




## The Interactions Between Local Society and Mission Hospitals in Modern China: A Case Study on Ningbo Hwa Mei Hospital

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**Abstract:** Since the First Opium War, Western medicine entered China extensively alongside missionary activities, leading to the gradual proliferation of mission hospitals across the country. Ningbo Hwa Mei Hospital 宁波华美医院 stood among the earliest of such institutions and is still of great importance. However, existing research has paid limited attention to this institution, especially in terms of the in-depth interaction between the mission hospital and local society, as well as the concrete processes of its localization—factors that are crucial for understanding how these institutions became established in China. As bearers of a heterogeneous culture, mission hospitals encountered a series of challenges in China—including social alienation, conflict, integration, and adaptation—yet they ultimately gained acceptance within local communities and achieved a degree of localization. Hwa Mei Hospital was accepted relatively early by local society, secured considerable financial support from indigenous sources, and managed to survive and develop within Ningbo’s relatively moderate political climate. However, the nursing school affiliated with Hwa Mei Hospital was regarded, amid the surge of nationalism, as an instrument of “cultural aggression” and consequently encountered opposition and resistance. At the cultural level, the hospital’s responsibility for religious propagation likewise encountered a comparable predicament. The twofold mission of the mission hospital, providing medical services and propagating religious faith, gradually grew unbalanced. The preservation of its secular functions alongside the constraints on its spiritual and cultural dimensions exemplifies both the necessary trajectory and the inevitable outcome of modern mission hospitals taking root in Chinese local societies.

**Keywords:** Hwa Mei Hospital, mission hospitals, modern China, Ningbo society

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As one of the earliest Western mission hospitals established in China's treaty ports, Ningbo Hwa Mei Hospital 宁波华美医院 underwent profound development and transformation, eventually evolving into a leading modern comprehensive medical institution. Its establishment played a pioneering role in the introduction and dissemination of Western medicine in Zhejiang Province and beyond. As institutions embedded within a foreign cultural framework, mission hospitals in modern China faced substantial challenges in adapting to a sociocultural environment markedly different from their origins. In recent years, scholarly attention to this topic has increased significantly, with studies addressing both individual cases and broader institutional patterns of mission hospitals. The existing literature generally recognizes the contributions of mission hospitals to local healthcare, Western medical education, and social welfare.

Most of these studies are regionally focused, particularly on areas such as Guangdong, Fujian, Guangxi, Anhui, Henan, Shanxi, Hubei, Sichuan, Jiangxi, Beijing, Shanghai, and Chongqing (F. Liu 2021; Zhao 2017; C. Li 2001; C. Hu 2010; C. Hu 2012; W. Hu 2010). Liu Yuanming has pointed out: "Limited by human, financial, and material resources, and hindered by the Qing government's uncooperative attitude, Western medical activities primarily relied on clinics... During this period, there were very few establishments that could truly be called 'hospitals,' notable examples being Guangzhou's Boji 广州博济医院, Shanghai's Renji 上海仁济医院 and Tongren 同仁医院, and Ningbo's Hwa Mei 宁波华美医院" (Y. Liu 2009, p. 124). Compared to research on hospitals like Boji and Renji mentioned above, studies on Ningbo Hwa Mei Hospital, another pioneer of Western medicine, have been relatively limited, failing to adequately reflect its historical significance.

Furthermore, current research on Ningbo Hwa Mei Hospital remains fragmented, primarily focusing on historical overviews and the hospital's impact on Ningbo society (L. Zhang 1998; Xu 2010; Xie 2010; L. Wu 2010; Wu and Gao 2015). However, existing scholarship has paid limited attention to the in-depth interaction between mission hospitals and local society, as well as to the concrete processes of their localization—factors that are crucial for understanding how these institutions became established in China. This article seeks to fill this gap by offering a detailed case study of how early mission hospitals in China engaged with local society in the course of their localization.

### **Acceptance and Support: Changes in Local Attitudes toward Western Medicine and Localization of Funding Sources**

Chinese attitudes toward Western medicine underwent a gradual shift

from suspicion and rejection to acceptance. The successful establishment of early mission hospitals in China generally depended on two interrelated factors: the proactive efforts of medical missionaries and the positive responses of local society. Among these, the attitudes of local officials and members of the gentry were particularly decisive in shaping the success or failure of missionary-run hospitals.

The supportive stance of local officials and the gentry was typically manifested in two respects: first, the recognition and practical use of Western medicine by officials; second, the acceptance of missionary medicine by the gentry, which in effect functioned as an important signal for broader social endorsement. As Yuet-wah Cheung has observed, such favorable attitudes often derived from several considerations. First, many had received treatment from medical missionaries and were impressed by the therapeutic efficacy of Western medicine. Second, some respected foreign powers and feared possible diplomatic or political repercussions. Third, others were drawn to Christianity or to what they perceived as “modern civilization.” Last but not least, support from foreigners could serve to safeguard their political and economic interests (Cheung 1988, p. 91).

Among these, the recognition of the therapeutic efficacy of Western medicine constituted one of the most important factors facilitating its acceptance in China. In the mid-nineteenth century, Chinese knowledge of Western medicine remained extremely limited, and it was therefore often regarded with suspicion or even apprehension (Yang 2019, pp. 88-95). To mitigate such concerns, early medical missionaries commonly employed free charitable medical services as a means of attracting patients, while simultaneously using these encounters to disseminate Christian teachings (He 2006, p. 131).

When Daniel J. Macgowan (1814–1893, hereafter Macgowan), the founder of what would later become Hwa Mei Hospital, first arrived in Ningbo, he adopted this strategy by offering free medical treatment in order to build a patient base. He concentrated on relatively simple yet visibly effective procedures, such as minor ophthalmic surgeries, through which he was able to establish both trust and a professional reputation. In the initial stage, those who sought treatment were primarily poor patients who could not afford the services of traditional physicians. As the effectiveness of Western medicine became increasingly evident, however, members of the local elite also began to seek treatment, arriving in sedan chairs and dressed in fine clothing (TCR 1844, p. 111). Local officials were among these patients. One notable case involved Lin Gui 麟桂, the Daotai 道台 (regional governor) of both Ningbo and Shaoxing. On 5 June 1848, Macgowan was summoned through the British Consulate to treat Lin, who had been prostrated by the summer heat after

standing for several hours while awaiting an inspection by the provincial governor. After local physicians had failed to produce any improvement, the authorities turned to Macgowan for assistance. Under his care, Lin regained consciousness and gradually recovered. In gratitude, Lin reportedly praised Macgowan as a “doctor from the Celestial Kingdom,” in terms so effusive that Macgowan himself remarked that they might appear exaggerated even to Eastern ears (Hwa Mei Hospital Report 1923). This episode not only illustrated the perceived efficacy of Western medicine but also contributed significantly to the enhancement of its reputation among both local officials and the wider public. Medical missionaries also made deliberate efforts to secure recognition and support from local society. Many of them recognized that the success of their medical work depended to a considerable extent on obtaining the backing of local officials and socially influential elites. Stephen P. Barchet (1843–1909), who succeeded Macgowan, was particularly adept at cultivating such relationships. He was keenly aware of the importance of maintaining constructive ties with local officials and members of the gentry. In the summer of 1884, Xue Fucheng 薛福成 was appointed as the Daotai of Ningbo and Shaoxing. Zhang Meiyi 张美翊, a prominent local scholar and gentry figure, joined Xue’s administration and also served as Chinese tutor to Xue’s son. As a leading figure in the Self-Strengthening Movement (Yangwu Yundong 洋务运动) and an experienced diplomat, Xue attached great importance to the study of English alongside classical Chinese learning. Upon his arrival in Ningbo, he therefore sought an English tutor for his son, a position that was filled by Barchet (Hwa Mei Hospital Report 1920). These connections provided an important social and political foundation for the subsequent development of Hwa Mei Hospital and helped to ensure its continued support from local elites. They also created favorable conditions for Barchet’s successor, Dr. James S. Grant (1861–1927, hereafter Grant, Lan Yagu 兰雅谷), who was able to benefit from the institutional and social networks that had already been established.

