New Zealand Medical Missions in South China – Ko Tong Hospital
in the Kirk Years, 1896-1917

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ABSTRACT

During the rainy season of 1909, the first hospital of Western medicine opened to the public in the bustling market town of Ko Tong, Upper Panyu, China. *Po Wai Yiyuen*, or ‘The Hospital of Universal Love’, was a medical missionary endeavour of the Canton Villages Mission (CVM) of the Presbyterian Church of New Zealand, the only mission to China from any New Zealand church. This thesis presents the first in-depth biographical and institutional study of the CVM’s medical mission, from its conception in 1898 until the closure of its first temporary hospital at Ko Tong in 1917.

The thesis argues that the trajectory of the CVM’s medical mission closely followed that of earlier medical missions in a crucial era for the presence and development of Western medicine in China. It also shows how local Cantonese responses to the medical mission in Ko Tong were complex and highly pragmatic. The study highlights the importance of relationships between returned New Zealand Chinese miners and medical missionaries. It argues that, despite numerous setbacks, the CVM’s medical mission under the leadership of Dr. John Kirk achieved a level of stability and purpose it would struggle to find again. Unlike much scholarship in New Zealand Chinese history, this research does not focus on the Chinese in New Zealand. Rather, it analyses the work and interactions of Western medical missionaries of the New Zealand Presbyterian Church active in China. A study of this kind draws on and contributes to histories of missions, medicine in China, and New Zealand-China interactions.

The thesis’ three chapters contextualise the medical mission within the pre-existing Protestant missionary movement and medical missionary movement in China, consider how local Cantonese in Ko Tong viewed the ‘foreign doctor’ in their midst, and finally, analyse the influence and leadership of Dr. John Kirk, the hospital’s main superintendent. It does this by examining mission policy, the hospital’s medical care standards, and Kirk’s involvement in medical education. This research utilises primary sources from the Presbyterian Church Archives of New Zealand, highlighting an immensely rich and varied body of archival resources, which has remained largely untapped by historians.

In loving memory of my grandfather, Douglas Gordon Stevenson (1923-2019)

“You were one of those classic ones
Travelling around this sun”

– *Legend*, TØP

Disclaimer

This thesis was completed during the 2020 Coronavirus Pandemic. From 25 March 2020 until 27 April 2020, New Zealand entered a state of lockdown in order to contain the spread of the COVID-19 virus in this country. After the full lockdown was lifted on 28 April 2020, most academic staff and students, including those at Victoria University of Wellington, continued to work from their homes until the country entered Level 1 on 8 June 2020.

During this time, institutions such as libraries and archives were closed, and physical academic resources were inaccessible to both staff and students. The author is conscious that limited access to resources at this time may have affected the ability to engage with some additional scholarship which otherwise might have contributed to a richer piece of research.

The author requests that this disclaimer be considered in the reading of this thesis.

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This project is dedicated to my paternal grandfather, my Poppa, Douglas Stevenson. The man who, when I told him I was going to Wellington to do my MA in History, simply winked at me and said, “But you never asked me?” He always followed the academic journey of one of his youngest grandchildren with an interest for which I will be forever grateful, and I know he’d have enjoyed talking about the eye operations mentioned in this thesis. You are greatly missed, Poppa.

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CONTENTS

<i>Abstract</i>	III
<i>Disclaimer</i>	VI
<i>Acknowledgements</i>	VII
<i>Contents</i>	IX
<i>Note on Transliterations</i>	XI
<i>List of Abbreviations</i>	XII
Introduction	1
Chapter One – Inception of the CVM Medical Mission	15
Chapter Two – The ‘Foreign Doctor’ in Ko Tong	47
Chapter Three – John Kirk and the Development of the Medical Mission	87
Conclusion	131
<i>Bibliography</i>	137

NOTE ON TRANSLITERATIONS

In general, I have tried to strike a balance between transliterations that are widely familiar and those that appear frequently in the source material. This means that I have used Pinyin for regions, province names, and most cities – the notable exception to this is the use of Canton instead of Guangzhou. However, for most village names and names of Cantonese staff and patients I have followed the Cantonese transliterations used in the source material.

Prior to the 1930s, there was no widely recognised transliteration system for Cantonese. Missionaries in the Canton Villages Mission (CVM) used a number of different dictionaries when learning the language and were told to “become familiar with systems in use, but adopt a system for your own use and stick to it”.¹ Consequently, especially in the earlier years of the mission, missionaries sometimes widely differed in the kinds of transliterations they used. This is most apparent in names. The name of one of John Kirk’s student assistants, Poon Yin Shaang, sometimes appears in CVM sources as Yeen Shang, Yin Shan, or even occasionally Een Shang. In these cases, I have chosen to use the form that appears most frequently, or the one that seems most intelligible or legible. The market town where the CVM built their first hospital I have rendered as ‘Ko Tong’, for ease of reading, although the name often appears as ‘Ko T’ong’.

A few notes on Cantonese naming conventions may help the reader. Then, as now, Cantonese names begin with the surname followed by given names. For example, the philanthropist Tsui Mau Kwun is referred to as Mr Tsui. Readers may notice the appearance of ‘Ah’ in several names, such as Ah Pong and Ah Chui. Historians have often thought this prefix equated to the English ‘Mr./Mrs.’ But as historian Kate Bagnall notes, it is more likely to have been a diminutive prefix, akin to the way the name ‘James’ might be modified to ‘Jamie’.² Young women’s names often end in ‘Koo’, being short for ‘koo-neung’, meaning ‘young woman’, and begin with a number, as with Saam Koo and Sz Koo, nurses at Ko Tong Hospital.

¹ George McNeur, ‘New Zealand Presbyterian Mission Course of Language Study (Cantonese)’, Foreign Missions Committee – Convenor’s Inwards Correspondence – Canton Villages Mission, 1902-1910, GA0001 AA 16/2/7 84/18, PCANZ Archives, p. 1.

² Kate Bagnall, “‘The prevalence of this prefix’, 1898”, 7 June 2018, *The Tiger’s Mouth – Thoughts on the History and Heritage of Chinese Australia* <<http://chineseaustralia.org/tag/chinese-names/>> [accessed 28 June 2020].

List of Abbreviations

APM	American Presbyterian Mission
CIM	China Inland Mission
CMMA	China Medical Missionary Association
CSM	Church of Scotland Mission
CVM	Canton Villages Mission
EMMS	Edinburgh Medical Missionary Society
FMC	Foreign Missions Committee of the New Zealand Presbyterian Church
PWMU	Presbyterian Women's Missionary Union
SCM	Student Christian Movement
SVM	Student Volunteer Movement
SVMU	Student Volunteer Missionary Union
YMBC	Young Men's Bible Class
YWBC	Young Women's Bible Class
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

INTRODUCTION

In the light of a warm summer's day in 1907, a tall Scottish doctor stood examining the eyes of an older Chinese miner outside his hut on the banks of the Ahaura River, Westland, New Zealand. Beside them the Presbyterian evangelist Alexander Don acted as interpreter for the impromptu medical consultation. A graduate of Edinburgh Medical School, the young Scotsman John Kirk had recently been appointed as medical missionary to the New Zealand Presbyterian Church's latest missionary venture, the Canton Villages Mission (CVM) in South China. As preparation, he was accompanying Don on a five-week tour, visiting the Chinese living along the West Coast of the South Island, many of whom came from the same villages where Kirk would be sent to serve. The primary aim of the tour was for Don to gain a clearer idea of the prospects for evangelism among the Chinese remaining on the West Coast. However, Don also hoped to encourage new connections between the doctor and the New Zealand Chinese and to introduce one of the New Zealand Presbyterian Church's primary foreign missions plans in South China – that is, for Kirk to open a mission hospital in the Canton villages. As he examined the eyes of the man by the Ahaura River, Kirk surely wondered how his experiences among the Chinese on the West Coast “that will not be readily forgotten” would compare with the work he hoped to establish among their kin in the villages north of Canton.¹ “When shall we meet again,” Kirk mused, “Who knows? Perhaps some future day in far-off China, when our tongue, too, can muster a little Cantonese”.² Two years later, in 1909, Kirk opened a small hospital in the South China market town Ko Tong, the first Western medical hospital established in China by a New Zealand church – a key moment in the history of New Zealand's earliest interactions with China in the twentieth century had begun.

This thesis presents the first in-depth biographical and institutional study of the CVM's medical mission, from its conception in 1896 until the closure of its first temporary hospital at Ko Tong in 1917. Its three chapters contextualise the Presbyterian medical mission within the pre-existing Protestant missionary movement and medical missionary movement in China, consider how local Cantonese in Ko Tong viewed the ‘foreign doctor’ in their midst, and finally, analyse the influence and leadership of John Kirk, the hospital's main superintendent. The study reveals the extent to which the trajectory of the CVM's medical mission closely aligns

¹ John Kirk, ‘A Day at Blue Spur’, 30 March 1907, *Outlook*, p. 13.

² *Ibid.*

with that of both earlier and contemporary medical missions in its policy and practice. It also illustrates how local Cantonese responses to the medical mission in Ko Tong were complex and highly pragmatic, highlighting the importance of relationships between returned New Zealand Chinese miners and medical missionaries. Finally, it demonstrates how, despite numerous setbacks, the CVM's medical mission under Kirk's leadership achieved a level of stability and purpose it would struggle to find again. The following introductory section provides a historical overview of the events in New Zealand between Presbyterians and Chinese miners which led to the establishment of the CVM. It then considers how a study of this nature both draws on and contributes to three areas of scholarship – histories of New Zealand-China interactions, missions, and medicine in China. Finally, it introduces the kinds of source material used in this research, followed by an outline of the thesis' three chapters.

Historical Background

The Canton Villages Mission (CVM) was established in 1898 by the Otago Synod of the Presbyterian Church of New Zealand and was the brainchild of the aforementioned Reverend Alexander Don (1857-1934). The first missionary to the Chinese mining community in Otago-Southland, Don spent the majority of his working life in evangelistic work among the Chinese. When Don was first appointed to the position in 1879, the number of Chinese miners in New Zealand was nearing its peak. Official reports recorded Otago's Chinese population reaching 3715 in 1871.³ In 1881, the Chinese population in New Zealand peaked at 5004 for the mining period, although historian James Ng argues that it is likely many more Chinese were living in New Zealand at this time than officially recorded and that numbers might have been as high as 8000.⁴ In some mining areas Chinese predominated for a time and reached near parity with European miners in the 1870s, although for the most part they remained an overall (though significant) minority.⁵ Don's missionary career therefore followed the decline of mining as an occupation for Chinese in New Zealand.

³ James Beattie, "Hungry Dragons": Expanding the Horizons of Chinese Environmental History – Cantonese Gold-miners in Colonial New Zealand, 1860s-1920s', *International Review of Environmental History*, 1 (2015), p. 114

⁴ The number of ethnic Chinese in New Zealand would not be surpassed again until after the Second World War. Beattie, p. 114.; James Ng, 'The Sojourner Experience', in *Unfolding History, Evolving Identity*, ed. by Manying Ip (Auckland: Auckland University Press, 2003), p. 14.

⁵ Beattie, p. 115.

Chinese miners mostly came from peasant families from counties in present-day Guangdong Province, South China. They predominantly spoke Cantonese, although some spoke Hakka or other dialects. For the most part these men saw their time in New Zealand as temporary, sending money made on the goldfields home to their families where they too hoped to return. Many did make the journey, some with a considerable fortune, and it is encounters with these returned New Zealand Chinese that predominate in the story of the CVM medical mission's early years. Those who remained in New Zealand looked to other avenues for work, and Don's West Coast tour with Kirk in 1907 found many Chinese working in market gardens, laundries, and hotels. However, the Chinese remaining in New Zealand, as well as their family members who wished to join them, were inhibited by increasingly restrictive and targeted immigration laws. In 1881, the New Zealand government passed the Chinese Immigrants Act. This imposed a £10 poll-tax on all Chinese entering the country and demanded that a ship carry no more than one Chinese passenger to every 10 tonnes of cargo.⁶ In 1896 the poll-tax was raised to £100, with ships only allowing one Chinese passenger to every 200 tonnes, and the Old Age Pensions Act of two years' later excluded the Chinese from receiving pension regardless of their naturalisation status.⁷ Thus, by 1901 there were only 2837 Chinese living in New Zealand.⁸

Despite his commitment to evangelism over several decades, and his perception in the Presbyterian Church of being a China expert, Don failed to convert many Chinese. In fact, over his lifetime Don baptised 'only about twenty' Chinese, of whom some were likely the converts of others.⁹ As historian James Ng claims, partly due to the way the Chinese were treated in New Zealand and also Don's domineering personality, they were not particularly interested in Presbyterianism.¹⁰ Ng suggests that perhaps in large part because of the failure of his mission in New Zealand, Don considered extending the work of Christianity into China itself, noting the strong connection that remained between the Chinese in New Zealand and their home villages.¹¹ In 1896, Don requested leave to visit other Chinese missions in North America and China. In particular, he sought to ascertain from the missions in Canton whether it would be possible for the Presbyterian churches of New Zealand to send their own mission to minister to the Chinese of the villages above Canton, in Upper Panyu. This area was the district from

⁶ James Ng, *Windows on a Chinese Past*, vol. 3. (Dunedin: Otago Heritage Books, 1999), p. 96.

⁷ *Ibid.*, pp. 101, 104.

⁸ *Ibid.*, p. 105.

⁹ Ng, *Windows on a Chinese Past*, vol. 2., p. 137.

¹⁰ *Ibid.*, p. 159.

¹¹ *Ibid.*, p. 194.

which sixty-seven percent of Chinese in New Zealand had originated.¹² Don's resulting report to the Foreign Missions Committee of the Otago Synod (FMC) recommended that the church appoint two young men to be trained in Otago with the view to their becoming the first missionaries sent by a New Zealand church to serve in the villages above Canton.¹³ The FMC passed the resolution, and the Canton Villages Mission was established, sending its first missionary, George McNeur (1874-1953), to China in 1901.

The CVM existed for a little over fifty years when, in 1953, the last of its missionaries left China by request of the newly formed People's Republic of China, which was not favourably disposed to Western influence. The only mission in China from any Australasian church, the CVM was a small but ambitious missionary organisation working in the Canton region. Several missions were already at work here, including the prominent American Presbyterian Mission (APM). Although the CVM's foreign staff rarely rose above twenty missionaries, its pastoral field was extensive. Originally it included the rural Upper Panyu (Poon Yue) district and part of the Hua (Fa) county, but by the early 1920s, their boundaries extended to include its neighbouring counties – Conghua (Tsung Fa), Nanhai (Naam Hoi), and parts of Canton city – with a total population of around one million (see Figure 1).¹⁴ The CVM invested in three branches of work – evangelism, education, and medical care. At its peak it was responsible for 19 chapels, 12 primary schools, two boarding schools, a nurses training college, and a 100-bed hospital.¹⁵ Committed to the idea of devolution espoused by Henry Venn in his “three-self” policy (that foreign missionaries should work towards the ideal of a “self-governing, self-supporting, self-propagating” indigenous church), the CVM gave increasing responsibility to its Chinese staff and submitted itself to working under the Chinese Church of Christ in Guangdong province.¹⁶ Though in later years the CVM's medical mission focused more on medical education despite having a large hospital facility, the successes of its first small hospital in Ko Tong market were crucial to the development of the mission as a whole. The medical mission's approach, to gain the confidence and respect of the Cantonese people through administering medical care, enabled the CVM to gain a foothold in the villages, although the medical mission itself did not return large numbers of converts. Unfortunately, particularly in its later years, the CVM was inhibited by a lack of resources and adequate

¹² Ng, *Windows on a Chinese Past*, vol. 1., p. 11.

¹³ Alexander Don to George McNeur, 6 February 1899, CVM Staff Files – Rev. G. H. McNeur, GA0148 AA 10/4/6 1/9, PCANZ Archives, p. 4.

¹⁴ Ng, *Windows on a Chinese Past*, vol. 2., p. 192.

¹⁵ Ibid.

¹⁶ Ibid., p. 193. !

funding to support its endeavours. Notably, it had to compete for funds with its sister mission in India, in addition to numerous upheavals in its work due to revolution, civil war, and foreign invasion in China.¹⁷ However, it is left for others to explore the later years of the CVM, its other branches of work, and its eventual decline – the scope of this study is limited to addressing its establishment and the first years of its medical mission at Ko Tong Hospital under the leadership of Dr. John Kirk.

! "#\$%&'() Above: Map of the Canton Villages Mission Districts drawn by F. J. Crawford in 1909. Right: Close-up of the districts map focusing on the area surrounding the market town Ko Tong, appearing here near the centre and written as 'Ko-T'ong'. Kong Chuen, the site of the CVM's later compound, can be seen a mile and a half north of Ko Tong.¹⁸

¹⁷ Ng, *Windows on a Chinese Past*, vol. 2., p. 204.

¹⁸ F. J. Crawford, 'Canton Villages Mission Districts', 1909, in Herbert Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand* (Dunedin: Foreign Missions Committee, 1916), front insert.

Historiography and Research Contribution

The FMC published two successive booklet histories of the CVM in 1916 and 1926 written by its missionaries, but aside from these church publications and other personal missionary memoirs, the CVM has received very little attention from historians.¹⁹ Even a history of the Presbyterian Church of New Zealand published in 1990 mentions very little about the mission.²⁰ Published in 1995, historian James Ng's second volume of a four-volume work, *Windows on a Chinese Past*, devotes a chapter to the CVM.²¹ Likewise, historian Matthew Dalzell's 1995 thesis on New Zealanders in Republican China also included a chapter on the CVM.²² However, while histories of the Chinese in New Zealand have flourished in recent years, apart from Ng and Dalzell's two chapters, by contrast, the last quarter-century has resulted in little engagement with their initial work on the CVM.²³ Aside from Dalzell's book, work on New Zealanders in China is largely limited to mission memoirs, the travel-writing of figures such as James Bertram, and scholarship on the life of Rewi Alley.²⁴ Stevan Eldred-

¹⁹ Herbert Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand* (Dunedin: Foreign Missions Committee, 1916); William Mawson, *The Story of the Canton Villages Mission* (Dunedin: Presbyterian Bookroom, 1926).

