

the latter part of the modern era. The moral dilemma, claims Madsen, with whom I agree, is that that era which has presumably ended is precisely what so many developing countries like China are frantically only beginning to enter.

Franklin J. Woo
Former Director, China Program,
National Council of the Churches of Christ in the U.S.A.



Karen Minden. *Bamboo Stone: The Evolution of a Chinese Medical Elite*. Toronto, Buffalo, and London: University of Toronto Press, 1994. xiv, 201 pp. Hardcover \$45.00.

In the poem "Bamboo Stone," Zheng Banqiao draws a sharp image of deep bamboo roots cut into jagged mountain stone. No matter how hard the wind blows or how severe the storm, they never let go. Karen Minden uses this poem as the epigraph to her book of the same title. The physicians trained at Christian medical colleges before 1949 who continued to practice medicine in China during the political upheavals and anti-intellectual campaigns after the revolution embodied the steadfastness of the bamboo rooted in granite. They embraced the elitist model of high standards in education and professionalism in practice taught in the missionary medical schools. Minden argues that the essence of the collaboration between the medical missionaries and their students continues today in the legacy of the "spirit of international scientific and professional excellence" that the missionary-trained students kept alive in themselves "like a flame flickering in the wind" (p. 157).

In contrast to previous studies of medical missions in China, which tend to focus on the institutions, the missionaries, and their goals,¹ Minden places the Chinese alumni at center stage. Through an institutional focus on the College of Medicine and Dentistry established at the West China Union University (WCUU) in Chengdu, Sichuan, Minden examines the role of missionaries as agents of change in the process of transmitting Western medical knowledge to Chinese students. Missionaries created a Western-trained Chinese medical elite during the first half of the twentieth century who then became influential leaders in the modernization of the Chinese health-care system over the course of the second half of this century.

Bamboo Stone consists of seven chapters. The first four chapters, which include an introduction, focus on the institutional setting of the West China mis-

sion in Sichuan province, the perspectives of the Canadian medical missionaries who taught at its College of Medicine and Dentistry, and the Chinese political context in which they practiced. The remaining three chapters focus on the Chinese students themselves who graduated from the medical college from 1900 to 1949 and stayed in China after 1949 to work as physicians. In the fifth chapter, she examines the socioeconomic backgrounds, motivations, and campus life of the medical students from 1900 to 1949. The sixth chapter summarizes her findings on the career patterns of the alumni who stayed in China after the revolution. In the final chapter she assesses the process of technology transfer over time by evaluating the changing role of Western-trained Chinese intellectuals in Communist China. These last chapters move toward a China-centered approach.

However, Minden does not use any sources in Chinese and never engages Chinese critics of Western medicine or supporters of traditional Chinese medicine during the same period.² This is a major lacuna in her work. In the last decade, Chinese historians of medicine have begun to write historical analyses of the interaction between Western and Chinese medicine that would have given greater depth, breadth, and complexity to her case study.³ The politics of the merits of Western versus Chinese medicine, however, do not concern her.

Minden used archival sources at the WCUU, previously kept from both Chinese and Western scholars, to construct for the first time in missionary scholarship a prosopography of a group of Chinese medical alumni. Officials at the current university gave her a list of 131 preselected alumni. This preselected population served as her sample for both interviews and a questionnaire. She received 51 responses to the questionnaire that she sent out to 88 people. She was able to interview 93 alumni, some of whom also answered the questionnaire. Her population sample of 113 total respondents represents about 20 percent of the total population of 579 alumni of the WCUU College of Medicine and Dentistry from 1914 to 1949. Minden combined this information with archival sources to gauge the various dimensions of the lives of the Chinese alumni both while they were at the medical college and during the first forty years of the People's Republic. She looks at the history of the medical school and the careers of its alumni as a prism through which one can examine the political upheavals that have taken hold of China throughout the twentieth century. This is her main contribution to the field.