Owing to Barchet’s sustained efforts, Hwa Mei Hospital entered a period of steady growth. A major turning point in its development came with the support of a customs official Mr. Hong. Suffering from diabetes, Mr. Hong had previously sought treatment from practitioners of traditional Chinese medicine, but found little relief. He subsequently turned to Western medicine, and under Barchet’s care his condition improved markedly. In gratitude for this recovery, Mr. Hong not only made a substantial personal donation to the hospital but also mobilized members of his social circle to contribute. With the financial support of Mr. Hong and his associates, the hospital was able to expand its facilities through the construction of a two-storey women’s ward. Dr. Grant, who succeeded Barchet as director of the hospital, later recalled this

episode as a pivotal moment in the institution's history:

"Only a few days ago, I met Mrs. Hong and her sons, who spoke very gratefully of Dr. Barchet; in fact, their favorable impression of foreign things dated from the time Mr. Hong was treated with foreign medicine. What is true of them is true of hundreds, nay thousands of others. From a small beginning, the work increased until between the years 1880 and 1890, over 6,000 dispensary and 250 in-patients were annually treated at the Baptist Hospital. Much seed was sown in the hearts of both dispensary and in-patients." (Grant 1905)

Under Barchet's leadership, the positive response from local society was manifested not only in the recognition and acceptance of Western medicine but also in the willingness to provide substantial financial support for its further development. It was during Barchet's tenure that Hwa Mei Hospital formally instituted a system of medical fees. Charitable medical work required considerable financial resources, and early mission hospitals in China were frequently confronted with chronic funding shortages, which at times constituted their most serious constraint on institutional growth. In their initial stages, most mission hospitals depended heavily on donations from Western churches, the general public, and foreign residents in China. For instance, when William Lockhart established the Peking Hospital (Beijing shi yiyuan 北京施医院), its funding came entirely from consistent donations by British officials, civilians, and merchants (Gao 2009, pp. 232–233).

The initial scarcity of local financial support for mission hospitals in China can be attributed to two main factors. First, in the aftermath of the First Opium War, heightened cultural tensions and conflicts between China and the West fostered widespread suspicion and even hostility toward foreign missionary activities. Under such circumstances, financial donations from Chinese society to the mission hospitals were exceedingly rare. Second, this lack of monetary support was also related to traditional Chinese modes of expressing gratitude. Patients who benefited from charitable medical services typically conveyed their appreciation by presenting commemorative plaques or gifts to hospitals, clinics, or individual missionaries, rather than by making direct financial contributions. A telling example is provided by Stephen P. Barchet, who once received a plaque inscribed "Together Enjoy Longevity (Tong ji ren shou 同跻人寿)" from Xue Fucheng as a token of esteem for his medical services (Wang et al. 2018, pp. 205–206). The situation faced by Macgowan, an even earlier medical missionary, was more difficult still. Despite treating wealthy patients and high-ranking officials, he reportedly received no material remuneration beyond lavish verbal praise (Hwa Mei Hospital Report 1923). These cases illustrate the severe lack of local financial contributions during the early days of mission hospitals in China, highlighting

the significant challenges they faced in achieving sustainable development.

In the aftermath of the Second Opium War, medical missionaries extended their activities to the newly opened treaty ports and gradually moved further into China's interior. In these regions, however, they frequently encountered far more acute financial constraints than in the earlier treaty-port cities, where sources of funding had been relatively more accessible. As a result, some missionaries found it increasingly difficult to sustain a model of entirely free medical care. Under these circumstances, the introduction of fee-based medical services emerged as a practical response, and James Gentle was among the pioneers in implementing this approach (C. Li 2015).

In the 1860s, to sustain his clinic in Zhenjiang 镇江, James Gentle began charging patients a small fee, becoming the first medical missionary to do so (Wong and Wu 1936, p. 389). This marked a significant shift in the nature of mission hospitals, from purely charitable institutions to ones seeking financial sustainability through local contributions. It also signaled the beginning of a transition in funding sources from total reliance on foreign donations to increased local financial support. The period from the 1870s to the 1890s was a time of rapid growth and transformation for mission hospitals. This development was underpinned by three key factors. First, the expansion of missionary activities under the protection of the treaty system provided legal and diplomatic guarantees for the wider dissemination of Christianity in China and facilitated a broader geographical outreach. Second, within missionary circles, medical work came to be increasingly recognized and institutionalized as an integral component of evangelical activity, and its practical and strategic value was accorded growing priority by missionary organizations. Third, after more than three decades of sustained missionary practice, the Chinese population's knowledge of and confidence in Western medicine had expanded significantly, rendering patients more willing to pay for medical services (C. Li 2015). Against this backdrop, mission hospitals flourished. By 1877, Protestant missions had established 16 hospitals and 24 clinics in China (Latourette 1929, p. 452). By 1890, these numbers had increased to 61 hospitals and 44 clinics (RGCPMC, 1890, p. 735), reflecting the rapid expansion and growing influence of Western medical services in the country.

During the same period, mission hospitals' funding underwent significant changes. Starting with James Gentle in the 1860s, charging patients for medical services became increasingly common in the 1870s. Many mission hospitals established formal fee structures, though the decision to implement fees was met with varied opinions among medical missionaries. In 1877, the issue was a topic of debate at a Protestant missionary conference in China. John G. Kerr advocated for charging fees to patients who could afford to pay,

excluding the poor and sick. He argued that this approach would help address financial shortages and instill a sense of value in the patients: "By paying for treatment, patients will cherish the results more, having invested in their own recovery." (RGCPMC, 1877, p. 118) Kerr also proposed special charges for certain groups, such as patients in private rooms, opium addicts, and those suffering from diseases due to immoral behavior (RGCPMC, 1877, p. 118). His views gained support from some medical missionaries who believed that fees would help Chinese patients understand the value of the medical services they received (RGCPMC, 1877, p. 128). However, other missionaries disagreed. William Gauld, for instance, opposed charging fees, as most of his patients were impoverished. He even suggested that those who could afford medical costs could make voluntary donations to the hospital fund instead (RGCPMC, 1877, p. 125).