²⁰ Dennis McEldowney, ed., *Presbyterians in Aotearoa, 1840-1990* (Wellington: Presbyterian Church of New Zealand, 1990), pp. 93-4.

²¹ Ng, *Windows on a Chinese Past*, vol. 2., pp. 192-239.

²² Matthew Dalzell, *New Zealanders in Republican China, 1912-1949* (Auckland: The University of Auckland, New Zealand Asia Institute, Resource Papers, No. 4., 1995).

²³ Notably the first scholarship on the Chinese in New Zealand was written in 1930 by Jean Moore, George McNeur's daughter: M. J. M. Moore, 'The Chinese in New Zealand' (University of Otago, 1930). The subject was only studied again twenty-nine years later when Ng Bickleen Fong published her own study on the Chinese in New Zealand: Ng Bickleen Fong, *Chinese in New Zealand – A Study in Assimilation* (Hong Kong: Hong Kong University Press, 1959). Following James Ng's work, Chinese New Zealand histories have flourished. See for example: Manying Ip, *Dragons on the Long White Cloud – The Making of Chinese New Zealanders* (North Shore City: Tandem Press, 1996); Manying Ip, ed., *Unfolding History, Evolving Identity – The Chinese in New Zealand* (Auckland: Auckland University Press, 2003); Julia Bradshaw, *Golden Prospects: Chinese on the West Coast of New Zealand* (Shantytown: West Coast Historical and Mechanical Society Incorporated, 2009); Ruth Lam and Lily Ho Lee, *Sons of the Soil: Chinese Market Gardeners in New Zealand* (Pukekohe: Dominion Federation for New Zealand Chinese Commercial Growers, 2012); Ruth Lam, Beverly Lowe, Helen Wong, Michael Wong, and Carolyn King, *The Fruits of Our Labours: Chinese Fruit Shops in New Zealand* (Wellington: Chinese Poll-tax Heritage Trust, 2018).

²⁴ Copies of memoirs and biographies of missionaries on the Canton Villages Mission are kept in the Presbyterian Archives of New Zealand: Henry Barton, *George Hunter McNeur – A Pioneer Missionary in South China* (Christchurch: Presbyterian Bookroom, 1955); Gordon Ogilvie, *Little Feet in a Big Room – Frances Ogilvie of China* (Christchurch: Shoal Bay Press, 1994); Rita F. Snowden, *Never a Dull Moment – The Life and Letters of Annie James* (Dunedin: Presbyterian Bookroom, 1948). Personal memoirs and travel writing such as that of James Bertram, Robin Hyde, and Rewi Alley were particularly popular in the 1930s-40s. See: James Bertram, *Shadow of War – A New Zealander in the Far East 1939-1946* (London: Victor Gollancz, 1947); Robin Hyde, *Dragon Rampant* (London: Hurst & Blackett, 1939); Barbara Fraser, (ed.), *You Do Not Travel in China at the Full Moon – Agnes Moncrieff's Letters from China, 1930-1945* (Wellington: Victoria University Press, 1954). See also: Anne-Marie Brady, *Friend of China – The Myth of Rewi Alley* (London: Routledge Curzon, 2003); James Beattie and Richard Bullen, *Bringing China Home: Chinese Stories and Objects in Hawke's Bay* (Napier: MTG Hawke's Bay and Asia NZ Foundation, 2016); *New China Eyewitness: Roger Duff*,

Grigg's more recent history of China and New Zealand says remarkably little about the CVM, despite the fact that the book purports to include events that occurred in both countries.²⁵

Ng's *Windows on a Chinese Past* is widely considered to be foundational literature in Chinese New Zealand historical scholarship. Ng, a doctor by profession, who arrived in New Zealand as a child refugee with his mother in 1941, was the first to expand scholarship on the history of the Chinese in New Zealand. He collected much of Don's material, including his *Roll on the Chinese*, which is a detailed record of the hundreds of Chinese Don met on his annual tours of the mining areas in the Otago-Southland region. This is reproduced in Ng's fourth volume. As much as Ng's work is a general history, it is also an unashamedly personal work, because for Ng, to uncover the lives of the Chinese miners and to track their history is to uncover and trace the personal history of his own family. Ng's chapter on the CVM directly follows his biographical chapter on the missionary Alexander Don, and it is framed primarily within the context of Don as founder of the CVM. Ng's assessment of Don is a complex one. Subsequent scholars have heavily critiqued Ng's likening Don's view of the Chinese to that of Richard Seddon's as simplistic.²⁶ However, Ng also acknowledges that were it not for Don, the rich source material from which most information about the Chinese miners originates would not exist. Ng argues that, while Don's own ministry failed, the fruits of Don's labours were fulfilled in the CVM, as its later missionaries went on to help Chinese refugees, such as he and his mother, to gain permanent residency in New Zealand in the 1940s.²⁷ Therefore, it is with this in mind that Ng examines the CVM, focusing primarily on Don's actions as founder, and the quality of the mission itself. He also draws comparisons between the lives of the Chinese in New Zealand and those of New Zealand missionaries in China, highlighting both groups as sojourners with a marked ethnic identity who were mostly not accepted by their respective host populations.²⁸ Ng notes that despite the CVM's early reliance on their New Zealand Chinese contacts in order to gain a foothold in the Upper Panyu villages, as the mission developed CVM

Rewi Alley and the Art of Museum Diplomacy, ed. by James Beattie and Richard Bullen (Christchurch: Canterbury University Press, 2017).

²⁵ Stevan Eldred-Grigg, with Zeng Dazheng, *White Ghosts, Yellow Peril – China and New Zealand, 1790-1950* (Dunedin: Otago University Press, 2014).

²⁶ Seddon infamously likened the Chinese to monkeys. Several academics have argued that Don's frustration with the Chinese came from a place of evangelistic frustration rather than outright racism like Seddon, pointing out that unlike Seddon, Don engaged with the Chinese and over time his harder views mellowed. See Susan Chivers, 'Religion, Ethnicity and Race: The Mission of the Otago Church to the Chinese 1860-1950' (University of Otago, 1992); Brian Moloughney and John Stenhouse, "'Drug-Besotten, Sin-Begotten Fiends of Filth' – New Zealanders and the Oriental Other, 1850-1920', *New Zealand Journal of History*, 33.1 (1999), 43–61; Luke Stephen Tysoc, 'The Missionary as Cultural Mediator – Alexander Don and the Chinese and European Communities in New Zealand' (Victoria University of Wellington, 2012).

²⁷ Ng, *Windows on a Chinese Past*, vol. 2., p. 208.

²⁸ *Ibid.*, pp. 205-8.

missionaries did not maintain these links, resulting in little practical connection between the missionaries and the New Zealand Chinese community.²⁹

Of the medical side of the mission, Ng mentions very little. He describes the initial difficulties of buying the property at Ko Tong and the establishment of the hospital there. He later explains that, despite the fact that the large Kong Chuen compound became the heart of the CVM mission, after the mid-1920s the mission began to decline. Financial pressures in New Zealand prevented the CVM from expanding, and eventually even maintaining, its staffing numbers.³⁰ His passing assessment of the medical mission is that “the quality of the CVM’s medical branch may not have been of a high order...because of the recruitment of young, inexperienced doctors who used inadequate or worn-out equipment”.³¹ Other than that comment, neither hospital receives much attention in the chapter. Ng’s conclusion about the CVM as a whole is that despite all its efforts, “the mission failed to integrate with the local people...foreign missionaries remained foreign and so did their religion”.³² In reference to this, he points out that the missionaries maintained their cultural separation. They continued to live, eat, and clothe themselves like Westerners, and especially once the compound at Kong Chuen was established, expected local people to come to them rather than seeking them out themselves.³³ He highlights the fact that the mission’s limited staffing, contrasting with their many activities and large evangelistic territory, meant that the mission was always stretched for people and resources, which was a considerable disadvantage to its efficacy as a whole. However, despite its continual setbacks, and eventual decline, Ng argues that “in the final analysis, the CVM was admirable...one is left with a great sense of satisfaction and pride in the Canton Villages Mission.”³⁴ Nevertheless, Ng also mentions that research on the CVM is far from complete.³⁵ Thus, one of the aims of this study is to re-evaluate Ng’s claims in the context of Ko Tong Hospital specifically.

Because it was published in the same year as Ng’s work, Dalzell’s chapter on the CVM does not build on Ng’s ideas. Instead, Dalzell analyses the CVM on the basis of its “transformational intent”, which he defines as the desire “to effect significant degrees of change in Chinese religious life and cultural forms”.³⁶ Dalzell categorises the CVM as a “social

²⁹ Ibid., p. 202.

³⁰ Ibid.

³¹ Ibid., p. 204.

³² Ibid., p. 202.

³³ Ibid., pp. 206-7.

³⁴ Ibid., p. 209.

³⁵ Ibid., p. 204.

³⁶ Dalzell, p. 1.

mission” because, in addition to its evangelism, the CVM invested heavily in Western social projects in China through its schools and hospitals.³⁷ Dalzell argues that the mission reports and articles the CVM missionaries wrote for the weekly Presbyterian magazine the *Outlook* were designed to give its New Zealand readership a strong sense of the CVM’s “transformational intent” in order to elicit financial support from the home churches and inform them of “China’s need”.³⁸ The chapter’s section on the medical mission of the CVM bypasses its early years at Ko Tong Hospital “with its ‘cramped, insanitary, and noisy surroundings’”.³⁹ Instead, Dalzell focuses primarily on the life and work of the CVM’s longest-serving nurse, Annie James (1884-1965). James first served at Kong Chuen Hospital, the CVM’s larger hospital facility built in 1916, and in later years at the maternity hospital at Kaai Hau. In doing so, Dalzell draws attention to the crucial role that women like James played in the CVM, especially in its later years. Over seventy percent of the CVM’s missionaries were women. And though beyond the scope of this research, due to its focus on the foundational leaders of the medical mission, such as John Kirk, this topic undoubtedly deserves further study. Dalzell provides more information than Ng about the CVM during the Second Sino-Japanese War (1937-1945) and the internment of CVM missionaries during that time. However, like Ng, Dalzell’s chapter is little more than an overview, introducing key moments and figures in the mission, but by no means providing exhaustive analysis.

Recent research on the CVM remains fairly undeveloped. Anita Voisey's 2006 thesis is a bibliography of sources on New Zealand women missionaries to China. While Voisey creates a helpful resource for historians to use in locating sources on these women, the thesis does not analyse these sources in any great depth.⁴⁰ In 2013, sociologist Sylvia Yuan completed a study of the 254 New Zealand missionaries who served in China under various missions and organisations between 1877 and 1952. Yuan uses examples from the CVM’s history intermittently through the study, and a short section addresses medical mission work.⁴¹ Most references to the CVM’s medical mission, however, refer to its work from the 1930s onwards, in which Yuan argues that medical missionaries were “largely ill-equipped” for their work in China.⁴² Historian Hugh Morrison’s more recent book on New Zealand Protestant missions

³⁷ Ibid., p. 67.

³⁸ Ibid., p. 69.

³⁹ PGA, 1917, p. 93, as cited in Dalzell, p. 96.

⁴⁰ Anita Renee Voisey, ‘New Zealand Women Missionaries to China, 1981(sic)-1954’ (unpublished Master’s thesis, Victoria University of Wellington, 2006).

⁴¹ Sylvia Yang Yuan, “‘Kiwis’ in the Middle Kingdom – A Sociological Interpretation of the History of New Zealand Missionaries in China from 1877 to 1953’ (unpublished PhD thesis, Massey University, 2013), pp. 180-185.

⁴² Ibid., p. 182.

until the 1960s is a helpful piece of scholarship for identifying key themes and trends in New Zealand's mission history as a whole, though Morrison only mentions the CVM in passing.⁴³ Historian Brian Moloughney has previously called attention to the lack of scholarship surrounding the CVM, stating that its story, "remains largely untold...[and] invite[s] more attention as New-Zealanders explore further their engagement with China and Chineseness".⁴⁴ In light of this paucity of research, this study begins to pay the CVM's story the attention it deserves through analysis of its medical mission, and thereby hopes to add a significant contribution to understandings of New Zealand-China interactions.

A study of this nature necessarily engages with histories of missions within the context of empire. A fuller overview of the history and contours of the Protestant missionary movement is developed in the first chapter, but it is worth briefly considering approaches to the use of mission sources in understanding aspects of our colonial past. Historian Brooke Whitelaw points out that "there tends to be an underlying defensiveness in much contemporary writing of missionary history where scholars feel compelled to justify their interest in a group that are by today's postcolonial standards, easy to criticise as aggressive cultural imperialists".⁴⁵ Missionaries, as historian William Hutchison puts it, often appear "too admirable to be treated as villains, yet too obtrusive and self-righteous to be treated as heroes".⁴⁶ This uneasiness in handling the complexity, and at times, hypocrisy, of missionaries' sources has often meant that historians in a postcolonial era have often tended to avoid them altogether. However, in doing so, we forego gaining a wealth of insight into our colonial past that is otherwise inaccessible.

In 1991, New Zealand historian Allan Davidson highlighted the dearth of scholarship on New Zealand's involvement in foreign missions, arguing that, "this neglect has been unfortunate, because missionaries have been on the frontiers of cultural interaction and there is much that can be learned from their experience".⁴⁷ Brian Moloughney developed this argument a little further by pointing out, with regard to missions in China, that "it is worth

⁴³ Hugh Morrison, *Pushing Boundaries: New Zealand Protestants and Overseas Missions, 1827-1939* (Dunedin: Otago University Press, 2016).

⁴⁴ Brian Moloughney, 'Translating Culture: Rethinking New Zealand's Chineseness', in Charles Ferrall, Paul Millar, and Keren Smith, eds., *East by South – China in the Australasian Imagination* (Wellington: Victoria University Press, 2005), pp. 391-2.

⁴⁵ Brooke Emma Whitelaw, 'Message from the Missahibs - New Zealand Presbyterian Women Missionaries in the Punjab, 1910-1940' (unpublished Master's thesis, University of Otago, 2001), p. 13.

⁴⁶ William Hutchison, as quoted in Brooke Emma Whitelaw, 'Message from the Missahibs - New Zealand Presbyterian Women Missionaries in the Punjab, 1910-1940' (unpublished Master's thesis, University of Otago, 2001), p. 13.

⁴⁷ Allan K. Davidson, 'The New Zealand overseas missionary contribution: The need for further research', in *With All Humility and Gentleness*, ed. by Allan K. Davidson and Godfrey Nicholson (Auckland: St. John's College, 1991), p. 41-50.

remembering that almost all missionaries spent a lifetime engaged with Chinese people and Chinese culture, something that most of their contemporary critics cannot say about themselves”.⁴⁸ Missionaries often conveyed their ideas to those they served, and conversely interpreted the cultures of these communities back to their home audience. In doing so, Hugh Morrison suggests, missionaries were “global citizens before their time”.⁴⁹ I concur with Davidson’s assessment that “negative stereotyping of missionary activity and uncritical adulation of missionary work both miss out on what is a significant area of human encounter”.⁵⁰ And, in contributing a case study in New Zealand’s missionary history through research on the CVM, I hope to answer Davidson’s call for a “critical, yet sympathetic” – or perhaps one might say, ‘complex’ – analysis of New Zealand missions in China.⁵¹

The third area upon which this research draws and to which it contributes is that of histories of medicine in China, and more specifically, the history of the development of Western medicine in China. In 2006, historians such as John Stanley pointed out that compared to the amount of research on the development of Western education through missions in China, research on medical missions has remained a neglected field of study.⁵² In 1991, Meghan Vaughan was one of the first to notice that histories of colonial medicine were “strangely silent” on the involvement of mission doctors and nurses.⁵³ Following Vaughan’s work, in the 1990s several other historians began to research and write on medical missions.⁵⁴ In 2006, however, David Hardiman noted the irony that the bulk of historical research on medical missions remained on African missions even though the majority of medical missions historically were in India and China.⁵⁵ “It is clear,” Hardiman stated, “that the mission archives contain a vast amount of material on medical work that has been greatly under-utilised by scholars.”⁵⁶

Much research on medical missions in China has tended to focus on its early years with Peter Parker’s ophthalmic clinic and the development of the first modern Chinese Western

⁴⁸ Moloughney, p. 392.

⁴⁹ Morrison, p. 216.

⁵⁰ Davidson, p. 41-50.

⁵¹ Ibid., p. 41-50.

⁵² John R. Stanley, ‘Professionalising the Rural Medical Mission in Weixian, 1890-1925’, in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), p. 115.

⁵³ Meghan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), p. 55.

⁵⁴ See in particular: Jean and John Comaroff, *Of Revelation and Revolution: The Dialectics of Modernity on a South African Frontier* (Chicago: Chicago University Press, 1997); Nancy R. Hunt, *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham: Duke University Press, 1999).

⁵⁵ David Hardiman, ‘Introduction’, in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), p. 9.

⁵⁶ Ibid.

medical textbooks.⁵⁷ More recently, case studies of different individual medical missions in China have begun to appear, making the most of medical missionary source material sitting in disparate church and mission archives around the world. Of particular note for this research are Guangqiu Xu's *American Doctors in Canton*, which is an in-depth history of Canton Hospital and its associated medical education and public health projects. Also of note is John Stanley's case study of the Presbyterian medical mission in rural Weixian which I will draw upon in the third chapter.⁵⁸ This last piece of research mirrors most closely the type of study that I aim to contribute to histories of Western medicine in China: a detailed case study of a small rural Presbyterian medical mission.