The reader should be forewarned that Minden often extends the percentages based on her sample population to the entire group of alumni. This practice is particularly problematic given a nonrandom sampling of respondents. About 50 to 65 percent of the alumni chose to leave China before 1949 and never returned. The remaining 15 to 30 percent who stayed in China, but were not reached through interviews or the questionnaire, could have had life experiences significantly different from those of the people she was able to contact. Minden shows that the life experiences of the alumni she contacted match in many ways those of

other Chinese intellectuals, but differ significantly in ways related to their chosen field of expertise. As missionary-trained intellectuals they were social pariahs in the new Communist class system, but as doctors educated in Western medicine they were needed to modernize China's health-care system and to treat members of the Party elite.

The most famous, if not also the most influential, graduate of this college was Li Zhisui, personal physician to Chairman Mao from 1954 to 1976.⁴ He embodied the unstable position of the physicians Minden interviewed and of Chinese intellectuals in general, who were at once anathemas in the new Communist class structure and needed experts critical to the success of the state's modernization efforts. Mao may have promoted Chinese medicine as a national treasure, but he chose a Western-trained doctor to be his personal physician. Li wrote, "My value to the party rested solely on my medical skills."⁵

Doctor Li's willingness to look away from corruption and his personal limits as an observer of politics also made him ideal for the job as guardian of Mao's life. Li admits that his apolitical nature was one of the most important qualities that led to his acceptance as the personal physician to the Chairman. Based on Minden's findings, Li was typical of many graduates from the West China Union University's College of Medicine and Dentistry. This was in sharp contrast to their college contemporaries in the humanities who became politically vocal if not also involved. Minden found that the medical students tended to devote themselves to medicine, to stay out of politics, and to seek ways to advance their professional careers. Those medical school graduates who chose to stay in China after 1949, however, found their careers no longer followed the research paths of modern medical developments, but were directed by the changing political winds of Maoist China. These physicians were also persecuted during the Cultural Revolution. Li had to give up his plan to follow a specialist career in surgery, for example, when he became Mao's personal physician. Yet he was one of only four respondents to Minden's questionnaire who thought his persecution during the Cultural Revolution was minimal compared to other intellectuals (p. 135). Through a prosopography of Li's colleagues, Minden shows the extent to which politics determined the career paths and life trajectories of all the alumni she interviewed. Her analysis expands the sociological scope of Li's rich personal account and establishes a precedent for future studies of missionary-trained physicians whose lives embodied and were sometimes destroyed by the politics of modern China.

Minden's work participates in the debate over the role of missionaries in modern Chinese history that began with the founding of the People's Republic. Scholars have either eulogized missionaries for their role in contributing to the modernization process by bringing scientific knowledge to China, or they have criticized them for serving the political and economic interests of imperialist powers. Minden places herself squarely on the missionary side of the debate. She

seeks to right the imbalance of thirty years of Communist criticism against missionary activity as a form of Western oppression. She does this by portraying the medical missionaries as agents of change who, despite their failure to Christianize the Chinese nation, made significant secular contributions to the modernization (i.e., Westernization) of the Chinese health care system.

Her methodology is typical of scholars of missionary history who emphasize the positive contributions of missionaries to social reform and political developments in order to balance out their negative associations with evangelism, military expansion, and imperialist economic interests.⁶ Minden aims to reach a positive assessment of the Christian influence on modern China to counter criticisms of the Christian civilizing mission.⁷ Canadian medical missionaries established an institution of Western medical education that still functions in Sichuan. This institution mobilized government officials during the Nationalist period to start developing a state health-care system and educated a Chinese medical elite that helped build an indigenous system of modern medicine after the revolution. Minden assumes the superiority of Western medicine and de-emphasizes the ways in which missionary agendas were fulfilled both through medical institutions and by "a multiplication of themselves" (pp. 76-77).⁸

