Healing Henan





Sonya Grypma

Healing Henan
Canadian Nurses at the North China Mission, 1888-1947

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For Martin, Janessa, and Mike

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Foreword

Janet C. Ross-Kerr

The letters published in the 1930s and 1940s in *Canadian Nurse* by a number of Canadian nurses commissioned by the Woman's Missionary Society of the United Church of Canada to work in Henan province, China, were seminal in the development of the intriguing program of research developed by Sonya Grypma. These letters from the North China Mission may have generated a great deal of interest at the time they were published and also encouraged other nurses to make a commitment to participate in the work in China under the banner of the United Church of Canada. But their serendipitous discovery by Dr. Grypma, who was looking for something else at the time she was perusing old issues of *Canadian Nurse,* led to questions such as who were these nurses, what was the nature of their work, how long did they serve in China, and what was the short- and long-term impact of their work?

Dr. Grypma has pursued these and other questions through painstaking searches for data in archival records in a number of repositories, contacts with descendants of the nurses, and searches for relevant documents and literature that might refer to, or shed light on, the nurses' mission and the situation in China that enveloped them and conditioned their work. She has left no stone unturned in her search for data and has made a number of visits to China to see where the original mission was established and to talk with nurses and health care personnel currently providing health services in the area. She clearly earned the trust of the descendants of the missionary nurses, including children of some of the missionaries. They have recounted their memories of their ancestors for her and shared documents in their possession that related to the professional work of the nurses. Some descendants have accompanied Dr. Grypma on each of her journeys to China to survey the site of the mission, search for information, and speak with local inhabitants.

The most fascinating element in terms of the reconstruction of the history of nursing and health care in the period of time that these Canadian

missionary nurses lived and worked in China is that Dr. Grypma was able to share with the nurses and physicians who currently work in Henan province, and specifically in Weihui and Anyang, what was their own history. Since most records were destroyed with the advent of the revolution, there was virtually no knowledge among the local professionals of the health care and educational work that had been developed so many years ago. Early in her career, Dr. Grypma developed a nursing and medical exchange between Canada and Anyang, where one of the original hospitals was founded by Canadians. As a testament to the lasting contribution of this outstanding piece of work, Dr. Grypma was also invited to attend a ceremony held by the Weihui Hospital on the occasion of its 110th anniversary and concurrent establishment of a museum in the original hospital building. Her photographs and historical documents figure prominently in these museum displays. At this event, she was accompanied by eleven relatives of the Canadian missionaries who staffed the hospital over the sixty-odd years that they worked in China.

This powerful book, which records the contribution of Canadian nurses to the development of the health care system in the province of Henan, China, is unique because so little research has been undertaken on the work of nurses in the China missions. Physicians have figured prominently in research, but only two previous articles have focused upon nurses. Because of Sonya Grypma's work, the connection between North Henan province and Canada, which was so strong for so many years, has been re-established and strengthened.

I count it a privilege and an honour to have been involved in Dr. Grypma's journey to discover the nature and meaning of the work of the thirty Canadian missionary nurses who were associated with the North China Mission in Weihui, Anyang, and Huaiqing. As one of her former colleagues in the Faculty of Nursing at the University of Alberta, I was amazed by the precision, creativity, and passion with which Sonya Grypma pursued her questions. It is fitting that this book based on her work is now available for all to read.

Acknowledgments

When people ask how I came across such an interesting project, I must admit that I did not set out to study Canadian missionary nurses in China. A serendipitous discovery of missionary letters from China in archived issues of *Canadian Nurse* changed the direction of my research program and set the course for years of intriguing study. I could not have imagined that a fascination with these missionary nurses would take me across the country and halfway around the world. Gathering the history of these nurses into one cohesive whole has been a tremendous privilege. One of my greatest pleasures has been working with people and organizations whose enthusiasm and timely assistance made this project possible. I am indebted to a number of people who so freely gave of their time, energy, and knowledge. Many of these were from the University of Alberta. I would not have even considered undertaking this research were it not for the inspiration of Dr. Janet C. Ross-Kerr, whose dedication to nursing history is matched only by her keen interest in her students and her ability to guide novices through the complex world of professional scholarship. Dr. Pauline Paul has been a wonderful role model, leading me through the process of archival research and offering timely advice. I have also appreciated the support of Dr. Margaret Haughey. Dr. Shirley Stinson helped me to establish contact with a number of individuals and organizations whose input became central to the study, including the Canadian Association for the History of Nursing and the British Columbia History of Nursing Professional Practice Group.

To my knowledge, all the nurses named in *Healing Henan* are deceased. I am deeply indebted to the family and friends of missionary nurses who graciously shared their memories and private collections of letters and photographs. Thank you to all who contacted me after reading an advertisement in the *United Church Observer.* Some respondents (including Barb Putnam and Marilyn Harrison) helped me to identify key people for interviews; others became participants themselves. Those whom I invited to participate in this project were invariably gracious and generous with their time and resources.

Their participation helped bring the nurses to life. Muriel Gay and Irene Pooley were tireless in their collection of information about their aunt, Margaret Gay. Dr. Mary (Struthers) McKim was also an indefatigable resource. She and her cousin Isobel (Struthers) Staal provided documents and rare photographs of the North China Mission hospital work, which they had inherited from their fathers, Dr. E.B. Struthers and Dr. R. Gordon Struthers. Dr. McKim also gave excellent editorial advice. I must note that Dr. McKim, raised in China, never heard the term "mishkid" used in her childhood. I borrowed the term from Marion Menzies Hummels' *Memoirs of a Mishkid,* choosing it over the more cumbersome – yet more respectful, perhaps – "children of missionaries." Doug Skinner and Ward Skinner worked closely with their mother, Jean Skinner, to collect and copy private letters and photographs from their great-aunt Clara Preston. Betty Beatty and Judy Preston lent me their copies of Preston Robb's self-published book on his Aunt Clara; the late Dr. Preston Robb later gave me a rare copy of my own. Elizabeth Mittler, Bob and Beth Quesnel, Mike Hoyer, and Nancy Walkling helped me to locate copies of Henan missionary memoirs. Dr. Anne J. Davis gave me her rare copy of the 1926 history of the Nurses Association of China. Louise McLean offered insight into the life of her sister, Florence MacKenzie Liddell. Howard Parkinson and Rev. Doug Brydon gave insight into Janet Brydon. Yue Chi of Asian Adventure and Study Tours put me in contact with members of Coral Brodie's family; Arthur Kennedy, Dave Shepperd, Frances Fraser, and Karen James helped to round out my understanding of Coral Brodie. Retired missionaries Lillian Taylor, Peter Nelson, Doris Weller, Hazel Page, the late Helen Bergen, Daphne Rogers, and the late Dr. Wilf Cummings shared stories of their own missionary experiences in China, Taiwan, and Japan. Ms. Li Xiang Dong and Ms. Ren Jijuan provided valuable assistance from China, and Dr. Huihui Li and Ms. Jing Zhu assisted with translation. I must also thank the two anonymous reviewers for their invaluable suggestions.

I am especially indebted to Margaret (Gale) Wightman. Margaret shared a wealth of personal documents, photos, and a home movie from her parents, Dr. Godfrey and Elizabeth Thomson Gale. She also put me in touch with Elizabeth's sister Muriel. Most courageously, she allowed me – someone she had never met – to accompany her to China. It was Margaret's first trip back since leaving a Japanese internment camp in Shanghai in 1945.

Numerous archivists and assistants provided invaluable support in gathering data. I would especially like to thank Susanne Clark and Nancy Rosa from the United Church of Canada/Victoria University Archives; Dr. Glennis Zilm and Ethel Warbinek, who searched through the Vancouver General Hospital Archives; Anne Crossin from the Winnipeg General Hospital Alumnae Archives; Sister Rita McGuire from the Grey Sisters of Immaculate

Conception of Pembroke; Elysia DeLaurentis from the Wellington County Archives; Rose Carleton from the Overseas Mission Fellowship (formerly China Inland Missions); Greta Cumming, who searched Library and Archives Canada; and Dr. Mark Steinacher and Richard Jackson from McMaster Divinity College. I would also like to thank Asia historians Dr. David Wright of the University of Calgary and Dr. Luke Kwong of the University of Lethbridge for formally sharing their knowledge with me through independent guided studies. Thanks also to Jean Wilson of UBC Press for constant encouragement and to Alvyn Austin and Glennis Zilm for their outstanding advice. Finally, I wish to thank Dr. Janet Beaton, whose extensive knowledge about Canadian nurses at the West China Mission inspired and informed me.

A number of organizations provided funding for this project through various scholarships, grants, and awards. I am grateful to the Social Sciences and Humanities Research Council of Canada for a doctoral fellowship and the Izaak Walton Killam Memorial Trust for a doctoral scholarship. I am also grateful to the Canadian Association for the History of Nursing for their Margaret Allemang Scholarship, the American Association for the History of Nursing for their Student Researcher Award, the Alberta Association of Registered Nurses Educational Trust for their Helen Sabin Award, the Faculty of Nursing at the University of Alberta for their Dr. Shirley Stinson History of Nursing Award and Isobel Secord Award, and the Faculty of Graduate Studies at the University of Alberta for their Province of Alberta Graduate Fellowship and Walter H. Johns Graduate Fellowship. Travel grants for research and conferences were provided by the Mu Sigma chapter of Sigma Theta Tau, a University of Alberta J. Gordin Kaplan Award, and a Student Travel Grant from the Associated Medical Services/Hannah.