Sources

This thesis draws on a wealth of primary sources from the largely untapped Presbyterian Research Centre Archives of the Presbyterian Church of New Zealand held in Knox College, Dunedin. This is the archive on which both Ng and Dalzell relied in writing about the CVM, but their broad-brush work on the CVM's medical mission does little to reflect the sheer wealth of source material available on the topic in the archive. Indeed, alongside formal church documents, such as the Foreign Missions Committee's minutes and the CVM council minutes, there are also files on each member of the CVM staff, often including valuable correspondence. The hitherto unpublished material in the CVM annual reports offers significant information about the medical mission and is used extensively in the second chapter, including in a number of tables. In addition to this, the Presbyterian Church's main mission magazines, the *Outlook*, and *Harvest Field*, where updates on the mission were often published, are held in the archive as well. Of particular interest for this specific study, the archive has recently received a large collection of source material from John Kirk's family. These unaccessioned files contain Kirk's personal notes, his two surgical notebooks, and other valuable photographs and medical notes.

As mentioned above, mission sources are complex and need to be analysed carefully. It is important to note which documents and points of view are notably absent from an archive of

⁵⁷ See in particular Jonathan Spence, 'Peter Parker: Bodies or Souls', in *To Change China: Western Advisers in China, 1620-1960* (New York: Penguin, 1980), pp. 34-56.; G. H. Choa, *"Heal the Sick" Was Their Motto – The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990); Michael Lazich, 'Seeking Souls through the Eyes of the Blind: The Birth of the Medical Missionary Society in Nineteenth-Century China', in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), pp. 59-86.

⁵⁸ R. Stanley, 'Professionalising the Rural Medical Mission in Weixian, 1890-1925', in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), pp. 115-136.

this kind. Most obviously, in examining sources on the CVM, the profound absence of written documents authored by either Kirk's Chinese patients or New Zealand Chinese makes for a very one-sided archive in some senses. Though the Chinese Kirk worked amongst are mentioned intermittently throughout archival sources, and their faces appear in many photographs, their thoughts and opinions on the medical mission are for the most part entirely absent. Additionally, few private letters between women missionaries in China and their women supporters back in New Zealand are present in an institutional archive such as this. Indeed, letters between John Kirk and the FMC convenor, William Hewitson, indicate that a wealth of information about the medical mission passed through correspondence between their wives, who appeared to write with much greater frequency than their husbands, but these letters do not appear in the institutional archive. Most of the letters and reports written by missionaries that survive in the archive were authored knowing that their words would most likely reach a wider audience through publication in the *Outlook* magazine. This obviously influenced the way they wrote about their work. As Whitelaw notes, "missionaries knew they were writing to an interested audience...so their letters constituted a dialogue whereby [they]...selected and presented material according to the perceived needs and expectations of their audience".⁵⁹ Historians of the CVM, then, must be wary that most of the CVM's archival material inclines towards a more or less positive view of the CVM and, while its successes are loudly praised, its failures are often hidden in private letters or omitted altogether.

Chapter Outline

The thesis is divided into three chapters. The first chapter follows the inception of the CVM and its medical mission from 1896 until 1907. It provides a detailed analysis of the pre-existing missional and medical context in which the CVM's medical mission began in China. It reveals that, far from being original, the CVM closely followed in the historical tradition of Protestant missions in China and borrowed extensively from the missions around it in establishing its policies and practices – in particular, from the APM. The chapter also examines the appointment of the CVM's first medical missionaries, analysing these Scottish-trained doctors within their distinctly ecumenical evangelistic milieu in Edinburgh, and how this influenced their relationships with the FMC and their decisions to join the CVM.

⁵⁹ Whitelaw, p. 9.

The second chapter moves the focus from the establishment of the mission in New Zealand to the opening of the CVM's first temporary hospital in 1909 and its work in the prominent rural market town Ko Tong, Upper Panyu until its closure in 1916. It critically examines the reception of Kirk and the CVM within the context of "anti-foreignism" in Ko Tong, and reveals that local Cantonese responses to the 'foreign doctor' and his medical mission in Ko Tong were complex and highly pragmatic. It shows how the CVM primarily intended the medical mission to act as a tool for 'opening up' the villages to evangelistic work, and that this purpose predominated over the broader strategic concerns of the medical missionary movement, and the establishment of healthcare in China. The chapter also highlights the crucial role that returned Chinese miners played in helping the CVM secure property for the hospital within Ko Tong. The chapter, then, explores how patients made use of the hospital at Ko Tong, and examines the type of medical care that patients sought and the difficulties of understanding how their response to the hospital changed over time.

The third and final chapter considers the development of the medical mission from 1909 to 1917 in terms of its policy and practice under Kirk's leadership within the broader context of the development of contemporary medical missions in China. Its first section explores how Kirk used his relationships with the FMC to influence and refine the qualifications and responsibilities of medical missionaries. The chapter then reassesses historian James Ng's claims about the CVM's medical mission, examining the hospital's resources and standard of medical care, funding, and staffing concerns. It argues that the eventual decline of medical missions in China, which began during this time, was primarily a consequence of mission committees failing to adequately fund and staff their medical mission ventures, and also because of the comparative growth of non-missional Western medical institutions in China. Additionally, the chapter examines Kirk's efforts to encourage Western medical education not only through helping to refine policies and aid in teaching at Kung Yee Medical School, but also through his own personal apprenticeships at Ko Tong.

CHAPTER ONE

Inception of the CVM Medical Mission, 1896-1907

...it is left to us to do our share, and have the honour of being the first
Australasian church to break Chinese ground.

– Alexander Don, ‘Canton Villages Mission Proposal’¹

In 1896, the Otago-Southland Synod of the Presbyterian Church of New Zealand granted Alexander Don leave of absence “to ascertain the practicability or otherwise of a Missionary of our own being sent from this church, to work among Cantonese-speaking Chinese”.² Don’s itinerary involved visiting missions among the Chinese in America and China, as well as Japan.³ Travelling with Don, was a young man called Joseph Ings, whom Don was encouraging to train as a medical missionary.⁴ Within a matter of days after his return to New Zealand, Ings enrolled in preliminary courses at Dunedin’s technical school before leaving for Scotland to study medicine “with a view to missionary work in China”.⁵ In 1899, the Foreign Missions Committee (FMC) appointed George McNeur as the first missionary of the newly established Canton Villages Mission (CVM) of the Presbyterian Church, and five years later, Ings was appointed as its first medical missionary.⁶

The China that McNeur and Ings entered in the first decade of the 1900s was already well acquainted with missionaries and medical mission hospitals. This chapter will analyse the establishment of the CVM and, more specifically, its medical mission within the missional and medical context of China in the late Qing Dynasty (1644-1912). The chapter argues that the CVM’s policies and practices were heavily influenced by pre-existing traditions of Protestant medical missions. In light of this, I argue that the CVM primarily maintained its identity as a

¹ Alexander Don to George McNeur, 6 February 1899, CVM Staff Files – Rev. G. H. McNeur, GA0148 AA 10/4/6 1/9, PCANZ Archives, p. 3.

² Ibid.

³ ‘Local and General’, *Otago Witness*, 26 May 1898, p. 20.

⁴ Alexander Don, ‘Dr. Joseph Ings – Medical Missionary to the Canton Villages: A Personal Reminiscence’, *Outlook*, 25 August 1906, p. 7.

⁵ Ibid.; ‘Baptist Union’, *Oamaru Mail*, 24 May 1900, p. 1.

⁶ Foreign Missions Committee Minutes 1901-1913, 28 November 1904, GA0111 AA 4/1 84/18, PCANZ Archives, p. 1.

‘New Zealand’ mission by emphasising its relationship with the New Zealand Chinese and by remaining autonomous from other mission groups despite its extensive collaboration with them. Additionally, the chapter examines the appointment of the CVM’s first medical missionary Joseph Ings and his successor John Kirk, arguing that their shared education in Edinburgh profoundly shaped their approach to medical missions.

The Golden Age of Missions

On his return to New Zealand with Ings in 1898, Don wrote a proposal for the CVM that he read before the Synod of the Presbyterian Church of Otago-Southland, which contained the statement cited at the start of this chapter. In it, Don emphasises both the “honour” that would come from being the first church in Australasia “to break Chinese ground” in a missional sense, and also a sense of obligation that the Presbyterian church in New Zealand should contribute its “share” to worldwide missionary endeavours. Don’s sentiment of obligation in missions is typical of the time.⁷ The CVM became the first mission of any Australasian church to enter China, but one of the last to participate in what historian Kenneth Scott Latourette has called “the great century of Christian missions”.⁸

The modern missionary movement to which Latourette refers began in earnest with the founding of the first missionary societies in the 1790s, and only started to wane after the second decade of the twentieth century. The intensely rapid geographical expansion of Protestant missions during this period was significant, and by the end of the nineteenth century Protestant missions operated in India, China, Africa, South Asia, the Caribbean, South America, and parts of the Pacific.⁹ Although numbers of converts as a result of missions were relatively low during this period, historian Andrew Walls has argued that the influence these missions have had on the changing geography of Christianity in the present is significant.¹⁰ Today, at least numerically, Christianity is “more a religion of the South and East than it is of the North and

⁷ Alexander Don to George McNeur, 6 February 1899, CVM Staff Files – Rev. G. H. McNeur, p. 3.

⁸ See Kenneth Scott Latourette’s pioneering work *A History of the Expansion of Christianity*, vol. 1-7 (London: Eyre and Spottiswoode, 1937).

⁹ Brian Stanley, ‘Christian missions, antislavery and the claims of humanity, c.1813-1873’, in *The Cambridge History of Christianity: World Christianities, c.1815-c.1914*, ed. by Sheridan Gilley and Brian Stanley (Cambridge: Cambridge University Press, 2005), p. 443.

¹⁰ Andrew F. Walls, ‘In Quest of the Father of Mission Studies’, *International Bulletin of Missionary Research*, 23.3 (July, 1999), p. 98.

West” and this shift, Walls argues, provides historians of missions with a “new means of understanding the old story”.¹¹

Predominantly Protestant in nature, the modern missionary movement stemmed primarily from the dissenting traditions. Historians have commonly associated the roots of the modern missionary movement with the English evangelical dissenters, and more specifically, William Carey’s famous pamphlet, *An Enquiry into the Obligations of Christians to Use Means for the Conversion of the Heathens* (1792), identifying Carey as the pioneer or “father of modern missions”.¹² However, as historian Brian Stanley has recently pointed out, this is not quite accurate. Even Carey himself attributed the influence upon his own thinking to the earlier German Pietists, during the early evangelical awakenings in Europe.¹³ Even so, the mission societies that developed in the late-eighteenth century, and which were sustained throughout the nineteenth, were nonetheless predominantly British and then American in nature, emerging in large part from the evangelical awakenings of the late 1700s. Consequently, as English-speaking missions they were aided by the spread and power of the British Empire.¹⁴ Additionally, recent scholarship also suggests that, contrary to previous assumptions, “the evangelical version of Protestantism was created by the Enlightenment”.¹⁵ Stanley even goes so far as to argue that “the modern Protestant missionary cannot be understood unless full attention is paid to the intellectual milieu within which evangelicalism was shaped”, that is, “one formed by the contours of the Enlightenment”.¹⁶

There is not space in this thesis to delve deeply into how the understandings of evangelicalism, Enlightenment ideas, and the context of Empire intersected in the development of the modern missionary movement. Nevertheless, it is helpful to point out some distinctive features relating to these themes which characterised Protestant missions in this period, and in turn influenced the later development of the CVM. Firstly, missionaries of the period were often heavily influenced by the dominant preachers of the evangelical awakenings, such as

¹¹ Brian Stanley, ‘Introduction: Christianity and the End of Empire’, in *Missions, Nationalism, and the End of Empire*, ed. by Brian Stanley (Grand Rapids, MI: William B. Eerdmans, 2003), p. 1.; Walls, p. 98.

¹² Brian Stanley, ‘Missionary Societies’, in *The Oxford History of Protestant Dissenting Traditions, Volume II: The Long Eighteenth Century c. 1689-1828*, ed. by Andrew Thompson (Oxford: Oxford University Press, 2018), pp. 243-244.

¹³ Stanley, ‘Missionary Societies’, pp. 243-244.

¹⁴ Andrew R. Holmes, ‘Evangelism, Revivals, and Foreign Missions’, in *The Oxford History of Protestant Dissenting Traditions, Volume III: The Nineteenth Century*, ed. by Timothy Larson and Michael Ledger-Lomas (Oxford: Oxford University Press, 2017), p. 395.

¹⁵ David Bebbington, *Evangelicalism in Modern Britain: A History from the 1730s to the 1980s* (London: Unwin Hyman, 1989), p. 143.; see also, *Christian Missions and the Enlightenment*, ed. by Brian Stanley (Oxford: William B. Eerdmans and Curzon, 2001).

¹⁶ Brian Stanley, ‘Christian Missions and the Enlightenment: A Reevaluation’, in *Christian Mission and the Enlightenment*, ed. by Brian Stanley (Oxford: William B. Eerdmans and Curzon, 2001), p. 10.

Jonathan Edwards, Charles Wesley, George Whitefield, and later Charles Spurgeon.¹⁷ A movement that permeated most Protestant denominations in the nineteenth century, adherents of evangelical Christianity emphasised the personal need for conversion, the active proclamation of the gospel, a high regard for the Bible, and an emphasis on the centrality of Christ.¹⁸ Evangelical missionaries were also heavily influenced by the eschatology of the evangelical movement. Its preachers emphasised that continuation of their current revival would result in the evangelisation of the whole world, thus fulfilling the injunction in Isaiah, that “the earth shall be full of the knowledge of the Lord, as the waters cover the sea” (Isaiah 11:9). This would, they believed, bring about history’s end and the imminent return of Christ.¹⁹

Evangelical ideas tended to mobilise members of the dissenting denominations – the Methodists, Presbyterians, Baptists, Congregationalists, and later Brethren. Because of this, unlike the German Pietists of the early 1700s, the modern missionary movement was mostly free of association with national churches, independent of state patronage, and organised by non-denominational missionary organisations, such as the London Missionary Society and the American Board of Commissioners for Foreign Missions.²⁰ Notably, this was often not the case among different Presbyterian churches who sent their own mission groups, as was the case with the CVM.²¹ Even so, because missionaries were more commonly sent through societies than individual churches, funds for missions relied almost entirely on voluntary philanthropic support. Establishing networks of missionary information that crossed national, denominational, and continental lines was crucial for the survival of mission interest and giving.²² As Stanley argues, “from its inception the Protestant missionary movement had been a transnational phenomenon”.²³

The non-denominational status of many mission societies encouraged unity. Although the ecumenical movement began in earnest in the 1940s, historian Marlene Finlayson argues that ecumenism was developing as early as the middle of the nineteenth century, in large part due to the growth of non-denominational mission societies and the missionary movement.²⁴ Many

¹⁷ Andrew F. Walls, ‘Eschatology and the Western Missionary Movement’, *Studies in World Christianity*, 22. 3., (2016), p. 190.

¹⁸ Bebbington, p. 16.

¹⁹ Walls, ‘Eschatology and the Western Missionary Movement’, p. 188.

²⁰ Stanley, ‘Missionary Societies’, p. 251.

²¹ Brian Stanley, ‘The Theology of the Scottish Protestant Missionary Movement’, in *The History of Scottish Theology, Volume III*, edited by David Fergusson and Mark Elliott (Oxford: Oxford University Press, 2019), p. 55.

²² Stanley, ‘Christian missions, antislavery and the claims of humanity, c.1813-1873’, p. 444.

²³ Stanley, ‘The Theology of the Scottish Protestant Missionary Movement’, p. 61.

²⁴ Marlene Finlayson, ‘Theology and Ecumenism after Edinburgh 1910’, in *The History of Scottish Theology, Volume III*, edited by David Fergusson and Mark Elliott (Oxford: Oxford University Press, 2019), p. 64.

missionaries reported back to their churches that they felt that denominational differences were of “no practical importance” in missions, and they encouraged churches to seek unity across denominational lines.²⁵ Additionally, the common eschatological idea among evangelicals that Christ would return as soon as all nations had heard the gospel created a common goal among mission societies. This was expressed most memorably by the evangelist John R. Mott, who in 1900 called for “the evangelisation of the world in this generation”.²⁶ The World Missionary Conference held in Edinburgh in 1910 was ostensibly intended to manifest ideas of inter-denominational collaboration, and many claimed it heralded the birth of the ecumenical movement, though the extent to which it really achieved this has been criticised.²⁷ Finlayson also points out that the Student Christian Movement (SCM) and Young Men’s and Women’s Christian Associations (YMCA and YWCA), with a focus on global evangelisation and the missionary movement, were instrumental in developing a sense of ecumenism amongst university students.²⁸ As this chapter will show, the CVM’s Scottish-trained medical missionaries were particularly influenced by these ideas during their time studying in Edinburgh.

Missionaries had complicated relationships with Enlightenment thinking, and later empire. Stanley argues that evangelical missions carried a “paradoxical blend between evangelistic zeal, simple biblicism and the Enlightenment motifs of progress, liberty, civilisation, education and the unity of humanity”.²⁹ Missionaries often believed in the superiority of Western “civilisation”, and that Western technologies and ideas – including Western medicine – could have a liberating potential on other groups.³⁰ They also tended to believe that rational knowledge had regenerative power when introduced in combination with the proclamation of the Christian gospel.³¹ Especially important for their missional approach, missionaries in the period all worked on the assumption that the gospel addressed individuals who had the liberty to decide their religion for themselves, emphasising the need for *personal* conversion. According to historian Andrew Walls, this privatisation of religion and emphasis on personal

²⁵ Ibid., p. 65; Stanley, ‘Missionary Societies’, p. 251.

²⁶ Ben Harder, ‘The Student Volunteer Movement for Foreign Missions and Its Overall Contribution to Missionary Service’, *Christian Higher Education*, 10.2 (2011), p. 145; Finlayson, p. 70.

