

East Asian Voices on Science and the Humanities

Editorial & Introduction

with Willem B. Drees, “Zygon Goes Global: East Asian Voices”; and Thomas John Hastings, “Extending the Global Academic Table: An Introduction.”

Where Are We?

with CHEN Na, “Why Is Confucianism Not a Religion? The Impact of Orientalism”; KAMATA Toji, “Shinto Research and the Humanities in Japan”; KIM Seung Chul, “Religion and Science in Dialogue: An Asian Christian View”; and LEE Yu-Ting, “East Asia and Human Knowledge – A Personal Quest.”

How Did We Get There?

with HSU Kuang-Tai, “Science and Confucianism in Retrospect and Prospect”; SI Jia Jane and DONG Shaoxin, “Humanistic Approach of the Early Protestant Medical Missionaries in Nineteenth-Century China”; and ZHAO Aidong, “American Missionaries Transmitting Science in Early Twentieth-Century Eastern Tibet.”

East Asian Engagements with Science

with Thomas John Hastings, “Kagawa Toyohiko (1888–1960): Witness to the Cosmic Drama”; INAGAKI Hisakazu, “Kagawa’s Cosmic Purpose and Modernization in Japan”; HYUN Woosik, “An East Asian Mathematical Conceptualization of the Transhuman”; KANG Shin Ik, “Jumping Together: A Way from Sociobiology to Bio-Socio-Humanities”; FUKUSHIMA Shintaro, “Multilayered Sociocultural Phenomena: Associations between Subjective Well-Being and Economic Status”; and SHIN Jaeshik, “Mapping One World: Religion and Science from an East Asian Perspective.”

HUMANISTIC APPROACH OF THE EARLY PROTESTANT MEDICAL MISSIONARIES IN NINETEENTH-CENTURY CHINA

by Si Jia Jane and Dong Shaoxin

Abstract. The efficacies of Western and Chinese medicine have been under debate for a long time, and the whole issue still raises questions for the contemporary world. The article emphasizes the humanistic approach as well as the scientific method of the early Protestant medical missionaries to China, so as to give a more

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comprehensive scope to understand their historical roles and practices in a cross-cultural context. The authors also wish to call for a global readership to further discuss this historical legacy with regard to the reception of Christianity in contemporary China and other East Asian countries.

Keywords: efficacy; humanity; medical missionaries; medical science; Robert Morrison; Peter Parker; Protestant missions; religion; traditional Chinese medicine

Protestant medical mission in nineteenth-century China is a complex issue. It is not merely a question of providing a historical account of the introduction of Western medical science into an East Asian region where traditional medical treatments had prevailed for a long time; it is also a multi-layered narrative related to cultural bias, gender difference, educational background, and local beliefs (e.g., Daoism, Buddhism, and Confucianism). Since the historical voices of this cross-cultural experience were mainly restricted to Protestant missionaries in China, histories written by church people over the past century naturally represent their self-interest. For example, in his preface to Harold Balme's *China and Modern Medicine*, Sir Donald MacAlister, writing in 1921, claimed that "a hundred years ago no human enterprise could have seemed more hopeless than the physical and spiritual transformation of China," and therefore medical missionaries became the historical agents for saving those millions who "were in soul and body sick unto death" (Balme 1921, 5–6). Balme, the Dean of the School of Medicine at Shandong Christian University during the 1920s, attempted to draw a dividing line to distinguish *modern medicine* from its traditional counterpart, and emphasized the historical role of Western medical missions in introducing the benefits of modern medicine to the Chinese people (Balme 1921, 10–11, 15–17). Balme's argument turned out to be attractive mostly to new intellectuals and social reformists in early Republican China. However, when tracing this history back to the early nineteenth century, the encounter of the first Protestant medical missionaries with China tells a multi-sided story.

