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A MISSIONARY IN CHINA: DR. JESSIE MCDONALD

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Abstract

This paper will explore the historical background and importance of the medical career of a missionary in China – Dr. Jessie McDonald. Christianity in China made its first appearance with the Nestorians in the seventh century, but its presence was not made permanent until the sixteenth century. Dr. J. McDonald was part of the China Inland Mission established in 1865 by British evangelist, James Hudson Taylor. Although not the only mission to enter into China this mission extended further inland and was arguably the earliest to fully embrace the Chinese people, their culture and language as part of its mission.

Dr. Jessie McDonald was the first and only female surgeon of this mission when she arrived in China at the age of 26. She was charged with the task of establishing a much-needed women's hospital in Kafeing, Honan. The dream that began in Vancouver as a young girl observing her mother tutor Chinese immigrants in English had come to fruition. Dr. J. McDonald would use her medical training in the treatment of dirt and delay in seeking treatment for eye problems and tumours, opium, suicide, along with Chinese culture and religion. Later in her career she would open a new hospital in Tali, Yunnan and finally a clinic in Paoshan on the Burma highway. Dr. J. McDonald would not leave China permanently until the entire China Inland Mission was pulled out in 1951.

Having spent close to 40 years in China, Dr. J. McDonald had experienced the ending of the Manchu dynasty, civil war and revolution, the uprising of local warlords, a new Governor, Japanese invasion and finally a communist China. She was known in her time as an “intrepid medical pioneer” and has been called “the most formidable and effective of the modern missionaries.” In this essay, I will examine the nature and significance of Dr. J. McDonald’s practice utilizing both archival and secondary sources.

I will begin by discussing the long-standing history of Christianity and missionaries in China. Following this brief introduction, the medical practitioner as a favourite of missionary societies will be investigated. Finally, I will introduce Dr. Jessie McDonald as a medical missionary in China exploring her work first in Kaifeng, Honan and later in Tali, Yunnan. Included in the brief

overview of her career in China will be a focus on some of the medical challenges Dr. J. McDonald faced including dirt and delay, eyes and tumours, suicide attempts, opium, all in the context of Chinese religion and culture. Both primary and secondary sources were used for this paper. Archival sources are from the Billy Graham Centre in Wheaton, Illinois, and include personal correspondence, diaries, a publication with notes, a pamphlet, and several annual reports prepared on the medical and missionary work in Kaifeng and Tali. Many of these were written by Dr Jessie McDonald herself while others were from colleagues working closely with her at the time. Secondary sources include two books each with a Chapter dedicated to Dr. Jessie McDonald and other articles on China and missionary work.

Christianity in China

The first Christian missions in China were thought to have been brought by the Nestorians as early as the seventh century. Both the Nestorians and the Roman Catholics launched more missions in the thirteenth century. However, it was not until the sixteenth century that the Roman Catholics were able to maintain a more or less continuous presence (Latourette 1930). At this time, Roman Catholics focussed on converting royalty and other high-class individuals but this would change over time (Morton 1987). It was much later when the first Protestant, Robert Morrison, arrived in China. He was a British man who had studied the Chinese language but did not land in China until 1807 (Latourette 1930; Morton 1987). Later, the Protestants would be known for introducing modern medicine into China. Initially they focused on converting even the poorest of Chinese citizens (Latourette 1930). However, it was not until the first American Protestants arrived in China, including Peter Parker, that the presence of medical missions could be felt with the opening of the first missionary hospital in 1835 (Morton 1987; S.D.S. 1958). It was Peter Parker who introduced ether and chloroform anaesthesia to China (S.D.S. 1958).

Medical Missionaries in China

Some of the greatest successes the Christian missionaries had in China were in medicine and education. These two areas became the focus of many efforts because of this success (Morton 1987). Hospitals were built and maintained and training institutes for students were also founded (Latourette 1930). Dr. J. McDonald would become involved in training young Chinese women to work as nurses in the hospitals. Some of them remained with her and others took their new skills in Western medicine elsewhere (Kaifeng Annual Report 1933). Many medical missionaries also set to work on translating medical texts into Chinese, and launched public health campaigns (Cheung and New 1985). After spending time in the missionary hospitals being “cured and healed” many Chinese patients were reportedly wanted to learn more about the gospel. When the missionaries spoke of witnessing Chinese Christians to the home folk there was always some mention of those who had not converted. One of Dr. J. McDonald’s medical colleagues remarked: “... but think of the thousands who are still in judgement in the far country, in the land of sin and judgement” (Kaifeng Annual Report 1915). Later, another colleague would write that “it is our job and joy in hospital work to aim at achieving for each patient: (1) a contended mind; (2) a comfortable body; (3) a cured disease; (4) a converted soul.” (Kaifeng Annual Report 1919)