²⁷ Brian Stanley, ‘The World Missionary Conference, Edinburgh 1910: Sifting History from Myth’, *The Expository Times*, 121.7, (2010).

²⁸ Finlayson, p. 67.

²⁹ Stanley, ‘Christian missions, antislavery and the claims of humanity, c.1813-1873’, p. 444.

³⁰ Stanley, ‘Christian Missions and the Enlightenment: A Reevaluation’, p. 10.

³¹ Ibid.

responsibility which permeated the missionary movement was a particular offshoot of Enlightenment thinking.³²

The expansion of the British empire undoubtedly enabled the missionary movement, and conversely missionaries often aided empire. In the past, writers have often assumed that the relationship between the missionary and imperial progress could be traced rather simply – ‘first the missionary, then the Consul, and at last the invading army’.³³ Certainly, were it not for British dominance in India and China, for example, the ability of missionaries to access the groups they wished to evangelise would have been extremely limited. British expansion also encouraged an awakening of missional fervour in many Christians, because it opened their eyes to the existence of non-evangelised peoples beyond their immediate context, of which they were previously unaware. For example, William Carey was heavily influenced by Captain Cook’s voyages in the Pacific because, through them, he realised for the first time that there were communities on the other side of the globe who knew nothing at all about Christianity.³⁴ The expansion of empire also added force to the popular eschatology of missionaries. As mentioned earlier, missionaries held to the eschatological view that Christ would return when all nations on earth had heard the gospel. They viewed the expansion of empire in their own time as being one of the signs that they were living in the age of worldwide evangelisation.³⁵ Yet, as Norman Etherington argues, “the whole relationship between Christian missions and the Empire is problematic”.³⁶ This is not only because colonial administrators often resisted the attempts of missionaries to enter countries already under imperial control, but also because the decline of the empire did not equate with the decline of evangelisation – on the contrary Christianity often flourished after decolonisation.³⁷ However empire and evangelisation are interpreted, the two phenomena are inextricably linked, though their relationship is undeniably a complex one. The complexity of this relationship as it manifested itself in the way CVM missionaries interacted with and were perceived by those in Ko Tong will be examined in the next chapter.

³² Andrew F. Walls, ‘The Eighteenth-Century Protestant Missionary Awakening in its European Context’, in *Christian Missions and the Enlightenment*, ed. by Brian Stanley (Oxford: William B. Eerdmans and Curzon, 2001).

³³ Norman Etherington, ‘Introduction’, in *Missions and Empire*, ed. by Norman Etherington (Oxford, Oxford University Press, 2005), pp. 1-2.

³⁴ Stanley, ‘Missionary Societies’, p. 244.

³⁵ Walls, ‘Eschatology and the Western Missionary Movement’, p. 188.

³⁶ Etherington, pp. 2-5.

³⁷ Ibid.

Missions in China, c. 635-1927

Though Latourette emphasised the importance of the nineteenth century to the modern global missionary movement, historians of missions in China often refer to the period from 1902 to 1927 as the “golden age”.³⁸ This is not to say, however, that missions in China are of recent vintage. From the seventh century to the sixteenth century, historian Daniel H. Bays suggests, Christian missions to China experienced “two false starts” – firstly, with the Nestorian Christians from Persia in 635, and secondly, with the missionaries from the Franciscan and Dominican orders in the 1200s.³⁹ A more successful mission took place in the sixteenth century when members of the Jesuit mission to China, Michele Ruggieri and Matteo Ricci, were granted residency by Canton officials.⁴⁰ Focusing their evangelistic efforts on the imperial classes, Ricci and his colleagues styled themselves as Chinese scholars and through their work in astronomy and mathematics in the imperial court at Peking, they attempted to persuade the Chinese of the legitimacy of their Catholic religion.⁴¹ The Catholic Church experienced significant growth in China’s imperial court in the seventeenth century, however, persecution arose in the early 1700s, the Jesuits were eventually disbanded, and Christian missions seemed, once again, to have ground to a halt.⁴²

In the 1800s, the first missionaries of the Protestant missionary movement began to arrive in China. In 1807, the interdenominational London Missionary Society sent the Anglo-Scottish Presbyterian, Robert Morrison (1782-1843), to China as the first Protestant missionary.⁴³ Morrison spent the first years of his time there learning Chinese and working on translations. In 1813 he completed a translation of the New Testament and, six years later, a translation of the Old Testament.⁴⁴ To these he also added a Chinese grammar, a Chinese-English dictionary, and a vocabulary of Cantonese. One reason for his focus on translation in his earlier years was

³⁸ Daniel H. Bays, *A New History of Christianity in China* (Chichester: Wiley Blackwell, 2012), p. 92.

³⁹ From 638, the Nestorians enjoyed some success until foreign religious groups were forced to cut back in the ninth century and Christianity dwindled. In the 1240-1250s, the first European missionaries from the Franciscan and Dominican orders arrived in the Mongol capital and subsequently moved into China after the Mongol invasion, but Christianity declined after the establishment of the Ming Dynasty. There is also very contentious evidence that suggests the Apostle Thomas visited China in the early 60s CE. However, it is extremely difficult to confirm the veracity of this claim. See G. H. Choa, “*Heal the Sick*” Was Their Motto – *The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990), p. 1; Bays, pp. 5-15.

⁴⁰ Liam Matthew Brockley, *Journey to the East – The Jesuit Mission to China, 1579-1724* (Cambridge, MA: Harvard University Press, 2007), p. 4; Bays, p. 21.

⁴¹ Bays, p. 21.

⁴² Choa, p. 5.

⁴³ For a biography of Morrison’s life see: Christopher Hancock, *Robert Morrison and the Birth of Chinese Protestantism* (London: T&T Clark, 2008); Bays, p. 43.

⁴⁴ Choa, p. 7.

his Protestant conviction that the Chinese should be able to read the Bible in their own language. The second reason was that it was still illegal under Qing law to evangelise in China, and residency in the country was still restricted to Canton during the trading season.⁴⁵ Mission progress was therefore extremely slow and though there were fifty Protestant missionaries assigned to China before the Opium Wars (1839-1842, 1856-60), they had claimed fewer than one hundred converts.⁴⁶ The wars presented missionaries with a moral dilemma. While they were generally not in favour of their countrymen's sale of opium in China, none spoke openly about the illegality of the British trade, hoping that the result of the war would aid their entrance into China.⁴⁷ Nor were they disinterested bystanders. Some, like Morrison and Karl Gützlaff, even allowed themselves to become intimately involved in the forging of the unequal treaties that resulted from the wars.⁴⁸ The 'treaty system' forced China to open up five of its main ports to foreign trade, allowed foreigners to live and build in China under their own country's laws, and reinstated the legality of Christianity.⁴⁹ The treaties' effects on anti-foreignism in China will be discussed in the next chapter, but for missionaries these treaties provided the access into China they had long desired. Twenty more missionary societies started operations in China between the first and second treaties, and during this time they built churches, schools, and medical clinics.⁵⁰

Clauses of the 1858-1860 treaties in China opened the entire country to foreign travel, land acquisition, and erection of buildings. As a result, the number of missionaries exploded in China from around 100 in 1860 to 3500 in 1905.⁵¹ Missions therefore became increasingly institutionalised and professionalised. Probably the most notable missionary during this period was Hudson Taylor (1832-1905), who founded the inter-denominational China Inland Mission (CIM) in 1865.⁵² Taylor's policies departed significantly from that of previous missions in a number of ways. The CIM tended to appoint laypeople often from lower-middle class backgrounds instead of clergy, also becoming one of the first missions to accept large numbers of single women; it focused on working in the countryside and not large cities, and therefore tended not to build many institutions, such as schools and hospitals; and, importantly, it was

⁴⁵ Bays, p. 44.

⁴⁶ Ibid., p. 46.

⁴⁷ Ibid., p. 47.

⁴⁸ Jessie Gregory Lutz, *Opening China: Karl F. A. Gutzlaff and Sino-Western Relations, 1827-1842* (Grand Rapids, MI: William B. Eerdmans, 2008), *passim*; Bays, p. 58.

⁴⁹ Bays, p. 48.

⁵⁰ Ibid., p. 49.

⁵¹ Ibid., p. 68.

⁵² See Alwyn Austen's biography of the China Inland Mission and Hudson Taylor, *China's Millions – the China Inland Mission and Late Qing Society, 1832-1905* (Grand Rapids, MI: William B. Eerdmans, 2007).

one of the first missions to make wearing Chinese dress a policy for missionaries.⁵³ Taylor's mission swelled, in no small part because of his close relationship with the YMCA and YWCA. By 1905 the CIM had 825 missionaries and was almost three times larger than the next-largest missionary society in China.⁵⁴ However, in terms of infrastructure, the CIM was the exception, in that most other missions invested large amounts of time and money into building schools and hospitals. While Protestant mission societies differed in practice sometimes dramatically, in basic theology and goals they were more or less in harmony. Most nineteenth-century missions held that China not only needed Christ but also Western civilisation. In addition, there were very few Chinese Christians in leadership roles within missions at this point, despite the high degree of collaboration with Chinese Christians essential to foreign missionaries.⁵⁵ It is not surprising that, at this time, prominent Anglican missionary and mission strategist Henry Venn's idea of the 'three-self policy', was generally unpopular. His belief was that missionaries should work towards a 'self-governing, self-supporting, self-propagating' Chinese Church.⁵⁶

Historian Daniel Bays writes that the period from 1902 to 1927 was "the high point of the foreign missionary age" and that "China seemed to be modernising and Christianising at the same time".⁵⁷ When the Boxer Uprising broke out in 1900, taking with it the lives of numerous missionaries from several mission societies, their martyrdom fostered greater missional sympathy and attention from evangelicals towards China, which bolstered volunteering for the mission cause. The numbers of foreign missionaries in the country jumped from 3500 in 1905 to 5500 in 1915, reaching its height of more than 8000 in the 1920s. Chinese Protestants, numbering around 100,000 in 1900, grew to around 270,000 in 1915, and 500,000 during the 1920s.⁵⁸ Christians rejoiced when, after the Republic (1912-) was established, Christian President Sun Yat-sen called for Protestants in China to pray for the government and the country.⁵⁹ To many it seemed that China was on the brink of becoming a "Christian nation" and a sense of optimism characterised many missions in this period.

Mission success in China at this time was partly due to the increased recognition and leadership that Chinese Protestants began to receive from the wider missionary community as

⁵³ Bays, pp. 68-9.

⁵⁴ Ibid., p. 69.

⁵⁵ Irwin T. Hyatt, Jr., "Protestant Missions in China, 1877-1890": The Institutionalization of Good Works," in *American Missionaries in China: Papers from Harvard Seminars*, ed. by Kwang-Ching Liu (Cambridge, MA: East Asian Research Center, Harvard University), pp. 93-128.

⁵⁶ Bays, p. 71.

⁵⁷ Ibid., p. 92.

⁵⁸ Bays, p. 94.

⁵⁹ James Reed, *The Missionary Mind and American East Asia Policy, 1911-1915* (Cambridge, MA: Council on East Asian Studies, Harvard University, 1983), pp. 35-39.

mission work became much more of a partnership between foreign missionaries and Chinese Christians than it had been previously. Additionally, the Republican government was more inclined to support the modern education and health systems which missionaries had first begun. Chinese Christians now had equal citizenship with other Chinese under the law. The first generation of Chinese Christians had finished higher education degrees and were now working in professions in medicine, business, teaching, the church, the civil service, or journalism.⁶⁰ Chinese Christians were also one of the only non-Western Christian groups to play an active role in the previously mentioned World Missionary Conference in Edinburgh in 1910, in which they emphasised the need for missionaries to step back and allow Chinese Christians more responsibility and ownership in leading the Chinese Church into the future.⁶¹ It seemed as if the Chinese Church was coming of age. At the beginning of this period of optimism, and within the context of this complex network of missions in China, the CVM was established.

“To Do Our Share” – The Establishment of the CVM

New Zealand was by no means exempt from the effects of evangelicalism and the resulting missionary movement. However, over the course of the nineteenth century, the country transitioned from being primarily a destination of missions to “doing its own share” as a missionary-sending nation. Historian Peter Lineham notes how the first permanent settlement of Europeans in New Zealand were Church Missionary Society (CMS) missionaries; inexperienced men and women sent out at the beginning of the missionary movement in the 1810s.⁶² Following the CMS, other mission groups also arrived, notably the Wesleyans and Catholic Society of Mary, and they developed mission stations and then churches.⁶³ However, unlike these groups, historian Allan Davidson notes that the Presbyterians came to New Zealand in 1840 as a settler church rather than a mission group.⁶⁴ After the Disruption in 1843,

⁶⁰ See in particular, Daniel H. Bays, “A Christian ‘Public Sphere’?: Socioeconomic Mobility and the Formation of Urban Middle Class Protestant Communities in the Early Twentieth Century”, in Kenneth Lieberthal, Shuen-fu Lin, and Ernest P. Young (eds.), *Constructing China: the Interaction of Culture and Economics* (Ann Arbor, MI, Center for Chinese Studies, University of Michigan Press, 1997), pp. 101-117.

⁶¹ Brian Stanley, *The World Missionary Conference, Edinburgh 1910* (Grand Rapids, MI: William B. Eerdmans, 2009), pp. 107-111.

⁶² Peter Lineham, *Sunday Best – How the Church Shaped New Zealand and New Zealand Shaped the Church* (Auckland: Massey University Press, 2017), p. 11.

⁶³ *Ibid.*, pp. 11-15.

⁶⁴ Allan Davidson, *Christianity in Aotearoa – A History of Church and Society in New Zealand* (Wellington: Education for Ministry, 2004), p. 33.

through which the Free Church of Scotland was formed, several leaders in Otago looked to establish a Free Church settlement in 1845, purposed to be “the first and only Free Church colony in the world”.⁶⁵ The idea was only partially successful, with only one-third of the population in 1864 being Scottish-born, yet Otago carried distinctive Scottish traits, particularly in its thriving educational institutions and dominant Presbyterianism. Importantly, the Free Church, being a dissenting denomination that had formed upon evangelical principles, was aware of and involved in the missionary movement. From the early days of their establishment, the Otago Presbyterians had seen missions as a ‘duty’ and ‘act of obedience’ for the church. Not only were they quick to develop ‘home missions’ to Māori communities and to the Chinese in New Zealand, but the development of foreign missions committees and overseas missions – first to the New Hebrides, then India, and finally China – began as early as 1852.⁶⁶

Don’s proposal to establish the CVM arrived on the desk of the Foreign Missions Committee of the Otago-Southland Presbytery during a time of increasing missional enthusiasm among Presbyterians. In 1901, the effects of the merging of both northern and southern synods into one national New Zealand Presbyterian Church would mean that there was now one Foreign Missions Committee (FMC) through which missionaries were recruited and missionary information flowed. Encouraging the tradition of philanthropic support, the FMC was supplemented by a growing number of missionary associations and publications which fostered both the enthusiasm and support of local congregations for missions throughout the nation. These included the Presbyterian Women’s Missionary Union, who began publishing its magazine *Harvest Field* in 1906, and the children’s Busy Bees groups who also had their own magazine, *Break of Day*.⁶⁷ Of particular importance for recruitment, the Young Men’s and Women’s Bible Class Union’s study groups encouraged many young people to apply for missionary positions. The FMC later also introduced the system of ‘own missionaries’ whereby a local congregation or study group could ‘adopt’ a missionary and become their sole financial supporters, thus encouraging closer relationships between missionaries and lay people.⁶⁸

Historian James Ng suggests that Don saw the establishment of the CVM as a way to redeem the failure of Don’s own mission among the Chinese in Otago: he utilised his New

⁶⁵ Hilary M. Carey, *God’s Empire: Religion and Colonialism in the British World, c.1801-1908* (Cambridge: Cambridge University Press, 2011), p. 347.

⁶⁶ *Ibid.*, pp. 36-37.

⁶⁷ *Ibid.*, pp. 37-8.

⁶⁸ *Ibid.*, p. 38.

Zealand Chinese connections to support a much larger venture.⁶⁹ In his proposal, Don considered the establishment of the CVM primarily as a continuation of his own work among the Chinese in New Zealand, and also as answering a broader call of duty for the church in New Zealand to do its “share” in world evangelisation, as the quote at the beginning of the chapter indicates.⁷⁰ Don argued that the CVM would be “the only way of effectively following up on the work done here among the Chinese... merely extending work at present carried on”.⁷¹ The idea of strengthening evangelistic connections with Chinese miners by establishing a mission in their own villages in China was not without precedent. Congregationalists established a mission in Hong Kong in 1883 to continue the work they had begun in proselytising among the Chinese in America.⁷² Likewise, Don remarked that a number of different mission groups had begun follow-up missions in the home districts of overseas Chinese living in America and Australia.⁷³

Don also pointed out to the FMC that at the time he was speaking, young missionaries wishing to go from New Zealand to China would usually be sent via the CIM or the Church of Scotland Mission (CSM). By 1894, New Zealand interest in foreign missions to China had increased so that the CIM had a recruiting office both in Auckland and Dunedin.⁷⁴ However, missions like the CIM and CSM did not work in the areas in South China where New Zealand Chinese came from, and indeed, New Zealand missionaries to China with these groups would not have been able to speak the language of the New Zealand Chinese. “Imagine the difference,” he pressed, “should workers go from among us, work in connection with us, and speak to our Chinese in their own tongue and about their own people”.⁷⁵ A New Zealand China mission in the Canton villages, Don argued, would be able to take advantage of the unique opportunity that candidates had to learn Cantonese and receive training in New Zealand “by summer work among the scattered Chinese of the interior; eating and sleeping with them, learning their language, their names, their villages, and some family details”.⁷⁶ With this in mind, Don called for the FMC to appoint two young men as first missionaries in the Canton Villages Mission, allowing them to be trained in Otago with him.