Minden wrote *Bamboo Stone* for the students of modernization in China who mention the importance of indigenous elites, foreign aid, and the diffusion of Western technology, but pay scant attention to the process through which missionaries acted as external agents of change and influenced the modernization process (pp. 17-18). Her story starts from a diffusionist framework and adheres firmly to the impact-of-the-West paradigm underlying technology-transfer studies as well as most of the earlier Western scholarship on the post-Opium War period.⁹

Minden's research also participates in the dialogue since 1980 between North American scholars of the history of Christianity in China and Chinese elites at former Christian universities and medical colleges. The Chinese began to reestablish ties with foreign alma maters and strengthen alumni networks after the open-door policy of 1978 in large part to improve institutional endowments through foreign investments. Arthur Waldron of Princeton University provided Minden with links to scholars in China, particularly those at the WCUU, who are currently involved in reassessing the historical implications of missionary education in modern China. Waldron is the principal organizer of American, Canadian, and Chinese scholars involved in this new cooperation, which is funded by the Luce Foundation through the History of Christianity in China project of the University of Kansas (p. 169 n. 21).¹⁰

Canada never involved its military in China's internal affairs, but was nevertheless closely identified in Chinese minds with American imperialism. Minden's case study of the transfer of medical knowledge through the Canadian West China Mission attempts both to separate Christian secular contributions from evangelical motivations and imperialist associations and to distinguish Canadian

from American missionary involvement in China. Her research fits within a pan-Christian movement within history, represented by the History of Christianity project of the University of Kansas, to reappraise "the missionary factor" in the modern political, economic, and social developments within Africa, India, and China (p. 17).¹¹ Yuet-wah Cheung, author of the first historical study of Canadian medical missions, also participates in this reappraisal.¹² The secular transmission of medical knowledge succeeded whereas student conversion to Christianity and the devolution of missionary authority to the Chinese failed.

Minden and Cheung's findings reaffirm Jonathan Spence's observation that despite Western efforts to transfer technological knowledge with an accompanying moral and ideological education, the Chinese always managed to force Westerners to accept Chinese terms (p. 14).¹³ Although Minden and Cheung share similar assumptions and studied the same medical mission in Chengdu, Minden has ignored Cheung's arguments in her work (although she addressed them in a book review) and has excluded his book from her citations. We do not know what she learned from his work or how she disagrees with his arguments.¹⁴

Like Cheung before her, however, Minden examines the relationship between missionary doctors and their Chinese hosts in terms of where they succeeded and failed to reach their goals. Both are more concerned with the process of diffusion of technical knowledge and the successful completion of the medical mission's goals than with the ideologies and attitudes that promoted this transfer. Neither assesses the ways scientific knowledge was and continues to be a source of Western dominance over other countries. Nor do they acknowledge that levels of scientific and technological knowledge were used by the end of the nineteenth century to establish a hierarchy of cultural superiority. They both assume the superiority of Western medicine and look for obstacles in the path of its smooth transmission into China. Cheung gives a more balanced view, however, by exposing the shortcomings of the missionaries themselves in failing to understand their Chinese hosts and patients. Minden tends to place blame either on the incompetence of the Nationalist government or on the anti-intellectual stance of the Communist Party.

This difference is best highlighted in their views toward traditional Chinese medicine and public health. Cheung cites the failure of missionaries to respect traditional Chinese medical practices as the principal reason why they had difficulty developing good relationships with their patients. Minden counters that their failure to assess the benefits of Chinese medicine was due to the fact that they had to deal with more severe illnesses. Although she suggests that the missionary failure to explore the benefits of Chinese medicine "should have been treated as a separate issue" in Cheung's book,¹⁵ she does not follow through in her own work. The absence of this topic from her narrative suggests that she assumes that modernizing medicine means replacing traditional Chinese medicine with Western medical practices and institutions.¹⁶

Minden also does not critically consider the complex dimensions of public health devalued in the elite model of urban-centered, hospital-based, and research-oriented medicine that the missionaries promoted through their medical institutions. She characterizes the turn toward preventive medicine, rural health care, traditional Chinese medicine, and mass public health campaigns during the Maoist period as obstacles in the path of medical modernization. Despite the positive contributions to health care of the elite model, it still served the professional interests of missionaries and the priorities of foreign philanthropists to the disadvantage of China's predominantly rural population.¹⁷ Minden praises the recent trend back to the "high standards in education and professional excellence" of the elite model without considering who stands to gain and who loses.