Without a doubt the ultimate goal of all missionaries was to spread the word of the gospel and convert Chinese individuals to Christianity. At this time it seems that very few missionaries tried to understand Chinese religion or medicine. In retrospect, the property of plurality in Chinese medicine is what allowed Western medicine to succeed in China. After overcoming credibility issues the Chinese could see Western medicine as yet another choice that functionally complemented other options. Trust was essential in establishing a helping relationship with the Chinese people. Eventually, Western medicine would be seen as particularly good with public health issues and acute conditions. Examples of this include stopping the spread of plague and being able to heal gunshot wounds. Chinese medicine on the other hand was seen as particularly effective for rheumatoid and other chronic diseases (Cheung and New 1985).

The China Inland Mission

British evangelist James Hudson Taylor formed the China Inland Mission in 1865. After spending six frustrating years with the Chinese Evangelisation Society (CES) he resigned and formed his own vision, naming it the China Inland Mission. This mission would be dedicated to going into areas of China where no other Christian groups were present. It would rely on belief in prayer and God's faithfulness for financial support and do everything it could to adapt to Chinese culture and language (Overseas Missionary Fellowship 2006). The policy of the mission was that members were to fit as seamlessly as possible within the Chinese culture. For men this meant wearing long Chinese gowns, shaving their heads up to the crown and allowing their *queues* (a long braid of hair down the back of the neck) to dangle. They also learned the language and ate with chopsticks, much to the disapproval of other Westerners in China (Thompson 1982). Although seemingly small steps in understanding the Chinese people, this was the first mission to adapt these policies.

Dr. Jessie McDonald

Described as “the most formidable and effective of the modern missionaries,” Dr. J. McDonald’s journey to China began as a young child far away in Vancouver, Canada (Gordon 2005; Thompson 1982). Growing up in Vancouver, she had seen her mother teach Chinese immigrants English at their local church. At the tender age of seven she asked to have a pupil of her own and discovered that although her pupil was a grown man he had never heard of Jesus. After much questioning as to why no one had gone to China to tell him and everyone else about Jesus, she decided that when she grew up she herself would go (Thompson 1982). This kind of independent thinking and attitude were what would make Dr. J. McDonald so successful in her goal to go to China and successful in her practice once she arrived there.

Jessie McDonald's next step in her journey would involve becoming trained as a physician. After hearing from a visiting pioneering missionary that physicians were desperately needed in China, Jessie decided to pursue medicine. In 1905, she entered the University of Toronto to study medicine. In Canada at that time the doors had only recently opened for women to study medicine and Jessie McDonald was one of five women in a class of more than 350 (Gidney and Miller 1996; Thompson 1982).

It was not without some difficulty that Jessie McDonald, now a fully trained physician, found a mission that would accept her. She was young, female, and single; all factors that worked against her. After extending her training in surgery and tropical diseases in Europe she was finally accepted to the China Inland Mission. She sailed to China from London in 1913 (Thompson 1982). By this time the mission was in many regions of China. Dr. Jessie McDonald arrived as their first woman surgeon of the China Inland Mission; she was 26 (Thompson 1982). Sent to join Dr. Whitfield Guinness in a mission hospital in Kaifeng, Honan in May 1914 Dr. J. McDonald wasted no time learning Chinese and seeing patients immediately (Thompson 1982; Kaifeng Annual Report 1915). Although women's medical care had previously been carried out in this hospital, the number of women patients in comparison with men was small (Kaifeng Annual Report 1907). A gift from a young girl's family in America soon after allowed the complete separation of the men and women's health care by the construction of a separate building (Taylor 1920). This new facility, in addition to the presence of a female doctor, was seen as a much more appropriate arrangement by Chinese patients and the number of female patients increased (Kaifeng Annual Report 1916). It became clear that many female patients were not seeking treatment before the arrival of Dr. J. McDonald and much work was waiting for her.