⁶⁹ James Ng, *Windows on a Chinese Past*, vol. 2. (Dunedin: Otago Heritage Books, 1995), p. 194.

⁷⁰ Alexander Don to George McNeur, 6 February 1899, CVM Staff Files – Rev. G. H. McNeur, p. 4.

⁷¹ *Ibid.*, p. 2.

⁷² Kenneth Scott Latourette, *A History of Christian Missions in China* (London: S.P.C.K., 1929), pp. 365-7.

⁷³ Alexander Don, *Under Six Flags* (Dunedin: Wilkie & Co., 1898), pp. 111-12, 126.

⁷⁴ Ng, *Windows on a Chinese Past*, vol. 2., p. 194.

⁷⁵ Alexander Don to George McNeur, 6 February 1899, CVM Staff Files – Rev. G. H. McNeur, p. 3.

⁷⁶ *Ibid.*

George McNeur stands behind Alexander Don in a studio portrait taken of the two missionaries prior to McNeur's departure for China, 1901.⁷⁷

As mentioned at the start of the chapter, the first missionary of the CVM was George McNeur (1874-1953). When the decision to establish the CVM was passed by the Synod, Don wrote to McNeur, alerting him of the new mission and inviting him to apply (see Figure 2.).⁷⁸ Born in Inch Clutha, Otago, McNeur was a young devout Presbyterian who had been preparing to apply for a position with the CIM.⁷⁹ Heavily influenced by the evangelical missionary movement, McNeur had heard of the life and work of Hudson Taylor through his older brother Jamie, who had wanted to become a missionary before his untimely death in 1895.⁸⁰ Jamie's death had a profound effect on McNeur, who decided to leave his work as a printer in Clinton

⁷⁷ 'Rev. McNeur and Rev. Alexander Don', Photographic Print, Foreign Missions Committee – Canton Villages Missions, PCANZ Archives, 88/7/12, P-A1.1-2, Digital ID: 21959.

⁷⁸ Ibid.

⁷⁹ Henry Barton, *George Hunter McNeur – A Pioneer Missionary in South China* (Christchurch: Presbyterian Bookroom, 1955), pp. 1-3.

⁸⁰ Ibid., pp. 1-2.

to pursue theological studies in order to become a missionary.⁸¹ McNeur first studied through the Australian Missions Training Institute in Belair and then the Glasgow Bible Training Institute, before continuing to the Inland Mission headquarters in London.⁸² However, after his appointment as first missionary of the CVM was accepted, McNeur returned to Dunedin to receive instruction under Don.

Don's instruction was both academic and physical in nature. It involved both Cantonese lessons and McNeur joining Don's strenuous annual summer tour visiting Chinese miners living along the old gold rush routes in Otago-Southland. It seems McNeur's mind was better than his legs, and though he enjoyed learning Cantonese, he found Don's tour exhausting.⁸³ On tour Don introduced McNeur to the Chinese men, told them of McNeur's plans to go to China and offered to let McNeur take money and letters back to their families in the Canton villages. Don instructed McNeur to make a record of the names of all the Chinese men they met and which villages they came from, constructing a document much like his own *Roll on the Chinese*. By the end of the tour McNeur had "thirty-two letters and 104 sovereigns" to take with him to China.⁸⁴

Arriving in Canton in 1901 as the CVM's first and only missionary (McNeur's mission partner William Mawson only arrived the following year with their respective wives), one of McNeur's first tasks was to distribute the letters and money entrusted to his care to the relatives of the Chinese men he had met in New Zealand. In the last days of December 1901, McNeur travelled up the Pearl River with Willie Chan (1879-?), one of the Chinese Christians who had worked under Don in New Zealand, acting as guide.⁸⁵ This trip proved an indispensable introduction for McNeur, acquainting him with the home villages of many of the New Zealand Chinese, as well as experiencing the varied responses of village residents to meeting a foreigner like McNeur. The importance of Willie Chan's role on this trip should not be underemphasised. Given that McNeur's Cantonese was still extremely limited at this point, without Chan's translation and mediation skills, McNeur's first impression in the villages would have gone very differently. "A great deal of the friendliness shown to me and the ready ear for the gospel", wrote McNeur, "is doubtless owing to the example of Mr. Wm Chan, whose native district this

⁸¹ Diary of George McNeur, 1896, *Retrospect and Prospect*, Hocken Archives, pp. 1-2; Barton, pp. 2-4.

⁸² Barton, pp. 4-5.

⁸³ For McNeur's tour with Don see Diary of George McNeur, 7-10 January 1901, Hocken Archives.

⁸⁴ Alexander Don, 'Foreword', in *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, by George McNeur (Dunedin: Foreign Missions Committee, 1902), p. 4.

⁸⁵ Diary of George McNeur, 30 December 1901- 5 January 1902, *First Trip into The Canton Villages, Upper P'oon Yü*, Hocken Archives.

is. He is held in high esteem by his fellow villagers”.⁸⁶ CVM success relied greatly on returned Chinese. Those who followed McNeur to China, such as Mawson, Ings, and Kirk, also began their own mission work with very similar training in the hope of arriving in the Canton villages armed with “letters and sovereigns”.

While a strategic use of connections with returned Chinese miners from New Zealand helped establish the CVM’s distinctiveness, in most other ways the mission took on the practices and policies of other missions around it. By this time, Protestant missions generally cooperated with each other, allowing each mission to proselytise their own region to avoid overlap and competition.⁸⁷ Many of the rural districts surrounding Canton were considered be the responsibility of the American Presbyterian Mission (APM). By the 1880s, the APM was the largest mission organisation in China after the CIM, and had established a string of mission stations running north of Upper Panyu to the border of Hunan Province.⁸⁸ However, due to anti-foreign sentiment, it had not been able to set up any mission in Upper Panyu itself. Don befriended missionaries of the APM on his first trip to China in the 1870s, and when he returned with Ings in 1898, he utilised his goodwill among the returned New Zealand Chinese miners in Upper Panyu to persuade the APM to let New Zealand missionaries work there.⁸⁹ McNeur relied heavily on the APM’s continued help and cooperation in the early years of the CVM, and upon his arrival stayed for a considerable time with APM missionaries, Dr. and Mrs. Noyes.⁹⁰ The CVM negotiated successfully with the APM to evangelise much of Upper Panyu, but it continued to follow the patterns set by other missions including buying and building on land that adjoined properties belonging to the APM at Fong Tsuen.⁹¹ The FMC often asked for the advice of other missions on specific practices, including dealing with land titles, missionary salaries, and medical references for missionaries. Even while drafting the CVM’s constitution in 1908, the FMC relied on the regulations of other missions in China for guidance.⁹²

Unsurprisingly, some APM missionaries felt that the two missions should merge.⁹³ However, a merger never occurred, most likely because of a desire to maintain the image of being a distinctly *New Zealand* mission. In the years that followed, the CVM involved itself in collaborative efforts with other missions to develop theological education, medical education,

⁸⁶ George McNeur to William Hewitson, 12 July 1902, CVM Staff Files – Rev. G. H. McNeur, p. 3.

⁸⁷ Kenneth Scott Latourette, *A History of Christian Missions in China*, pp. 663-664.

⁸⁸ Ng, *Windows on a Chinese Past*, vol. 2., pp. 194, 215.

⁸⁹ Ibid., pp. 197-8.

⁹⁰ Diary of George McNeur, 19 December 1901, Hocken Archives.

⁹¹ George McNeur to William Hewitson, 11 September 1902, CVM Staff Files – Rev. G. H. McNeur, PCANZ Archives, p. 2.

⁹² FMC Minutes 1901-1913, 29 September 1908, p. 3.

⁹³ Rev. Andrew Beattie to Dr. Bannerman, 14 April 1902, CVM Staff Files – Rev. G. H. McNeur, p. 2.

and schooling, and its members sat on countless cooperative boards. The CVM became the first mission to subordinate itself under the new Chinese Church of Christ in Guangdong Province.⁹⁴ It was also one of the first missions to adopt Henry Venn's "three-self principle" of devolution in its missional approach, an idea that would be applauded at the World Mission Conference in Edinburgh the following year. Despite this ecumenical engagement, and the considerable support its members gave to other missions when they were in need of staff, the CVM never merged with the APM or any other mission. Undoubtedly this was partly due to the fact that it was likely easier to raise funds among New Zealand congregations for a mission that belonged particularly to the *New Zealand* Presbyterian Church. But as the CVM's staff – particularly in its medical mission – often were not born in New Zealand, and the relationship between New Zealand Chinese and the mission became distant in later years, maintaining its independence as a mission, with its own separate hospital, was perhaps the primary way in which the CVM retained its identity as a New Zealand mission.

PART TWO: Medical Missions in China

Writing about his first trip to Upper Panyu with Chan in the first days of 1902, McNeur noticed the potential of Ko Tong as a place to establish work. "[I]t seems to be the only centre," he wrote, "that promises well in our district, and it will have to be handled with great caution...A medical missionary [there] would be invaluable".⁹⁵ No doubt unbeknownst to him, McNeur's words echoed those of the first Protestant missionaries in China, who had identified the need for physicians.⁹⁶ Medical missions in China are almost as old as Protestant missions in China itself. The power of combining medical and evangelical efforts was first realised by the first Protestant missionary in China, Robert Morrison (1782-1834) and his colleague, Elijah Coleman Bridgman (1801-1861).⁹⁷ Though not a fully trained doctor, Morrison was the first to set up a Western medical clinic there. He saw that "the medical man was allowed to practise his profession without interference to speak of and in doing so gained an easy access to the people" which mere evangelism could not facilitate.⁹⁸ At first the clinic was operated for Morrison by John Livingstone, a surgeon of the East India Company. Having little to offer in

⁹⁴ Ng, *Windows on a Chinese Past*, vol. 2., p. 193.

⁹⁵ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 8.

⁹⁶ Choa, p. 8.

⁹⁷ Michael C. Lazich, 'Seeking Souls through the Eyes of the Blind: The Birth of the Medical Missionary Society in Nineteenth-Century China', in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), p. 65.

⁹⁸ Choa, p. 7.

terms of medicine at the time, Morrison and Livingstone sought the help of a respected Chinese physician and purchased all drugs from a local apothecary.⁹⁹ After Livingstone the role was taken on by Thomas Colledge (1797-1879). Colledge was the first to open an ophthalmic hospital in Macao in 1827.¹⁰⁰

Following the calls of Morrison and Colledge, Peter Parker (1804-1888), the first Protestant missionary in China with complete medical training, arrived in China in 1834, opened a clinic in Canton.¹⁰¹ Originally, Parker followed the model set by Colledge and intended the clinic primarily as an ophthalmic hospital; it bore the Chinese name ‘Pu Ai’ or the Hospital of Universal Love.¹⁰² Parker’s clinic proved extremely popular and within his first few years he treated thousands of patients for eye diseases. The prevalence of ophthalmology over other forms of medical care occurred because, other than this specialty, Western medicine had little to offer the Chinese that they did not view with suspicion at the time.¹⁰³ When Parker and Colledge started practicing, pharmacology in Western medical practice did not have much to offer that would have seemed attractive to the Chinese. Most Chinese were satisfied with the remedies of their own herbalists and found Western practices such as blood-letting horrific.¹⁰⁴ “Faced with such a situation”, writes historian G. H. Choa, “medical missionaries realised that in order to introduce Western medicine to the Chinese, they must have something better to offer,...their skill in operating on eye and surgical diseases which the native physicians were unable to treat”.¹⁰⁵ Thus, instances of cataracts and trachoma dominated Parker’s surgical records. In the space of 3 months, Parker saw 1020 eye cases, making up 96.13% of his overall practice.¹⁰⁶

Parker also became adept at removing tumours.¹⁰⁷ After the first successful surgery was performed under anaesthesia using ether in 1846, Parker quickly adapted the new technology, commissioning a Chinese friend to make an apparatus he could use to administer it.¹⁰⁸ By 1848, Parker had switched to using chloroform, which he employed regularly in surgery.¹⁰⁹ Parker

⁹⁹ Their primary contribution was therefore not the introduction of Western medicine to China, but rather a collection of some 800 translated works on Chinese medicine. See Paul Unschuld, *Medicine in China – A History of Ideas* (Berkeley: University of California Press, 2010), p. 236.

¹⁰⁰ Choa, p. 8.

¹⁰¹ Unschuld, p. 238.

¹⁰² Choa, p. 23.

¹⁰³ Unschuld, p. 238

¹⁰⁴ Choa, p. 35.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid., p. 36.

¹⁰⁷ Ibid., p. 41.

¹⁰⁸ Roy Porter, *The Greatest Benefit to Mankind* (London: Harper Collins, 1997), p. 367; Unschuld, p. 238.

¹⁰⁹ Choa, p. 42.

was also fortunate in his friendship with the artist Lam Qua (1801-1860) to have some of the first pictorial records of his tumour patients. Many of these images still survive.¹¹⁰ According to art historian Corinna Wagner, Parker used Lam Qua's paintings as visual propaganda for both Western and Chinese audiences.¹¹¹ On his travels in America and Britain in 1841, Parker showed these paintings "as evidence of how the Christian message could most effectively be spread via surgery".¹¹² But he also hung them in his clinic in Canton to persuade Chinese viewers of the value of Western surgery, and by extension, the Christian message.

Another medical missionary notable during this period not so much for his speedy surgical operations and adoption of new technologies as for his writing, was Benjamin Hobson (1816-1873). As medical missions developed in China, Parker and Hobson desired to develop medical education for Chinese assistants in the hope of producing Chinese Christian doctors to succeed them.¹¹³ In 1838, the Medical Missionary Society was founded, with one of its aims being "to educate Chinese youths in Western medicine".¹¹⁴ However, unlike some missionaries, Hobson and Parker did not favour sending their Chinese assistants overseas for training but argued that they should receive an education in China. It was because of this that Hobson began to write textbooks for his students in Chinese together with his collaborator Kuan Mao-ts'ai.¹¹⁵ Until the late nineteenth century, when John Kerr and others wrote new translated texts, Hobson's works were the standard on Western medicine in China and were widely distributed in Japan.¹¹⁶ According to K. C. Wong, Hobson "was above all one of the very few who could still find time and energy to write books in a foreign language...this was his greatest contribution to medicine in China".¹¹⁷

But amidst the impressive number of eye surgeries and unprecedented Chinese Western medical textbooks, where was the "missionary"? The question as to how the medical missionary divided his time between his medical and missional responsibilities was often

¹¹⁰ Larissa N. Heinrich, *The Afterlife of Images – Translating the Pathological Body between China and the West* (Durham: Duke University Press, 2008) pp. 42-60.

¹¹¹ Corinna Wagner, 'Visual Translations: Medicine, Art, China and the West', *Fudan Journal of Humanities and Social Sciences*, 8.2 (2015), p. 222.

¹¹² Ibid.

¹¹³ Choa, p. 65.

¹¹⁴ Lazich, p. 59.; Choa, p. 16.

¹¹⁵ Hobson published a number of works, including a volume on physiology and anatomy, an introduction to Western surgery, one on midwifery and paediatrics, another dedicated to general medicine and *materia medica*, a book of natural history and philosophy, and finally an English-Chinese medical vocabulary. See Benjamin Elman, *A Cultural History of Modern Science in China* (Cambridge, MA: Harvard University Press, 2006), p. 105; Unschuld, p. 236.

¹¹⁶ Benjamin Elman, *On Their Own Terms – Science in China, 1550-1900* (Cambridge, MA: Harvard University Press, 2005), p. 288.

¹¹⁷ Choa, p. 71.

debated among both medical missionaries and the organisations who sent them, and it was by no means solved by the time John Kirk was serving in China, as we will find in chapter three. When medical missionaries were first sent by mission societies, some viewed with scepticism the union of divinity and medicine. Though most were impressed with Parker, a graduate of both the medical and theological departments of Yale College, he was viewed as the brilliant exception. Many feared that, in most cases, medical missionaries would end up as either doctors with no ability to instruct in religion, or missionaries who would ruin their message by practicing badly-learned medicine.¹¹⁸ Others argued that medicine was not the “proper business” of a missionary.¹¹⁹ There was also the concern that in undertaking medicine, evangelism would be left by the wayside and Western science lifted up.¹²⁰

For medical missionaries themselves, however, the contentious issue was not one of capability but practicality. Colledge believed that the medical missionary should be freed from the obligations of preaching. Although he admired Parker’s efforts, he noted that “more may be accomplished by keeping the two professions distinct”.¹²¹ Parker struggled balancing both mission and medicine. When informed that he was spending too much time engaging in medicine and not enough in “his real task”, his missionary society withdrew funding.¹²² By the end of the century, foreign missions groups looked to medical missionary societies like the China Medical Missionary Association (CMMA) to define the elusive role of “medical missionary” more clearly. Medical missionaries must be both qualified medical professionals (of either sex at this point) and committed evangelical Christians.¹²³ The emphasis was now placed on medical qualifications and experience in someone with an evangelical Christian character.

Medical missions flourished in China until around 1920. While in 1850 there were 10 missionary hospitals, forty years later there were 61. By the turn of the century, “medical missionaries were active in 362 hospitals with fixed treatment facilities and in an additional 244 devoted solely to ambulatory care”.¹²⁴ With the new century also came increased medical knowledge, and hospitals began to branch into preventative care initiatives and administer immunisations. Anaesthesia became more reliable and thus the variety of surgeries available increased. Hospitals were fitted out with new technologies such as the X-ray machine and

¹¹⁸ Lazich, p. 66.; Choa, p. 19.

¹¹⁹ Choa, p. 20.

¹²⁰ Ibid.

¹²¹ Lazich, p. 71.

¹²² Unschuld, p. 239.

¹²³ Choa, p. 21.