At the time that this book was going to press, I travelled to Henan with a group of nineteen Canadians whom I had invited to return with me on the request of the current presidents of the former North China Mission hospitals at Anyang and Weihui, Dr. Song Xianzhong and Dr. Zhang Xinzhong, respectively. Eight came as participants in a nursing/medical exchange in Anyang (now a twin city of Lethbridge, Alberta); eleven were relatives of Canadian missionaries described in these pages, including four "mishkids" returning to the place of their birth. We were all guests of honour at elaborate the 110th anniversary celebrations of the Weihui Hospital – the first Canadian-Chinese reunion of this scale in Henan since the North China Mission closed in 1947. The anniversary celebrations included the grand opening of the new museum of the First Affiliated Hospital of Xinxiang Medical University, housed in the building that had originally housed the Weihui hospital and training school for nurses. It was an unprecedented, profound, and moving experience – but, alas, another story for another time.

My family has provided encouragement and practical support throughout the years. To my parents, Henk and Cobi Visser, thank you for your intense interest in this project and for indulging me through innumerable after-dinner discussions. Thank you also for moving in to take care of things when I travelled. To my brother Mike Visser, thank you for your video expertise and excellent advice about visual images. To our children, Mike and Janessa, thank you for your constant reminder of the importance of play, for hugs, Boggle, and movie nights. Finally, to my husband, Dr. Martin Grypma, thank you for your constant encouragement, for taking time off work to take over household duties at particularly busy times, and for accompanying me to China twice, cameras in hand.

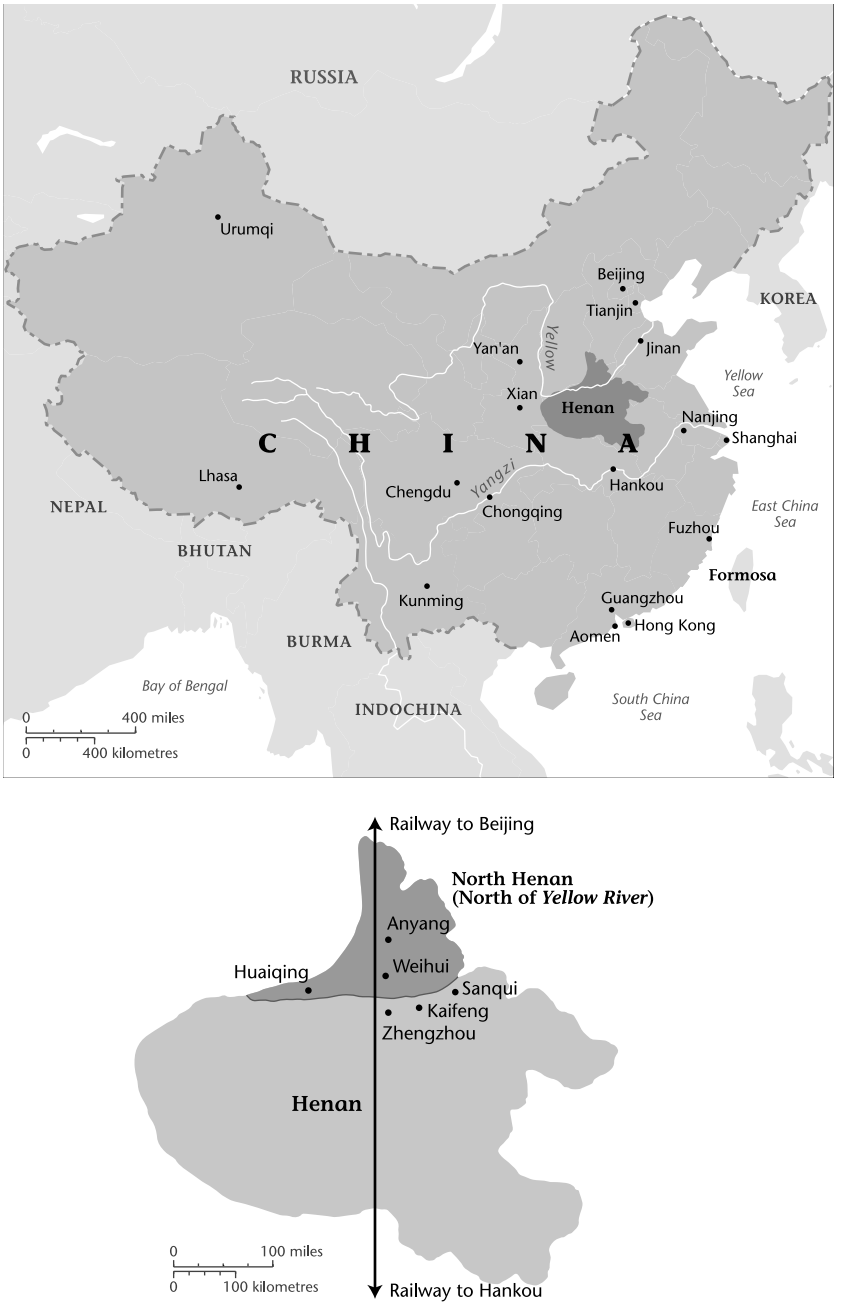
Spellings

Pinyin/Contemporary	*Wade-Giles/Common*
Anhui	Anhuei
Anyang/Zhangde	Changte
Aomen	Macao
Beijing	Peking/Peiping
Baoding	Paoting
Beidaihe	Peitaiho
Chengdu	Chengtu
Chongqing	Chungking
Chuwang	Chuwang
Daokou	Taokow
Fuzhou	Foochow
Fujian	Fukien
Guangdong	Kuangtung
Guangzhou	Canton/Kwangchow
Guiyang	Kweiyang
Guizhou	Kweichou
Hebei	Hopei
Henan	Honan
Huaiqing	Hwaiking
Huilong	Hwailung
Hupei	Hupeh
Jiangmen	Kongmoon
Jiangsu	Kiangsu
Jiaozhou	Kiaochow
Jinan	Tsinan
Liaodong	Liaotung
Lugouqiao	Lukouchiao
Nanjing	Nanking
Qingdao	Tsintao

Qilu	Cheeloo
Rongxian	Junghsien
Sanqui	Kweiteh
Shaanxi	Shensi
Shandong	Shantung
Shenyang	Mukden
Sichuan	Szechwan
Sincheng	Hsin-chen
Taibei	Taipei
Taiwan	Formosa
Tianjin	Tientsin
Wanxian	Wanhsien
Weihai	Weihaiwei (Shandong)
Weihui	Weihwei (Henan)
Weixian	Weihsien
Wuhan/Hankou	Wuhan/Hankow
Xian	Sian
Xinxiang	Hsin Hsiang
Yan'an/Fu-Shih	Yenan
Yunnan	Yunnan
Zhengzhou	Chengchow
Zhejiang	Chekiang
Zhifu	Chefoo

Abbreviations

CCC	Church of Christ in China
CIM	China Inland Mission
CMMA	Chinese Medical Missionary Association (later Christian Medical Association of China)
FAU	Friends Ambulance Unit
FMB	Foreign Mission Board (originally Foreign Mission Committee)
GMA	Glenbow Museum and Archives
NCM	North China Mission (originally Honan Mission and/or North Honan Mission)
NAC	Nurses Association of China
PUMC	Peking Union Medical College
RN	Registered nurse
TGH	Toronto General Hospital
UCCVUA	United Church of Canada/Victoria University Archives
UNRRA	United Nations Relief and Rehabilitation Administration
VGH	Vancouver General Hospital
WCUU	West China Union University
WCM	West China Mission
WCMA	Wellington County Museum and Archives
WFMS	Women's Foreign Missionary Society (later WMS)
WGH/HSCA	Winnipeg General Hospital Health Sciences Centre Archives
WMS	Woman's Missionary Society (originally Women's Foreign Missionary Society)



Map of China and Henan province
Cartographer: Eric Leinberger

Introduction

> The founding of the nursing profession [in China] by Christians was an even greater achievement than the introduction of modern medicine; medical schools ... would have come sooner or later anyway. But young [Chinese] women would not have taken up nursing without the example set them by Christian women of the West.
>
> – Unknown author, cited in Margaret Brown, *History of the North China Mission*

Bloor Street Church in Toronto was usually characterized by a solemn and formal approach to worship – where, for example, ushers dressed in morning coats and striped trousers reportedly led worshipers down the aisles to their numbered pews.[1] Yet on 17 June 1923, the excitement and curiosity generated by a missionary designation service was palpable. On this Sunday, the sanctuary, which could seat 1,170, vibrated with emotion as the congregation gathered to dedicate its latest group of missionaries, four of whom were headed to the Presbyterian North China Mission in the province of Henan, China.[2] The North China Mission was one of the first overseas missions established by Canadians, in 1888.[3] By 1923, it had grown to include three main mission compounds at Weihui, Anyang, and Huaiqing, plus a number of smaller rural stations. Bloor Street Church had always been mission-minded, forming its first Women's Foreign Missionary Society auxiliary (a branch of the Presbyterian Women's Foreign Mission Society [WFMS]) only two months after the congregation officially started, in January 1887. When the church sent Dr. James Menzies to Henan in 1895, it became one of the earliest Presbyterian congregations in Canada to have its own overseas missionary. The congregation dedicated $1,200.00 per month to support Menzies in Huaiqing and then raised additional funds to build a small hospital there.[4] Menzies' violent and untimely death in 1920 acted as

a catalyst in the decision to send four missionaries to Huaiqing: had the tragedy not occurred, it is possible that three of these missionaries – a physician and two nurses – would not have gone to China at all.