Although the stated goal of the medical mission was to hand control over to the Chinese, Minden shows more clearly than before why devolution never occurred. This was not because the Chinese physicians lacked expertise or the mission failed to consolidate sufficient government support, but primarily because it was not in the professional interests of the missionary doctors to give the Chinese authority over an institution they considered to be their own. Complete devolution of power only occurred when the Communists took over the College of Medicine and Dentistry in 1951. Minden reads this takeover as a major setback in a linear model of medical modernization.

The limitations in the methodological framework,¹⁸ omissions of important existing research in the field, and the underlying Christian agenda are indicators of problematic scholarship. Despite these shortcomings, scholars of missionary history would do well to follow Minden's China-centered focus on the medical alumni. Her use of interviews and a questionnaire offers a model of oral history to document the careers, life experiences, and changing roles of Chinese alumni of missionary institutions. More missionary scholars should build on Minden's example and interview those Chinese alumni who are still living before they become merely names without personal histories in the missionary archive.

Marta Hanson
University of Pennsylvania

NOTES

1. For a list of previous studies on Western medicine in China see Minden, p. 167 n. 15. Several examples of scholarship using medical missionary sources have begun to reverse this trend. Sara Tucker, for example, shows how medical missions opened up new opportunities for Chinese, particularly Chinese women, to learn a profession. They also gave American women physicians more opportunities in their careers and greater authority over the medical institutions they ran than they could have had if they had stayed in the U.S. Minden does not engage the literature on gender and medical missions in China. See Sara W. Tucker, "A Mission for Change in China: The Hackett Women's Medical Center of Canton, China," in Leslie Flemming, ed., *Women's Work for Women: Missionaries and Social Change in Asia* (Boulder: Westview Press, 1989).

2. For a good analysis of the changing policies toward public health, Western versus traditional medical education, and the role of medical elites based on primary Chinese sources, see David Lampton, *The Politics of Medicine in China* (Boulder: Westview Press, 1977). Minden does not mention this book.

3. One of the best examples of this trend in Chinese historical scholarship on medicine is by Zhao Hongjun 趙洪鈞, *Jindai Zhong Xi yi lunzheng shi* 近代中西醫論爭史 (History of the polemics between Chinese and Western medicine in modern times) (Hefei: Anhui Kexue Jishu Chubanshe, 1989).

4. See Li Zhisui, *The Private Life of Chairman Mao*, trans. Tai Hung-chao, foreword by Andrew Nathan, with the editorial assistance of Anne F. Thurston (New York: Random House, 1994).

5. Li Zhisui, *The Private Life of Chairman Mao*, p. 59.

6. Good examples of scholarship taking the opposite approach are recent articles that have focused on the role of women missionaries in promoting and subverting imperialist ideology. See *Western Women and Imperialism*, a special issue of *Women's Studies International Forum* 13 (4) (1990). It has two articles on China: Marjorie King, "American Women's Open Door to Chinese Women: Which Way Does It Open?" (pp. 369–379), and Sara W. Tucker, "Opportunities for Women: The Development of Professional Women's Medicine at Canton, China, 1879–1901" (pp. 357–368).

7. See Michael Adas on the civilizing mission, in *Machines as the Measure of Men: Science, Technology, and Ideologies of Western Dominance* (Ithaca and London: Cornell University Press, 1989), pp. 199–210.