¹²⁴ Unschuld, p. 239.

better laboratory technologies.¹²⁵ In Canton, the Canton Hospital, run primarily by American missionaries, had 100 beds and managed the missional side of its endeavours by employing Chinese preachers while also making use of a chapel on the premises.¹²⁶ It was in Canton Hospital that both Ings, and Kirk after him, would gain their first experiences of practicing medicine in China. It seemed that for medical missions in China, as was the case with missions more generally, if there was a “golden age” at all, the first decade or so of the twentieth century was it. Just like Hudson Taylor, the pioneer medical missionaries in China were inspirational figures for aspiring young evangelical medical missionaries. Even later in his life John Kirk spoke of them with immense awe. Next to the names of Parker, Colledge, and Livingstone, Kirk wrote in capital letters in the notes of one of his medical missions presentations – “my, how they worked...giants in those days”.¹²⁷ However, for Joseph Ings, it was the trip to China with Don that convinced him to become a medical missionary.

The Ideal Candidate – Joseph Ings (1876-1906)

Unlike most missionaries to China, Joseph Ings’ upbringing made him an ideal candidate for mission work in China. Born in 1876, Ings, was the son of market gardeners in Forbury, Dunedin (see Figure 3.). Forbury was home to a large number of Chinese market gardeners, many of whom had previously worked as miners on the Otago-Southland goldfields, and the Ings rented land to some of them.¹²⁸ It was here that the young Joseph Ings first heard and began learning Cantonese. His obituary in the *Otago Daily Times* presented his younger years as a picture of harmonious cross-cultural linguistic exchange: “from boyhood he was keenly interested in the welfare of the Chinese, a number of whom were market-gardening near his home...he opened a class in his father’s house to teach these men, and at the same time himself began to study their language, with considerable success”.¹²⁹ Ings also came from a passionate evangelistic Baptist home. His father was one of the original founders of the South Dunedin Baptist Church, serving as a deacon for over thirty-five years and “his zeal for foreign missions burned steadily all through his long life”.¹³⁰ This obviously had a profound effect on his children. Two of Joseph Ings’ older brothers became ministers, and another brother and sister

¹²⁵ Choa, p. 85.

¹²⁶ Ibid., p. 55.

¹²⁷ John Kirk, *Medical Missions in China – Past and Present*, Kirk Family Papers, PCANZ Archives, unaccessioned, p. 1.

¹²⁸ Ng, *Windows on a Chinese Past*, vol. 2., p. 172.

¹²⁹ ‘Death of Dr. Joseph Ings’, *Otago Daily Times*, 18 August 1906, p. 10.

¹³⁰ ‘Obituary: Mr William Ings’, *Evening Star*, 2 August 1926, p. 8.

left New Zealand in 1896 to work as missionaries in India under the New Zealand Baptist Missionary Society.¹³¹

By 1896, Alexander Don had already been granted leave to travel to China and America to ascertain whether his idea for a New Zealand Presbyterian Church-funded Canton Villages Mission was viable. Don later wrote that he had met Ings sometime in 1895, and he must have known him well enough to want to recruit him by the time he opened the Walker Street Chinese Mission Church on 18 April 1897.¹³² Ings attended the opening service, being mentioned in the *Otago Witness* as one of the “few Europeans, prominent in Christian work among the local Chinese”.¹³³ It is possible that even on that day, Don told Ings about his planned trip to China and proposed to take Ings with him. If Don’s diary dates are correct, Ings transferred his energies to Don’s mission within the month.¹³⁴ By September, the two men were formally farewelled from the Walker Street church before embarking on their overseas tour.¹³⁵ As mentioned at the beginning of this chapter, the trip resulted not only in the fulfillment of Don’s desires to secure plans for the establishment of the CVM, but it also encouraged Ings, through Don’s persuasion, to pursue medicine for work with the CVM.¹³⁶ Upon their return, Ings studied towards a diploma in chemistry through the Technical Classes Association in Dunedin before moving to Edinburgh to study medicine.¹³⁷

The circumstances of Don’s relationship with Ings are curious and provide an insight into the personalities of both men. Historian James Ng has noted that Don increasingly preferred not to engage with other denominations undertaking mission work among the Chinese in Dunedin, so it is interesting that Don was eager to have Ings, a Baptist, as his protégé on the China trip.¹³⁸ There are perhaps a few reasons why Don made an investment in Ings despite his denominational affiliations. Firstly, while Don tended not to collaborate significantly with

¹³¹ ‘South Dunedin Baptist Church’, *Otago Daily Times*, 9 July 1909, p. 2.; ‘New Zealand Baptist Missionary Society’, *Otago Daily Times*, 25 September 1896, p. 4.

¹³² Alexander Don, ‘Dr. Joseph Ings – Medical Missionary to the Canton Villages: A Personal Reminiscence’, 25 August 1906, *Outlook*, p. 6.

¹³³ ‘Local and General’, *Otago Witness*, 22 April 1897, p. 20.

¹³⁴ Diaries of Alexander Don, 1899-1907, *Some Notes*: 228, 11 May 1900, PCANZ Archives, p. 49

¹³⁵ ‘The Otago Daily Times: Tuesday, September 28, 1897’, *Otago Daily Times*, 28 September 1897, p. 4.

¹³⁶ Don recalled that originally Ings did not think missionaries needed special training because he had seen both trained and untrained missionaries have similar success in mission work. However, over the course of their mission tour, Don seemed to have persuaded him to the contrary. “I have come to be of your mind about the necessity of training for effectiveness on the Mission Field,” Ings commented to Don on their return voyage to New Zealand, “What would you advise me to do?” According to Don, he then advised Ings to take up medicine, and within days of their return to Dunedin, Ings began attending preliminary classes at the local technical school. See Alexander Don, ‘Dr. Joseph Ings – Medical Missionary to the Canton Villages: A Personal Reminiscence’, 25 August 1906, *Outlook*, pp. 6-7.

¹³⁷ ‘The Technical Classes’, *Otago Daily Times*, 12 October 1898, p. 4.; ‘Technical Classes Association’, *Evening Star*, 12 October 1899, p. 2.; ‘Baptist Union’, *Oamaru Mail*, 24 May 1900, p. 1.

¹³⁸ Ng, *Windows on a Chinese Past*, vol. 2., p. 146-150.

other missions to the Chinese in Dunedin even from the beginning of his ministry, his relationship with some of the Baptists did not sour until the late 1890s.¹³⁹ In fact, his persuading Ings to come and join him itself did much to embitter the evangelist Walter Paterson against Don. Walter Paterson was an independent lay evangelist, who had previously been a member of the Presbyterian Church.¹⁴⁰ Paterson, unlike Don, seems to have had a warm relationship with the Dunedin Chinese. With one Dunedin Chinese named Mattai, Paterson produced a bilingual Bible and other tracts which he distributed widely.¹⁴¹ In August 1896, Paterson persuaded the Ings family to host a Bible class for Chinese in their home, and it soon turned into a Sunday evening meeting, with Joseph Ings helping and teaching.¹⁴² Ings must have played a large role in these meetings because, when he left to help Don at the Walker Street Chinese Mission Church in April, 1897, the classes were discontinued.¹⁴³ Paterson was evidently upset by Ings' choice to join with Don. According to Don, Paterson sent Ings a "nasty note" about it.¹⁴⁴ Don had previously become critical of Paterson's work and especially the English classes he started holding in conjunction with the Methodists early in 1896.¹⁴⁵ Don claimed that Paterson's Chinese was not as good as people thought, and he was frustrated that Paterson's classes were more popular among the Chinese than his own.¹⁴⁶ Later in 1900, Don was delighted when Ings told him that, on the night of his farewell social before leaving for medical school, Paterson ran his Stafford Street class with only one in attendance; "I wonder if the Chinese are beginning to see through the old man!", Don wrote in his diary.¹⁴⁷ To Paterson then, Don's recruiting Ings for his own mission was probably interpreted as missional sabotage.

It is easy to see why Ings was a valuable candidate for missional purposes in the eyes of both Paterson and Don. Ings had three qualities that together set him apart from most other missional candidates – youth, missional fervour, and significant facility with Cantonese. While candidates for missions anywhere at the time were usually young and passionate about evangelism, it was much less common for candidates to be able to speak the specific dialect of the people to whom they would be sent. It is difficult to say how fluent Ings was in Cantonese by the time he first visited China, or how his fluency compared with Don's, but it is quite

¹³⁹ Ibid., p. 172.

¹⁴⁰ Ibid., p. 149.

¹⁴¹ Ibid., p. 172.

¹⁴² Diaries of Alexander Don, 1899-1907, *Some Notes*: 228, 11 May 1900, PCANZ Archives, p. 49.

¹⁴³ Ibid.

¹⁴⁴ Diaries of Alexander Don, 1899-1907, *Mr Walter Paterson*: 191, 9 March 1900, p. 41.

¹⁴⁵ Ng, *Windows on a Chinese Past*, vol. 2., p. 149.

¹⁴⁶ Ibid.

¹⁴⁷ Diaries of Alexander Don, 1899-1907, *Mr Walter Paterson*: 191, p. 41.

possible Ings had a better grasp of the language than Don. Newspaper articles, which otherwise tended to overestimate Don's facility and expertise in the Cantonese language and culture, hint at differences between Don and Ings' linguistic capabilities. At the opening of the Walker Street Chinese Mission Church in 1897, for example, Don is recorded as having been "ably assisted" by a Mr Thomas Chang Luke, and it is he, and not Don, who preached the sermon.¹⁴⁸ However, after their return from China, the *Bruce Herald* mentioned in 1899 that Ings had held a gospel meeting among the Chinese at Adams Flat. Here no assistant is mentioned and the journalist records that "the speaker [Ings] who spoke fluently, addressed them in their own dialect".¹⁴⁹ Having both an obvious passion for missions along with a significant understanding of Cantonese at only twenty years old marked Ings as someone primed to give long decades of missionary service to whichever missionary organisation he chose. Ings was therefore uniquely suited for the mission work in China that Don was planning, and this was perhaps more important than the fact that he was not cut from the same Presbyterian cloth as Don.

""\$%&'!+) CVM Missionaries prior to departure, 1905. *Left-Right*: Back row – Joseph Ings, Alexander Don; Front row – Jean Mawson, Jessie Ings, Margaret Anderson.¹⁵⁰

¹⁴⁸ 'Local and General', *Otago Witness*, 22 April 1897, p. 20.

¹⁴⁹ 'The Bruce Herald: Tokomairiro, April 4, 1899', *Bruce Herald*, 4 April 1899, p. 4.

¹⁵⁰ 'Group of Canton Villages Mission Missionaries – Sailed Oct 1905', Photographic Print, Foreign Missions Committee – Canton Villages Missions, PCANZ Archives, 88/7/12, P-A1.1-3, Digital ID: 21960.

To what extent Ings perceived beforehand that by joining Don he was adding to the relational conflict between Don and Paterson is unclear. However, it is obvious that Ings, who was characterised by others as having a “somewhat independent will and strong convictions”, took a far more pragmatic and ecumenical approach to his decision than either of the older men.¹⁵¹ Most importantly, Don was able to offer opportunities for mission work that Paterson could not. In 1897, Paterson was seventy years old, and not affiliated with any particular church.¹⁵² By comparison, Don’s mission work must have seemed overflowing with opportunity at the time. Don not only had years of mission experience among the Chinese in Otago-Southland, he had the support of the Otago Synod to open the new Walker Street Chinese Mission Church, and now had their permission to travel overseas to China and America in the hope of one day establishing a mission there from their own church – the first New Zealand mission to China. In light of this, the proposition to join Don must have seemed like an exciting opportunity to the young twenty-year-old.

Aside from his pragmatism, Ings was also motivated by strong ecumenical convictions. As noted earlier, ecumenical aspirations increasingly characterised missionary endeavours of the late-nineteenth and early twentieth centuries. In stark contrast to the attitudes of Don and Paterson, Ings supported cooperation between denominations in evangelisation – a sentiment that would characterise many missionaries of his generation. Don records in his diary that in reply to a Baptist who commented that Don “cannot work with others”, Ings responded that, “he saw a good deal of work in Dunedin, and that Anglicans, Baptists, Brethren, and Presbyterians work together”.¹⁵³ Ings’ response is telling. Instead of defending Don specifically, he refers to denominational collaboration. In a letter to the FMC in 1904, following his application, he wrote regarding his affiliations: “though brought up a Baptist I see no reason why my life could not be spent most profitably as a missionary under other auspices”.¹⁵⁴ Later, he added: “I have come to feel that I could willingly throw in my lot to work as a medical missionary with any society working for the evangelisation of South China – more so seeing that the people and language are to a considerable extent familiar to me”.¹⁵⁵ It seems that unlike either Don or Paterson, Ings’ primary concern lay with the “evangelisation

¹⁵¹ Rev. William Hewitson to Joseph Ings, 10 June 1905, CVM Staff Files – Joseph Ings, GA0148 AA 9/7 84/18, PCANZ Archives, p. 2.; Rev. William Hewitson to Rev. James Chisholm, 16 June 1905, CVM Staff Files – Joseph Ings, p. 1.

¹⁵² Ng, *Windows on a Chinese Past*, vol. 2., p. 172.

¹⁵³ Diaries of Alexander Don, 1899-1907, *Mr Walter Paterson: 191*, p. 41.

¹⁵⁴ Joseph Ings to the Convenor of the Foreign Missions Committee, 16 September 1904, CVM Staff Files – Joseph Ings, p. 3.

¹⁵⁵ Ibid.

of South China” over and above particular denominational rivalry.¹⁵⁶ In fact, while studying towards his medical degree, Ings attended both the local Free Church of Scotland, and the Dublin Street Baptist Church in Edinburgh. While there he married Jessie Wilson, a Presbyterian in the Free Church, and a fully qualified nurse.¹⁵⁷ Remembering his time volunteering with the Edinburgh Medical Mission in the slums, Ings noted that the “mission has among its members[,] Christians of most of the leading denominations – and so the work is carried on, on the broadest basis, and denominational differences are never mentioned”.¹⁵⁸

As seen in his letters, studying in Edinburgh undoubtedly solidified Ings’ ecumenical ideas and proved to be an apt choice for the aspiring medical missionary. Edinburgh Medical School was, at the time, still considered to be the best medical school in the English-speaking world, though studying there was very costly.¹⁵⁹ Edinburgh was also a prominent centre for medical missionary training and organisation, with an increasingly ecumenical outlook. Earlier in the nineteenth century, Edinburgh-trained evangelical doctors had been pioneers in developing charitable medical clinics for the poor. Historian David Hardiman suggests that this “created a climate in which medical missionary work abroad became a logical extension of such work”.¹⁶⁰ When China’s first medical missionary, Peter Parker, visited Britain in 1841, leading physicians in Edinburgh were particularly interested in his argument for Christian doctors working in missions. This resulted in the establishment of the Edinburgh Medical Missionary Society (EMMS) that same year – the first medical mission society in Europe.¹⁶¹ The EMMS was highly active in encouraging young doctors to enter medical missions, and their success in doing so especially towards the end of the century was probably aided by the fact that the medical profession in Britain was becoming overstocked during this time and many Edinburgh graduates had to seek alternative employment.¹⁶² The EMMS also embraced an inter-

¹⁵⁶ In answer to questions about distinctions between his own denomination and the Presbyterians over infant baptism, Ings replied that he would be happy to follow their “customs” saying, “I count these matters of such little importance”. See Joseph Ings to Mr Chisholm, 4 February 1905, CVM Staff Files – Joseph Ings, p. 2.

¹⁵⁷ Joseph Ings to the Convenor of the Foreign Missions Committee, 16 September 1904, CVM Staff Files – Joseph Ings, p. 3.; Joseph Ings to Mr Chisholm, 16 February 1904, CVM Staff Files – Joseph Ings, pp. 3-4.

¹⁵⁸ Joseph Ings to the Convenor of the Foreign Missions Committee, 16 September 1904, CVM Staff Files – Joseph Ings, p. 3.

¹⁵⁹ Writing to the FMC in May of his first year in Canton, Ings revealed that he had to borrow money to provide for him and Jessie in New Zealand as “by the time I had finished my medical course I had not one penny of my own, that I had spent my all on education – fully £1000 and on my medical course alone – over £800”. Joseph Ings to William Hewitson, 14 May 1906, CVM Staff Files – Joseph Ings, pp. 3-4.

¹⁶⁰ David Hardiman, ‘Introduction’, in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), p. 23.

¹⁶¹ Hardiman, p. 12; Esther Breitenbach, *Empire and Scottish Society: The Impact of Foreign Missions at Home, c.1790 to c.1914* (Edinburgh: Edinburgh University Press, 2009), p. 56.

¹⁶² Hardiman, p. 16; James Beattie, ‘Natural History, Conservation and Health: Scottish-Trained Doctors in New Zealand, 1790-1920s’, *Immigrants and Minorities*, 29.3 (2011), p. 285.

denominational stance.¹⁶³ Joining the society allowed Ings to gain medical experience in the Edinburgh slums, to brush up on his theology by attending their lectures, and to make use of connections to medical missionaries in the field whom he would meet from time to time through the society.¹⁶⁴ Additionally, as mentioned earlier the SVM, or Student Christian Movement (SCM) as it was later known in Britain, was also highly active among medical students.¹⁶⁵ In 1893 thirty-eight percent of the SCM's members were medical students.¹⁶⁶ According to historian Marlene Finlayson, with a heavy emphasis on global evangelisation, the presence of SVM/SCM groups in universities like Edinburgh actively encouraged an early form of ecumenism which no doubt influenced Ings.¹⁶⁷

In preparation for his application to the CVM, Ings wrote asking for advice from Maclean Gibson, who was working as a medical missionary in Hong Kong and whom Ings had met on his China trip with Don six years before. Through Gibson, Ings gained a better idea of the kind of work in which he would be engaged and what to expect from his own mission given the standard already established for other medical missionaries in their societies. "A large proportion of your work will be surgical and ophthalmic," Gibson wrote. He encouraged Ings to gain at least six months' experience in surgery and arrange to take extra classes in eye surgery and tropical diseases.¹⁶⁸ Gibson also pressed Ings to make sure the FMC would promise him a hospital saying, "you cannot do the best work in China unless you have a Hospital...if the society you propose joining refuse to give you any promise or hope of having a hospital, I should hesitate before accepting".¹⁶⁹ Additionally, he warned Ings that securing a site for a hospital in China might take years and emphasised the need for patience: "steady, plodding men are what we want, men who will not take their return tickets to England because everything is not as they expected."¹⁷⁰

¹⁶³ Esther Breitenbach, 'Scots Churches and Missions', in *Scotland and the British Empire*, ed. by John M. MacKenzie and T. M. Devine (Oxford: Oxford University Press, 2011), p. 212.