When Dr. James Menzies was killed by bandits at the Canadian mission compound at Huaiqing in 1920, his wife Davina was residing in Toronto, recovering from "sprue," a tropical disease she had contracted in China, and overseeing the education of the Menzies' daughters. Three years after her husband's death, the widowed Mrs. Davina (Robb) Menzies insisted upon returning to Henan as a missionary again in her own right (she had gone to Henan as a Woman's Missionary Society [WMS] missionary in 1896 before marrying James Menzies). Accompanying Mrs. Menzies would be Dr. Robert McClure, a young physician hired to replace her husband at the hospital at Huaiqing and oversee the construction of a new Menzies Memorial Hospital. "Bob" McClure, the China-born son of Dr. William McClure (one of the original Henan Seven), felt he had missed the "excitement" of the Great War and perceived the opportunity to take Dr. Menzies' place in China as a "chance for a great adventure."[5] Mrs. Menzies and Dr. McClure would be joined by the Menzies' eldest daughter Jean, who had recently graduated from the Toronto General Hospital Training School for Nurses (later Toronto General Hospital School of Nursing). Jean Menzies' decision to return to Henan as a missionary nurse was admirable and courageous. It was also unusual: Jean would not only be working in the shadow of her murdered father at a new hospital erected in his name, but would be doing so under the daily supervision of Miss Janet Brydon, the nurse her father had rescued from bandits the night he was shot. Still, Jean Menzies had plenty of support, from her mother and Bob McClure, whose family she boarded with at Weihui during grade school, as well as from Miss Coral May Brodie, her nursing school friend whose decision to go to China was encouraged – if not inspired – by Jean.[6]

The designation service in 1923 was a landmark event in Bloor Street history, remembered today as the date that the celebrated Dr. Bob McClure was designated. After a quarter-century of work in China, McClure went on to achieve legendary status within the United Church for his medical genius, dry wit, disregard for convention, and indefatigable pursuit of a new kind of Christian service. Although Jean Menzies and Coral Brodie (and other missionary nurses) are not even footnoted in most historical accounts of the United Church of Canada, their images are symbolically represented in the Narthex Windows of Bloor Street United Church. As Menzies and Brodie stood at the steps of the Bloor Street altar on 17 June 1923 to receive and recite vows related to their calling, nursing in Henan stood on the threshold of radical change. Jean Menzies and Coral Brodie arrived in China shortly after the opening of the first modern hospital and training school for nurses in Henan at Weihui, thus joining the group of Canadian nurses who collect-

ively developed and nurtured an ideal of nursing practice that was adopted and adapted by the Chinese and continues in Henan today. Margaret Brown's suggestion that the work by missionary nurses was "a greater achievement than the introduction of modern medicine" echoes what many missionary nurses themselves believed: without modern nursing, China was somehow incomplete.

Canadian missionary nurses helped to transform the landscape of Chinese health care in Henan. Through the process, they found themselves transformed. Set against the backdrop of sociopolitical upheaval in China, this book examines the interplay of professional nursing with issues such as religion, gender, culture, health, and nation. Through periods of anti-foreign uprisings, national revolution, warlord rule, imprisonment under the Japanese, and civil war, nursing evolved out of existing tensions between personal, professional, and religious aims. Missionary nursing was characterized by an ongoing tension between evangelism and nursing service, an emphasis on cleanliness (the gospel of soap and water), a correlation between nursing development in China and Canada, and an adaptation of nurses to China and of China to nurses. The ability of nurses to respond to human suffering was mediated by sociopolitical forces within the North China Mission, the United Church, the National Association of Nurses, and the government of China. Over time, the mission became an unintentionally "cloistered" community where physically and socially constructed walls formed protected spaces in which Canadian and Chinese nurses developed a unique and progressive culture of medicine and health care.

Modern Nursing and China

In the following chapters, I will highlight ways in which the missionary nursing movement influenced the development of nursing in one region of China – but I wish to clarify one important point from the outset: Missionary nurses did not bring "nursing" to China. That is, if nursing is defined as a formalized system for attending to the physical needs of the ill, China had well-established nursing traditions long before missionaries came to China. According to Liu Chung-tung, nursing care in China ranged from care provided by female family members (following a strict system of hierarchy), to traditional healing practices provided by healers (including female *San gu liu po*), to paid care by male attendants (who had the status of servants).[7] What missionaries *did* bring to China was a particular and relatively new form of nursing practice rooted in Catholic and Protestant religious communities and adapted and popularized by Florence Nightingale after her success in caring for British soldiers in the Crimean War.[8] This system of professional nursing – variously called modern, Western, or scientific nursing – became the standard of nursing practice in Canada and around the world. In other words, missionary nurses brought "modern" nursing to China.

When Western missionary nurses began arriving in China in the 1880s, Nightingale's method of nurses' training was at its peak of popularity, and Canada was beginning to experiment with similar training methods at newly opened, hospital-based nursing schools. The Toronto General Hospital Training School for Nurses, for example, was opened in 1881, and by 1894 was the largest nursing school in Canada.[9] Nightingale introduced a system of care that emphasized a clean, airy, bright, quiet, and organized environment, believed to support patients' natural healing processes. In the days before antibiotics, cleanliness played a vital role in preventing infectious disease and promoting healing and, although Nightingale did not at first accept the germ theory, her meticulous attention to hygiene did much to prevent infection, and therefore morbidity and mortality. Under the Nightingale system that came to characterize nursing in the West from the late nineteenth century onward, nursing care was carried out with military efficiency; physicians' orders were to be obeyed, treatments were to be on time, and observations of patients were to be carefully recorded. Nurses' training took place in hospitals, where students progressed through various levels of apprenticeship over the course of training. Hospitals were staffed mainly by nursing students, who were paid a small wage. Although secular, Nightingale's system was influenced by the nursing care she observed in religious communities. In Canada as elsewhere, nursing students (all single women) lived together in residences and were expected to portray an image of purity, with well-groomed appearances, standardized uniforms, respectful demeanours, and morally upright behaviour that included chastity and abstinence from alcohol. Christian ideals and rituals were incorporated into training and practice, including regular prayers and bible study. Nursing became known as a respectable vocation for young women, with values that were congruent with those espoused by religious-minded women.[10]

For women interested in missionary work in the late nineteenth century, nurses' training provided practical skills deemed valuable in the mission field, where individual nurses could work as assistants to physicians and caregivers to ill missionaries and their families. Over time, as medical missionary care became more formalized and increasingly hospital-centred, so did missionary nursing care. And, as Canadian nursing became increasingly organized, with standardized education and professional criterion reflecting acceptable national and international nursing norms, so did missionary nursing practice. By the early twentieth century, the practice of nursing in Canada had become increasingly associated with hospitals; advances in medical science and technology brought the practice of modern medicine into hospitals designed to support medical diagnosis and treatment, and nurses became vital to the smooth functioning of these modern, physician-run hospitals. The hospital-based system became the model for modern

nursing in China. Missionary nurses who graduated from Canadian training schools in the 1920s brought to China a desire to replicate the state-of-the-art nursing practice taught them in Canada. As Margaret Gay declared in her Vancouver General Hospital (VGH) 1926 graduating class yearbook, her aim was to "plant a bit of VGH in the Orient."[11]

Canadian missionary nurses who worked at the United Church of Canada North China Mission (originally the Presbyterian Church in Canada North "Honan" Mission) in the province of Henan between 1888 and 1947 were part of a broader missionary movement in China through which Christian nurses from Western nations collectively catalyzed the birth and incipient growth of professional nursing in China (see Appendix 1: Missionary nurses at the North China Mission). The earliest American missionaries were committed to Chinese nursing education. They established China's first training school for nurses in 1889, just five years after the first missionary nurse, Elizabeth McKechnie, arrived in Shanghai.[12] In contrast, it took thirty-four years from the time of Canadian nurse Harriet Sutherland's arrival in China in 1888 for the North China Mission to establish its first nursing school in Henan. In 1923, the Canadians opened the Weihui (Huimin) Hospital and Training School for Nurses, and the nursing profession in Henan enjoyed a period of growth. By the start of the Sino-Japanese War in 1937, Canadian-trained Chinese nurses had joined the Nurses Association of China and could be found in hospitals and public health programs in both rank-and-file and supervisory positions. When the Canadian nurses left Henan during the 1939 Anti-British Movement, their Chinese protégés took responsibility for nurses' training and services. Canadian nurses returned to Henan after the Sino-Japanese War ended in 1945 with visions of rehabilitating the war-damaged hospitals, but their dreams were short-lived; they found themselves in the centre of the Communist-Nationalist conflict. In 1947, Communist troops entered the mission compounds. Canadian and Chinese nurses fled; the Canadians did not return.