8. For a more detailed description of this strategy for transmitting Christian moral values and Western technical knowledge, see Karen Minden, "The Multiplication of Ourselves: Canadian Medical Missionaries in West China," in Ruth Hayhoe and Marianne Bastid, eds., *China's Education and the Industrialized World: Studies in Cultural Transfer* (Armonk, New York: M. E. Sharpe, 1987), pp. 139–157.

9. Paul Cohen, *Discovering History in China: American Historical Writing on the Recent Chinese Past* (New York: Columbia University Press, 1984).

10. Waldron has written two unpublished reports. The first is based on an exploratory visit in June 1986 to assess the possibilities of archival research on the history of Christian education in China. The other summarizes the activities of the First International Conference on the Study of Christian Colleges in China, held in June 1989 at Huazhong Normal University.

11. See Minden, pp. 168–169 n. 18, for a list of studies on the impact of Christian missions in Africa and India.

12. Yuet-wah Cheung, *Missionary Medicine in China: A Study in Two Canadian Protestant Missions in China before 1935* (New York, Lanham, and London: The Chinese University of Hong Kong, 1988).

13. Jonathan Spence, *To Change China: Western Advisors in China, 1620–1960* (New York: Penguin, 1980).

14. Karen Minden, book review of Yuet-wah Cheung, *Missionary Medicine in China: A Study in Two Canadian Protestant Missions in China before 1935*, in *JAS* 48 (2) (May 1989): 350–352.

15. Karen Minden, book review, p. 351.

16. For a recent anthropological study on Chinese medicine that counters this view and offers a well-argued critique of Western biomedicine based on an analysis of the Chinese clinical encounter, see Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder: Westview Press, 1994).

17. Ka-che Yip, "Science, Medicine, and Public Health in Twentieth Century China: Health and Society in China: Public Health Education for the Community, 1912–1937," *Social Science of Medicine* 16 (1982): 1197–1205.

18. For an example of a more critical approach to the missionary archive based on Dr. Peter Parker's medical reports from 1836–1852, see Mark Swislocki, "The Politics of Health in Nineteenth-Century China: The Extensions of Christian Medical Authority in Guangzhou 1835–1851" (Bachelor's Thesis, Division of History and the Social Sciences, Reed College, May 1992).



D. E. Mungello. *The Forgotten Christians of Hangzhou*. Honolulu: University of Hawai'i Press, 1994. xi, 248 pp. \$36.00.

Jacques Gernet and Erik Zürcher have argued confidently that during the seventeenth and eighteenth centuries Christianity only minutely impinged upon Chinese history and thought, either because of insurmountable language and conceptual differences¹ or because, unlike Buddhism, Christianity could not be assimilated into Chinese culture due to its closed, rigid, hierarchical structure; its reactionary, Counter-Reformation theology; and the feeling that in China the idea that a scholar could also be a priest was culturally untenable.² In his very important book, Mungello does not seek to refute either Gernet or Zürcher, but raises two different, but not unrelated questions, "that Christianity was not and could not be assimilated into Chinese culture" and that "the widely held image of the Sinocentric Confucian literatus whose mind was closed to foreign influences" bore no truth (p. 2). Mungello comes as no stranger to working at the boundaries and interrelationships between Chinese and Western cultures. He has written *Leibniz and Confucianism: The Search for Accord* (1977) and *Curious Land: Jesuit Accommodation and the Origins of Sinology* (1985), and from its inception in 1979 he has served as the founder-editor of the *Sino-Western Cultural Relations Journal*, which concentrates on early modern Sino-Western history.

Mungello has broken new scholarly ground in several areas. That he has chosen the seventeenth and early eighteenth-century Hangzhou Christian community explains the title of his book. Most studies have concentrated on the Christian communities of Beijing and Shanghai, but Mungello went where his sources led him: first, to the former Jesuit library of Zikawei (*Xujiahui*) in Shanghai, where he located the manuscripts of third-generation Hangzhou Christian literatus Zhang Xingyao (1633–1715+), and second, to the Bibliotheque Nationale, where he located Zhang's other works, on microfilm. Two prominent Hangzhou