

# «Able to Do Things of Which They Have Never Dreamed»: Shi Meiyu's Vision of Nursing in Early Twentieth Century China

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## SUMMARY

1.—Introduction. 2.—Founding of Danforth Memorial Hospital Nurse Training School. 3.—Training and Pay. 4.—Nurse-Evangelists and Public Health Work. 5.—Shi Meiyu and the Rockefeller China Medical Commissions.

## ABSTRACT

This essay explores the writings of Shi Meiyu, a Chinese woman medical missionary, concerning the nursing school she ran in Jiujiang, China from 1896 to 1920. During this period, in both the writings of Western missionaries and Chinese reformers, images of sick Chinese women were frequently used to condemn many aspects of Chinese society. My essay looks at the ways that Shi Meiyu, in her discussions of the health of Chinese women, shifted the focus to a vision of Chinese women as skilled healers. I also explore Shi's search for the funding to adapt her nursing school to the increasing emphasis on «scientific» medicine.

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## 1. INTRODUCTION

Until recently, the spread of Western medicine has been seen as one of the best aspects of both Western missionary enterprises and imperialistic ventures. Providing health care for women of other cultures has been seen as particularly unassailable. In the last twenty years scholars have begun to question the idea that introducing Western medicine has been an ideologically neutral, completely beneficial process (1). Only a few historians, however, have specifically challenged efforts to bring Western medicine to women. As Maneesha Lal has pointed out in her study of a British fund to bring Western medicine to Indian women, however, «issues of gender and health were often linked in colonial ideology and politics». She suggests that «Indian women ... were seen as being subject to cruel bodily practices ... that served as signs of Indian “barbarism” and became principal foci around which major social reform campaigns were organized» (2).

A similar point could be made concerning missionaries and other Western observers in China, even though China was never a colony of any Western country and missionaries in China never had the power of the British in India. Missionaries frequently described sick Chinese women suffering under traditional Chinese medical treatments in order to indict «heathen» Chinese culture. These suffering Chinese women were invoked as proof of the importance of introducing Christianity and Western medicine, as well as a more general Western «civilization», into China. David Arnold has suggested that «ill-health among indigenous peoples fostered Europeans’ growing sense of their innate racial and

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- (1) For overviews of the historiography of medicine and imperialism, see ANDERSON, Warwick. Where is the Postcolonial History of Medicine? *Bulletin of the History of Medicine*, 1998, 72, 522-530; ARNOLD, David. Introduction: Disease, Medicine, and Empire. In: David Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Manchester and New York, Manchester University Press, 1988, pp. 1-26; MACLEOD, Roy, Introduction. In: Roy Macleod; Milton Lewis (eds.), *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, London and New York, Routledge, 1988, pp. 1-18.
- (2) LAL, Maneesha. The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin’s Fund, 1885-1888. *Bulletin of the History of Medicine*, 1994, 68, 29-66 (pp. 29-30).

physical superiority» (3). As American missionaries looked at China, not only their perception of an inadequate indigenous medicine, but their belief that the health of Chinese women was deliberately neglected, added to their sense that it was appropriate for them to control the system of health care in China.

In missionary literature on medical missions for women, therefore, Chinese women appeared primarily as victims dependent on Western aid. This article will explore one attempt to subvert this formulation by constructing Chinese women as active healers. Shi Meiyu (a.k.a. Mary Stone), a Chinese women medical missionary who graduated from the medical school of the University of Michigan in 1896, ran a nursing school at her mission hospital, Danforth Memorial Hospital, from the late 1890s to 1920. In her writing on this nursing school, Shi Meiyu presented an image of her nursing students and graduate nurses as women who had mastered important skills in Western medicine and were able to make significant contributions to the health care of other Chinese women.

Shi Meiyu was one of a very few Chinese women who attended medical school in the United States with funding from the Woman's Foreign Missionary Society of the Methodist Episcopal Church (WFMS) (4). The WFMS sent these Chinese women to medical school for the same reason it recruited Western women medical missionaries: the traditions of sex segregation in Chinese society. Many women in China would have refused to be seen by a Western male physician. As Jane Hunter indicates in her study on American women missionaries in turn-of-the-century China, «the need for female doctors to attend to Chinese women illustrates the way in which Chinese sex segregation proved an opportunity for

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(3) ARNOLD, note 1, p. 8.

(4) Others in the 1890s were Yamei King, Hu King Eng, and Shi's close friend Kang Cheng. It is interesting to note that the Woman's Foreign Missionary Society was the main board involved in sending Chinese women abroad for medical education. The Presbyterian Board of Missions was very active in funding medical schools for women in China; however, all the well-known Chinese women medical missionaries who studied abroad did so under the auspices of the Woman's Foreign Missionary Society of the Methodist Episcopal Church.

Western women» (5). The WFMS had only a few Chinese women medical missionaries in the late nineteenth and early twentieth centuries, and the funding for their medical education was usually the result of the prodding by a Chinese church member or pastor or a Western woman missionary. Nonetheless, the mission board's need for female doctors also provided opportunities for a few Chinese women.

