada, declaring war against Japan, triggering the immediate arrest and internment of

Westerners in Japanese-occupied territory and the dramatic takeover (and, ultimately, closure) of the PUMC.

Part 2 begins with [Chapter 5](#) (1943–45), which examines the migration of PUMC nursing faculty to Sichuan and the political manoeuvring between groups keen to host the elite school. It describes the early days of the refugee PUMC while also tracking the denouement of Canadian missionary nurses and their traditional forms of nursing education. [Chapter 6](#) (1943–46) examines escalating clashes between Dean Vera Nieh and virtually every male administrator in her reach, largely due to her insistence on standards and structures similar to those in Beijing. It analyses the resultant relentless (yet ultimately unsuccessful) schemes to force her resignation, and considers how gender, race, class, nationality, and other social constructs figured in the conflicts. [Chapter 7](#) (1946–49) explores the return of Canadian missionary nurses to China and of PUMC nurses to Beijing, and the residual controversies and opportunities sparked by both. It also examines the WCUU's attempted shift from lower-grade to university-level nursing education in 1946, a change catalyzed by and modelled after the refugee PUMC but fraught with controversy once the PUMC departed. It explores the growing rift between missionaries and Chinese nursing students and staff, drawing on interviews of nursing alumnae to analyse shifting postwar allegiances and expectations. [Chapter 8](#) (1949–51) examines the shift in understanding nursing as an expression of altruism to one of patriotism, exploring how the rising tide of Communism both supported and threatened nursing as a patriotic act. It traces the last days of modern nursing at the PUMC and the WCUU, describing how at the very moment that Chinese nurses were coming into their own – separating out Chinese from Western ideals while also selecting which Western practices and relationships furthered their ideals – the Communist government was finding ways to purge Western influences from China. It describes the Communist takeover of the PUMC and the WCUU in 1951 and their subsequent shut-down, and includes a postscript of what has happened in the intervening years. The Conclusion highlights salient themes and new insights, asserting that the departure of Western nurses and the parallel dissolution

of modern nursing was as inevitable as it was painful. Western nurses always asserted that their aim was to eventually turn nursing over completely to their Chinese protégées. They did not envision that the unsettled years of Japanese occupation would give way to their abrupt departure, and the complete eradication of higher education for nurses in China – that is, eradication of the outcome that they had been most proud of.

© UBC Press 2021

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without prior written permission of the publisher.

LIBRARY AND ARCHIVES CANADA CATALOGUING IN PUBLICATION

Title: Nursing shifts in Sichuan : Canadian missions and wartime China, 1937-51 /
Sonya Grypma.

Names: Grypma, Sonya, 1965- author.

Description: Includes bibliographical references and index.

Identifiers: Canadiana (print) 20210291079 | Canadiana (ebook) 20210291591 |

ISBN 9780774865715 (hardcover) | ISBN 9780774865739 (PDF) |

ISBN 9780774865746 (EPUB)

Subjects: LCSH: Peking Union Medical College—History. | LCSH: Hua xi xie he da xue—History. | LCSH: United Church of Canada. West China Mission—History. | LCSH: Nursing—Study and teaching—China—History—20th century. | LCSH: Nursing—China—History—20th century. | LCSH: Missions, Medical—China—Sichuan Sheng—History—20th century. | LCSH: Sino-Japanese War, 1937-1945—Refugees—China.

Classification: LCC RT81.C6 G79 2021 | DDC 610.73071/151—dc23

Canada

UBC Press gratefully acknowledges the financial support for our publishing program of the Government of Canada (through the Canada Book Fund) and the British Columbia Arts Council.

This book has been published with the help of a grant from the Canadian Federation for the Humanities and Social Sciences, through the Awards to Scholarly Publications Program, using funds provided by the Social Sciences and Humanities Research Council of Canada.

UBC Press

The University of British Columbia

2029 West Mall

Vancouver, BC V6T 1Z2

www.ubcpres.ca