Despite differing opinions within the medical missionary community regarding patient fees, many hospitals began implementing fee systems in the 1870s, each driven by its own considerations. Some transitioned from offering free services to charging patients, while others introduced fees from their inception. At Ningbo Hwa Mei Hospital, Macgowan initially provided free consultations and even distributed medications at no cost. However, financial challenges were a constant concern for him, despite receiving considerable financial and material support from foreign donors. By the 1870s, during Stephen P. Barchet's tenure, the question of charging patients became a topic of broader discussion among medical missionaries. Barchet supported charging a small fee to wealthier patients to sustain medical operations. After consulting with several local Christians, he decided to introduce a nominal fee of "half a cent" for outpatients. Notably, the number of patients continued to grow even after this fee was introduced (Grant 1926). Although these early fees generated only modest income, their implementation marked a crucial shift. Local funds began contributing steadily to the hospital's operations, signaling a significant transformation in Hwa Mei Hospital's financial model and reducing its reliance on foreign donations.

Introducing fees to address financial shortfalls became an important strategy for some mission hospitals. Even with the implementation of fees, these hospitals retained their charitable nature, offering special care for the poor and disadvantaged. Overall, most mission hospitals continued to rely heavily on funding from their home churches or other foreign donations. Many medical missionaries also promoted their work by publishing articles or using opportunities during furloughs abroad to raise awareness of medical missions in China. These efforts helped attract donations and sustain their operations (C. Li 2015). For instance, the total annual revenue of the Foochow Medical Missionary Hospital 福州圣教医馆 from March 1895 to March 1896

amounted to 1,433.65 yuan. Of this sum, patient fees contributed only 54.55 yuan, foreign donations 443.40 yuan, and local donations 376.80 yuan (Ponasang Missionary Hospital Report 1896, p. 41), indicating that donations other than patient fees comprised the majority of the funds. However, a notable development was the significant increase in local Chinese contributions.

During the Republic of China era, especially in the 1920s, mission hospitals experienced a significant increase in local financial support. Donations from Chinese officials and citizens became common nationwide, far surpassing the levels seen before 1900, both in the number of contributors and the total amounts donated. This increase was driven by two primary factors: on the one hand, Western medicine was gaining increasing acceptance in society, with the public willing to pay for it; on the other hand, individual medical missionaries were also actively advocating for donations (C. Li 2015). Data from Hwa Mei Hospital's annual reports between 1919 and 1921 highlighted this trend: Chinese donations totaled 1,133 yuan in 1919, while foreign contributions were 373.6 yuan (Hwa Mei Hospital Report 1919). In 1920, Chinese donations surged to 2,416.16 yuan, compared to 468.5 yuan from foreigners (Wang et al. 2018, pp. 224–226). In 1921, Chinese contributions amounted to 1,180 yuan, with foreign donations at 792.5 yuan (Wang et al. 2018, pp. 277–279). For three consecutive years, Chinese contributions exceeded foreign donations. This marked a significant shift toward local financial support. By this period, Hwa Mei Hospital had achieved financial stability. In 1920, the hospital's total revenue was 23,236.76 yuan, with expenditures of 15,045.66 yuan (Wang et al. 2018, pp. 224–226). In 1921, revenue increased to 27,288.87 yuan, while expenditures were 23,490.98 yuan (Wang et al. 2018, pp. 277–279). Notably, these revenues did not include church subsidies; they came primarily from donations by both Chinese and foreign philanthropists, as well as medical service fees. This financial self-sufficiency signified a major milestone: even without church funding (excluding costs for foreign medical staff), Hwa Mei Hospital operated smoothly and sustainably, with an increasing share of its funding coming from local sources.

A notable aspect of the local donations to Hwa Mei Hospital was the significant contribution of the famous Ningbo merchants' group, the "Ningbo Bang 宁波帮", which played a crucial role in the rapid development of Hwa Mei Hospital and other Western-style hospitals in the region. Since the late Qing dynasty, the Ningbo Bang, benefiting from its advantageous position, swiftly became involved in the emerging foreign trade sector. This group was represented by comprador merchants and import-export traders, forming a new class of merchants. In the 1880s, the Ningbo Bang expanded its influence

from Shanghai to other major trade hubs such as Tianjin and Hankou. The rapidly rising Ningbo Bang not only had substantial economic power and extensive social connections but also possessed a strong sense of modernity and social responsibility. Their business activities spanned various sectors, including industry, commerce, finance, and shipping. Additionally, they invested in areas that benefited the public, such as education, culture, and healthcare (The Culture and History Committee of the Ningbo CPPCC ed. 2004, pp. 8–15). This made a significant contribution to the advancement of modern Chinese society, including the support of mission hospitals like Hwa Mei Hospital.

In May 1923, the hospital director, Dr. Grant, began fundraising for the hospital's expansion. Zhang Meiyi, a local gentry figure who had previously interacted with Hwa Mei Hospital and benefited from its medical services, wrote a fundraising appeal titled “Ningbo Hwa Mei Hospital Fundraising for New Hospital Construction (宁波华美医院募建新医院启)” to call for donations (M. Zhang 1923). He also actively facilitated connections for the hospital's expansion through his network. Zhang Meiyi had served as the vice president of the Ningbo-Shanghai Association from 1916 to 1917 and as its president from 1918 to 1920. The Ningbo-Shanghai Association's mission was “to unite fellow townsmen and promote self-governance,” and it was dedicated to uniting fellow townsmen, serving their needs, promoting their welfare, and contributing to the development of their hometown (J. Li 2000, pp. 251-252). Most of its members were from the Ningbo Bang. At Zhang Meiyi's call, many notable Ningbo Bang members made generous contributions to the construction of the new Hwa Mei Hospital, motivated by their desire to support medical charity in their hometown. Some of these prominent figures included Zhou Zongliang 周宗良 (who donated 4,000 silver dollars), Sun Meitang 孙梅堂 (2,620 silver dollars), Zhu Baosan 朱葆三 (1,000 silver dollars), Yu Qiaqing 虞洽卿 (500 silver dollars), and Lou Xunru 楼恂如 (1,250 silver dollars) (Wang et al. 2018, pp. 227–237). As the hospital continued to develop, the names of Ningbo merchants and their businesses often appeared on the donation lists for the hospital's funding efforts, such as He Feng Spinning Mill (Hefeng Shachang 和丰纱厂), Da Feng Dyeing Factory (Dafeng Ranchang 达丰染厂), Yongyao Electric Company (Yongyao Dianli Gongsi 永耀电力公司), Siming Telephone Company (Siming Dianhua Gongsi 四明电话公司), and Jie Mei Sugar Company (Jiemei Tanghang 捷美糖行). Beyond Shanghai and Ningbo, the influence of the Ningbo Bang extended to Tianjin, Beijing, and even nationwide, significantly contributing to the fundraising for Hwa Mei Hospital (Wang et al. 2021, pp. 147–156).

As demonstrated above, the establishment of a fee system and the

increase in local donations significantly changed the financial structure of mission hospitals. This change can be attributed to the following factors: First, the remarkable effectiveness of Western medicine. After years of development, the Chinese public's attitudes toward Western medicine had shifted from unfamiliarity, rejection, and fear to gradual acceptance and trust, laying the foundation for the introduction of fees. Second, the proactive efforts of medical missionaries. Many missionaries recognized that in order for the medical missionary work to thrive, gaining the support of local officials and the public was essential, for instance, the Ningbo Bang's support in the Hwa Mei Hospital case. As a result, the funding sources of mission hospitals, including Hwa Mei Hospital, underwent a significant change. They no longer relied solely on funding from their home-country churches and donations from foreign nationals, but instead moved towards greater local involvement and support.