The different values and practices of Western and Chinese medicine were contested at various times in history. Their respective efficacies have been under debate for a long time, and the whole issue still raises questions for contemporary Chinese. Two hundred years ago, when Sinocentrism dominated the dynastic authority, no grounds for mutual understanding existed and there was little recognition of the value of cultural exchange. From a Western scholarly perspective, the ideas of Chinese physicians were deemed strange, and, moreover, their practical treatments were far from being "scientific." However, from a historical point of view, the standard of "exact scientific truth" cannot be applied to medical treatments introduced

by the early medical missionaries. Therefore, simple and purely modern scientific judgments may not function well when one approaches the subject of cross-cultural medical practice. In this article, we examine the history of early Protestant medical missionaries in China from a dual perspective, technical as well as humanistic, in order to avoid a simplistic assessment based on contemporary scientific values. Research on the missionaries' activities of medical practice, as well as their attitudes toward traditional Chinese medicine, may help a global readership reflect on the discourse regarding the conflict and integrity of Western and Chinese medicine, as well as contribute to the future of human self-exploration in the cosmos.

CHINESE MEDICINE IN MISSIONARY DICTIONARIES

The early nineteenth century was an era during which Western scholars and missionaries were attempting to penetrate pre-existing cultural barriers that divided China from the West, for the purpose of conveying a comprehensive range of information back to Western audiences. Early Protestant missionaries in China, though experiencing difficulties in terms of living conditions and cultural adaptation, never abandoned their work of collecting information about local societies (Si 2009, 104–06). Their practice is revealed by the reference books that the Protestant missionaries compiled, in which Chinese local customs, indigenous gods, and social norms were introduced to the West for the first time, and, in some cases, fully discussed.

The experience during the first stage of the cultural encounter of the early Protestant missionaries in China is evident in the books they collected for the purposes of learning. Appointed by the London Missionary Society (founded in 1795), Robert Morrison (1782–1834) was the first Protestant missionary to China. He arrived at Canton in 1807. About one year later, because of the lack of a base for conducting missionary work, he moved to Macao where he was employed until 1815 by the East India Company as a translator. It was then that he began to compile language reference books, most importantly *A Grammar of the Chinese Language* (1815), *A Dictionary of the Chinese Language* (1815–1823, in three parts; abbreviated as *Dictionary* in the following discussion), and *A Vocabulary of the Canton Dialect* (1828).

It is worth mentioning that Chinese language acquisition was much emphasized among the early Protestant missionaries, and the same was true for medical missionaries and doctors. Peter Parker (1804–1888), the first medical missionary who arrived in China in 1834, received guidance from the American Board Commissioner for Foreign Missions (ABCFM) that “the first task is to study the Chinese language,” and that he should even delay any systematic medical practice until progress had been made on the language (Van Gulick 1973, 35). Language study was

considered most essential because it would facilitate all aspects of future work done by missionaries. For medical missionaries, even dialects were emphasized in order to converse directly with local people and understand their indigenous mind. During his earliest stay in Canton, Parker learned both Mandarin and Cantonese and gradually made progress. Historical records show that Chinese language acquisition turned out to be a very difficult task for most missionaries. Not only because the Chinese language as a whole (which includes the classical written language, local vernaculars, and spoken dialects) seemed complicated for beginners, but also because there was no appropriate educational environment for language acquisition. Instead of having a long-term Chinese tutor, Parker had to consult Robert Morrison's works, which had been created two decades earlier, for his own language study. In late 1834, Parker also travelled south to Singapore to learn the Hokien dialect, the language of the Fukienese immigrant community found in most South East Asian countries.