While it was still seen to be in bad taste for a male doctor in China to treat a female patient, women's roles in China were changing (Kaifeng Annual Report 1907). With the end of the Manchu dynasty young women from wealthy homes were now able to leave home. Some even chose to come and learn Western medicine and train as nurses under Dr. J. McDonald (Thompson 1982).

The Women's Hospital in Kaifeng would remain Jessie's primary residence for the next 26 years. The number of women patients increased from 299 in 1915 to 698 in 1917. Revolution and civil war between the North and South were a primary concern in 1917 (Kaifeng Annual Report 1917). Widespread flooding in the province also resulted in the destruction of many crops and added to the poor conditions of that year. Many infectious diseases such as scarlet fever and diphtheria were declared epidemics in the Women's Hospital (Kaifeng Annual Report 1917). There was much to keep Jessie McDonald and the other medical staff busy. These were not easy times in China.

During her first furlough in 1920 Dr. J. McDonald took it upon herself to go to the County General Hospital in Los Angeles. After experiencing civil war in China and not feeling fully prepared for it she wanted to be immersed in similar conditions in a more controlled environment. On the advice of her peers, she helped staff a down-town accident clinic in the worst part of town to learn about treating people who had received injuries in fights. She also spent time at the

Salvation Army to learn how to better deal with ‘drunks’ (Thompson 1982). These actions are illustrative of Dr. J. McDonald’s desire to further her knowledge in medicine and take what she learned back to the people of China.

After being back in China for several years, all foreign staff, including Dr. J. McDonald, were evacuated in 1927 because of a military occupation. Upon returning 3 years later to the hospital, conditions were appalling. Furniture and hospital equipment were scattered everywhere and many panes of glass were broken among other things. Just as progress was being made and patients were beginning to return, the military threatened re-occupation and a terrible civil war broke out lasting for months. Finally the National government was able to gain control and things began to settle for a time although the hospital was filled with many injured patients (Kaifeng Annual Report 1930). By this time, Dr. J. McDonald was the senior doctor and responsible for running the entire hospital. It was entirely up to Dr. J. McDonald to keep things going (Thompson 1982).

In 1939, the hospital’s future became uncertain again with the invasion of the Japanese (Haskin 1957). The Japanese did not like American and British nationals. After some negotiation, it was decided that a German doctor would come and take Jessie McDonald’s place at the hospital in Kaifeng (Thompson 1982). A year passed before it was decided where Dr. J. McDonald would be re-assigned. Eventually talk surrounding the possibility of opening a new hospital further into the interior of China developed and plans were made. The hospital was set to be built in Tali, Yunnan and Dr. J. McDonald began to make the trip arriving there in 1941. It was not without some serious thought that Dr. J. McDonald accepted this task. She would be in her early fifties by this time and the prospect of being responsible for bringing the hospital into being was daunting. This would include finding a suitable location, recruiting staff and ordering all of the hospital equipment and supplies. In addition to this, she would be the only surgeon for several days journey (Thompson 1982).

Dr. J. McDonald also opened a much-needed clinic in Paoshan as a branch of the Tali Hospital in 1948. Sleeping in a room with an earth floor and cracks in the walls, Dr. J. McDonald wrote home to her family that “this was truly a job for a younger person.” But Dr. J. McDonald was it and she felt it was her duty to stay (Thompson 1982). Although the business centre of the region, the clinic was over 250 km from the hospital in Tali (Pamphlet 1948; Tali Annual Report 1948).

Soon after the clinic was opened in Paoshan the Communist Party gained control (Thompson 1982) and just a few short years later the entire China Inland Mission was withdrawn from China. Dr. J. McDonald would return to North America in 1952 where her brother and sister-in-law lived in California (Thompson 1982). Here she became a naturalized citizen of the United States and joined the faculty of Biola School of

Missionary Medicine where she continued to contribute to the missionary community. She died in 1980 (Archives of the Billy Graham Center 2002).

Medical Challenges

Dr. J. McDonald's stay in China was met with many challenges that were not limited to politics and logistics but also included medical conditions. Dirt and delay, eye problems, tumours, suicide attempts and opium use were some of the more common things she encountered.

On Dirt and Delay

Dirt and delay are stated as being two of the most powerful antagonists faced by the medical mission doctors. Fine dust could be found everywhere whenever the wind blew and it was not a common practice to bathe. One report describes a missionary asking an old countryman when he last washed his face and the question being greeted with an amused expression suggesting absurdity of the suggestion entirely (Kaifeng Annual Report 1916).