¹⁶⁴ Joseph Ings to the Convenor of the Foreign Missions Committee, 16 September 1904, CVM Staff Files – Joseph Ings, p. 4.

¹⁶⁵ Harder, pp. 140-141.

¹⁶⁶ Hardiman, p. 16.

¹⁶⁷ Finlayson, p. 67.

¹⁶⁸ Rev. Maclean Gibson to Joseph Ings, 26 April 1904, CVM Staff Files – Joseph Ings, p. 1.

¹⁶⁹ Ibid., p. 2.

¹⁷⁰ Ibid.

Ings in China

On 28 December 1905, Joseph and Jessie Ings arrived in Hong Kong to begin their lives as medical missionaries with the CVM. Arrangements were made for the couple to live in a house on the American Presbyterian Mission Compound in Canton.¹⁷¹ Within days, Ings' facility in Cantonese seemed to have returned. When McNeur went over lessons with him on 3 January, he wrote in his diary, "I find that he has retained most of what he learned, although tones are a bit mixed".¹⁷² However, when McNeur travelled to Hong Kong to help the Ings buy furniture for their house, he arrived to find that Ings had no trouble in bargaining and securing what they needed.¹⁷³ Just a week after their arrival, Ings wrote to the FMC Convenor William Hewitson, "we are feeling very much at home already".¹⁷⁴ This might have been the case for Joseph, but Jessie, who had never before been to China, found the adjustment a little more difficult. Writing in a general letter to the Wallacetown congregation she exclaimed, "the streets are so narrow and so crowded with people. I was struck by the numbers of blind beggars, both men and women, looking so wretched". She also commented on her comparative lack of Cantonese, "...one feels at a loss going about and one misses so much of what is going on".¹⁷⁵

Besides the few instruments he had bought to enable him to obtain free passage from Edinburgh to New Zealand as ship's surgeon, Ings had very little in the way of doctor's equipment aside from his microscope and ophthalmoscope, and three textbooks – one on surgery, another about eye diseases, and a third on tropical illnesses.¹⁷⁶ Within a few days of being in China he had already met several returned New Zealand Chinese, "who have asked for and evidently required medical attention".¹⁷⁷ He wrote to the FMC, asking for funds to buy tooth and eye instruments along with basic medicine from England so he could begin working when he took trips up the river to Upper Panyu.¹⁷⁸ For the most part, however, Ings' medical practice was constrained to the few hours over two or three days in the week that he spent at

¹⁷¹ Jessie Ings to Wallacetown Parish Congregation, January 1906, CVM Staff Files – Joseph Ings, p. 1.

¹⁷² Diary of George McNeur, 3 January 1906, Hocken Archives.

¹⁷³ Ibid., 16 January 1906.

¹⁷⁴ Joseph Ings to William Hewitson, 7 January 1906, CVM Staff Files – Joseph Ings, p. 4.

¹⁷⁵ Jessie Ings to Wallacetown Parish Congregation, January 1906, CVM Staff Files – Joseph Ings, p. 1.

¹⁷⁶ Joseph Ings to William Hewitson, 14 May 1906, CVM Staff Files – Joseph Ings, pp. 3-4.

¹⁷⁷ Joseph Ings to William Hewitson, 7 January 1906, CVM Staff Files – Joseph Ings, pp. 2-3.

¹⁷⁸ Ibid.

Kuk Fow Hospital working under Dr. Todd of the American Presbyterian Mission “to keep my medical knowledge from rusting”.¹⁷⁹ “I like surgery immensely”, he confided to Don.¹⁸⁰

Plans for a hospital at Ko Tong were as slow moving as Gibson had suggested. Even in his first letter from Canton, Ings expressed uncertainty about the idea. Since there had been trouble at another mission station nearby, Ings remarked that “opening up work at Ko Tong seems even more remote than before”, yet he was eager to start hospital work soon.¹⁸¹ At their annual meeting in July, Ings expressed to the CVM Council that he “does not see why we should still seek an opening at Ko T’ong when our attempts and those of missions before us have ended in failure”.¹⁸² There was cause for this concern, not only because in the past missions had abandoned their efforts in Ko Tong, but also because McNeur had recently heard that notices were being posted around Ko Tong stating that even if someone rented a shop for preaching purposes their property would be confiscated.¹⁸³ Ko Tong would not be an easy location to start the CVM’s first hospital.

However, they had little time to worry about the delayed progress of the hospital plans. In addition to the Cantonese lessons and hospital work under Todd, which occupied their time, they were not always in good health. In late March, Ings contracted dysentery, which left him bedridden for two weeks. After his recovery, Jessie came down with malaria for ten days.¹⁸⁴ Writing to Hewitson in May, Ings noted, “this has been the most unhealthy spring for years...dysentery, cholera, plague, and smallpox are rampant”.¹⁸⁵ Urged by other more experienced missionaries they convalesced in Hong Kong for a time, but due to financial difficulties, they decided to stay in Canton for the hotter months instead of returning to Hong Kong for the summer; “a plan which everyone tells us is quite unwise and somewhat risky”, Ings wrote.¹⁸⁶ In the middle of a hot August, Ings travelled with Todd to visit the Rhenish Mission Hospital, contracting dysentery en route.¹⁸⁷ Though he was able to visit the hospital, his condition worsened. Desiring to leave him at the hospital to recover, Ings persuaded Todd to let him return with him as he was eager to be with Jessie in Canton. The return boat ride

¹⁷⁹ Ibid., pp. 1-2.

¹⁸⁰ Alexander Don, ‘Dr. Joseph Ings – Medical Missionary to the Canton Villages: A Personal Reminiscence’, 25 August 1906, *Outlook*, p. 7.

¹⁸¹ Joseph Ings to William Hewitson, 7 January 1906, CVM Staff Files – Joseph Ings, p. 1.; Diary of George McNeur, 8 July 1906, Hocken Archives.

¹⁸² Diary of George McNeur, 9 July 1906, Hocken Archives.

¹⁸³ Ibid., 15 August 1906.

¹⁸⁴ Joseph Ings to William Hewitson, 14 May 1906, CVM Staff Files – Joseph Ings, p. 7.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Diary of George McNeur, 18 August 1906, Hocken Archives.

worsened his condition still more and over the next few days at home his temperature continued to rise. A few days later in Dunedin, Hewitson received a cablegram from McNeur – “Doctor Ings died sixteenth. Dysentery.”¹⁸⁸ Having returned from Hong Kong that same day McNeur wrote in his diary, “Our Dr. Ings has passed away...Coffin already sealed...he was buried in [his] dress suit as he was dressed for his wedding”.¹⁸⁹ Ings had been in China for less than eight months, and his marriage to Jessie had been little over a year old.

The Young Scottish Doctor – John Kirk (1881-1959)

A month after Joseph Ings’ passing, the *Victoria* docked in Lyttleton Harbour, carrying among its passengers a tall young Scotsman of twenty-five years, named John Kirk (see Figures 4-5.).¹⁹⁰ A recent graduate of Edinburgh Medical School, the newly qualified doctor had arrived in New Zealand to stay with relatives in Invercargill.¹⁹¹ Perhaps influenced by the shortage of permanent work in the medical profession in Britain, Kirk hoped to earn some money while in New Zealand so that he could return to Scotland and take a higher degree in surgery, after which he was determined to become a medical missionary.¹⁹² When he arrived, Kirk was unaware that while he was at sea en route to New Zealand, his “old chum” from medical school, Joseph Ings, had passed away in China. Not long after his arrival, he opened an edition of the weekly Presbyterian magazine the *Outlook* and read about Ings’ death for the first time.¹⁹³ It is likely that the column Kirk read was the one written by Hewitson on 22 September 1906, published on the front page.¹⁹⁴ In it Hewitson asks: “Perchance the vacant place will make its mute appeal, saying: ‘Whom shall I send and who will go for us?’”¹⁹⁵ If these were the words that Kirk read, then he understood the often-quoted evangelistic line from the book of Isaiah Hewitson used, and he knew the answer that followed it – ‘Here am I, send me!’¹⁹⁶ Within a matter of days he made contact with Hewitson and Don, inquiring about the vacant position of medical missionary with the CVM and whether he might fill it.¹⁹⁷

¹⁸⁸ Telegraph to Reverend Hewitson, 17 August 1906, CVM Staff Files – Joseph Ings.

¹⁸⁹ Diary of George McNeur, 16-18 August 1906, Hocken Archives.

¹⁹⁰ ‘Shipping’, *Lyttleton Times*, 17 September 1906, p. 6.

¹⁹¹ William Hewitson to Jessie Ings, 30 October 1906, CVM Staff Files – Joseph Ings, p. 1.

¹⁹² Ibid.

¹⁹³ Ibid.

¹⁹⁴ Rev. W. Hewitson, ‘At the Convenor’s Table’, *The Outlook*, 22 September 1906, p. 3.

¹⁹⁵ Ibid.

¹⁹⁶ Isaiah 6:8.

¹⁹⁷ Anon., ‘Reception to Dr. Edward Kirk by St Andrew’s Presbyterian Church, Dunedin’, *Outlook*, 30 October 1909, p. 8.

In many ways, like Ings, Kirk was an ideal candidate for medical missions, and though Don and Hewitson had never met him previously, even his name had promising connotations. For many living in New Zealand at the time, the name “John Kirk” would have conjured in the mind two different men; the first a theologian-turned-doctor, the second a knighted physician. In detailed notes about his first meeting with Kirk, Don wrote, “Dr. Kirk’s father is a Morrisonian Minister; his grandfather was Professor Kirk of the ‘Lectures on Health’”.¹⁹⁸ As it happened, Professor John Kirk’s *Papers on Health* had just been republished and advertised in New Zealand newspapers, and when his grandson arrived in New Zealand both the *Southland Times* and the *Colonist* labelled him first and foremost as “the grandson of Professor Kirk, who, while Doctor of Divinity and Professor in the Theological Hall at Edinburgh, wrote a number of works on the hydropathic treatment of disease that made his name famous”.¹⁹⁹ This young man therefore carried the medical and theological legacy of his grandfather with him even before he applied to the CVM. The second “John Kirk” was Sir John Kirk the doctor, abolitionist, and companion to David Livingstone in Zanzibar.²⁰⁰ Though not a direct relative of the young John Kirk, the association of the name might have had the same effect as if he had been called “Hudson Taylor” in the minds of those engaged in missions.

Before coming to New Zealand, Kirk had finished his medical degree and worked for two years at Mildmay Hospital in London.²⁰¹ He was a devout evangelical and member of Dalry Road Evangelical Union Church, where his father pastored.²⁰² He had also recently become engaged to Norah Hughes, an Irish nurse he had met while working at Mildmay. Don recorded in his meetings with him that Kirk expressed some concern about his recent decision to apply, saying, “When I left home there was no thought of Canton. I came out merely to see a grand aunt and uncle at Kennington”.²⁰³ However, he was nonetheless soon decided. Notably, like Ings before him, Kirk was strictly speaking not a Presbyterian, but while this caused issues in Ings’ application, Kirk’s slight denominational differences appear to have been entirely insignificant to the FMC. Don concluded, “he impresses me as [a] straightforward man”.²⁰⁴ Hewitson was particularly enamoured with him, writing to Jessie Ings, “I am sure you will like

¹⁹⁸ Diaries of Alexander Don, 1899-1907, 15 October 1906, 734(cont), p. 171.

¹⁹⁹ ‘Professor Kirk’s “Papers on Health”’, *New Zealand Mail*, 25 July 1906, p. 1.; ‘Personal’, *Colonist*, 28 September 1906, p. 2; ‘About People’, *Southland Times*, 29 September 1906, p. 2.

²⁰⁰ Alastair Hazell, *The Last Slave Market: Dr John Kirk and the Struggle to End the East African Slave Trade* (London: Constable, 2011).

²⁰¹ John Kirk, ‘Application to the Missionary Committee of the New Zealand Presbyterian Church’, 15 October 1906, CVM Staff Files – Dr. John Kirk, GA0148 AA 9/6 84/18, PCANZ Archives, p. 1.

²⁰² Ibid.

²⁰³ Diaries of Alexander Don, 1899-1907, 15 October 1906, 734(cont), p. 171.

²⁰⁴ Ibid.

Dr. Kirk when you meet him, he is a fine, genial, devoted man”.²⁰⁵ George McNeur expressed a similarly positive feeling in his diary upon his own first meeting with Kirk while on furlough, “met Dr. Kirk – love at first sight,” he wrote.²⁰⁶ On 14 October, Kirk attended Don’s evening Chinese service to which, according to Don, “the Chinese were favourably impressed”, and after an hour’s meeting with Hewitson the next morning, he sat down to write his application.²⁰⁷ After his application was accepted, Kirk stayed in New Zealand for a year, learning Cantonese under Don’s instruction and accompanying him on his annual tour in much the same way as McNeur had done.²⁰⁸

"#\$%&'!,-... Above: Studio portrait of Dr. John Kirk, c.1907.²⁰⁹ Right: Studio portrait of Norah and John Kirk with daughter, Dorothy, taken while on furlough, Edinburgh, 1914.²¹⁰

²⁰⁵ William Hewitson to Jessie Ings, 30 October 1906, CVM Staff Files – Joseph Ings, p. 1.

²⁰⁶ Diary of George McNeur, 17 June 1907, Hocken Archives.

²⁰⁷ Diaries of Alexander Don, 1899-1907, 15 October 1906, 734(cont), p. 171.

²⁰⁸ Diaries of Alexander Don, 1899-1907, *West Coast Notes*: 743, pp. 178-182.

²⁰⁹ Ring, Photographer, ‘Dr. John Kirk’, Photographic Print, PCANZ – Canton Villages Mission, PCANZ, 88/7/12, P-A5.50-161, Digital ID: 22601.

²¹⁰ A. Swan Walson, Photographer, ‘1914a JK NEK and Dorothy’, Photographic Print, Kirk Family Collection, PCANZ, unaccessioned.

The months leading up to John Kirk's departure for China illustrate a particular irony – that while the press treated the latest medical missionary of the CVM as something of an expert on Chinese affairs, Kirk's private letters make it obvious that he was a little unsure of what to expect of his new abode. On 11 September 1907, the *Lyttleton Times* published an interview with Kirk.²¹¹ The interviewer not only reported on Kirk's opinion on what the interviewer labelled “the anti-Asiatic question” but also recorded his comments on current affairs in China including issues of anti-foreignism, modernisation, and economic growth. The article was republished in several other newspapers.²¹² Yet to treat Kirk as knowledgeable about Chinese current affairs was more than a little premature, since he had yet to even set foot on Chinese soil, and there was much that he did not know about even practical day-to-day living there.

Conclusion

The CVM and its medical mission arrived at the highpoint of Protestant missions in China. With almost a century of missions and several decades of medical mission work having already played out in China, the CVM was not a pioneering effort. In its policies and practices, the CVM was closely mentored by the more experienced missions around it, in particular the staff of the APM. However, the uniqueness of the CVM arose from its strategic use of preestablished relationships with Chinese miners who had been in New Zealand. Both of the CVM medical mission's first doctors were considered to be high quality candidates for missions and were heavily influenced by the evangelical and increasingly ecumenical atmosphere in Edinburgh where they received their training. While both Ings and Kirk had both received a good medical education in Edinburgh, the lack of institutional preparation and funding on the side of the FMC meant that both men arrived in China without a clear way forward in their work and with little equipment to aid them. Ings' sudden death, while alarming to his own community, was common among missionaries who often did not last more than a few years before passing away or being invalided home due to illness. Lastly, it is interesting to note the role that migration played in Kirk's appointment, for if he had not had relatives who emigrated to New Zealand whom he could visit, it is unlikely Kirk would have felt qualified to take on the roll as he might never have left Scotland.

²¹¹ ‘The Chinese Population’, *Lyttleton Times*, 11 September 1907, p. 3.

²¹² ‘The Yellow Peril’, *New Zealand Herald*, 17 September 1907, p. 5.; ‘A Missionary's View’, *Marlborough Express*, 20 September 1907, p. 3.

CHAPTER TWO

The ‘Foreign Doctor’ in Ko Tong, 1908-1917

...I can see I must be contented to go quietly about my work for a little [while more] until the people find a medical missionary is not such a bad fellow after all.

– John Kirk, 1908 ¹

Passers-by of a tea shop in the bustling market town Ko Tong, Upper Panyu, South China, were offered an unusual sight one day in 1910 as they peered in to glimpse an unlikely pair drinking tea together. The first, a local man probably from a well-known farming family, the second, a tall Scotsman. Easily recognisable by many at this point as the “foreign doctor” in Ko Tong, the occasion meant much to John Kirk, who had been invited to share in this gesture of friendship and gratitude following a successful and life-saving operation on the local man’s young daughter. For Kirk, the public meeting was an expression of acceptance after which he had been longing for many months. He hoped that “...all who took curious notice of the stranger in their midst might know that at least one man in Ko Tong was not ashamed to call the foreign doctor his friend.”² Entering Ko Tong to begin his hospital work in May 1909, Kirk was separated from his potential patients by several barriers owing to his layered identity as a British citizen, a missionary, and a Western medical doctor. The reception of Kirk and the Canton Villages Mission (CVM) in Ko Tong reflected not only this complex identity but also the unique context and concerns of the local market town and its surrounding villages.