Because early Protestant missionaries in China were discouraged from making contact with local people, they needed to devise "secret" ways to study Chinese. In his diary, Morrison once mentioned the trouble his Chinese teacher might get into if he continued to hire him. Later on, with the help of a few "Chinese masters," Morrison collected a large amount of information on local Chinese culture. His frequent visits to Buddhist temples in Canton, as well as his experience of buying various books pertaining to vernacular Chinese, may corroborate this fact (Eliza Morrison 1839, vol. I, 202–12). In his December 1809 report to the London Missionary Society, Morrison wrote that while living in Canton and Macao during the previous two years, he succeeded in acquiring more than one thousand books, covering a wide range of subjects related to Chinese literature, history, religion, and medicine.

Today, in Morrison's collection, housed at the School of Oriental and African Studies, University of London, about 900 Chinese books bound in traditional jackets are recorded in the catalog. According to Andrew West's investigation, there are 216 books on native religions, 133 works on traditional Chinese medicine, and 76 examples of fiction in the vernacular. Taken together, these three categories constitute almost half of the collection (West 1998, xvi). This demonstrates that, with the exception of the potential for religious competition related to local Chinese beliefs, the difference between traditional Chinese medicine and its Western counterpart was the second most important topic upon which early Protestant missionaries wished to focus. More specifically, Morrison not only acquired the ancient Chinese medical classics of the Yellow Emperor, but also contemporary treatises on the body's energy path, pharmaceutical works, pulse diagnosis and treatment, and collections of prescriptions.

In Morrison's *English-Chinese Dictionary*, the word *medicine* is interpreted as 藥材, which means *materia medica*, the dried materials used in traditional Chinese treatments; and in the next entry, *the profession of medicine*, the phrase is translated as *yixue* 醫學, which means *medicine* or *medical science* in modern Chinese. Then, a further explanation follows: "The theory of Chinese medicine hinges upon the notion of man's being 小天地, 'a little heaven and earth'; and on the dual powers, yin 陰 and yang 陽, or a 'vis inertia and vis mobile' existing in every animal body" (Robert Morrison 1822, 273; in detail, see *Indo-Chinese Gleaner*, January, 1821). "Physician" is translated as 方家 "the writers of prescriptions," who "should observe 望; listen to 聞; enquire of 問; feel the pulse of the patient 切" (Robert Morrison 1822, 318).

In November 1820, Morrison wrote a long letter to the secretary of the London Missionary Society, not only to convey the progress of his numerous philological works, but also to report news that he had recently opened a local dispensary in Canton (London Missionary Society [LMS] Archives, LMS/SC/2.1.D). According to the archival record of incoming correspondences sent by Morrison, this was probably the first dispensary established by Protestant missionaries to China. Choa says that Morrison had some rudimentary training in medicine, although he was neither a fully qualified doctor nor a medical missionary by definition. However, Morrison found out that medical practice would provide early Protestant missionaries to China with easy access to ordinary people, while his own literary occupation offered no such prospect. Therefore, Morrison advocated that preachers should combine medical practice with evangelical work (Choa 1990, 7–8). Although it was only a suggestion due to the fact that the number of early Protestant missionaries was limited in South China and Southeast Asia, other similar attempts were made, such as dispatching free medical pills along with religious pamphlets in missionary clinics. During his stay at Macao as an interpreter for the East India Company, Morrison also worked closely with Dr. John Livingstone, who served as a surgeon to the East India Company at the time. The dispensary went well due to the co-operative efforts of Morrison and Livingstone in the early 1820s. According to the missionary journal *Chinese Repository*, the dispensary not only served the purpose to aid the sick poor, but more importantly, to become a space where the medical doctors and missionaries were able to become acquainted with the mind of local Chinese. Morrison usually worked one to two hours each morning and observed about ten different cases under Chinese medical treatment at the dispensary (*Chinese Repository*, vol. X, 22). The dispensary was stocked with a large assortment of Chinese medicine as well as a library of Chinese medical books (up to 800 volumes; Van Gulick 1973, 45). Livingstone also wanted to ascertain whether or not Chinese medicine was efficacious in lessening human suffering. He therefore consulted Morrison and his collection of Chinese medical books (Wong and Wu 1936, 169–70).