To Be a China Missionary: The North China Missionary Nurse in Perspective

The Presbyterian (later United) Church was not the first mission in Henan. Henan's first missionaries were Catholics from the Milan Missionary Society, who established their first bishopric at Weihui in the 1860s. Hudson Taylor's China Inland Mission began work in Henan in 1875, opening its first station there at Zhoukoushen in 1884. By 1940, an additional twelve missions were active in Henan, from the United States, Britain, Scandinavia, the Netherlands, Italy, and Canada.[13] At least seven of these missions developed dispensaries and/or hospitals in Henan. The early hospitals were small and relatively unsophisticated, "native-style" set-ups where patients stayed

in shelters and their families cooked and cared for them.[14] Both Canadian Anglicans and Presbyterians developed modern hospitals with nursing schools; in 1926, Canadians operated three nursing schools in Henan recognized by the Nurses Association of China.[15] Although not the earliest mission in Henan, the Presbyterian Church in Canada North "Honan" Mission was the largest, covering the entire northern triangle of the province, north of the Yellow River.

The Canadian presence in China as a whole during the missionary era was most recognizable through six main missions: the Presbyterian Church in Canada mission in Taiwan (then Formosa, and at the time a province of the Chinese Empire, est. 1871), the Presbyterian mission in North Henan (est. 1888), the Methodist Church of Canada mission in Sichuan (est. 1891), the Presbyterian mission in Guangdong (est. 1902), the Catholic Scarboro Foreign Mission Society in Zhejiang (est. 1902), and the Anglican Church of Canada mission in Henan (south of the Yellow River, est. 1910).[16] The Presbyterian mission in Taiwan was the first overseas field of the Canadian Presbyterian Church, but the eccentricity of founder George Leslie MacKay, its remoteness from mainland China, and its continuance with the Presbyterian Church after "Union" kept Taiwan on the fringe of Canadian missions.[17] The union of all Methodists and most Presbyterians into one United Church of Canada in 1925 set the United Church apart as the largest Canadian mission in China, with sites in Henan (renamed the "North China Mission"), Sichuan ("West China Mission"), and Guangdong ("South China Mission"). Predictably, United Church missions figure dominantly in Canadian mission scholarship.

The United Church was the largest employer of Canadian missionary nurses (the North China Mission hired twenty-one WMS nurses, and the West China Mission hired twenty-four, compared with five Grey Sisters of Immaculate Conception associated with the Scarboro Foreign Mission Society.)[18] An estimated one hundred or more Canadian nurses worked in at least nine provinces of China during this period.[19] Other sponsoring agencies included the British-based inter-denominational China Inland Mission, the (Communist) Aid to China Council (which sent former Catholic missionary Jean Ewen to accompany Dr. Norman Bethune in 1938), and, after the Second World War, the United Nations Relief and Rehabilitation Agency. The majority of Canadian nurses worked in modern hospitals established by Presbyterian, Methodist, and Anglican missions in Sichuan, Guandong, Henan, and Taiwan. Smaller groups worked in Catholic dispensaries – such as the Grey Sisters of Immaculate Conception of Pembroke, Ontario, who provided medical services through the Scarboro Foreign Mission Society in Zhejiang between 1929 and 1952.[20] A further, inestimable number of Francophone and Anglophone nurses worked in French, American, and British hospitals scattered throughout China.[21]

Despite the ubiquitous nature of Canadian nursing in China, the work of nurses is eclipsed by studies of the work of physicians, evangelists, politicians, and mission boards. Most references to Canadian nurses are in association with protagonists of the missionary era. Some nurses were close colleagues of prominent Canadians such as Dr. Norman Bethune (Jean Ewen), Dr. Bob McClure (Coral Brodie, Jean Menzies), and Rev. Jonathan Goforth (Margaret Gay). Others were married to famous expatriates, such as 1924 Olympic gold medallist Eric Liddell (Florence MacKenzie). Still others were daughters of pioneering China missionaries, including Drs. Omar and Retta Kilborn (Cora Kilborn).[22] Alvyn Austin's use of the phrase "Florence Nightingales of the Orient" to describe female physicians rather than nurses in *Saving China: Canadian Missionaries in the Middle Kingdom, 1888-1959,* underscores this point: nursing has not received its due attention in historiography.[23] That said, Austin is one of only a handful of scholars to include Canadian missionary nurses in his work. In *Saving China,* Austin chronicles Canada's sixty-year missionary era, giving voice to a wide range of missions, from that of the well-known United Church of Canada to lesser-known Missions-Etrangères such as the Soeurs Antoniennes de Marie in Manchuria. Throughout, Austin emphasizes the experiences of individual Canadians, paying particular attention to how they responded to China's changing political and social life. He is one of the few authors to mention nurses by name, including West China Mission nurse Caroline Wellwood (Sichuan) and Grace Emblem (an inadvertent participant in the Communist Long March), and Anglican missionary Susie Kelsey (who interned under the Japanese in Shandong).[24] Published in 1987, *Saving China* set the standard for China-Canadian mission historiography. Emphasizing diversity and particularity, Austin's seminal work on Canadian missions underscores the complexity of the missionary era.[25]

In *The Golden Hope: Christians in China,* Peter Stursberg argues that the three main Canadian missions in China – Presbyterian, Methodist, and Anglican – were characterized by an emphasis on medical care.[26] Among the first Methodist and Presbyterian missionaries were physicians who were also ordained ministers. Missionaries believed that those who experienced physical healing would more easily receive the Gospel message: By healing bodies, medical missionaries could "open hearts to Christ."[27] Although Stursberg does not describe the role of Canadian nurses in missionary medicine, he does give a hint as to why modern nursing took so long to develop in Henan. He notes that, while the Methodist mission in Sichuan embraced medical missions early on, there was a lack of official support for modern hospital care in Henan. When two Montreal physicians arrived in 1906 to find Henan "totally lacking in nursing service," they rallied for attention to be paid to the need for modern facilities.[28] Initially, the Henan Presbytery agreed to raise funds to improve four hospitals, but after pressure from

pioneer missionary evangelist Jonathan Goforth, the proposal was turned down as having "materialist" and "non-religious" purposes. Stursberg notes that eventually Henan embraced medical services as legitimate expressions of the Gospel rather than simply as a means to an evangelistic end. As will be seen, the shift from evangelism to service had important implications for missionary nursing. Although there had been at least one missionary nurse at the North China Mission since its inception, the mission did not expect her to make full use of her nursing skills. Only one physician in the early years actively supported nursing care. Dr. James Frazer Smith lobbied for the establishment of a position for a missionary nurse to assist him in his work – to help soothe patients, change dressings, manage medical instruments, and sit with ill patients in their homes or in Chinese inns. After an illness forced Dr. Frazer Smith to resign in 1894, there was little practical support for nursing. The other physicians were not interested in having nurses assist them in their work, and no efforts were made to develop organized nursing services. Margaret MacIntosh, the sole nurse at the North China Mission between 1891 and 1914, turned to evangelistic work as her main focus after Frazer Smith left. Although later missionary nurses criticized MacIntosh for her emphasis on evangelism, her relative disregard for nursing practice seems inevitable. It was not until formal in-patient services were developed that the North China Mission formally accepted organized nursing services as essential to the aims of the mission.

In contrast to Peter Stursberg, sociologist Yuet-wah Cheung is unimpressed by the achievements of Canadian medical missionaries. In *Missionary Medicine in China,* Cheung examines missionary medicine at the United Church West China Mission (Sichuan) and South China Mission (Guangdong) before 1937.[29] In a separate article with Peter Kong-Ming New, Cheung examines "North Honan" (Henan), but only up to 1900, when the mission was evacuated during the Boxer Uprising.[30] For his study of the West China Mission and the South China Mission, Cheung takes a sociological approach to determine whether medical missionaries were successful change agents. He concludes that, while foreign missionaries were successful in introducing modern medicine into China, their efforts were sporadic and localized and did not improve Chinese health as a whole. Although American medical missionaries had been in China since 1835, Cheung suggests that China did not officially recognize Western medicine until after it proved itself during the epidemic of pneumonic plague in Manchuria (1910-11). Afterward, China became heavily dependent on foreigners to build the infrastructure of modern medicine. Hospitals and dispensaries run by the West China Mission and the South China Mission became the major or sole source of modern health care in their regions. Although the Nationalist government made ambitious health plans to establish a national health care scheme after

1928, these remained largely unfulfilled, leaving existing medical facilities – however inadequate – as the backbone of modern health care in China.