Shi Meiyu was not the only woman medical missionary, or even the only Chinese woman physician, to set up a nursing school in her mission hospital. However, she was one of the most prolific writers on the subject of her nursing students and graduate nurses, and through these writings conveyed a coherent vision of Chinese women nurses taking responsibility for offering Western medical care to other Chinese women. Her writings reveal much about the complexity of missionary images of Chinese women and illness. On one hand, these images were usually used to reinforce prevailing ideas about the helplessness of Chinese women, and the consequent need for Western intervention in Chinese society. On the other hand, however, these images could also be the starting point for a medical ministry devoted to providing an education in Western medical techniques which would enable Chinese women to set up healing ministries of their own.

This essay will first explore Shi's training school for nurses. We will then turn to one of the most important aspects of the work of the nurses—their public health ministries. Finally, we will explore Shi Meiyu's relationship with the Rockefeller Foundation's China Medical Board, which in 1914 was created to spearhead the introduction of «scientific» medicine to China. In spite of the different priorities of Shi Meiyu and the Rockefeller Foundation, Shi focused on her shared goals with the China Medical Board in order to acquire the funds to ensure that her nurses would have access to training in the techniques and ideology that were becoming increasingly important to the practice of «Western» medicine.

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(5) HUNTER, Jane. *Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China*, New Haven, Yale University Press, 1984 (p. 15).

## 2. FOUNDING OF DANFORTH MEMORIAL HOSPITAL NURSE TRAINING SCHOOL

The beginning of the Danforth Memorial Hospital Nurse Training School cannot be completely understood without a brief biography of Shi Meiyu. Born in 1873, the daughter of one of the first Chinese Methodist pastors, Shi was one of the first Chinese girls in the treaty port city of Jiujiang, Jiangxi Province to grow up with unbound feet. Having made the decision to leave her feet unbound, her parents were concerned that her marriage options would be limited. When she was seven years old, therefore, her father asked Gertrude Howe, an American woman missionary in Jiujiang, to provide an education for his daughter that would enable her to study Western medicine. Although many in the Western missionary community disapproved, Howe arranged for both her own adopted daughter, Kang Cheng, and Shi Meiyu to study English, Latin, and Western science (6). In 1892, Shi and Kang went to Ann Arbor, MI and entered the medical school of the University of Michigan, the Woman's Foreign Missionary Society of the Methodist Episcopal Church providing the funds for their medical training. In 1896, having graduated with honors, Shi and Kang returned to Jiujiang as Methodist medical missionaries to run a dispensary for Chinese women and children.

Shi and Kang had both grown up hearing that they were representatives of a «new Chinese Christian womanhood». Their unbound feet, their

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(6) I explore the reasons for the Shi family's decision to leave their daughter's feet unbound in the first chapter of my dissertation, which is currently in progress: *The Medical Ministries of Kang Cheng and Shi Meiyu*, SUNY-Binghamton. Shi's father's decision to arrange for a medical education for his daughter was partly inspired by missionary example, particularly the example of a woman medical missionary in Jiujiang, Kate Bushnell. I argue, however, that Chinese traditions were equally important. For accounts of Shi Meiyu's childhood, see «Mary Stone» file: Mission Biographical Files, 1467-5-2:61, United Methodist Church Archives, Drew University, Madison, NJ (hereafter UMCA); BURTON, Margaret *et al. Notable Women of Modern China*, New York, Fleming H. Revell Company, 1911 (pp. 161-165); ZHA, Shijie. *Zhongguo Jidujiao Renwu Xiaozhuan*, Taipei, China Evangelical Seminary Press, 1983, pp. 92-95.

unusual educational opportunities (7), and their Christianity all made it difficult for them to identify with other Chinese girls their age (8). They were very critical both of what they referred to as «heathen» religion and of Chinese traditional medicine, and felt a strong commitment to introducing both Christianity and Western methods of healing to Chinese women and children. At the same time, Shi and Kang had experienced exclusion from the Western missionary community as well (9). Aware that both many foreigners and Chinese doubted the competence of Chinese women, they were determined to prove that when given the opportunity, Chinese women could successfully manage medical work without foreign help.

Shi and Kang therefore chose to start their own dispensary immediately upon their return from China rather than to begin their careers working in a hospital controlled by a foreign medical missionary, as Howe had suggested. They began training Chinese nurses in the first year of their dispensary. By 1901, they had raised enough money to have their own mission hospital built, the «Elizabeth Skelton Danforth Memorial Hospital», named after the wife of the largest contributor, Dr. I.N. Danforth of Chicago.

Shi remained determined to keep Danforth Hospital managed entirely by Chinese women even after Kang Cheng moved to the provincial capital of Nanchang in 1903 in response to a request from a Chinese reformer to begin medical work in that city. Worried that running the hospital without Kang would prove too much of a burden for Shi, Dr.

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- (7) As a number of historians have shown, it was not unusual for girls of the gentry class to receive an education. See particularly KO, Dorothy. *Teachers of the Inner Chambers: Women and Culture in Seventeenth Century China*, Stanford, Stanford University Press, 1994 and MANN, Susan. *Precious Records: Women in China's Long Eighteenth Century*, Stanford, Stanford University Press, 1997. In the 1870s, however, it would have been extremely unusual for Chinese girls to receive an education in English, Latin, and Western science.
- (8) The clearest indication of this can be found in a letter which Kang Cheng wrote at fifteen describing a visit she and Shi Meiyu made to some of Shi's relatives. See BURTON, note 6, pp. 118-120.
- (9) See especially STONE, Mary. Miss Gertrude Howe. In: «Mary Stone» file 1467-5-2:61 UMCA.