### **Conflict and Integration: Hwa Mei Hospital and Its Attached Nursing School amid the Nationalist Wave**

Since the outbreak of the May Fourth Movement in 1919, anti-imperialist and patriotic activism in China expanded rapidly and grew increasingly radical. From the early 1920s onward, successive waves of nationalist mobilization swept the country. Beginning with the nationwide Anti-Christian Movement in 1922, followed by the Movement to Recover Educational Rights (Shouhui Jiaoyuquan Yundong 收回教育权运动) in 1924, and culminating in the large-scale anti-imperialist struggle that erupted in the aftermath of the May Thirtieth Incident (Wusa Yundong 五卅运动) in 1925, Christian missionary activities in China came under sustained political and social pressure.

Following the May Thirtieth Incident in Shanghai, news quickly reached Ningbo, prompting local people from all walks of life to launch their own anti-imperialist movements in solidarity with the students and workers in Shanghai.

On June 2nd, the Ningbo Student Union (Ningbo xuesheng lianhehui 宁波学生联合会), a patriotic student organization formed during the May Fourth Movement (Wusi Yundong 五四运动), resumed its activities. At its first representative meeting, the union resolved to suspend classes citywide beginning the following day. After the meeting, students began posting anti-imperialist slogans and distributing political posters throughout the city (Party History Research Office of the CPC Ningbo Municipal Committee 2021, pp. 30–31).

On June 3rd, students from all secondary schools and above (including

mission schools) went on strike. They fanned out into both urban and rural areas to deliver speeches and to mobilize merchants to join the movement. On June 4th, the Ningbo Chamber of Commerce (Ningbo Zong Shanghui 宁波总商会) issued a notice instructing all factories and shops to suspend operations for one day beginning the following day. On June 5th, a citywide general strike, school shutdown, and market closure were fully implemented. More than 20,000 people gathered at the small drill ground (Xiao Jiaochang 小校场) in Ningbo, where a mass rally was held, followed by a demonstration (Party History Research Office of the CPC Ningbo Municipal Committee 2021, pp. 4–7). The North Bank of the Yong River had been a foreign settlement since the opening of the port, and as the procession passed in front of the British Consulate, the crowd shouted slogans such as “down with imperialism,” “reclaim the concessions,” and “abolish consular jurisdiction.” The sheer scale of the protest forced the British Consulate to close its gates, unable to take action. From June 5th to June 11th, the anti-imperialist movement in Ningbo inspired people in nearby towns and counties, such as Zhenhai 镇海, Cixi 慈溪, Xiangshan 象山, Yuyao 余姚, and Fenghua 奉化, to hold their own demonstrations and protests. This led to an unprecedentedly large-scale anti-imperialist and patriotic movement throughout Ningbo and its surrounding areas (Party History Research Office of the CPC Ningbo Municipal Committee 2021, p. 31).

From the end of May until the conclusion of the movement in September, the local political environment in Ningbo became increasingly inhospitable to foreign residents, as protests and demonstrations occurred with growing frequency and intensity. Local newspapers, such as the *Current Affairs Bulletin* (*Shishi Gongbao* 时事公报) and the *Siming Daily* (*Siming Ribao* 四明日报), were filled with reports of conflicts between foreigners and Chinese citizens. Public opinion against Christianity, as well as calls to boycott educational institutions run by British and American churches, were also commonly featured in the press. This period reflected the intensification of nationalist sentiment and the escalation of anti-foreign mobilization, which together contributed to the formation of a broader climate of resistance to imperialist influence.

Due to the strict internal management of mission schools, students from these institutions were rarely seen participating in movements such as the May Fourth Movement in 1919 or the Anti-Christian Movement that began in 1922. However, the rigid control could not stop the students from absorbing external ideas and participating in the patriotic movement. The Ningbo Student Union mobilized students from church schools to leave their campuses. Eventually, students from schools such as Feidi Middle School (Feidi Zhongxue 斐迪中学), Yongjiang Girls' Middle School (Yongjiang Nvzi

Zhongxue 甬江女子中学), Chongde Primary School (Chongde Xiaoxue 崇德小学), and the Nursing School affiliated with Hwa Mei Hospital (Huamei Huxiao 华美护校) all left their campuses. They publicly declared their determination by posting statements such as “I swear never to return to this school,” “I swear not to return to Yongjiang,” and “I swear never to enter a missionary school again,” demonstrating their rejection of “enslavement education.” (*Shishi Gongbao* 1925a) With these actions, they joined the anti-imperialist struggle.

As an affiliated institution of the Hwa Mei Hospital, the Hwa Mei Nursing School had long been administered by foreign missionaries of the Baptist Missionary Society, and its internal regulatory regime was widely regarded as highly disciplinary. Students were frequently subjected to severe reprimands and, in some cases, even expulsion for relatively minor infractions. Against the backdrop of the rising anti-imperialist and patriotic movements, these students began to articulate grievances that had accumulated over time. In the aftermath of the May Thirtieth Incident, students from Hwa Mei Nursing School joined the Student Union and, together with their counterparts from other mission schools in Ningbo, became actively involved in a wide range of anti-imperialist and patriotic propaganda and protest activities. Through these forms of participation, they were drawn into the broader national movement, marching across both urban and rural areas to disseminate political messages and to publicly articulate their opposition to imperialism.

On the evening of July 30th, the students of Hwa Mei Nursing School convened a meeting to deliberate on institutional reform. The meeting produced a list of ten demands, two of which were particularly central. First, given that Hwa Mei Hospital was financed jointly by Chinese and American contributors, the students argued that administrative authority should likewise be shared rather than monopolized by the American side; specifically, they called for the new appointment of a Chinese vice principal.<sup>1</sup> Second, they demanded a comprehensive revision of the school’s regulations in order to dismantle what they characterized as entrenched autocratic practices. After the meeting, four student representatives—two male and two female—presented the resolutions to Principal Harriet N. Smith and Vice Principal Emma S. Irving. However, both American administrators rejected these demands. Vice Principal Irving, in particular, not only refused their requests but also publicly reprimanded them. She even went as far as suggesting that

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1 The students of the Hwa Mei Nursing School also served at Hwa Mei Hospital as interns, and the principal of the nursing school concurrently held the position of head nurse at the hospital.

the school would only consider their demands if all the students left the institution. The representatives subsequently reported the outcome to their fellow students. In response, the student body collectively signed a resolution declaring their intention to leave the school and vowing not to return until their demands were met. On the same day, nine female and three to four male students departed immediately, while others followed in the subsequent days (*Shen Bao* 申报 1925).