Despite their success in introducing modern medicine to China, Cheung contends that medical missionaries ultimately failed because the extent of the change they achieved was disturbingly small. He identifies five reasons that Canadian missionaries did not make a larger impact on Chinese health. First, their instrumental goal of "winning souls" was at odds with public health work: Only curative medicine served evangelistic purposes. Second, the serious shortage of manpower and finances limited public health services and medical education. Third, missionary doctors preferred to work in hospitals because this is where they could influence patients to join the church. Fourth, there was little empathy and homophily (resemblance due to common ancestry) between missionaries and their Chinese patients. Finally, missions failed to mobilize financial support from the Chinese because their high standard of living and "flamboyant" facilities obscured any financial difficulties the missions may have experienced. Cheung despairs at the lack of public health emphasis in missionary care before 1937. To Cheung, the development of public health would have made a more lasting impact on China than the development of hospitals. Yet, unlike the establishment of hospitals, which could be locally developed and individually administered by groups of missionaries, the successful development of a nationwide public health program was dependent on governmental support. While Cheung suggests that the Nationalist health scheme was ineffectual, historian John Watt contends that, once the Ministry of Health made public health and nursing education a priority after 1928, both flourished.[31] At the North China Mission, nurses made impressive strides in the development of public health programs before 1937, but had to abandon their plans in the face of flooding and the Sino-Japanese War. In the destructive wake of natural disaster and war, the collective energy of physicians and nurses was spent caring for the wounded, the ill, and the dispossessed.

What is most intriguing about Cheung's and Stursberg's work is that they respond slightly differently to the question of whether missionaries were successful in their health care and evangelistic aims. Cheung found that Canadians' evangelistic aims interfered with their ability to effect significant health care change, whereas Stursberg found that Canadians were relatively successful in providing illness and injury care, but were failures at evangelism. Either way, in terms of volume (numbers of converts, hospitals, or public health programs), Canadians are presented as failures. Yet, if one considers longevity, it appears that the Canadian (and other) missionaries were actually successful. According to A. Donald MacLeod in 2001, Henan is one of the more Christianized of the thirty provinces that make up the

People's Republic of China.[32] Current members of the Anyang Christian Association agree, reporting to me in 2005 that the Christian church established by Canadians has flourished. Although the number they give is not verifiable (eighty thousand Christians in the Anyang area), a church built on the former mission site in 1995 seats three thousand, and four worship services are reportedly conducted each week. In the area of health care, former Canadian hospitals at Anyang and Weihui are currently providing state-of-the-art Western medicine and modern nursing services.[33] That Henan has chosen to preserve and commemorate its former relationship with Canadians sixty years after their departure indicates that Canadian missionaries were successful after all, albeit in unanticipated ways.

To Be a Missionary: Nurses as Missionary Women

The history of Canadian nurses at the North China Mission between 1888 and 1947 is a story about the evolution of a profession. It is also a story about the transformative experiences of women within that profession. Missionary nursing was a form of paid work, but it was more than a job: it was an identity. Missionaries in China were generally like-minded Christian men and women whose collective goal was to bring the "good news of Christ" to the people of China, through word and deed. Those with the designation "WMS missionary" were single women who had been successful in their formal applications to the Women's (later Woman's) Missionary Society and had been publicly commissioned by a local congregation.[34] Missionaries could anticipate spiritual and financial support from the church and, particularly in the early years, admiration from the Canadian public. Although the WMS hired only single women, both married and unmarried nurses contributed to the North China Mission and are included here. WMS nurses who married were required to resign – even if they married China missionaries, which many of them did. Missionary wives became affiliated with their husbands' mission boards. Despite no longer being officially recognized (or paid) as "missionary nurses," missionary wives offered nursing services when necessary – for example, during war-related medical crises.

What did it mean for a woman to be a missionary? Jane Hunter, Rosemary Gagan, Ruth Compton Brouwer, Myra Rutherdale, and Mary Ellen Kelm have each studied the lives of missionary women overseas and in Canada. With the exception of Jane Hunter (whose focus was on American missionary women in China), these scholars have included Canadian nurses in their studies. Because comparatively little has been written about Canadian nurses in China (only two article-length studies have been published to date),[35] current understanding of Canadian missionary nurses has been influenced by these seminal works on missionary women. Yet, as will be seen in the following chapters, experiences of Canadian nurses at the North China Mission differed in important ways from those described in broader studies

of missionary women. For example, Canadian nurses in general were less cosmopolitan than Hunter's American missionary women, less evangelistic than Brouwer's Canadian Presbyterian women in India and China, less fearful than Gagan's Canadian Methodist women, and less effective colonizers than Rutherdale's and Kelm's women in First Nations communities. Some of these differences may be explained by differences in the periods under review. For example, the studies by Hunter, Gagan, and Brouwer focus on the turn of the twentieth century, whereas this book extends into the chaotic interwar and postwar years, when missionary nursing came into its own. Thus, while early missionary nurses at the North China Mission may display features similar to those of other Presbyterian women described by Ruth Compton Brouwer (1876-1914), later missionary nurses do not. Other differences may be attributable to differences in setting. For example, Rutherdale and Kelm included nurses in their studies of missions in Canada, but the evolution of missionary nursing in Canada differed from that of missionary nursing in China. In Canada, missionaries were part of an increasingly influential cultural majority, whereas, in China, missionaries remained part of a cultural minority whose colonial power diminished over time. In Canada, the dominant Anglo-European culture considered Aboriginal culture to be pagan and primitive, and Aboriginal persons were characterized as subhuman. In China, there was a discourse of difference, but it was mutual. If the Chinese were a mass of heathen millions, Canadians were long-nosed, large-footed barbarians and *yanggui* (foreign devils). Canadian missionary nurses may have perceived the Chinese "other" through what Myra Rutherdale calls the "imperialist gaze,"[36] but they were also keenly aware of their own tenuous position as cultural outsiders.

Overseas Missions: Socially Sanctioned Independence for Women

In *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China,* Jane Hunter documents the surprisingly genteel lives of Protestant American women missionaries in China.[37] Missionary women had been encouraged to go to China because male contact with Chinese women was extremely limited due to Chinese social customs. By 1890, married and single women comprised 60 percent of the mission force in China. These American women found a unique opportunity to wield authority in China. Married women hired cooks for their American diets, nannies for their children, coolies for their heavy loads, and houseboys for the housework. Influenced by the British society in the internationalized treaty ports where they resided, some acquired upper-class standards of refinement, which included maintaining strict social separation from the Chinese. These women came to view the Chinese as particularly suited to menial work, seldom considering that institutionalizing racial hierarchies in their homes might compromise their missionary work. The lifestyle of relative ease for American

missionaries in the cosmopolitan treaty ports contrasts sharply with the lives of early Canadian missionaries in China's harsh and isolated interior. If American missionary women in the treaty ports reinvented themselves as upper-class urban ladies, Canadian missionary women in Henan reinvented themselves as brave and adventurous rural pioneers who struggled through regular periods of violence and threats of disease.

Within the foreign missionary society hierarchy described by Hunter, single missionary women had low social standing. They were viewed as less feminine, unattractive, and unrefined. Yet single women had opportunities to fulfill vocational aspirations that were not available to married women, since husbands and mission boards chivalrously discouraged both the physical and mental strain of their wives. While the single Christian women described by Hunter were not self-consciously feminist, this was an unprecedented, socially sanctioned opportunity for them to preach, teach, and practice medicine without opposition from familiar patriarchal structures. Mission service could be a retreat from conventional marriage pressures and an opportunity to pursue a complex calling that was, in part, a commitment to self-determination. In contrast, for the Canadian nurses at Henan, missionary work was perceived as an opportunity to meet and marry like-minded men; of the twelve WMS nurses who resigned to be married, nine married China missionaries. One of Hunter's aims was to identify and expose inequitable power structures inherent in missionary women's life patterns, and she presents a well-supported argument that inequity existed between male and female missionaries, between single and married women, and between missionaries and the Chinese. In contrast, Canadian nurses after 1920 had surprisingly collaborative relationships with physicians – surprising since nurses in Canada were more typically subordinate to physicians during that period. Over time, Hunter contends, the goal of missionary work for women changed from the salvation of souls to the maintenance of the missionary presence – less in preparing God's kingdom than in managing a domestic empire that exploited it. Because of hierarchical social structures unique to China, American missionary women lost Christian and evangelistic purpose but gained power and self-determination. Canadian missionaries also shifted their aim away from evangelism over time, but their emphasis was on humanitarian service and outreach.

The early Canadian missionaries described by Ruth Compton Brouwer were less cosmopolitan than their American counterparts described by Hunter. In *New Women for God,* Brouwer examines Canadian Presbyterian women's involvement in missions between 1876 and 1914.[38] Although focused on India, Brouwer sheds light on the Western division of the WFMS, which also sent missionaries to China. According to Brouwer, a woman's decision to become a missionary was influenced by factors such as religious upbringing, exposure to popular evangelists, and participation in inter-denominational

youth movements. "Missionary propaganda" emphasized women's particular obligation to spread the Gospel since women had the most to gain from Jesus' teachings on the equality of women, their "heathen sisters" had great spiritual and social needs, and converting women to Christianity would multiply into conversion of families and, eventually, the nation. Mission work was understood as an expression of personal religious faith and altruism. The belief that missionary work was God's will empowered women to leave security and familiarity for distant and hazardous lands. Prospective missionaries typically spoke of a longing to spread knowledge of Christianity and provide Christian service. But Brouwer points out that their religious motivation cannot be neatly separated from the allure of career opportunities or romantic adventures. For single women facing spinsterhood, missions offered possibilities not otherwise available, including positions of authority in their mission field and celebrity status in Canada. Still, Canada offered interesting opportunities for ambitious young nurses. For example, Elizabeth Thomson had a promising career as a nursing administrator in Toronto. Nurses like Thomson were attracted to the professional challenges inherent in cross-cultural work and found a sense of purpose and place of belonging in the community of missionaries, and nurses, in China. Just like the WFMS missionaries in Brouwer's study, Canadian nurses who left Canada with simple, arrogant beliefs about "the heathen" found that, over time, these beliefs emerged into more complex understandings as they came to know non-Christians and learn something of another culture. Their relationship with, admiration of, and respect for the Chinese nurses they trained and later worked alongside translated into a vision of professional nursing for the region – one that was neither fully Canadian nor Chinese, but reflected the changing values of each.