Danforth offered to send over a foreign nurse. According to one of Shi's biographers, Shi politely refused the offer, explaining that:

«She was eager for her work to accomplish two things which it could accomplish only if it were purely Chinese: first, that it should convince the Chinese women themselves that they are able to do things of which they have never dreamed, and, second, that it should show the people of other nations that the only reason why Chinese women have for centuries lived such narrow lives is that they have not had opportunity to develop native powers» (10).

Shi's response shows her determination to present her hospital as a model of Chinese women developing a medical ministry without Western supervision. She meant for her mission hospital to both help Chinese women overcome their own self-doubts, and to dispel the image held by many foreigners of the helplessness of Chinese women.

### 3. TRAINING AND PAY

In some respects, Shi Meiyu's Nurse Training School at the Danforth Memorial Hospital resembled nurse training schools in the U.S. in the late nineteenth century, to which she would have been exposed during her medical studies. Her school in fact drew on some of the practices that by the twentieth century had come to be viewed by many as exploitive. At the same time, however, there were important differences between Shi Meiyu's attitude towards her nursing force and that of most hospital superintendents and physicians. She considered her nurses to be her partners in running Danforth Memorial Hospital. While nursing training in the United States usually emphasized subservience to the physician's orders, Shi encouraged her nurses to develop independent judgement.

Modeled on schools begun in Britain in the 1860s, the first three nurse training schools opened in the United States in 1873. Nursing Schools proliferated throughout the late nineteenth and twentieth century,

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(10) BURTON, note 6, pp. 212-213. See also ZHA, note 6, p. 93. Shi's statement that Chinese women had lived «narrow lives» for centuries reveals more about Shi's perspective than the reality of options for Chinese women.

largely because hospitals found nursing students to be an inexpensive labor force. The nursing students would be paid a small stipend, but would also go out on private duty cases and turn the money over to the hospital. As Susan Reverby points out, «The 'training school' could provide a hospital both with a cheap labor source and with additional income from fees collected when students were sent out to patient's homes on private cases». Providing education, according to Reverby, was a secondary concern to many late nineteenth century nursing schools (11).

By the early twentieth century, the practices of hospitals using student nurses as a cheap work force, neglecting their education and collecting the fees they earned from private duty work were coming under increasing attack. Greater emphasis was placed on providing more comfortable quarters and recreational facilities for nursing students and on standardizing the amount of work students were expected to perform (12). Like most medical missionaries, however, Shi Meiyu was chronically short of funds for her medical work and depended on her students for running the hospital. As the only physician in the hospital for most of the twenty years she ran Danforth, she lacked time to give a systemized course of instruction. A 1911 visitor to Shi's hospital described her methods of training the nurses, writing that «one small room off the dispensary has a bench in it where some of them [nursing students] gather when the Doctor has a few moments that are less crowded than the moments that preceded and follow them, and where she teaches them the necessities of anatomy and treatment» (13). Similar situations occurred with the majority of medical missionaries training nurses or other assistants.

Shi's nursing students did get a great deal of practical training. They helped Shi set and dress simple and compound fractures. They

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(11) REVERBY, Susan. *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, Cambridge, Cambridge University Press, 1987 (pp. 61-64).

(12) REVERBY, note 11, pp. 155-158; ROSENBERG, Charles. *The Care of Strangers: The Rise of America's Hospital System*, Baltimore, Johns Hopkins University Press, 1987 (pp. 227-230).

(13) PERKINS, Edward. *A Glimpse of the Heart of China*, New York, Fleming H. Revell Company, 1911 (pp. 62-63).



assisted her in surgery, which in Shi's hospital consisted largely of removing cysts and other growths, surgery for harelips, sewing up wounds, with some abdominal surgery and surgery for breast cancer. There are some indications that the nurses at Danforth received a more thorough training in surgery than did most nurses in the United States. In a letter describing Danforth's nursing training program, Shi Meiyu's associate and close friend Jennie Hughes wrote that because there was no other physician at Danforth, when Shi performed surgery, «the nurses must act as assistants, and ... they receive a training that is rarely accorded a nurse in the Western countries because of the many internes here to assist in all surgical work» (14).

A large portion of the work was in obstetrics and care of sick infants. Shi trained the nurses in how to handle difficult obstetric cases and sent nurses in their final year of training and graduate nurses out to cases on their own (15). Apparently the nurses received at times a great deal of prestige and respect for successfully delivering the babies. A Western visitor to Shi Meiyu's hospital reported seeing one of the nurses returning to the hospital after attending a birth. The family followed her all the way home setting off firecrackers, a traditional Chinese way of expressing honor and gratitude (16).

Like most medical missionaries, Shi's practice of Western medicine had in many ways more in common with the nineteenth century model, which emphasized rest, proper diet, and cleanliness, than with the emerging twentieth century «scientific medicine», which focused more on isolating and killing germs through sophisticated diagnostic techniques (17). Shi did put a great deal of effort into keeping up with medical literature, and made use of her microscope (18). Since as late as 1919 her hospital had no electricity, however, many of the diagnostic

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(14) Jennie Hughes to «Mr. Phillip», Jan 27, 1918, Folder 1446, Box 58, Series 1.1, RG4, China Medical Board, Rockefeller Archive Center (hereafter RAC).

(15) Jennie Hughes to «Mr. Phillip», note 14; Mary Stone to Wallace Butterick, May 17, 1916, Folder 396, Box 21, Series 1.1, RG 4, China Medical Board, RAC.