On the afternoon of July 31st at 3 p.m., the Student Union convened an emergency meeting at Houle Garden with representatives from various church-affiliated schools affected by recent student walkouts. Wang Huafang 王华芳, a representative of the Hwa Mei Nursing School, presented a detailed account of the causes and course of the collective withdrawal. She declared the nurses' determination to follow the example of other students by "leaving foreign-run schools" and affirmed that they "would no longer work in any foreign hospitals." (*Shishi Gongbao* 1925a) Wang Huafang also requested support from the Student Union. The Union's chair and members commended the Hwa Mei nurses for their resolve and patriotism and pledged their full support. Wang then outlined three specific requests: First, housing. She pointed out that if students returned to their individual homes, their collective strength would be weakened. Therefore, she requested that the union arrange a communal residence for the nurses. Second, financial support. The nurses had not received stipends while working at Hwa Mei Hospital, leaving them without funds for living expenses upon departure. She asked for financial aid from the Student Union. Third, employment assistance. One of the nine nurses who left urgently needed work due to severe family financial difficulties. Wang requested help for this nurse in finding a job at a Chinese-run hospital (*Shishi Gongbao* 1925a).

The meeting's representatives unanimously agreed to support the nurses, forming a dedicated relief committee. Female nurses were temporarily housed at Qiming Girls' Middle School (Qiming Nvzi Zhongxue 启明女子中学)<sup>2</sup>,

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2 In early 1925, in order to unite patriotic and progressive young teachers and students, resume teaching, and embrace revolutionary ideas, members of the Communist Party of China and the Communist Youth League in Ningbo, under the direction of their organizations, collaborated with local enlightened gentry to pool funds and establish Qiming Girls' Middle School. Many young teachers who had been dismissed from mission schools for participating in anti-imperialist patriotic movements joined the school's faculty. See Party History Research Office of the CPC Ningbo Municipal Committee, *Zhongguo Gongchandang Ningbo Lishi Yanjiu Diyi Juan, 1925-1949* 中国共产党宁波历史第1卷 1925-1949 *The History of the Communist Party of China in Ningbo, vol. 1: 1925-1949* (Ningbo: Ningbo Publishing House, 2021), pp. 19-20.

while male nurses stayed at the Xiangshan Guild Hall (Xiangshan Huiguan 象山会馆). The Union also took responsibility for covering food and lodging costs and promised to help secure employment opportunities (*Shishi Gongbao* 1925a). On August 1st, all nursing students officially left the school. By August 2nd, they published a public notice in the newspaper announcing their permanent separation from Hwa Mei Hospital (*Shishi Gongbao* 1925a). On August 5th, they issued a formal declaration:

To Our Fellow Compatriots,

We have endured unbearable humiliation and oppressive control under the pretext of charity at this American-run nursing school, a front for cultural aggression. Recently, they have even forbidden us from participating in patriotic activities. We are determined to reclaim our dignity as nurses and to resist cultural imperialism. With these two goals in mind, we have made a resolute decision and, with hearts full of determination, collectively left the school, declaring our opposition. Our hearts are set on justice, and truth is our foundation. The tragic incident in Shanghai, where unarmed students, workers, and citizens were killed by British imperialists, has left the streets soaked in blood. How could anyone with a conscience not feel pain and righteous anger? This is why we must resist imperialism in every form. Since the Shanghai Incident, we nurses have demanded the right to strike in solidarity with the broader anti-imperialist movement. Our principal reluctantly approved the strike, yielding to the circumstances. As nursing students, our commitment to this struggle is even stronger than that of students from national schools. We pledge our full efforts alongside the Student Union, striving for diplomatic victories and hoping for the end of unequal treaties. While we have embraced the patriotic mission, we have not neglected our nursing duties. We entrusted our responsibilities to fellow nurses who stayed behind. However, the American supervisors, Smith and Irving, remain relentless in their attempts to undermine our cause and prevent us from engaging in this struggle...<sup>3</sup> (*Shishi Gongbao* 1925b)

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3 This is translated by the author. The original Chinese text is: “亲爱的同胞们，我们在美人以慈善事业为名义，实行文化侵略所办的护士学校学看护，真真忍不起他种种侮辱和高压，而且最近的不许我们干爱国运动，要争回护士的人格，要反对文化的侵略，我们认定了此两大目标下之极大的决心，约有血心看护一致离校，与他们宣战，我的心向目标，脚踏真理，谁错谁是，终有一天显明，此次英国帝国主义、在上海惨死我手无寸铁们学生市民工人，血流满地，凡有天良的，谁不痛心谁不激于义愤，作种种反抗帝国主义之举动，我们护士学校，自此次惨案后，即要求罢课，与外界一致进行，本校长因逼于时势，不能勉强，赞成罢课，我们罢课，是奋斗出来的，当然要比国立学校学生干得起劲些，所以我们不敢居各界之后，竭尽心力，与学生会一致进行，以谋外交胜利，冀得取消不平等条约，然而我们既负了爱国运动的使命，同时不能放弃看护的责任，所以我们把看护的工作，委托了几位不外出干活动的护士代劳，我们以为看护责任，已经委托他人，那末可以专心干爱国运动了，不料美人 Smith, Irving 等中心耿耿，想各种的方法来破坏我们不许再干这勾当。”

The collective withdrawal of students from the Hwa Mei Nursing School quickly attracted widespread public attention and elicited support from a range of social organizations, including the Ningbo Students Union and the Jiangbei Youth Support Association (Jiangbei'an Shaonian Fuchihui 江北岸少年扶持会). However, the situation took a notable turn after a few days of media coverage. Several parents of the departed students, identified as Li, Wu, Zhou, and Chen, published a joint statement in the newspapers asserting that their children had acted rashly and had been misled. They argued that the withdrawal should not be interpreted as a genuine expression of patriotism but rather as the result of manipulation by individuals with ulterior motives. The parents expressed their disagreements with the students' decision and indicated their willingness to send them back to the school, citing efforts by hospital staff to mediate the situation (*Shishi Gongbao* 1925b).

Ten days later, Hwa Mei Hospital released a formal statement to clarify its perspective on the incident (*Shishi Gongbao* 1925c). The hospital emphasized the traditionally harmonious relationship between teachers and students, asserting that the recent turmoil was not genuinely linked to the patriotic "May Thirtieth Incident" but rather instigated by a few disruptive individuals. While acknowledging that some of the students' ten demands had merit, the hospital explained that key administrators, including the principal, were away when the situation escalated. The vice principal, the only senior figure present, lacked the authority to make immediate decisions. The hospital suggested that had the students remained on-site and continued discussions while maintaining their duties, a more constructive resolution could have been reached. However, the hospital stated that the students, "showing no understanding or consideration, engaged in unreasonable behavior, collectively signed declarations to leave the hospital, leaving no room for negotiation" (*Shishi Gongbao* 1925c).<sup>4</sup> The hospital claimed that it had neither the intention nor the need to issue a public statement but felt compelled to do so after the students repeatedly published declarations, announcements, and accounts of the incident in the newspapers. From the hospital's perspective, these reports were "distorting the facts and reversing right and wrong," which they considered to be unreasonable and disruptive. To prevent misunderstandings among the public, the hospital offered the following clarifications:

The hospital addressed the accusations that it suppressed patriotic activities by the nursing students, stating, "How could we have oppressed