In her study of Methodist missionary women, Rosemary Gagan affirms Hunter's and Brouwer's findings that missionary women were religiously devout women whose experiences of missionary life contradicted their initial expectations. All expected evangelistic success, yet few achieved it. In *A Sensitive Independence,* Gagan focuses on more than three hundred single women hired through the WMS of the Canadian Methodist Church from its inception in 1881 until it was absorbed into the United Church of Canada WMS in 1925.[39] These missionaries included physicians, nurses, and teachers working in China, Japan, and remote parts of Canada. In trying to understand the motivation of women missionaries, Gagan mirrors Hunter's interest in demographic background, family structure and education, training, and life cycles, and Brouwer's interest in altruism and a deeply rooted sense of Christian vocation. Before the turn of the century, mission candidates were selected on the basis of their staunch Christian conviction. Later, missionaries were required to have a good education and professional experience. WMS missionaries emerged as an "elite well-educated middle-class

company of pious single women drawn largely from the small towns and rural areas of Ontario and the Maritimes."[40] Like Presbyterian missionaries, Methodist missionaries were socialized in the church and influenced by youth organizations. Their most enduring incentive for missions, however, was a requisite call from God – exquisitely felt, earnestly received, and readily testified. Experiencing this call marked an entry into a select club of women who shared a common bond of assurance of salvation and purpose in life.

According to Gagan, once they arrived in their fields, the WMS missionaries became overwhelmed with fear. They became concerned for their safety, their work's success, and the spiritual and moral well-being of their constituents. They "reverted to an unwavering dependence and trust in Jesus and God as their own personal protectors," sometimes to the point of "abdicating any responsibility for, or control over, their own actions."[41] Work in West China was particularly difficult. The lives of WMS missionaries Amelia Brown and Jennie Ford illustrate why about 20 percent of WMS West China missionaries were "lost" to physical and mental breakdown – and death – between 1891 and 1925. Brown, a "woman with no medical qualifications," was grudgingly hired by the WMS because it was unable to find a female physician in 1891.[42] Within months of sailing to China, Brown became engaged to Canadian physician David Stevenson, effectively and disappointingly "defecting" from the WMS, although remaining at the West China Mission. Jennie Ford, the first Canadian nurse at the West China Mission, arrived in 1894 to assist the new WMS physician Retta (Gifford) Kilborn. In 1895, WMS missionaries faced a startling charge: the Chinese believed that "foreign barbarians" ate the flesh of human beings and kidnapped children, and they accused the women of eating babies and digging out their eyes for medicine. Accordingly, placards hung during a dragon boat festival warned the Chinese to watch their children, lest the missionaries kidnap and roast them. A threatening mob engulfed the missionaries, eventually destroying the mission compound. In the initial rioting, Amelia Brown Stevenson was beaten and her child was temporarily lost in the crowd. Although the missionaries were evacuated safely to Shanghai, Brown suffered a nervous breakdown along the way. She did not return to West China. In 1897, Jennie Ford died of meningitis. Missionary work in China was risky. According to Gagan, even a deep passion and high levels of education and experience could not shield women missionaries from missionary work's inherent dangers.

At the North China Mission, early missionary experiences with violence and death helped to shape the image of missionary work in China as dangerous. For example, stories about the attack on missionaries during the Boxer Uprising of 1900 and the deaths of missionaries and their children by disease[43] were told and retold, and new missionaries were praised for their

courage as well as their piety. Still, only two of the thirty nurses associated with the North China Mission resigned due to illness (Jennie Graham, in 1891, and Coral Brodie, in 1940), and none died in China. In Gagan's study, WMS women dealt with the realities of Chinese society matter-of-factly, putting the best possible face on the situation for the Canadian public, often concealing the risks they took in the name of Christ. In contrast, North China missionaries emphasized the dangers they faced. Missionary nurses expected danger and hardship but also relied, consciously and unconsciously, on extant physical, political, and social barriers to shield them.

According to Gagan, WMS missionaries succeeded best when their expectations and abilities addressed "real needs." When medical missions were given increasing legitimacy in the early twentieth century, WMS missionaries in West China found a tangible place to invest their energies by participating in the development of a women's hospital and a training school for Chinese nurses. The hospital gave visible meaning to the missionaries' commitment. By 1925, WMS missionaries at the West China Mission had found a way to "turn their passion for Christian social activism into an instrument to advance their own personal independence, professional development, and social standing."[44] In a similar way, missionary nurses at the North China Mission turned their collective attention to modernizing and professionalizing nursing service after the first modern hospital was opened at Weihui in 1923.

Home Missions: Nurses as Colonizers

Seen through twenty-first-century eyes, Margaret Brown's suggestion that "young women would not have taken up nursing without the example set them by Christian women of the West" situates missionary nurses in China directly in the centre of current debates on the colonialist and imperialist nature of missionary medicine. Here I use the term "imperialism" to mean one nation extending power over another through political or economic control. It is an extreme form of nationalistic ethnocentrism based on an assumption of superiority and entitlement. I borrow from Mary Ellen Kelm's definition of "colonialism" as a process linked to imperialism that includes "the provision of low-level social services [and] the creation of ideological formulations around race and skin color, which positions the colonizers at a higher evolutionary level than the colonized."[45] Although their focus was not on nurses, in their respective studies of Canada's colonialist relationship with First Nations, both Mary Ellen Kelm and Myra Rutherdale present evidence that missionary nurses were collaborators in Euro-Christian hegemony. As missionaries, Canadian nurses in China are inevitably linked with the "imperial project," whereby Britain asserted power over other nations in an effort to subdue and subsume them into the expanding British Empire.[46] I argue that while Canadian nurses in China may have reflected

and even embraced imperialist ideals, they were indifferent – and ineffective – colonizers.

In their respective studies, Kelm and Rutherdale successfully argue that missionary work supported both government and church agendas of directed cultural change. In her study of Aboriginal health and healing in British Columbia, Mary Ellen Kelm demonstrates the degree to which imperial efforts to dominate Aboriginal health in Canada were successful. Missionary nurses played a role in what Kelm has termed "colonizing bodies" through their support of assimilating First Nations into the dominant culture, noting that medical practitioners, including nurses, were among those intent on "expanding the frontiers of Anglo-European ascendancy" and were "imbued with the collective experience of empire-building" apparent in Asia and elsewhere.[47] In British Columbia, nurses and field matrons instructed Native women in the domestic arts (aiming to improve cleanliness and sanitary conditions of Native homes), helped with medical emergencies, made home visits to expectant and new mothers, and dispensed simple remedies "such as are found in average homes in white communities."[48] Some field matrons were without special training; those who were "trained" were often nurses. Together, nurses and field matrons served to build "Aboriginal confidence in the paternalism of the department [of Indian Affairs] and generate interracial goodwill."[49] Similarly, in her study of Anglican missionary women in British Columbia, Myra Rutherdale found that the Anglican Church of Canada acted "in tandem with the federal government in an attempt to assimilate Aboriginal peoples into Canadian society."[50] Thirty-four of the Anglican women missionaries working in northern Canada were trained nurses. These nurses assisted in the colonialist aim of assimilation through their work in residential schools, homes, and hospitals.

The link between colonialism and missionary nursing in Canada suggests a similar link between colonialism and nursing in China. After all, missionary nurses in China and Canada were often drawn from the same pool of candidates. That is, nurses hired by the United Church WMS could work at home (in WMS hospitals across Canada), or abroad, in countries such as China, Japan, Korea, and India.[51] In fact, China nurses Clara Preston and Janet Brydon worked at WMS hospitals in Canada when wartime conditions made China inaccessible – Preston at Hearst, Ontario, and Brydon at Smeaton, Saskatchewan. In both cases, the nurses found the Canadian settings lacking; Brydon described her working conditions at Smeaton as "very bad; primitive."[52] In comparison with work in China, with its large population, ancient culture, and mission community, work in remote areas of Canada could be isolating and depressing. Thus, while there was a link between missionary nursing in China and Canada, there was also much dissimilarity. In China, Canadian nurses benefited from being British subjects

(for example, as recipients of extraterritoriality rights), and undoubtedly – if not unwittingly – came to China with ethnocentric ideals. But expressions or displays of cultural or national superiority tempered over time as nurses became more fluent in Chinese language and customs and identified more with Chinese colleagues and friends. Far from providing "low-level social services" associated with colonizers of First Nations, Canadian nurses in Henan were among those who envisioned and created Henan's first modern hospital and nurses' training school, which was, by all accounts, a state-of-the-art institution, comparable to hospitals in Canada.