(16) PERKINS, note 13, pp. 39-40.

(17) For more on the rise of scientific medicine, particularly the germ theory, in the United States, see ROSENBERG, note 12.

(18) PERKINS, note 13, p. 32; BURTON, note 6, pp. 185-186, 204-205.

tools that were becoming central to the practice of Western, scientific medicine, such as the X-ray machine, would have been beyond her reach. Her nurses would therefore not have had exposure to the most technologically advanced aspects of Western medicine. They did, however, learn healing skills that led to a demand for them both in private nursing and in other Western-style hospitals.

As her nursing students increased, the earnings they brought into the hospital through this private duty nursing became an important source of support for the hospital. In 1914, the Rockefeller Foundation sent the First Medical Commission to investigate medical conditions in China. The Commission examined the majority of mission hospitals in China, including Shi's. The Commission reported that the nurses at Danforth were paid \$1 a month for their first year of training, \$2/mo for their second year, and \$5/mo for their third and final year, while those who stayed at Danforth after they graduated received \$10 to \$15/mo. The student nurses frequently went to Kuling, a mountain resort near Kiukiang to «nurse rich Chinese or foreigners», for which they were paid \$1-\$2 a day, at least twice as much as the salary of the most highly paid graduate nurses. The report stated that these fees went to Danforth hospital, the previous summer \$1,000 having been collected in this way (19).

In her annual reports about the hospital, written largely for an audience of Western missionaries and mission supporters, Shi celebrated her nurse's contributions to the hospital as indications of their skill and devotion to service. In her 1916 report to the Kiangsi Conference, for example, she reported that «the nurses worked valiantly towards the support of the Hospital by taking out-cases and turning all their earnings in for the support of the charity patients» (20). Shi's reference to her nurses providing for «charity patients» is important. The vision she was presenting was one where she and her nurses worked together to provide medical care for the poorest of the community. In mission literature,

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(19) Dr. Peabody's Report on Schools and Hospitals, p. 94-96, «Report of the China Medical Commission, 1914», Folder 241, Box 26, Series 100, RG 1, China Medical Board Historical Record, 601 A v.VI RAC.

(20) Kiangsi Conference Minutes, 1916, p. 5, UMCA.

Chinese frequently appeared primarily as recipients of Western missionary charity. In Shi's report, it is Chinese nurses who «valiantly» worked to earn the money to provide free or low cost medicines and treatment to those who could not afford medical care. Shi was asserting that not only were her nurses capable healers, but they could also help with the financial support of mission work. They were providers, rather than objects, of charity.

An important difference between Shi's practice of using her nurses' earnings in private duty nursing and that of hospitals in the United States, as well as many other mission hospitals, was that Shi's nurses played an active part in decisions concerning the running of the hospital. As early as 1906, Shi left her nurses completely in charge of the hospital when she needed to take a six-week rest due to illness. While there was a decrease in the number of patients during this period, Shi reported that the nurses «carr[ied] on the work faithfully». In 1909, she again reported leaving the nurses in charge while she rested and attended some evangelistic meetings. While another foreign physician in Kiukiang attended the most «serious cases» during this time, Shi emphasized the nurses' «success even in difficult cases» (21). The nurses also took care of the hospital for three months in 1914 when Shi was again sick, and before another physician arrived to help, treated over 7,000 patients (22).

While in the United States most training for nurses emphasized «loyalty and deference to the physician» (23), Shi relied on her nurses to make decisions about patient treatment for themselves, consulting her when necessary. In 1903 the Danforth Hospital saw a little over 10,000 patients, including those seen in the dispensary (the majority of the cases), as inpatients in the hospital, and in their homes. By 1919 the number of patients had risen to over 21,000 (24). Until 1915, when an interne from a missionary medical school for Chinese women came to work at Danforth, Shi was the hospital's only physician. Her medical work was able to expand to the extent it had because she felt that she could depend on her nurses.

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(21) Central Conference Minutes, 1906, p. 23; 1909, p. 43, UMCA.

(22) Woman's Foreign Missionary Society Minutes (hereafter WFMS), 1915, p. 174.

(23) REVERBY, note 11, p. 51.

(24) WFMS minutes, 1903, p. 177; Kiangsi Conference Minutes, 1919, p. 11, UMCA..

In the early years of the school, Shi encouraged her nurses to continue to work at Danforth after they graduated, which the majority seem to have done. Those who so desired, however, could find work that paid considerably better. Shi Meiyu wrote in her 1906 annual report that «we greatly regret losing one of our valuable nurses, the government having offered her a more remunerative position» (25). By the early twentieth century, the Chinese government was becoming more interested in Western medicine, and had begun to establish Western style dispensaries and hospitals. Graduates of missionary nursing schools could find well paying positions both with the government and in private nursing.

As the Danforth nursing school expanded, and demand for nurses further accelerated, Shi seems to have gone from seeing her nursing school's primary purpose as providing nurses for Danforth to emphasizing that her school was helping to supply China with nurses trained in Western medicine. Before 1909 the nursing school had had at most eight students at one time (26). By 1914, Shi had twenty nursing students, and by 1917, she reported that «fifteen graduate nurses have gone away to other posts of duty» with some accepting positions as «head nurses in other large hospitals, both government and those opened by other missions». While most of the mission hospitals would not have paid much more than Danforth, the government positions offered considerably larger salaries. In a letter seeking support for the nursing school, Shi's associate Jennie Hughes mentioned that several of the nursing students had taken positions in government hospitals in Shanghai, Beijing, and Tianjin (27).