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<sup>4</sup> It is translated by the author. The original Chinese text is "该生等不谅人情，一味无理取闹，纷纷自行发誓签约告退，当时急如烈火，既无磋商余地"。

them when, during the May Thirtieth Incident, we allowed the students to suspend classes, join demonstrations, and participate in fundraising activities? They even contributed their Dragon Boat Festival allowances and previous donations, clearly demonstrating their genuine patriotism without any restriction from us." Regarding the ten demands raised by the students, the hospital clarified: "There was a rule that if students damaged equipment, they were responsible for compensation after the second incident—paying half or one-third of the cost of a third item. There was no arbitrary demand for payment for others' damages. As for supervising staff, nurses had the right to monitor them but not to dismiss them. The students are young men and women, and strict school regulations are necessary. For example, if they presented a letter from a parent, leave was granted without issue." The hospital concluded that most of the demands lacked real substance and were merely suggestions rather than matters that warranted conflict. They felt the students acted unreasonably and were intent on creating disruption. However, the hospital expressed a willingness to show leniency: "If any students who left now regret their actions and wish to return, we are willing to accept them back. Those who do not wish to return are free to make their own decisions" (*Shishi Gongbao* 1925c).<sup>5</sup>

Interestingly, alongside the hospital's announcement, the same newspaper page featured a notice titled "Announcement of Return to Hwa Mei Hospital Nursing School (华美医院看护学校离校学生返校启事)". In this notice, nursing students Mao Zongjue 毛宗觉, Sun Xiuju 孙秀菊, and Shen Guiying 沈桂英 publicly stated that the decision to leave the school had been a mistake on the students' part. A few days later, another student, Lin Chuanhui 林传慧, published her own announcement. She clarified that she had taken leave a week before the incident due to her mother's illness. Upon returning to Ningbo, she learned about the student walkout and felt that such actions were inappropriate. She had already returned to the hospital to resume her duties. Lin also emphasized that her name had been included in the collective declaration of withdrawal without her consent, stating that she had no involvement in the incident (*Shishi Gongbao* 1925d).

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5 It is translated by the author. The original Chinese text is: "护生谓本院压迫爱国运动, 何以五卅时令该生等亦停课游行募捐, 加入学生会议募捐, 时又将端节用费以及从前所仗粥与二十元一并附入, 可见出于真正爱国, 并未禁阻, 至要求十条中学生损坏器具, 每人本有限止, 如损坏二件以上, 第三件须赔偿半价或三分之一, 并无他人损坏之物, 硬迫赔偿之事, 佣人如有不守规则, 护士本有督促之权, 而无斥革之理, 护士等均系青年男女, 校规不能不严, 如持有家长信函而请假者, 本无不允, 以上数条实无要求价值, 至其余数条只有提议请求之目的, 而无借此挟迫之权力, 该生等不度情理, 以取闹为目的, 现在本院仍有体恤之意, 如出院生中有自悔觉悟, 仍愿来院服务者, 本院仍行招收, 如不愿者听其自便。"

The intense wave of the Nursing School's collective student walkout ultimately concluded with various statements and the students returning to the hospital. The entire incident, lasting less than twenty days, caused no substantial disruption to the hospital's operations. Although this episode might seem like a student-driven drama, it reveals a deeper shift: Chinese students were beginning to evolve from passive recipients of medical education into active contributors and participants. This transformation highlighted their growing enthusiasm to engage critically with their education and shape the future of medical practice in China.

Unlike the turmoil experienced by the Nursing School, the internal environment of Hwa Mei Hospital during the May Thirtieth Incident remained relatively calm, with no reports of Chinese doctors going on strike or leaving the hospital. Externally, despite the widespread anti-foreign sentiment in society at the time, the foreign doctors at Hwa Mei Hospital were protected by the local community due to their reputation for compassion and medical expertise. The hospital's director, Dr. Grant, mentioned in his 1925 annual report: "There has been such an unhappy atmosphere between Chinese and foreigners since May 30th that it seemed wise not to do any active work in regard to the Hospital Campaign ... Never since the Boxer year have I so many times been called (Yiang Kwe Ts)<sup>6</sup> foreign devil. The surprising thing is that one hears from little children who can hardly realize what they are saying as well as from boy 8-12 years of age [sic]." (Grant 1925) At that time, the hatred towards foreigners reached a high point, with frequent incidents of attacks, looting, and destruction targeting foreigners. The foreign settlement in the northern part of Ningbo was often the site of such violent incidents, and Hwa Mei Hospital and the residences of the foreign doctors were located nearby, making them vulnerable to these attacks. On one occasion, when a mob was heading toward Dr. Grant's house, which was located near other houses already damaged by the mob, someone in the crowd called out "That is Dr. Grant's house. He saves lives. We must spare his life" (Grant 1925). As a result, Dr. Grant was spared from harm.

In light of the prevailing social and political tensions, Dr. Grant judged it imprudent to initiate any major action concerning the Hospital's construction plans. By 1925, a project for a new building had already entered the stages of fundraising and land acquisition, but he feared that further controversy might jeopardize or delay its implementation. These concerns, however, ultimately proved unfounded. The construction plan received unanimous support from the local gentry and various government officials in Ningbo, who generously contributed to the funding. Among the supporters were the local officials such

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<sup>6</sup> Yiang Kwe Ts refers to Yangguizi 洋鬼子 in Chinese.

as Huang Hanzhi 黄涵之, the Governor of Kuaiji Dao 会稽道, Sun Baoxuan 孙宝瑄, the Supervisor of the Zhejiang Maritime Customs, Jiang Ruo 姜若, the Magistrate of Yin County 鄞县, the aforementioned local gentry Zhang Meiyi 张美翊, and many prominent members of the Ningbo gentry (Wang et al. 2021, pp. 147–156). In the same year, the Hospital also built a new residence for the newly arrived Dr. Claude H. Barlow (1876–1969). By the end of 1926, the construction of the new inpatient building began smoothly. To mark this occasion, the hospital held a groundbreaking ceremony, which was attended by prominent figures from various sectors of society, including the gentry and officials who had made significant contributions to the fundraising for the building. During the ceremony, both the Chinese and American national flags were flown, symbolizing Sino-American cooperation.<sup>7</sup>

Overall, during the wave of nationalism in the 1920s, Hwa Mei Hospital did not encounter significant turbulence. On one hand, due to the protection of the treaties, the Beiyang government (Beiyang Zhengfu 北洋政府) generally maintained a protective policy toward church-affiliated institutions. On the other hand, despite the mission hospitals being associated with foreign imperialism and religious infiltration, from a pragmatic perspective, healthcare, as a public service, had its unique social value, and protecting and utilizing it made more sense than destroying it. In comparison, church educational institutions like Hwa Mei Nursing School were more easily seen as tools of imperialist "cultural invasion" and were thus subject to opposition and resistance. After the May Fourth Movement, students, whose nationalism had been strengthened, were more easily incited in the anti-imperialist movement, driven by youthful passion. Furthermore, the strict management of church schools, coupled with the fact that Hwa Mei Nursing School students had to balance both academic tasks and hospital services, added to the pressure they faced. The prevailing anti-foreign sentiment at the time also contributed to psychological stress for church school students. With these multiple pressures, it was inevitable that students would seize an opportunity to vent their frustrations. Therefore, Hwa Mei Hospital and Hwa Mei Nursing School experienced different social reactions during the wave of anti-imperialist sentiment.