Delay was also one of the difficulties faced. Many times Western medicine was used as a last resort by patients because of the Chinese distrust in foreigners. By the time some cases were seen the medical conditions were so grave that they were too late (Kaifeng Annual Report 1916). Confidence in Western medicine continued to be a challenge faced by the missionaries even after the hospital in Kaifeng had been established for some years (Kaifeng Annual Report 1919).

On Eyes and Tumours

Of 544 cases seen by Dr J. McDonald in 1916, 150 of them were eye cases (Kaifeng Annual Report 1916). Dirt and delay was thought to have some effect on the prevalence but so was malpractice (Kaifeng Annual Report 1916). Comments on the appeals of women to be able to see, even if just to be able to feel their way about, were said to be the most sad by Dr. J. McDonald (Kaifeng Annual Report 1918). Under a picture of two Chinese women with eye problems reads the passage, "He hath sent Me to heal the broken-hearted, to preach deliverance to the captives, and recovering of sight to the blind" (Kaifeng Annual Report 1919). Maladies of the eyes were a favourite to cure by missionaries because of parallels that could be drawn between the medical missionaries and Jesus in the Bible.

Other procedures done on a fairly regular basis by the missionaries that had dramatic results were the removal of huge tumours. Whether it was a tumour on someone's back (looking like a large sack of potatoes) or a tumour of the jaw disfiguring the face, they were frequently photographed. These large tumours were extremely uncommon in the Western medical world because they would have been removed at a much earlier stage and this explained the fascination of Western doctors (Kaifeng Annual Report 1915, 1926, 1933).

On Suicide Attempts

Suicide attempts by women often brought patients into the hospital. Attempts on their own lives included opium poisoning, swallowing objects such as gold rings and needles, and taking lead in the form of face powder (Kaifeng Annual Report 1916, 1919). One case involved a woman who swallowed gold rings (presumably poisonous) after the death of her husband and children from scarlet fever (Kaifeng Annual Report 1916). Failure in a school examination resulted in a young girl, only 14, to take face powder (Kaifeng Annual Report 1919).

Yet another case was that of a slightly older girl who had reportedly swallowed a needle. On an outcall to a near-by village Dr. J. McDonald arrived to meet the girl who flatly denied swallowing anything. Her father insisted on an operation and her girlfriends reported that she had swallowed at least 50 needles in total. On operation a careful search was made and needles were recovered from the stomach and various portions of the intestines farther down (Kaifeng Annual Report 1918). Apparently this young girl was meant to marry soon and it would have been a great embarrassment to her family if she had died in this manner (Thompson 1982). Other bizarre attempts involved swallowing the heads of two bundles of matches and then drinking kerosene (Kaifeng Annual Report 1919).

Many of the women expressed resentment on being rescued and brought back to life. Dr. J. McDonald felt that "many of the hidden tragedies of the life of a heathen woman" were revealed in the high number of attempts she observed (Kaifeng Annual Report 1919).

On Opium

Although some cases of opium abuse were present in Dr. J. McDonald's work in Kaifeng, Honnan it was not until she entered the province of Yunnan that she encountered it on almost an epidemic level. Her own impression was that Yunnan was a province of rich soil and easy living that made for a lazier people. They had much more trouble hiring and keeping honest staff than they had in Honnan (Thompson 1982). In

1948 alone there were 51 patients admitted to hospital who were to try and break off their opium habits. Additionally, many of the regular patients they encountered in the hospital were also opium addicts (Tali Annual Report 1948). However, the following year opium became cheap and plentiful and not nearly as many patients came in to break their habit (Tali Annual Report 1949).

Medical Treatment

Surgery was found to be a much more popular form of treatment than simple medical cases. Any treatment that required more than 24 hours to be effective was difficult to administer as the Chinese were not receptive to this kind of commitment (Kaifeng Annual Report 1916). Long-term restricted diets or pills were not accepted well either, while inoculations were a favourite form of treatment or preventative care among the Chinese as they came in a familiar vector: the needle. For example, campaigns such as those against the Bubonic plague that appeared in Yunnan in 1947 and 1948 were received very well because of the method of prevention (Tali Annual Report 1948).

Christian Conversion

Upon leaving the hospital one Chinese woman whispered to Dr. J. McDonald, “Pray for me; I am going to take down my kitchen gods when I reach home.” Dr. J. McDonald commented that this gesture although superficially very simplistic meant much more because every other woman had this paper idol in her home (Kaifeng Annual Report 1918).