While Shi emphasized the ideology of self-sacrifice in her nursing school, we can see that she was simultaneously providing her students with valuable skills that they could use either in mission work or in government hospitals. Initially most were graduates of mission middle

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(25) Central Conference Minutes, 1906, p. 23, UMCA.

(26) Central Conference Minutes, 1909, pp. 42-43, UMCA.

(27) Dr. Peabody's Report on Schools and Hospitals—Kiukiang, Danforth Memorial Hospital, note 19, pp. 94-96; Kiangsi Conference Minutes, 1917, p. 3, UMCA; Jennie Hughes to «Mr. Phillip», Jan 27, 1918, note 14.

schools, although by 1914 Shi was trying to find more high school graduates. Their training as nurses gave many of these girls an opportunity to support themselves outside of marriage. Many later married and continued their work, particularly if their husbands were physicians.

#### 4. *NURSE-EVANGELISTS AND PUBLIC HEALTH WORK*

One of the most distinctive features of Shi Meiyu's training of nurses was the public health component of the work. From the beginning of the school, Shi took her nurses on «itinerating trips» out into the countryside, where she would combine preaching, healing of simple ailments, and dispensing of medication. During these trips they would also encourage patients with more serious problems to come to the hospital for treatment. By the 1910s nurses were traveling by themselves to give lectures and set up dispensaries.

This public health work grew in part out of Shi's commitment to evangelism. In common with many Western missionary physicians, Shi saw her hospital as offering healing for the body and an opportunity to hear about Christianity as an integrated system. She frequently referred to the «three fold cord of the Gospel», which consisted of «medical work side by side with the evangelistic and the educational» (28). She attempted to create this «three fold cord» in her hospital, employing Bible women, one of who was her mother, to visit her wards and dispensaries, and encouraging the nurses to discuss Christianity with the patients as well.

Because of her dedication to widespread evangelism, Shi Meiyu was not satisfied with confining her efforts to her hospital, but desired to reach rural areas as well. Many medical missionaries had done such «itinerating», but the efforts of Shi's nurses were among the most extensive during the first two decades of the twentieth century. The itinerating work of the Danforth nurses climaxed after 1915, when Dr. Alice Hwang joined the staff at Danforth, thus removing some of the

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(28) Kiangsi Conference Minutes, 1917, p. 4, UMCA.

burden of running the hospital from Shi and making it possible to increase her nursing staff.

As one of their first public health activities, Shi's nurses offered lectures on topics such as the prevention of tuberculosis, the dangers flies and mosquitoes could present (i.e. «Flies Kill People»), and pre-natal care. These lectures seem to have resembled similar public health lectures given in the United States at the same time, including posters with graphic illustrations to keep the audience's interest and drive home the main points. The lectures were frequently either preceded or followed by the nurses setting up a dispensary in a house, under a tent or outside (29).

In 1916, in response to Shi Meiyu's increasingly frequent health problems, one of the three missionary medical schools for women in China sent one of their graduates, Dr. Alice Hwang, to assist Shi. The presence of another physician, although one who had not had access to the same standard of training as she had had, enabled Shi also to go to the United States in 1916 to brush up on some the developments in Western medicine at the Johns Hopkins medical school. By 1917 Hwang's cousin, Dr. Kathleen Hwang, came to Danforth after her graduation. In 1917 for part of the year, Danforth had seventeen graduate nurses as well (30).

In her 1917 annual report, Shi wrote that Dr. Kathleen Hwang was «going from city to city with her big traveling medicine and chest and outfit» accompanied by a nurse. Other nurses set up dispensaries in places in China farther into the interior. Shi reported that:

«The nurses are trying to reproduce in a miniature form all the phases of medical work in our Danforth Hospital, dispensing, visiting, lecturing, evangelizing, yes, and even operating. They wrote from Hwangmei that a child had an accident. The abdomen was cut open about two inches, the intestines came out. The nurses themselves prayed with the family and operated. The child is all healed and they are of course

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(29) Dr. Peabody's Report on Schools and Hospitals—Kiukiang, Danforth Memorial Hospital, note 19, pp. 94-96.

(30) Kiangsi Conference Minutes, 1917, pp. 3-4, UMCA.

jubilant over their success. At Tai Hu they had to set a compound fracture» (31).

Shi Meiyu is presenting a powerful picture of the effectiveness of her nurse-evangelists.

As a number of historians have pointed out, in the early twentieth century United States public health work frequently targeted immigrants as part of a wider «Americanization» campaign that tended to denigrate the immigrant's native culture (32). Similarly, in much writing about public health work involving the spread of Western medicine in China, both from missionary and non-missionary sources such as the Rockefeller Foundation, either implied or stated outright was the idea that the Chinese did not possess a valid system of healing. In her discussion of public health work, Shi Meiyu was no exception.

Shi differed from most Western writers on health work in China, however, in where she places her central emphasis. The focus of much early twentieth century Western writing was on the pathetic situation of the Chinese who were sick and their need for Western medical personnel. Shi, on the other hand, paid more attention to the Chinese nurses who had mastered techniques central to Western medicine such as surgery and setting fractures. In the report cited above, for example, it is

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(31) Kiangsi Conference Report, 1917, p. 4-5, UMCA; Mary Stone to Wallace Butterick, Apr 12, 1917, Folder 396, Box 21, Series 1.1, RG 4, China Medical Board, RAC.