### **Obstacles and Constraints: The Impact of Local Religious Beliefs on the “Medical Mission” Efforts**

Although medical missionaries made great efforts in their long-term practice of medical evangelism in China, the results seemed to fall short of

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<sup>7</sup> See a stone stele entitled “History of Hwa Mei Hospital” collected in the history museum of Ningbo Huamei Hospital (Ningbo No. 2 Hospital).

expectations. The actual effectiveness of using medicine as a means of evangelism was not as successful as hoped. After practicing medicine and evangelizing in Ningbo for five or six years, Dr. Macgowan still faced the problem of having very few converts: "Only those apply for relief who have been reduced to the lowest ebb of poverty by indulging in the vice, or who are likely to lose situations in consequence, the pleasure it affords is so great, and the distress connected with its relinquishment is so painful, that a reform amongst those who can meet the expense will seldom occur ... no class of patients are so grateful for cure, and none receive exhortations to faith and repentance better than reformed opium smokers." (TCR 1849, p. 510) If Chinese patients were not suffering from unbearable physical pain or if their illness had not severely disrupted their daily lives, they were unlikely to feel especially grateful for the medical treatment they received, let alone convert to Christianity.

Many medical missionaries felt frustrated and disappointed with their evangelical efforts, as despite years of work, the number of patients who were truly led to Christianity through medical services remained very limited. Some missionaries questioned why, after doing all that was required—alleviating the patients' physical suffering, erasing the bias against Western medicine—these actions still failed to lead to an understanding of "the one true God and His son, Jesus". (CMMJ 1901, p. 220) Some missionaries believed the lack of dedicated gospel preachers in the hospitals was the major cause. For instance, as there were initially no full-time evangelists in Hwa Mei Hospital, medical missionaries such as Dr. Macgowan and Dr. Barchet held dual roles, serving as both doctors and preachers. Later, the hospital employed more full-time evangelists (holding prayer sessions and preaching in the wards every day) and medical missionaries only needed to focus on medical care. Nevertheless, in the 1920s, the full-time doctors (including medical missionaries and Chinese doctors) in Hwa Mei Hospital was seven while the number of full-time evangelists was only three, far fewer than the doctors (Hwa Mei Hospital Report 1922). However, the deeper reason why the evangelistic work yielded such limited results lay in the constraints imposed by local cultural and religious belief systems. In the eyes of medical missionaries, curing physical ailments was seen as the first step toward saving the soul, not the ultimate goal. Yang Nianqun argues, "The Chinese believe that physical suffering is unrelated to the spirit, and there is no fundamental difference or progression between the healing of the spirit and the body, as there is no religious hierarchy in this regard." (Yang 2019, p. 51) As a result, the direct physical healing ironically blocked the way for spreading the religious gospel because the shock caused by the scientific, tangible healing coincided with the traditional Chinese focus on the practical utility of actions.

However, it did not mean that the Chinese considered a separation between physical pain and mental or spiritual effects. On the contrary, traditional Chinese folk religions and local beliefs had long had the practice of attempting to cure physical illness through spiritual means. What set them apart, however, was the pragmatic and utilitarian approach to faith, which often led to formalized practices, such as offering incense, kneeling in prayer, or reciting mantras to invoke blessings for health. Besides, the tradition of seeking divine intervention through rituals to alleviate physical pain actually provided an opportunity for medical missionaries. After using medical science to treat physical ailments, they could potentially introduce religious faith, though this possibility was constrained by the local belief system and required great patience and effort on the part of the missionaries.

This difficulty mainly arose from the exclusivity and uniqueness of Christianity, as the conflict between monotheism and the pluralistic religious structure in China became a limiting factor for medical evangelism. While the miraculous healing power of Western medicine indeed impressed many pragmatic Chinese patients, abandoning deeply rooted indigenous religious beliefs in favor of Christianity was still not an easy task. The religious situation encountered by missionaries in Chinese society derived from a tradition of thousands of years, and this religious culture included multiple philosophical elements, folk beliefs, and customs. By the time missionaries began their most widespread contact with the Chinese from the 19th to the 20th centuries, the Chinese religious sensibilities had already been shaped by various movements. The so-called “local religions” were, in fact, a mixture of different stages of religious development and traces of foreign influences (Latourette 2009, p. 9). For instance, various religions and folk beliefs, including Confucianism, Buddhism, and Daoism, had already shaped the spirituality of Chinese people from all walks of life. Moreover, the Chinese mode of belief often did not have exclusivity or singularity. As long as there was no significant conflict, multiple beliefs could coexist in the spiritual lives of the Chinese people, and individuals could choose what suited them best. A further example in Ningbo is the common worship of the “God of the Kitchen” (Zaoshen 灶神). Michael S. Culbertson, a Presbyterian missionary in Ningbo, wrote: “The God of the Kitchen is an object of almost universal worship. No family would feel safe without a shrine over the cooking range for this important and influential member of the household” (Culbertson 1857, p. 132). Although the “God of Kitchen” is a Daoist deity, the worship did not prevent the local people from respecting the Confucian values of rejecting superstitions, nor did it hinder their reverence for Buddhist teachings. According to local records, at least since the Qing Dynasty, Buddhism had been the mainstream religion in Ningbo society. The worship and veneration

of Buddhist bodhisattvas, such as Guanyin 观音, Wenshu 文殊, and Dizang 地藏, were still commonly practiced at that time. In addition to Daoism and Buddhism, the local people also held Confucius and Confucianism in high esteem.

The simultaneous belief in Confucianism, Buddhism, and Daoism might stem from the secular application of religion by the Chinese. However, it was more likely because they had difficulty distinguishing between the specific identities of various deities and understanding the true essence of each religion, leading to a muddling of different gods in their minds. This was also a concern for missionaries when presenting the Christian image. In any case, within the established, comprehensive, and mutually coexisting indigenous spiritual life model, it was indeed quite difficult for ordinary people, who were first exposed to Christianity and Western medicine, to convert to Christianity — especially given its monotheistic foundation — while abandoning their previous belief systems.

In his report to the mission board, Dr. Grant recorded two cases where patients successfully converted to Christianity after receiving treatment at Hwa Mei Hospital. One was a 47-year-old woman who had an ovarian tumor. After a surgery, she recovered and was able to rid herself of the debilitating “large belly” that had hindered her mobility. She was overjoyed and deeply grateful for the miraculous effects of Western medicine, and decided to listen attentively to the hospital’s gospel preaching. When she learned that the Buddha statue she had been worshiping was merely a “man-made object” and that vegetarianism would not benefit her in the afterlife, she was greatly shocked. It wasn’t until after her discharge that she accepted the Christian faith, and upon returning home, she destroyed the statue of Buddha in her kitchen. Another woman, severely afflicted by complications from her illness, also converted to Christianity after receiving treatment at Hwa Mei Hospital. Like the previous woman, she had been a Buddhist and a vegetarian, but after converting to Christianity, she began eating meat. When her husband found out she had converted, he became furious and abused her in various ways. However, her life improved, and she became more loving and attentive to her children. Eventually, her husband stopped tormenting her and became curious about what belief had transformed his wife into a better mother. In the end, the couple both converted to Christianity (Hwa Mei Hospital Report 1919). These two examples show that breaking away from previous beliefs and reconstructing a new spiritual life was not only difficult for the believers themselves, but also a challenge for their families. Moreover, both of these women were dealing with serious health issues, and their conversion seemed more like a gesture of gratitude for the healing power of Western medicine, rather than a true understanding of the deeper meaning of Christianity

beyond physical relief. As for the transformation of their family members, it aligned with a sharp insight by Frank J. Rawlinson: Christianity is not accepted for its theology, but for its ability to make good people (Rawlinson 1922).