EARLY MEDICAL MISSIONARIES IN CHINA

According to the London Missionary Society, translating the Bible into Chinese was the most important task for Morrison and his colleagues. Early Protestant missionaries to China endeavored to produce literary works, not only because it was part of the evangelical tradition, but also because the Qing government had banned Christianity in the early nineteenth century. Missionary activities were in fact restricted to Canton, Macao, Malacca, and other places in Southeast Asia. Morrison and his assistant William Milne (1785–1822) spent almost ten years translating the Bible and composing other religious pamphlets, which became the main religious media at the time. However, prior to the opening of treaty ports, the number of Chinese converts remained very low due to limited opportunity for direct religious communication.

By contrast, foreign physicians and surgeons, who served in the East India Company at Macao around the same time, had many opportunities to meet local Chinese and solve their physical problems. Sources indicate that the Ophthalmic Hospital of Dr. Thomas Richardson Colledge (1797–1879), an eye clinic known as “the Chinaman’s Friend,” cured about 6,000 Chinese patients during its existence from 1827 to 1832 (*Chinese Recorder* 1887, vol. XVIII, 431). Alexander Pearson, known as one of the great surgeons to the East India Company in China, introduced vaccination into south China and helped thousands of poor Chinese survive during a rampant smallpox epidemic in 1805–1806 (Dong 2009, 99–111). However, because of their insufficient knowledge of Chinese, records do not mention communication about religious matters.

The Protestant evangelical movement of the late eighteenth century had emphasized the contribution of medical missions to world Christianity. In China, it was the doctors of the East India Company who responded initially. Dr. Colledge proposed to “send physicians who on their arrivals should commence by making themselves acquainted with the language; and in place of attempting any regular system of teaching or preaching, let them heal the sick and administer to their wants, mingling with their medical practice” (*Chinese Repository*, vol. IV, 386).

Dr. Colledge’s suggestion had considerable influence on the policy of Protestant churches in America and England, which dispatched pioneering medical missionaries to China in the early nineteenth century. Parker was sent by the ABCFM as the first Protestant medical missionary to China. In the 1830s, medical missionaries to China proposed the formation of the Medical Missionary Society in Canton. Parker and E. C. Bridgman (1801–1861) finally founded it in 1838. The goal of the society was to promote professional medical practice among the Chinese, by offering the usual aid of hospitals, medicine, and attendants, and to give wider expression and stability to efforts that had already been made to spread the benefits of

rational medicine and surgery among the Chinese. The objectives of the society were defined as follows (there were seven in total; here we list four related to science and religion):

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

Science and rationality promoted by Enlightenment thinkers prevailed in the early nineteenth century, and Protestant missionaries also found it necessary to prove Western medical science to be more advanced than the “heathen” culture comprised of superstitions. Cultural criticisms are revealed in the missionary records of medical practice, targeting, in particular, traditional Chinese medical treatment. For example, though they had acquired some knowledge of Chinese pulse diagnosis, William Lockhart (1811–1896) and his colleague Benjamin Hobson (1816–1873), early medical missionaries to China from the London Missionary Society since the late 1830s, generally opposed traditional approaches. Dr. Lockhart wrote, “in each wrist the pulse could be variously read over a zone nearly two inches long, which was divided into three sections, each of which was held to possess an external and internal pulse” (Lockhart 1861, 114). However, in general he believed that “the endless variations in pulse interpretations were largely fanciful” (Van Gulick 1973, 42). As a skillful surgeon, Dr. Hobson complained that Chinese physicians did not distinguish between veins and arteries, having no knowledge of the heart’s proper function or of the changes in the blood in capillaries and lungs. Moreover, Western doctors found it absurd that every organ except the brain was seen to have a pulse (Lockhart 1861, 155). It is clear that Chinese medicine was at first regarded as superstition as well as in direct opposition to Western medicine. From the very beginning, Parker and his colleagues such as Lockhart and Hobson all endeavored to “correct its mistakes.” They insisted that the interpretation of blood circulation by Chinese medicine was absurd and dangerous. Herbs and acupuncture were also regarded as strange and puzzling.