(32) See, for example, BUHLER-WILKERSON, Karen. False Dawn: The Rise and Decline of Public Health Nursing in America, 1900-1930. In: Ellen Condliffe Lagemann (ed.), *Nursing History: New Perspectives, New Possibilities*, New York and London, Teachers College Press-Columbia University, 1983, pp. 89-101; KRAUT, Alan. *Silent Travelers: Germs, Genes, and the 'Immigrant Menace'*, Baltimore, Johns Hopkins University Press, 1994 (pp. 211-225; 238-239). For an interesting discussion of African-American public health work in African-American communities in the South, see SMITH, Susan. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, Philadelphia, University of Pennsylvania Press, 1995. A number of the issues which Smith discusses, such as the subtle class conflicts between Black women public health workers and their patients, and, at the same time, the close connection which caused many of the health workers to feel a need to «uplift» people in rural African-American communities, can be seen in many of Shi Meiyu's discussions of the public health work of her nurses.

significant that her description of an abdominal cut on a child so serious that the intestines protruded took such an upbeat tone. While Shi describes serious medical problems that needed the attention of her and her nurses, her primary emphasis is not on the suffering and helplessness of the patients. Rather, she concentrates on the skill of the nurses who operated and their «jubilation» over their success.

An important question is how helpful the local populations found these nurse-evangelists. In her descriptions of the activities of her nurses, Shi writes that «the best of these reports is that the city people are so pleased to have them», adding that «the city authorities at both places have called mass meetings and have asked our nurses to give health lectures» (33). Shi Meiyu's report cannot, however, be considered a completely unbiased source, and I have not yet been able to find any more objective accounts (34). To assume without clear proof that the people needed the help of the Western trained nurses seems complicitous with the idea that their traditional medicine was inadequate. In fact, Chinese traditional medicine is a sophisticated system of health care, valued today both by many in China and, in increasing numbers, in Western countries.

At the same time, during this period in China, as in many places the United States and European countries, many people did not have access to good health care. People with limited or no financial resources particularly suffered in this regard. Poorer people in particular suffering from illness, therefore, may have appreciated the dispensaries the nurses set up. Furthermore, many Chinese did appreciate certain aspects of Western medical care, such as surgery and the setting of fractures, which had not developed to the same extent in traditional medicine. In the late nineteenth and early twentieth century, in fact, many Chinese with access to Western physicians would see those doctors if they needed surgery, while continuing to consult physicians of Chinese traditional medicines for most of their complaints (35). The people in the areas

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(33) Kiangsi Conference Report, 1917, pp. 4-5, UMCA.

(34) Both Western missionaries and members of the Rockefeller Foundation praised Shi Meiyu's medical work. They, however, would also have been pre-disposed to see the population as in need of Western medical care.

(35) See, for example, CROIZER, Ralph. *Traditional Medicine in Modern China: Science,*



where the nurses set up their clinics may well have appreciated having access to some aspects of Western medicine without feeling like they had to abandon their traditional medical practices (36). It seems very likely, therefore, that the nurses were performing services valued by many in the community.

Sending the nurses whom she had trained to places farther into the interior of China fit with Shi Meiyu's vision of how to spread Western methods of healing. Shi had not been able to offer her nurses a systematic course of instruction, or to teach them how to use of much of the technology which was becoming increasingly fundamental to the practice of scientific medicine. She had, however given them training in some healing skills for which there was a demand: for example, simple surgery, setting fractures, and handling difficult births. Her ultimate goal was for her nurses to reach as many people as possible with the medical care they could provide.

##### 5. *SHI MEIYU AND THE ROCKEFELLER CHINA MEDICAL COMMISSIONS*

During the time Shi Meiyu's nurses were beginning their public health ministries, the Rockefeller Foundation was beginning to promote the spread of «scientific medicine» in China. While the members of the Foundation's China Medical Board praised medical missionaries for their pioneering efforts in introducing Western medicine, they also felt

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*Nationalism, and the Tensions of Cultural Change*, Cambridge, Harvard University Press, 1968 (pp. 40-41); HILLIER, S.M.; JEWELL, J.A. *Health Care and Traditional Medicine in China, 1800-1982*, London, Routledge and Kegan Paul, 1983 (p. 11). The fact that some Chinese used Western physicians for surgery while continuing to consult traditional physicians for most of their ailments can be confirmed by the frequent complaints of medical missionaries in the late nineteenth and early twentieth century issues of the *China Medical Missionary Journal* (later the *China Medical Journal*).

- (36) Many people in the People's Republic of China today find that a combination of Chinese traditional medicine and Western medicine best suits their needs. In addition, some people in Western countries are using Chinese traditional medicine to supplement Western medicine, for example, using acupuncture to control nausea.

strongly that no medical missionary was offering a sufficiently high standard of medical education for either physicians or nurses. Like Shi, most medical missionaries were severely hampered by lack of funds. The Rockefeller Foundation decided to open up its own medical school where Chinese would be trained in the most advanced aspects of scientific medicine. The emphasis of the Rockefeller Foundation was on providing an elite training for a relative few, who would then become leaders in the development of a scientific medicine in China (37).