The above-mentioned Dr. Grant's cases occurred after Christianity and Western medicine had been spreading in Ningbo for over seventy years. During this period, the demand for medical services at Hwa Mei Hospital was steadily increasing, but the hospital's influence as a space for religious propagation seemed to still be limited. Dr. Thomas (Harold Thomas), a physician who had been working at Hwa Mei Hospital for over two years, recorded a particularly memorable story. One evening, he was urgently called by the family of a woman he had helped deliver a baby the day before. As he made his way there, he heard a series of rhythmic sounds from the streets—gongs and drums—and also faint cries of grief. At first, he thought it was some strange and beautiful music, but as he soon realized, it was the mourning and ritual of a funeral for a deceased person. He was deeply struck and puzzled, wondering, "Where are we at in all of this? [sic] Where is there room for Christ? Can it be that Christ in any measure can ever reach these people? Have not his messengers for the last 70 years been walking these streets? Is it not after all a losing game?" (Thomas 1921) Eventually, Dr. Thomas concluded that, despite the strong resistance posed by local beliefs and customs to the acceptance of Christianity, medical missionaries still had a duty to diligently spread the gospel, with the ultimate goal of transforming people's religious beliefs rather than merely treating their physical ailments.

Although the Chinese were not unfamiliar with the practice of using spiritual power to heal illnesses and avert disasters, the results of the medical evangelism were highly imbalanced due to the obstacles and constraints imposed by the utilitarian and pragmatic nature of local, multi-religious beliefs. In 1919, in his annual report to the mission, Dr. Grant noted that only six people were baptized through the hospital that year, while twenty-seven male and forty-two female patients expressed interest in converting. In contrast, the total number of outpatient and inpatient visits reached 8,297, with 1,013 inpatient admissions (Hwa Mei Hospital Report 1919). The situation in 1920 was similar: the total number of outpatient and inpatient visits reached 8,411, with 1,083 inpatient admissions. However, only eleven people were baptized through the hospital's evangelistic work, and fifty-two men and fifty women showed interest in the faith (Hwa Mei Hospital Report 1920). The number of inpatient admissions was particularly emphasized because, compared to outpatients, inpatients had more time and opportunities to be exposed to the gospel. Prayer services were conducted in each ward every day, and missionaries were assigned to preach and conduct religious

services at patients' bedsides. Despite these efforts, the number of baptisms was still significantly lower than the number of inpatients.

In fact, this imbalance became apparent at the very beginning of medical evangelism, and the growing disparity that followed forced medical missionaries to reconsider their work. The functional layout of "medicine" and "evangelism" in mission hospitals, as well as the atmosphere of religion and secularism, indeed underwent changes as a result. Initially, the primary goal of medical missionaries was to combine healthcare with evangelism, but eventually their efforts became increasingly disproportionate, as medical work came to overshadow religious conversion. This prompted a reevaluation of their approach, as missionaries sought to adjust their methods to better integrate the two functions and address the challenges posed by local beliefs and cultural norms.

### Conclusions

Established as a mission hospital in modern China, Ningbo Hwa Mei Hospital underwent a complex process of localization characterized by successive phases of suspicion, acceptance, tension, and partial integration, as well as by an increasingly uneven development between its medical and evangelical functions. In this process, the Hospital survived and has continued to the present day<sup>8</sup>, preserving its secular function of healing and saving lives, while gradually diverging from its original objective of medical evangelism. The reasons for this transformation may be summarized as follows.

First, for a pragmatically oriented Chinese society, the therapeutic efficacy of Western medicine proved far more compelling than its religious associations. The acceptance of the mission hospital and the willingness to provide financial support were largely grounded in this practical appeal. One of the decisive factors in the success of the institution was the favorable attitude of local officials and members of the gentry toward Western medicine. In Ningbo, a number of influential figures—including Lin Gui, Xue Fucheng, Huang Hanzhi, and the prominent gentry leader Zhang Meiyi — had themselves received treatment at Hwa Mei Hospital. They not only fostered a positive evaluation of Western medicine but also supported the hospital's establishment and expansion, including assistance with land acquisition and financial donations.

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<sup>8</sup> In 1951, Ningbo Hwa Mei Hospital was officially taken over by the government, completing its transformation from a mission hospital to a government-owned hospital. In 1954, it was formally renamed Ningbo No.2 Hospital. At present, the hospital has reverted to its historical name, Ningbo Hwa Mei Hospital, and is one of the ten tertiary Grade A hospitals in Ningbo.

Moreover, many of these officials and gentries were associated with the Self-Strengthening Movement, a group of early reform-minded elites in late Qing China who had begun, in their own terms, to “open their eyes to the world (睁眼看世界).” Their intellectual orientation was commonly articulated in the formula “Chinese learning as essence, Western learning for practical use (中体西用)”. Within this framework, “Western learning for practical use” referred primarily to the selective appropriation of Western science and technology. The Self-Strengthening Movement thus placed particular emphasis on the instrumental value of Western knowledge, regarding it as a set of practical tools rather than a comprehensive cultural system. As a key component of Western science and modern civilization, medicine naturally fell within the scope of their interest and support. In addition, leading members of the modern Ningbo merchant network (the “Ningbo Bang”) also played an important role in the hospital’s development by providing substantial financial assistance, especially in connection with the construction and expansion of its facilities.

Furthermore, it was precisely this pragmatic orientation that led mission hospitals and mission education to experience markedly different trajectories amid the political turbulence of modern China. Notwithstanding the association of mission hospitals with foreign imperialism and religious encroachment, from a utilitarian standpoint, healthcare—as a public service—possessed an inherent social value that rendered its preservation and utilization a more rational course of action than its outright rejection. By contrast, church-affiliated educational institutions, such as the Hwa Mei Nursing School, were more readily perceived as instruments of imperialist “cultural invasion,” and consequently became targets of pronounced opposition and resistance. That is why during the surge of nationalism in the 1920s, Hwa Mei Hospital suffered less impact than its affiliated nursing school.

A similar tension characterized the evangelical mission of the hospital at the cultural level. The religious propagation was persistently constrained by deeply rooted local belief systems, and it proved exceedingly difficult for Christianity to penetrate China’s indigenous religious traditions and popular folk practices through medical work alone. Even after decades of sustained effort, the outcomes of the medical missionaries’ “dual mission”—that is, healing and evangelization—remained profoundly uneven, with the medical function far outstripping the religious one in both social acceptance and institutional durability. From this perspective, such a pattern of interaction may be understood less as an anomaly than as a historically conditioned and, to some extent, inevitable pathway through which mission hospitals became embedded and localized within Chinese society. This disjunction between medical care and religious instruction within mission hospitals fundamentally

constituted a process of secularization, which itself represents an integral component of the hospitals' broader localization. The localization of Hwa Mei Hospital represents, in effect, a specific case study of the sinicization of Christianity. Whether, to what extent, and through which mechanisms this process shaped the sinicization of Christianity requires further study.

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### Abbreviations

CMMJ	The China Medical Missionary Journal
RGCPMC	Records of the General Conference of the Protestant Missionaries of China
TCR	The Chinese Repository

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