In the eyes of Dr. J. McDonald this was evidence that her work in China had been meaningful. One of her prayers for the Chinese people was “that they may know Him” (Kaifeng Annual Report 1919).

Conclusion

Although the China Inland Mission was not officially withdrawn until 1951, this in a sense was the beginning of the end for medical missionary work in China. At Christmas 1950, Dr. J. McDonald wrote in her diary about the end of a chapter and of a new scaffolding being built: that of the sickle, the symbol of Communism (McDonald Diary 1950). She would struggle deeply with the decision to leave China and waited until the last (Thompson 1985).

From a very young age Dr. J. McDonald had committed her life to the Chinese people and spreading the word of the gospel. While in China her skills as a surgeon and doctor allowed her to gain the trust and confidence of the Chinese people. Through her work she was able to witness and experience many of the social and cultural changes China was undergoing in such a politically tumultuous time. Her contributions to the spread of Western medicine in China and elsewhere are immeasurable, but certainly significant. However, what inspired her to dedicate her life to China is clear. The values and ideas she was taught as a young girl enabled her to dedicate her life to helping others without regret despite the sacrifices she made.

Today, the site of the missionary hospital Dr. J. McDonald built in Tali (now Dali), Yunnan is that of a new hospital of hope. The Peggy Health Centre is the first hospital in China to be dedicated to AIDS education, prevention, treatment and care (Gordon 2005). Dr. Jessie McDonald's medical legacy of caring for the Chinese, those that she described as a peace-loving nation, continues with this new work today (Thompson 1982).

References

1. Annual reports: CIM hospitals, Kaifeng, Honan. 1907, 1915-1919, 1922, 1924, 1926, 1930, 1933. Folder 1, Box 1, Collection 246, Papers of Jessie McDonald. Archives of the Billy Graham Center, Wheaton, Illinois.
2. Annual reports: CIM hospitals, Tali, Yunnan. 1948, 1949. Folder 2, Box 1, Collection 246, Papers of Jessie McDonald. Archives of the Billy Graham Center, Wheaton, Illinois.
3. Archives of the Billy Graham Center. (2000) Guide to the Papers of Jessie McDonald – Collection 246 [online]. Retrieved December 5, 2006, from Wheaton College, Archives of the Billy Graham Center. Web site: <http://www.wheaton.edu/bgc/archives/GUIDES/246.htm#4>
4. Cheung Y-W and New P.K-M. Missionary Doctors vs Chinese Patients: Credibility of Missionary Health Care in Early Twentieth Century China. *Social Science Medicine* (21):309-317, 1985.
5. Diary of Jessie McDonald, December 25, 1950. Folder 30, Box 1, Collection 246, Papers of Jessie McDonald. Archives of the Billy Graham Center, Wheaton, Illinois.
6. Gidney RD and Millar WPJ. Medical Students at the University of Toronto, 1910-1940: A Profile. *Canadian Bulletin of Medical History* 13:29-52, 1996.
7. Gordon M. (2005) Saving Lives in Southwest China. *China Review*, 32 [online]. Retrieved December 5th, 2006. Web site: <http://www.gbcc.org.uk/32article2.htm>
8. Haskin D. (1957) *Medical Missionaries You Would Like To Know*. Zondervan Publishing House: Grand Rapids, Michigan.
9. Latourette KS. Christianity in China. *Annals of the American Academy of Political and Social Science* 152: 63-71, 1930.
10. Morton HF. Reflections on Christianity in China. *American Ethnologist* (14):94-106, 1987.
11. Overseas Missionary Fellowship (formerly the China Inland Mission) [online]. Retrieved December 5th, 2006. Web site: <http://www.omf.org/us/content.asp?id=27932>
12. Pamphlet. On the Burma Highway: A Clinic is Opened! 1948. Folder 35, Box 1, Collection 246, Papers of Jessie McDonald. Archives of the Billy Graham Center, Wheaton, Illinois.
13. S.D.S. Medical Missions in China. *The Bulletin of the Hong Kong Chinese Medical Association*. (10):185-188, 1958.
14. Taylor H. (1920). *Pearl's Secret*. R. & R. Clark, Limited: Edinburgh.

15. Thompson P. (1982). *Each to Her Post: The Inspiring Lives of Six great women in China*. Hodder and Stoughton and the Overseas Missionary Fellowship: London, England.