The extent to which mission discourse has spilled over into nursing historiography can be seen in two seminal articles on nursing history in China, by Liu Chung-tung and Kaiyi Chen.[53] In both articles, the authors commend missionary nurses for their role in developing modern nursing, but express disapproval of the imperialist and colonialist impulses that characterized missionary work. To Chung-tung, missionaries were "the velvet glove of imperialism frequently backed up by the mailed fist, its effort in China [being] effective for a time in undermining Chinese self-determination."[54] To Chen, the missionary nurses' primary goal was to convert the Chinese to Christianity through "saving the soul."[55] In mission discourse, evangelism is closely tied to imperialism and colonialism, with "Christianizing" and "civilizing" heathen nations both being understood as ways to subvert self-determination. Because conversion to Christianity is understood as the first step toward assimilation of Anglo-European values, missionary work is necessarily seen as supporting imperialist aims. Chen and Chung-tung take up the view that (American) missionary nurses were primarily evangelistic and colonialist, but they do not provide evidence to support such claims.[56] While the lack of comprehensive studies makes it difficult to know whether and how American missionary nursing contrasted with Canadian nursing, emerging research on Canadian nursing challenges Chen's and Chung-tung's assumptions that missionary nurses in China had an imperialist agenda, damaged Chinese self-determination, and sought primarily to evangelize. That is, Janet Beaton's work on missionary nursing at the United Church West China Mission[57] and letters written by Canadian missionary nurses in China to *Canadian Nurse* between 1935 and 1947[58] portray nurses as aligning themselves more closely to internationalized, professional ideals than to nationalized, church ideals. As will be seen, church and nation were important influences on missionary nursing at the North China Mission, but these constructs are only part of the story.

The relationship between evangelism and nursing practice at the North China Mission is best illustrated by the evolution of Margaret Gay's missionary career in China (1910-41). Gay, who went to China as an evangelistic missionary, came to perceive professional nursing as a better, more tangible

expression of her faith and desire to serve the needs of the Chinese. While Margaret MacIntosh (1889-1927) focused on evangelism to the virtual exclusion of nursing service, and while post-1920 nurses focused on nursing practice to the virtual exclusion of evangelism, Gay saw a place for both. To Gay, evangelism was precisely what differentiated missionary nursing from other forms of nursing practice. Although other nurses did not generally integrate teaching the Christian Gospel to patients as part of their professional nursing service, missionary nursing came to be understood (and is still understood) as a form of evangelism.

Through their seminal studies, Hunter, Brouwer, Gagan, Rutherdale, and Kelm help to situate nursing in the broader movement of missionary women. These authors highlight the oft-overshadowed world of women's work for women, the influence of gender on missionary work, and the ways that women unexpectedly wielded power in male-dominated societies and organizations.[59] They also introduce the notion of women missionaries as inadvertent feminists and colonizers, themes reflected in the scant literature on nursing history in China. Their emphasis on the collective voice of women contrasts with mission records and scholarship that privilege the voices of men – particularly physicians, administrators, and evangelists who held dominant positions in the Presbyterian and the United Church. In both cases, the story of missionary nurses tends to be fragmented or hidden altogether in the extant literature. While gender bias partially explains the invisibility of nurses, the fact that greater attention is paid to female physicians than to nurses in China mission scholarship (despite an estimated MD:RN ratio of 1:4 at the West China Mission)[60] suggests that the invisibility of nurses must also be understood in the context of the historic power relationship between nurses and physicians. To accept the silence surrounding missionary nursing is to accept an image of nursing as an incidental, inconsequential, ancillary arm of medicine.

To Be a Nurse: Missionary Women as Trained Professionals

Missionary nurses at the North China Mission between 1888 and 1947 were "graduate nurses" (also called "trained nurses"). This meant that they had met the standards of qualification set by a recognized nurses' training school – normally a two- to three-year hospital-based apprenticeship program of study in Canada.[61] Some nurses went on to earn certificates in public health nursing at Canadian universities after the Red Cross Society began sponsoring one-year postgraduate certificate programs in five universities after 1919.[62] Graduate nurses wore distinctive uniforms, caps, and school pins, which helped to distinguish them from lesser-qualified lay nurses and subsidiary health workers. In Canada, nursing uniforms served an important function since different styles and colours indicated one's relative rank and position. This tradition was transferred to China, where nurses' training took place

in mission hospitals. For example, Chinese nursing students wore blue uniforms with white aprons, foreign and Chinese graduate nurses wore all white, and head nurses wore a black stripe on their white nursing caps. Because of the different uniform styles, patients could tell at a glance whether a nurse was a probationer (new student), senior student, graduate nurse, or nursing supervisor.

Prior to the construction of new, modern hospitals in Henan, Canadian nurses worked with physicians in patient homes, makeshift clinics, Chinese inns, mission dispensaries, and in what Clara Preston later referred to as "old-style" hospitals – one-story, Chinese-style structures with paper windows and rooms facing a central courtyard. The change from old-style to modern hospitals in the 1920s was catalyzed by four events. First, a new generation of missionary men and women began work in Henan after the First World War, including Dr. Bob McClure and Jean Menzies. Second, missionaries began to see a need for hospital services. For example, evangelistic worker Margaret Gay pursued nursing studies after feeling increasingly concerned by the prevalence of unmet medical needs. Third, professional nursing practice and education in Canada was becoming increasingly sophisticated, standardized, and organized: the *Canadian Nurse* journal started publishing in 1905, the Canadian National Association of Trained Nurses was formed in 1908, and the first baccalaureate program for nurses was established at the University of British Columbia in 1919. Finally, and perhaps most importantly, a widely distributed, comprehensive report of mission hospitals across China listed Henan hospitals as among the worst in the country in terms of facilities and staffing.[63] This may have shamed the Canadians into action or at least given weight to the appeals being made by some of the younger missionaries for modern medical care. After the first modern hospital and training school for nurses was built at Weihui, the community of nurses broadened to include Chinese women and men, and nurses became increasingly committed to the expansion of nursing services through education, professional networking, and standard setting. During the interwar years, nursing in Henan was developing at a pace similar to that of Canadian nursing at home.

According to former North China missionary Margaret Brown, Chinese women took up nursing because of the example set them by missionary nurses. This assertion is problematic. Although Brown's statement seems accurate in terms of missionary impact on nursing development in general, it is not clear that this was the situation in Henan. That is, while Brown suggests that Chinese women took up nursing out of admiration for missionary women, it seems equally plausible that, in Henan, Chinese women took up nursing out of admiration for Chinese nurses, or for other reasons altogether. By the time nurses' training started for Chinese nurses at Weihui, professional nursing was already established in the larger urban centres of

China, Western medicine had gained increased acceptance, and roles for women in China in general were changing. Because the earliest Chinese students at Henan were members of what would become the Church of Christ in China (a church initiated by, but separate from, the United Church and other denominations),[64] it is as likely that they were inspired by fellow Chinese Christians as by foreign nurses. Either way, we do not know what the perspective of Chinese nurses was, since the Chinese voice is typically left out of mission documents. Where Chinese nurses are described, it is always from the missionary perspective; data reveal more about the Canadian values and beliefs (for example, about the Chinese "other") than about the Chinese per se. While it is clear that the Chinese supported nursing and that nurses adopted structures and traditions of modern nursing, nursing practice in Henan differed from Western nursing in important ways (for example, its inclusion of male nurses, something virtually unheard of in Canada). It is difficult to say whether Chinese nursing in Henan was grounded in Christian ideals. Certainly Chinese nurses were well versed in Christian ideology, as members of the Chinese Church and even graduates of mission primary schools. But the degree to which they internalized Christian values is unclear from the record. What we do know is that Canadian nurses believed and expected their Chinese protégés to have similar values, and based their relationship with Chinese nurses on a belief that they had similar religious convictions.

Both Liu Chung-tung and Kaiyi Chen raise doubts about whether Chinese women adopted Western and Christian ideals related to nursing. To Chung-tung, nursing in China is best understood as a "transition within an extremely complex and ancient society" rather than an "extraneous implant" from the West.[65] Drawing attention to ancient traditions of healing and caring, Chung-tung identifies value conflicts experienced by the Chinese as they made the transition from ancient to modern practices. These included the Chinese expectation of gender segregation (for example, females could not take care of males), the low status of individuals who performed menial duties or touched the human body, and the general hatred and suspicion of foreigners. As the nursing profession came increasingly under Chinese leadership, the ideals of missionary nursing were reinterpreted in a specifically Chinese way. To Chung-tung, missionary nurses may have been catalysts for reform, but they were not reformers. Kaiyi Chen similarly suggests that missionary nurses' role in the development of professional nursing was commendable but transitory; Western values and beliefs were tolerated rather than embraced. To Chung-tung and Chen, the Chinese may have mimicked Western *structures* in their development of professional nursing, but Chinese nurses ultimately rejected both Western and Christian *ideology*.

Although missionary nurses played a key role in the introduction of modern nursing to China, it is impossible to conclude whether or not modern nursing would have developed in China without them. If, as Brown contends, modern medicine would have "come sooner or later anyway," so, too, would have modern nursing. Modern medicine, with its emphasis on hospital care, relied as much on nursing services as nurses relied on physicians; medicine was neither separate nor separable from nursing. Thus, while it is possible that physicians would have been able to provide care at dispensaries and small hospitals (where meals and personal care of patients were provided by family members), the modern model of organized inpatient care in Western-style hospitals demanded highly structured nursing care. Without nurses, modern hospital care was inconceivable. By the time the North China Mission was ready to modernize its medical care, missionary nurses were ready to rise to the challenge.