What was the role of traditional Chinese medicine during the late nineteenth-century modernization movement led by Westerners? Due to their increasing but gradual contact with local people, it took about two decades for Protestant missionaries in south China to become better

adapted culturally. As a result, most medical missionaries adopted Chinese herbs, which had won a reputation for their “undoubted efficacy,” for pharmaceutical practice. Missionaries were impressed by Chinese doctors’ command of thousands of *materia medica*, including not only herbs, but also powders and concoctions. Aside from the theoretical foundations of general medicine, the pharmacy seemed a more acceptable tool for missionaries to use in solving local problems. Efficacy was taken as the norm for pharmaceuticals, which was applied especially in cases of Chinese patients who did not require surgery. It is recorded that in Canton, Hobson used a particular herb named *chaulmoogra* in the treatment of leprosy (LMS Archives, LMS/SC/5.2.A). Protestant missionaries also acknowledged that *ginseng* was considered the ultimate medication of pre-modern China.

Records show that, up to 1887, 150 medical missionaries, including 27 women, had come to China, and 33 of these held degrees in medicine and theology. In 1887 alone, there were 33 British and 41 American medical missionaries in China (Choa 1990, 17). As a study by Frank Turner has shown, a combination of scientific and theological credentials was still quite common in Victorian Britain up to around the 1870s. In contrast, in the later decades of the nineteenth century, increasing professionalization made such a dual competency quite rare (Turner 1978, 366–68). This helps explain why there were ample numbers of Protestants with a medical qualification who were dedicated to missionary work in China. Toward the end of the nineteenth century, more than one hundred hospitals and dispensaries, as well as numerous medical colleges, were founded all over China by medical missionaries. Fifty years after Parker’s arrival, medical missions had become an essential part of Protestant missionary efforts in China.

BETWEEN BODY AND SOUL

In the early nineteenth century, science and technology became a widespread method for religious dissemination. When Christianity spread to non-Christian countries and regions, “medical miracles” became a powerful means of persuading people in the so-called “unsaved” areas to believe in Christianity. Implied beneath these miracles was the power of science and technology, which was the reason why the incidence of miracles was in such high frequency when early medical missionaries worked in southern China.

On the other hand, for early Protestant medical missionaries to China, Western medicine represented a packet of the most recent scientific knowledge, and therefore no single idea of *standard* practice was established. As Van Gulick points out, “Western medicine in the early nineteenth century was still largely premodern, whereas one generation later its enormous icy congestion of clever metaphysics, folk wisdom, and accumulated

quackeries had begun to thaw, shift, and grind its way downstream” (Van Gulick 1973, 144). Therefore, for Parker and his British colleagues Lockhart and Hobson, practice was also affected by their own assimilation of new scientific approaches, including the use of anesthesia in surgical operations, Pasteur’s antiseptis, and other innovations.

Although a dualism of body–soul has long existed in Western philosophy and theology, from the missionaries’ point of view medical service and surgery were not only methods to cure bodies, but also means to save souls. Due to the Qing court policy of banning Christianity before the First Opium War (1839–1842), medical missionaries presenting themselves as doctors rather than as missionaries had better opportunities to approach those who were truly suffering, particularly at the beginning stage of missions in China. Identity, therefore, became a pressing concern for early medical missionaries in China. Were they only doctors? Was there any room left for preaching? Missionaries soon realized that, for the most part, the local Chinese acceptance of Western medicine was influenced by a patient’s choice of whether or not to accept treatment. If these “Western doctors” cured a single patient, it would be regarded as a “miracle” among the local populace, which would lead to an increase in patients hoping for the same type of “miracle.” In this process, the role of *missionary* was diminished and little room existed for evangelical communication. Sources show that Hobson and other medical missionaries assisted with theological training in Canton. Nevertheless, they were constantly being questioned whether or not it was possible to combine the tasks and vocations of minister/preacher and doctor (LMS Archives, LMS/SC/5.1.C).