In spite of their different ideas concerning the spread of Western medicine in China, Shi Meiyu and members of the China Medical Board, the organization created by the Rockefeller Foundation to conduct its work in China, developed a good relationship. An important aspect of the Rockefeller Foundation's program was the creation of a corps of Western trained nurses in China, and members of the China Medical Board were therefore very interested in Shi's training school for nurses. For her part, Shi wanted to upgrade her training school, to have better facilities with more modern equipment with which to train her nurses. While she had long operated on a shoestring budget, it was important to Shi that her training for her nurses be as complete as possible. She viewed the Rockefeller Foundation as an organization that might help her achieve these goals.

In 1914 and 1915, the Rockefeller Foundation sent two commissions to investigate Western medical education in China, which at the time was primarily offered by Western missionary organizations and a few Chinese government schools and hospitals. In 1921, acting on the recommendations of these commissions, the Rockefeller Foundation established a medical school and nursing school in China, the Peking Union Medical College (PUMC), run under the auspices of the China Medical Board (38).

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(37) BULLOCK, Mary Brown. *An American Transplant: The Rockefeller Foundation and Peking Union Medical College*, Berkeley, University of California Press, 1980 (pp. 24-47).

(38) In 1927, in response to requirements of the new Nationalist government in China (Guomindang) the China Medical Board became the China Medical Board Inc., in theory independent of the Rockefeller Foundation. BULLOCK, note 37, pp. 48-77.

Scholarship on Rockefeller involvement in promoting scientific medicine in China has usually centered on the medical school of the PUMC. The reports of the 1914 and 1915 Rockefeller China Medical Commissions, however, make it clear that the training of nurses was as important to the China Medical Board as educating physicians. Fundamental to the Rockefeller Foundation's plan for introducing Western medicine to China was the creation of modern, Western style hospitals. As members of the Rockefeller Commission quickly realized, the establishment of such hospitals would be dependent on nurses trained in Western medicine (39).

The reports of the Commissions emphasized their desire to bring more foreign nurses to China. As mission boards had already found it difficult to induce foreign nurses to come to China, however, the Commission decided to recommend a limited number of scholarships for Chinese nurses to take the nursing course in the United States. Their goal was to «provide a group of highly trained women who may become teachers of nursing and superintendents of hospitals» (40).

Shi Meiyu became interested in these scholarships. The scholarships presented a chance for one of her nurses to go to one of the best nursing schools in the United States, thus gaining access to training that Shi Meiyu would not have had time or equipment to offer herself. The nurse could then return to Danforth to help Shi provide more advanced training to the student nurses. Shi therefore applied to the Foundation for a scholarship for one of her nurses, Lillian Wu, as well as for some grant money for herself so that she could spend a year in the United States learning about the most recent medical developments.

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(39) Report of the China Medical Commission of the Rockefeller Foundation, 67-71, 102, 107, 121, China Medical Board Historical Record, v. VII, Folder 242, Box 27, RG 1, Rockefeller Archives, RAC. The Rockefeller Foundation was not alone in their emphasis on the importance of foreign nurses. For an example of the importance placed on Western nurses in the areas of West Africa colonized by Great Britain, see BIRKETT, Dea. The «White Woman's Burden in the 'White Man's Grave'»: The Introduction of British Nurses in West Africa. In: Nupur Chaudhuri; Margaret Strobel (eds.), *Western Women and Imperialism: Complicity and Resistance*, Bloomington, IN, Indiana University Press, 1992, pp. 177-185.

(40) Report of the China Medical Commission of the Rockefeller Foundation, note 39, p. 177.

For their part, members of the Commission had been impressed with Shi Meiyu and her nursing school. The 1914 report on Danforth Memorial Hospital related that «we watched Dr. Stone dressing a compound fracture, and both she herself and the nurses went about the work carefully and skillfully». Shi expressed great interest to the Commission in the idea of sending one of her graduate nurses to America for further study. The «nurses themselves» who knew «a little English» also «expressed a great desire to go to America» (41).

In a discussion of women physicians who trained nurses, the Commission singled out Shi Meiyu's nursing school for praise. A member of the Commission noted that Shi was «held in very high repute among all those who know her, both for her personal qualities and professional skill». This Commission member stated that Shi's «school for nurses deserves development» (42). It is not surprising, therefore, that in 1915 the China Medical Board gave Shi Meiyu \$1200 for study at Johns Hopkins, and granted one of its three scholarships to study nursing at Johns Hopkins University to Lillian Wu (43).

At the same time, Shi Meiyu's younger sister Chengzhi (a.k.a. Phebe Stone) was enrolled in the medical school at Johns Hopkins, supported by the Woman's Foreign Missionary Society. The intention at this time was for Chengzhi to take over much of the burden of running Danforth Memorial Hospital, while Lillian Wu would head the nursing school. Not only would this situation be less stressful for Shi Meiyu, but the nursing students would also receive a more thorough training.

Shi Meiyu was also attempting to upgrade the physical equipment of the nursing school at this time. By 1917, with the increasing numbers of students, the accommodations for the nursing students at Danforth were becoming extremely strained. Shi wrote to a member of the China Medical Board that «at present thirty nurses are crowded into a building designed for ten». Her annual report expressed the need for

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(41) Dr. Peabody's Report on Schools and Hospitals—Kiukiang, Danforth Memorial Hospital, note 19, pp. 94-96.