Methodological Notes: Gaps, Silences, and Opportunities

Since the earliest days of the profession, nurses have used history to celebrate individual achievement, acknowledge professional milestones, and socialize new nurses. With the replacement of nursing history by nursing theory as a professionalizing discourse, nurses have become disconnected with their historical roots.[66] Sioban Nelson recently lamented, "our education systems are producing nurses without a historical identity" who "equate nursing history with tales of Nightingale and old matrons."[67] But this is changing. Nurse historians have perceived a new path of historical possibilities, opened, in some measure, by feminist historians. As a response, Patricia D'Antonio and others have called for a "new historiography" in nursing.[68] In feminist biography, for example, historiography 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 increasingly possible and desirable.[69] The shift toward a new historiography in nursing allows attention to be given to what Kathleen Cruikshank calls the "lives of unknown or lesser known figures, exploring what their experience can offer to our understanding of an era, a movement, or a culture."[70] Canadian missionary nurses assist us to understand the Canadian role in the missionary era, the culture of missionary nursing, and the globalization of modern nursing.

In an effort to understand both the public and private spheres of Canadian nurses' lives, I sought out professional and personal, published and confidential, and official and unofficial sources. The public record (archives, published documents, newspapers) most readily spoke to the professional, communal aspects of missionary *nursing,* whereas private documents (family papers, letters, diaries) tended to reveal the personal, individual lives of *nurses*. Unfortunately, the Toronto General Hospital (TGH) nursing alumnae

archives were not available during the period of this study; they were in temporary, private storage awaiting procurement of a permanent repository. Since most of the nurses were TGH graduates, information in this collection would undoubtedly assist in our understanding of the preparation of missionary nurses. Also missing is mission correspondence prior to 1912. According to a United Church of Canada/Victoria University Archives finding aid on the overseas mission board (Honan Mission), virtually all correspondence prior to 1912 "has been lost due to disturbances (e.g., the Boxer Uprising) or simply misplaced."[71] For this reason, I have depended upon memoirs of early missionaries and the unpublished history compiled by Margaret Brown for much of the chronology and early history of the mission. I recognize that each of these sources represents a particular agenda and a limited perspective on mission history.

By collecting and comparing a variety of independent perspectives on a specific event or experience, I have tried to substantiate (or contradict) the authenticity, origin, and originality of documents.[72] That is not to say that conflicting evidence or inconsistencies invalidate data, however. Like gaps and silences, conflicting data raised new questions, opening new possibilities for analysis. For example, in his study of missionary medicine at United Church missions in China before 1937, Yuet-wah Cheung suggested that conscious misrepresentation in missionary letters and reports could arise when success in the field was exaggerated in order to solicit greater support from the home church; unconscious misrepresentation might occur because of an error in memory or a passing mood.[73] While steps were taken to unravel inconsistencies in the data, I, like Cheung, strove for an "approximation rather than a completely accurate rendering of an historical event" through critical examination of the best available sources.[74]

Rather than limiting the study to the twenty-one WMS nurses, I chose to include others associated with the North China Mission, notably married nurses. Since married nurses were not officially part of the mission, they are rarely named in official mission documentation. Moreover, once married, even those who remained in Henan under the auspices of the United Church Foreign Mission Board were difficult to trace since their first names were no longer recorded. Tracing married nurses was an arduous but essential task: Maisie McNeely became, simply, "Mrs. Forbes," while Isabel Leslie became "Mrs. Fleming" (a matter further complicated by the fact that Leslie was actually the second Mrs. Fleming at Henan). Nurses were often left unnamed in mission records and photographs, and no comprehensive list of Canadian nurses existed. Because of this, I felt a thrill of discovery whenever I stumbled across the name or image of a Canadian nurse. For example, I first came across the name Margaret MacIntosh in an obscure record of the attack on a group of missionaries during the 1900 Boxer Uprising; Margaret Gay was in the preface of the 1935 edition of Jonathan Goforth's *Miracle Lives*

in China; and Florence MacKenzie was in a documentary film on Scottish Olympian and China missionary Eric Liddell. Nurses who were well represented in the data inevitably became more dominant in the resultant text. That is, the relative lack of information on nurses who where missionaries for only a short period meant that these women (Harriet Sutherland, Jennie Graham, Eleanor Galbraith, and Margaret Straith) are mentioned only in passing, while nurses who lived in China for long periods (Margaret MacIntosh, Margaret Gay, Jeanette Ratcliffe, Janet Brydon, and Clara Preston) are covered extensively – as are nurses whose families I was fortunate to have as participants (for example, Elizabeth Thomson, Coral Brodie, and Helen Turner, among others). My greatest regret is the lack of information about Chinese nurses and students; the majority of these remain unidentified. One notable exception is the names of Chinese nurses at Weihui between 1937 and 1939, graciously provided to me recently by the administration of the First Affiliated Hospital of Xinxiang Medical University (formerly the North China Mission Weihui Hospital).

Throughout my analysis, I have tried to be mindful of subtle ways in which surviving documents privilege the worldview of missionaries. In an analysis of Chinese conversion stories from the North China Mission, Margo Gewurtz concluded that conversion narratives were shaped to serve the missionary purpose. I recognize, with Gewurtz, that the North China Mission narrative tends to ignore or reinvent the Chinese perspective.[75] Thus, while I am inclined to accept Gewurtz's assertion that "years of intimate contact [between the North China missionaries and the Chinese] changed both sides,"[76] my reliance on English-language sources necessitates an emphasis on the Canadian perspective of events.

Two final notes: First, I have chosen to translate the original place names into Pinyin for the benefit of contemporary readers, wherever possible (for example, "Henan" rather than the old spelling "Honan"). The Wade-Giles spelling is kept in rare cases where Pinyin spellings could not be ascertained. Although the Wade-Giles system was used by missionaries during the period under review, my aim is to allow readers to more easily relate the events to present-day settings. (See the list of Pinyin and Wade-Giles spellings earlier in the book.) Second, as careful as I was to corroborate sources, incorporate a wide range of perspectives, and invite feedback from those with firsthand experience in China missions, it is entirely possible that I have overlooked or missed some points, or interpreted some events differently from those who actually lived through them. Any errors are my own.

Overview of Chapters

Canadian missionary nursing was characterized by personal and professional struggle in an era and vocation where struggle was both expected and admired. Compared to life in Canada, missionary work in China was

dangerous, and narratives of disease, grief, threats, and violence predominate in mission correspondence, personal letters, and public reports. Events such as the Boxer Uprising (1900), the murder of Dr. James Menzies (1920), the Great Missionary Exodus (1927), the Anti-British Movement (1939), the Sino-Japanese War (1939-45), and the Communist takeover of Henan (1947) were constructed within an overarching narrative of survival, whereby nurses are presented as strong, resilient, and committed. The emphasis on victory and achievement in mission discourse is consistent with a Western image of Christianity as a triumphant religion of glory and imperial power. Yet missionaries also struggled with self-doubt, failure, and personal shame. Although public displays of fear or doubt are rare in the mission record, evidence of these common human emotions makes the story of missionary nursing more poignant and familiar. For example, Clara Preston's angry outburst directed at Chinese nurses who secretly fled the Weihui Hospital compound the day before Communist troops attacked in 1947 seems as significant as her heroic efforts to evacuate patients from the compound under gunfire. Disappointment and failure, so pervasive in the human experience, are as necessary to the story of missionary nursing as accomplishment and triumph. Yet they are rare in surviving records.

According to WMS records, the story of the North China Mission "is the story of repeated disturbances and wars, with repeated withdrawals and returns of the missionaries."[77] To capture the narrative of danger and survival as well as the evolutionary nature of missionary nursing, I have organized the material into seven chronological chapters, using significant sociopolitical crises as markers to define each time period. Each chapter covers the period of time leading up to a particular crisis that had a significant impact on the North China Mission. The focus of this study is not on the crises themselves, but rather on the work of Canadian nurses within the context of these crises and the intervening years. In Chapter 1, I discuss the nature of early missionary nursing and how its dependency on the broader missionary agenda shaped its (lack of) progress from 1888 until the time of the Boxer Uprising in 1900. In Chapter 2, I examine early attempts to modernize medical and nursing care, from 1901 until the 1920 Menzies murder. Chapter 3 addresses the establishment and progression of modern nursing and nurses' training, from 1921 until the Great Missionary Exodus of 1927. In Chapter 4, I examine the period of unprecedented expansion and nursing innovation from 1928 until the 1937 Japanese invasion. In Chapter 5, I discuss the period of upheaval during the Sino-Japanese War as North China Mission nurses were scattered around China and Canada between 1938 and 1940. In Chapter 6, I consider the experiences of those who remained in China under the Japanese after Pearl Harbor, between 1941 and 1945. Finally, in Chapter 7, I discuss the brief period of postwar rehabilitation until the North China Mission was permanently closed in 1947.