From the point of view of Chinese patients, what was their feedback regarding the Western medicine introduced by the Protestant missionaries? Naturally there are various responses in the record, yet sources reveal that those who chose Western medicine usually had problems Chinese medicine could not solve (e.g., tumors, eye diseases, and so on). The patient would accept helpful treatments from a technical or pragmatic perspective, without understanding the underlying theory of the alien culture of the missionaries. We may ask a further question: Did Chinese patients just see these treatments as miraculous, or did they also follow the message conveyed by the Western missionaries? This question touches on the recognition of cultural and human values. It seems that acceptance of the missionary message differed in various periods of the nineteenth century.

Following the opening of treaty ports, Western imperialism aroused xenophobia among the Chinese gentry and literati from the mid to late nineteenth century. Particularly in north China, ominous rumors circulated among ordinary Chinese, such as “the scandalous conduct of Christians and barbarians is angering our gods and spirits, hence the many scourges from which we now suffer.” As for children received into Christian orphanages, it was erroneously reported that “they are killed and their

intestines are used to change lead into silver and make precious remedies” (Teng and Fairbank 1979, 188–89). Hence, because of a mistrust of Western religion, local leaders tended to be suspicious of Western science, technology, and medical treatments. By contrast, the medical missionary work of the early Protestant missionaries to China appears to have been more straightforward before the Opium Wars. Although their contact with the locals was restricted, early Protestant missionaries were not involved in religious conflicts and church cases as recorded in local Chinese history.

As for the earliest medical missionaries to China, the local Cantonese regarded Parker as a “renowned foreign doctor.” In large measure, his success was related to his personal disposition of total dedication as well as his universal humanitarian compassion. A Yale graduate, Parker obtained degrees in theology and medicine, and was ordained a Presbyterian minister in 1834. Shortly after he arrived in Canton at the end of 1834, he was advised by Karl Gützlaff (1803–1851) to go to Singapore as an alternative place to study Chinese. He was able to receive intensive language training under a private Chinese teacher in Singapore for about half a year. It was reported that Parker made rapid progress during an extremely short period of time, for the Singaporean Chinese teacher himself did not know the written characters, and therefore they confined their work to conversational Chinese. At the same time, he also started to accept Chinese patients in his residence and took good care of them. The practice increased, and before long it interrupted his language study (Van Gulick 1973, 37–39).

In November 1835, Parker went back to Canton and established the first Protestant missionary hospital, where he soon became famous for ophthalmology and tumor operations. Parker recorded thousands of medical cases in detail in his journal. Taking on too many patients, he confessed he had little time to go much further in preaching to his audience. However, he did try to emphasize evangelism during the physician–patient conversation. Responding to criticism from some of his colleagues, Parker said “not that education . . . not that science can convert a heathen, but that by demonstrating to him the falsity in his religion it may prepare for him to seek the truth” (*Chinese Repository*, vol. VII, 42).

Two cases help shed light on Parker’s position and deserve closer consideration. The first is recorded as follows:

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

Focusing on filial piety and family values, this is a typical narration from a traditional Chinese perspective. As a fluid concept, the meaning of a Chinese God (*josh*) can be interpreted in multiple ways. A Western God may even be substituted for the Chinese *josh*, when a patient feels he has been protected or saved by Western medicine. After this patient was cured by Parker's operation, it seems that he took Parker himself as a transcendent being, like "our *josh*." Parker, however, corrected the patient and told him that it was the true God, "the God of Heaven—and his goodness in giving us all our mercies, and especially his Son to die for us" (Van Gulick 1973, 52). As a medical missionary, Parker encountered numerous cases under similar circumstances. Presented with an opportunity, he would always follow up and discuss theological questions with his patients.