(42) Archives A, President Judson's Journal, p. 240, Folder 242, Box 27, China Medical Board Historical Record, v. VII, RG 1, Box 27, Folder 242.

(43) See «Mary Stone» file, Folder 232, Box 14, Series 1.1 China Medical Board, RAC.

«hospital equipment such as electricity, running water, and [a] heating plant» in order «to make our work come up to maximum efficiency». Shi requested from the China Medical Board a grant of \$10,000 «to build a House with equipment and rooms to train 100 nurses» (44).

The importance of upgrading Danforth's nursing school can be seen in a letter that Lillian Wu wrote to a member of the China Medical Board in which she stated, «You know [that although] Danforth Hospital belongs to the Missionary Society, it is run entirely by Chinese people, we want to have it stand for the best of everything even in the Training of Nurses!!» (45). Wu's letter shows a sense that the ability of Chinese to run a medical enterprise was on display at Danforth. At a time when the ability of Chinese to take full control of enterprises originated by Western missionaries was frequently questioned, it is not surprising that the Chinese women physicians and nurses running Danforth would place great stress on making sure that it «stood for the best of everything».

The China Medical Board did not give Shi Meiyu the \$10,000. They did, however, agree to pay  $\frac{3}{4}$  of Wu's salary, which the Woman's Foreign Missionary Society would otherwise have had to pay. The China Medical Board may have given future contributions to Shi's nursing school; however, in 1920 Shi, along with her close associate Jennie Hughes, left the Methodist Church to form a mission over which they would have sole control: «Bethel Mission». Bethel Mission, located in Shanghai, consisted of a Bible School (run by Hughes), a nursing school (run by Shi), and a high school. While the Rockefeller Foundation no longer contributed funds to her medical work, Shi was nonetheless able to find support from other sources to expand her nursing school at Bethel. As Lillian Wu also joined Bethel, Shi was also able to continue make use of the training the Rockefeller Foundation had provided at Johns Hopkins. By the late 1920s, her Bethel Training School for Nurses had over 200 students.

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(44) Mary Stone to Wallace Butterick, May 17, 1916, note 15; Kiangsi Conference Report, 1919, p. 9, UMCA.

(45) Lillian Wu to Richard Embree, Apr. 23, 1919, Folder 1446, Box 58, Series 1.1 RG 4, China Medical Board, RAC.

The reasons behind Shi's and Hughes' decision to leave the Woman's Foreign Missionary Society are complex. One factor was a theological dispute that Hughes had with the mission board. The reason Shi and Hughes gave publicly, however, was that they felt that the time had come to prepare Chinese Christians to take over the leadership of the Christian church in China, and they believed the mission boards were not sufficiently in sympathy with this policy (46).

Shi Meiyu had for over twenty years worked to create a space under the auspices of the Methodist mission board for a medical ministry controlled by Chinese women. She accepted the idea that Chinese women and children suffered under the Chinese traditional system of healthcare. In her writings, however, she assigned the job of bringing Western medicine to Chinese women primarily to Chinese women physicians and nurses. She shifted the focus away from the figure of the passive, suffering patient to the skill of the Chinese women healers.

Shi Meiyu's writings about her nurses reveal much about the process by which a Chinese woman could work within the missionary community to ensure that Chinese women physicians and nurses would be central to the emerging system of Western medical care in China. The fact that she left the WFMS in 1920, however, also suggests the limitations a Chinese woman faced in working under a foreign mission board. Shi Meiyu occupied a position of great respect in the Western missionary community and had achieved considerable prominence in the United States, especially among Americans interested in foreign missions. She was able to emphasize the common ground she shared with other organizations devoted to bringing Western medicine to China, such as the Rockefeller Foundation, in order to raise the funds necessary to strengthen her training school for nurses. At the same time, while under the WFMS she had to accept a number of policies that discriminated against Chinese Christians, such as the fact that the Board assigned Chinese, even Chinese with identical or better qualifications and training,

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(46) See, for example, «Bethel Heart Throbs: From the Utmost Parts of the Earth, 1936», pp. 44-45, Acc. 69, Box 1, Folder 9, Allegheny Medical College, Philadelphia, Pa. Archives and Special Collections on Women in Medicine, The Medical College of Pennsylvania, Allegheny Medical College, Philadelphia, Pa.

significantly lower salaries than Western missionaries. As a co-founder of Bethel, she had control over all decisions pertaining to the management of her medical ministry. Until the destruction of Bethel in 1937 in the course of the Sino-Japanese War, she was able to develop and expand her training of Chinese women nurses who could both work in hospitals and begin their own medical ministries in more rural areas.

By the 1920s, the idea of Chinese nurses and midwives going to serve communities in rural China was becoming much more widespread, with the China Medical Board putting more emphasis on this kind of public health work throughout the 1920s (47). While Shi Meiyu probably did not directly influence this trend (48), her nursing school continued to make an important contribution to the larger public health movement. Her most important legacy, however, may have been in her commitment to demonstrate to foreigners, and, more importantly, to Chinese women themselves, that Chinese women could be active participants in shaping Western medicine in China.

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(47) BULLOCK, note 37, pp. 134-189.

(48) It is interesting to note, however, that the director of the China Medical Board project in training midwives, Marian Yang, had attended a missionary medical school for women where she would have heard a great deal about Shi Meiyu.