Turning to the second case, on February 1, 1836, Parker successfully removed a 16-inch-circumference sarcomatous tumor from a little girl's head. At the first meeting with her after surgery, Parker found her well and happy:

I spoke to her of the recent goodness of God, made known to her for the first time the name of the Savior who died for her. When I spoke to her of his taking little children in his arms and blessing them, when on earth, she appeared as much delighted as children usually are at the rehearsal of an interesting tale. On asking her if she would like to see Jesus she replied with much animation in the affirmative. (Van Gulick 1973, 152–53)

Through other such cases, Parker discovered that the unique relationship between a medical doctor and a patient could help facilitate psychological communication, through which the character of local Chinese was easier to be detected. Saving the body and the soul was the twin goal of medical missions. From a missionary point of view, the successful results of medical work not only glorified Western science, but also revealed the power, wisdom, and love of God. The efficacy of medical treatments could influence a patient's attitude to religious beliefs.

By reading his biography closely, we learn that, although Parker was a medical missionary, he possessed a high level of human concern as well as skillful medical techniques. It was by means of the former that Parker was able to win the trust of local Cantonese, which in fact paved the way for the subsequent success of his treatments. With regard to his attitude towards Chinese patients, not only did he perceive them as individuals in physical pain, but also as those suffering mentally. Parker strongly emphasized the religious or spiritual connection between body and soul, and paid much attention to the conversation between doctors and patients during the healing process. The records of Parker's successful medical surgeries, especially those that removed sarcomatous tumors, indicate the positive effects of religious or spiritual power. Parker tended to introduce a concern for the afterlife to his patients; however, he never pushed them to convert to

Christianity at the beginning stage. In this regard, his own church criticized Parker, claiming the number of his converts was too few compared with the number of his patients. However, the efficacy brought about by the fusion of his vocations proved to be remarkable. For about twenty years from the 1830s to the 1850s, Parker recorded more than 50,000 medical cases during his stay in Canton and Macao, and most of these appeared to be successful and gratifying.

CONCLUSION

As pioneer medical missionaries, Parker, Lockhart, and Hobson contributed immensely to the modernization of Western medical techniques in China. There is no doubt that Protestant missionaries involved in the Intellectual Reform Movement in China facilitated the process of scientific enlightenment during the late nineteenth century (Gao 2014, 97–99). However, the diversity of Chinese responses to Western medicine lasted for quite a long time among various social groups. Acceptance, rejection, and eclecticism coexist even today.

Can *efficacy* thus be taken as a moderator with respect to the missionary package of science and religion? Armed with techniques, medical missionaries were able to reduce patients' physical pain and therefore turned out to be far more effective in attracting the local audience; however, without linguistic knowledge, they would not have been able to lead the doctor–patient communication to the further stage of the psychological level. *Efficacy*, in this sense, must enlarge its scope of reference to include a general evaluation of humanistic affection.

Protestant missionaries not only introduced Western science and medicine to China, but also propelled social reforms during the late nineteenth and early twentieth centuries. The historical process has brought about changes to the identity of Chinese medicine and traditional cultural values. It is certainly interesting if we compare Western medicine within the Christian theological system with Chinese medicine within the Neo-Confucian system. Chinese responses to Western medicine and to the missionaries' opinions of Chinese medicine are both worth noting in order to understand these cultural encounters within a historical context.

During the past twenty years, many universities in China have started to claim that they were previously Christian colleges in the pre-1949 era (at least for the purpose of tracing a longer institutional history). What role does this historical legacy play with regard to the reception of Christianity in both scientific and humanistic teaching and research in contemporary China and other East Asian countries? What are the differences across different regions? These are questions that deserve further discussion, which would also help us understand why scientific and humanistic approaches were equally important in the Protestant mission to China of the nineteenth century.

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