The following chapter explores how Kirk and the CVM were received by Ko Tong society, the nature of initial local opposition, and how relationships were forged with the hospital. The chapter argues that opposition to Kirk and the CVM entering Ko Tong was as much due to practical considerations as simply “anti-foreign” sentiment. It also illustrates how the medical mission was intended first and foremost as a strategic site to ease the entrance of CVM

¹ John Kirk to William Hewitson, 20 February 1908, CVM Staff Files – Dr. John Kirk, GA0148 AA 9/6 84/18, PCANZ Archives, p. 2.

² John Kirk, C.V.M. Annual Medical Report 1909-1910, Foreign Missions Committee, Canton Villages Mission/South China: Annual Reports, GA0001 AA 4/1 84/18, No. 1., 1901-1913, PCANZ Archives, pp. 4-5.

preachers. The CVM's connection with returned New Zealand Chinese, I demonstrate, was crucial to its securing of property and a hospital site, as the Chinese who had been overseas often played mediatorial roles in CVM-Chinese relationships. The chapter, then, examines how patients chose to make use of the hospital, reflecting pre-existing ways mission hospitals were utilised in South China, before finally considering how Kirk and his brother Edward Kirk interacted with doctors of Chinese medicine.

PART ONE: Entering Ko Tong – Opposition, the New Zealand Chinese Connection, and Medical Missions

By the time Kirk arrived in China at the end of 1907, plans to build a hospital on the newly acquired CVM property in Ko Tong were already well underway. However, Kirk knew that his arrival caught only the end of the CVM's four-year-long effort to gain a footing in Ko Tong. "[F]oreigners", he wrote, "are still far from being popular at Ko Tong Market...our little property has not been acquired without the protest of some who would see us far away".³ Considering the length of time that the CVM persisted in its efforts to secure property there, it is important to understand why the CVM believed Ko Tong to be the ideal place to focus its missional efforts, especially considering Ko Tong's "anti-foreign" reputation. Understanding both the nature of protest against the CVM entering Ko Tong and the evolution of the CVM's plans to prioritise a medical mission at Ko Tong is useful in providing the context within which Kirk first interacted with patients in Ko Tong Hospital.

Ko Tong – "a splendid centre for Gospel work"

Before it reaches Canton, the Pearl River runs down from the north, where several miles above the city it has drained from its western, northern, and eastern branches. On the eastern branch, a mile or so before this, the land near the right bank was in the 1900s an established market town. This was Ko Tong – or 'High Pond' (see Figure 6-7). Functioning primarily as a centre for business and trade, market occurred every fifth day, bringing in crowds from all the surrounding villages along with their produce and stock to trade.⁴ Being subtropical in climate, and almost free of frosts, the land in Ko Tong's district of Upper Panyu could provide three

³ John Kirk, C.V.M. Annual Medical Report 1908-09, p. 2.

⁴ H. H. Barton, *George Hunter McNeur – a pioneer missionary in South China* (Christchurch: Presbyterian Bookroom, 1955), p. 13.

crops annually for its population of over 250,000.⁵ Rice and fruit predominated, although sugar cane, peanuts, taro, water chestnuts, lotus roots, and sweet potato were not uncommon.⁶ Being close to the river allowed for easy transportation of produce by boat to market from many villages upstream. Ko Tong's relative proximity to Canton meant produce bought at the market could easily travel downstream to be sold in the city. Markets like Ko Tong were generally facilitated by groups of prominent local elders or magistrates, who established regulations, provided standard measures, ensured transport was available, and invited merchants to trade.⁷ Like much of South China, the market town was usually only disrupted by drought, the floods that often occurred during the spring, or the occasional gang of brigands.⁸

""\$%&'!/)! The Road to Ko Tong, c.1900s.⁹

⁵ James Ng, *Windows on a Chinese Past*, vol. 1. (Dunedin: Otago Heritage Books, 1993), p. 20.

⁶ David Faure, *The Rural Economy in Pre-Liberation China – Trade Increase and Peasant Livelihood in Jiangsu and Guangdong, 1870-1937* (Hong Kong: Oxford University Press, 1989), p. 44.; Herbert Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand* (Dunedin: Foreign Missions Committee, 1916), p. 10.

⁷ Faure, pp. 92-3.

⁸ On his first trip to the northern villages, McNeur was told that robbery was a weekly occurrence up and down the river, and that the night before they arrived in the area, a group of armed robbers had looted the pawnshop in Paak Shek Market by blasting a hole in the wall, stealing \$10,000 (Mexican). See George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, ed. by Alexander Don (Dunedin: Foreign Missions Committee, 1902), p. 13.

⁹ 'The Road to Ko Tong', Album Print, Foreign Missions Committee – Canton Villages Mission, PCANZ, 496/40, A-S5-21.16-43, Digital ID: 24175.

! "#\$%&'!0) Ko Tong Market, c.1900s.¹⁰

Arriving on a market day in December 1901, McNeur's first trip to Ko Tong – and his first trip to *any* Cantonese village – was a positive experience. As mentioned in the previous chapter, McNeur was guided on this trip by Willie Chan, a Chinese Christian who had worked under Don in New Zealand. Early on the second day sailing north from Canton, they left their boat, walked along the bank and climbed to the top of a hill “covered with graves”.¹¹ This vantage point enabled them to look out over Ko Tong and back towards the river – “certainly a pretty view”, McNeur wrote – before they descended, and entered the market.¹² Like most market towns, Ko Tong had a pawn shop – usually the tallest building – in addition to council chambers, and a row of other permanent businesses along its two main streets.¹³ McNeur remarked that Ko Tong was “evidently a very important market town”, exclaiming surprise in his diary at the large number of people at market, “many carrying pigs and ducks, geese and fowls...hundreds of cattle [buffaloes] and [a] great many horses”.¹⁴ The presence of McNeur himself created something of a stir. While waiting for their boat, a full wedding party came over to them and began to ask questions about his height, clothes and origin. Some even remarked, probably because of his facility in Cantonese, that he must be from Zhongshan, and therefore not a foreigner.¹⁵ Replying in the negative, they told him that “very few foreigners ever came there”.¹⁶ Probably just as much to do with Willie's presence as that of McNeur's, they met several returned New Zealand Chinese. One greeted them in English and told McNeur he had

¹⁰ ‘Ko Tong Market’, Photographic Print, Overseas Missions Committee – Canton Villages Mission, PCANZ, 88/7/12, P-A1.27-65, Digital ID: 9741.

¹¹ Diary of George McNeur, Tuesday, 31 December 1901, Hocken Archives.

¹² Ibid.

¹³ Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand*, p. 7; Faure, p. 93.

¹⁴ Diary of George McNeur, Tuesday, 31 December 1901, Hocken Archives.

¹⁵ Ibid.

¹⁶ Ibid.

been gardening in Wellington, while another man “in foreign dress” shook hands with Willie, in whose garden he had worked in Forbury, Dunedin.¹⁷ Reflecting on this first encounter, McNeur wrote in his diary to Don, “appearances may have deceived me, but I think a good work is possible in Ko Tong, if entered on very carefully....a medical missionary would be invaluable”.¹⁸

As mentioned in the first chapter, mission societies from the same denomination tended to negotiate with each other over the evangelisation of a region so that no two groups interfered with the work of another. When McNeur first arrived in Canton, the districts above the city – Panyu (Poon Yue), Nanhai (Naamhoi), and much of Hua County (Fa Yuen) – were all considered to be actively evangelised by the American Presbyterian Mission (APM). McNeur knew when he visited Ko Tong the first time that the American Presbyterians were intending to start mission work in Ko Tong the following year.¹⁹ However, he also knew that this was not the first evangelistic attempt there as in the past “the Baptists tried to open a chapel at Ko Tong but had to fly at once”.²⁰ As it turned out, Ko Tong had largely been neglected by missionaries, because “it has always shown bitter opposition to the entrance of foreigners”. Missionaries had got into the habit of by-passing it altogether for the friendlier villages further north.²¹

Despite this, McNeur thought Ko Tong was a “splendid centre” for potential gospel work, considering both its proximity to the city – Ko Tong could be reached by steamer from Canton in a matter of hours – and that practically thousands passed through it on market days. Seeing McNeur’s enthusiasm, and considering that the APM had other areas in which to invest, Rev. Andrew Beattie, the American Presbyterian missionary in charge of their missional efforts at Ko Tong and the surrounding areas, was content to hand over their work in Upper Panyu and Hua County along with its three existing chapels and workers to the CVM.²² The APM unanimously agreed to this decision in September, 1903.²³

The decision by the CVM to accept Upper Panyu, a place considered by one older missionary to be “the hardest in the whole of the Empire” for evangelism, seemed at face value an unwise decision.²⁴ However, Panyu was where the families of sixty-seven percent of New

¹⁷ Ibid.

¹⁸ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, pp. 8, 23.

¹⁹ Ibid., p. 22; George McNeur to William Hewitson, 12 April 1902, CVM Staff Files – Rev. G. H. McNeur, GA0148 AA 10/4/6 1/9, PCANZ Archives, p. 4.

²⁰ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 22

²¹ George McNeur to William Hewitson, 12 April 1902, CVM Staff Files – Rev. G. H. McNeur, p. 4.

²² Dr. Andrew Beattie to Dr. Bannerman, 14 April 1902, CVM Staff Files – Rev. G. H. McNeur, p. 1.

²³ George McNeur to William Hewitson, 29 September 1903, CVM Staff Files – Rev. G. H. McNeur, p. 6.

²⁴ Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand*, p. 28.

Zealand's Chinese goldminers lived.²⁵ McNeur believed that taking up Don's idea to act as a messenger between New Zealand Chinese and their loved ones would have a considerable effect on the reception of the CVM. Armed with a photograph album of some fifty New Zealand Chinese men, a book filled with the names of people he had met on tour with Don, along with thirty-two letters and over a hundred sovereigns, McNeur and Chan spent most of their time visiting family members of men in New Zealand to pass on the remittances.²⁶ At first, they sought out certain families who they knew were living in the villages they visited, but word of their presence spread, and soon many with connections to New Zealand came looking for them.²⁷ Returned New Zealand miners often greeted them in English and spoke at length, many times inviting them home to eat a meal with them.²⁸ Walking back to Ko Tsang from Ai Kong, they met several men who had been in New Zealand. One had returned from Oamaru. Another recognised McNeur, as the young missionary who had stayed with him in Matakanui while on tour with Don the previous year.²⁹ Often, they passed the money and letters onto the elderly wives of men still in New Zealand, who were glad to hear news of their husbands and asked when they were coming home. In one instance, "four or five women from Shui Lek came to the boat...one of the women was anxious about Kong Kung [of] Bendigo, and I was able to show them his photo".³⁰ In another, McNeur passed on twenty-two sovereigns to one man's wife and the whole street emerged to celebrate, gifting McNeur and Chan yam-flour and oranges in return.³¹ Subsequently, McNeur wrote to Hewitson:

the gold-bearing expedition was a splendid introduction and should bear good fruit. Nothing could have made me more welcome to those whom I brought letters, and in becoming thus the messenger of their N.Z. relatives I was able to win the favour, not simply of the individuals but of the "family" which in China sometimes means a whole village.³²

With these warm introductions, McNeur argued that the CVM should not only build at Ko Tong, but also make it its centre of missional operations.³³ McNeur believed that any opposition could be countered by their relationships with the New Zealand Chinese there, writing to Hewitson,

²⁵ Ng, *Windows on a Chinese Past*, vol. 1., p. 11.

²⁶ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 4.

²⁷ Diary of George McNeur, 30 December 1901-15 January 1902, Hocken Archives.

²⁸ Diary of George McNeur, 31 December 1901.

²⁹ Diary of George McNeur, 1 January 1902.

³⁰ Diary of George McNeur, 4 January 1902.

³¹ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 30.

³² George McNeur to William Hewitson, 12 April 1902, CVM Staff Files – Rev. G. H. McNeur, p. 4.

³³ George McNeur to William Hewitson, 29 September 1903, CVM Staff Files – Rev. G. H. McNeur, pp. 4-5.

although it has been notably anti-foreign it has a strong New Zealand connection. Three shopkeepers in the best street are friends of mine – two from Dunedin. The people know that I am trying to get an opening there and some of our friends in the neighbouring villages have offered to render any assistance they can. I believe we can get a foothold there whenever we are willing to pay for it.³⁴

Yet despite their intentions, it would take four years before they had any claim on a property in Ko Tong.

Anti-foreignism, Nationalism, and Modernisation in China

On McNeur's first trip north with Chan it was not uncommon for him to hear cries of "fan kwai!" as he passed by.³⁵ The widely-used pejorative, meaning "foreign devil", was often cited by contemporary writers as an expression of Chinese anti-foreignism during this period.³⁶ Reasoning that, for many, he was the first foreigner they had ever seen, the shock was understandable to him, but he also comprehended something of the wider context of China's experience with foreign powers. In 1908 he wrote, "this characteristic is not surprising...Canton was for several centuries the point of contact between the Chinese Empire and the outside world...the Cantonese knew most [sic] regarding the insatiable hunger for territory which possessed European nations".³⁷ As mentioned in chapter one, the 'unequal treaties' signed at the culmination of the two Opium Wars had given Britain and other nations a significant foothold in China, and there were no two places in South China where this was more obvious than in Hong Kong and Canton. It was here that the First Opium War broke out in 1839, and later the Second Opium War began at the end of 1856.³⁸ At the culmination of this last war, the Treaty of Tianjin of 1858 allowed foreigners to travel anywhere in China, protected the preaching of Christianity, granted extraterritoriality to foreigners, and added five more 'treaty ports' to the original five from the previous war.³⁹ The treaty also secured concessions for the French, American, and Russian powers, while in the years leading up to 1900, the Germans came to occupy Qingdao in Shandong, and the Qing ceded Taiwan to the Japanese. Understandably, many Chinese feared China was being "carved up like a melon".⁴⁰

³⁴ Ibid., p. 5.

³⁵ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 7.

³⁶ Interestingly, McNeur did not consider the epithet to be an expression of opposition so much as surprise. In his diary entry about his first day at Ko Tong, McNeur wrote, "Did not hear one bitter or scornful use of 'fan kwai'. Heard it used pretty often, but just in surprise." See *Diary of George McNeur*, 31 December 1901.

³⁷ Barton, pp. 10-1.

³⁸ Jonathan Spence, *The Search for Modern China* (New York: Norton, 1990), pp. 155, 179.

³⁹ Ibid., pp. 180-1.

⁴⁰ Ibid., p. 231.

However, what concerned many Chinese perhaps even more than the encroaching foreign powers was the way in which the Qing government had responded to these issues. There was a growing sense for many that for China to survive under the pressures of foreign power, the Chinese people needed to mobilise and find an alternative to current Qing rule. In light of this, the first decades of the 1900s were characterised by varying expressions of nationalism. In 1900, the Boxer Uprising that originated out of Shandong had pushed for reform under the slogan “revive the Qing, destroy the foreign” – “the foreign” taking the form of Chinese Christians and foreign missionaries throughout northern China.⁴¹ Protest took a different form in Zou Rong’s famous 1903 publication, *The Revolutionary Army*. Zou’s nationalism involved both anti-Manchu and anti-foreign ideas. “Internally we are the slaves of the Manchus and suffering from their tyranny, externally we are being harassed by the Powers, and we are doubly enslaved”, Zou stated.⁴² He argued that Manchu rule was to blame for China’s current weakness, and that China should use Western ideas and technology to overthrow Manchu tyranny and release the country from foreign power.⁴³ In 1905, nationalism took hold for the first time on a popular level when merchants in Canton, Shanghai, Xiamen, Tianjin and other places unified to enforce a boycott against American goods to protest American ill-treatment of the Chinese.⁴⁴ Though the boycott only lasted a few months, but it was the first time a nationalist popular movement had arisen which affected the economy.

As it developed, proponents of nationalism often embraced modernisation, and despite anti-foreign sentiment, there was growing acceptance and a desire for many of the technologies and ideas arriving from the West. In Qing intellectual circles, accommodation for Western ideas in Chinese philosophy became widespread through the Confucian scholar Zhang Zhidong’s *ti-yong* (體用) system.⁴⁵ The *ti-yong* concept considered both older Chinese ideas and newer Western ideas to have value, but stipulated that Chinese ideas should be viewed as essential (體), while Western ideas should be viewed in terms of their practicality (用).⁴⁶ This philosophy allowed Qing officials to embrace practical Western technologies, such as the railway, whilst affirming Chinese ideas as providing the fundamental moral structure for

⁴¹ See Spence, p. 231; and Paul A. Cohen, *China Unbound: Evolving Perspectives on the Chinese Past* (London: Routledge, 2003), p. 150.

⁴² Spence, p. 236.

⁴³ Ibid.

⁴⁴ Ibid., p. 238.

⁴⁵ Ibid., p. 225.

⁴⁶ Timothy B. Weston, ‘The Founding of the Imperial University’, in *Rethinking the 1898 Reform Period: Political and Cultural Change in Late Qing China*, ed. by Rebecca E. Karl and Peter Zarrow (Cambridge, MA: Harvard University Asia Center, 2002), pp. 102-3.

civilisation.⁴⁷ Thus, as historian Frank Dikötter demonstrates, whether through the growth in Chinese newspapers –of which there were over one hundred in circulation in China by 1907–, the construction of railways, the building of *yang fang* (foreign houses) from remittances, or the desire for Western clothing, there was much interest in the materials and concepts of the West.⁴⁸ George McNeur even made note of this in a letter to William Hewitson: “there are so many fine young men who are interested in anything ‘Western’”.⁴⁹ Therefore, contrary to the image of a singularly anti-foreign Canton, historian Virgil Ho argues that, “Cantonese in this period were pragmatic enough to differentiate between ‘foreign’ and ‘imperialist’...to many Cantonese, foreign material progress, lifestyles, and cultural achievements were something to be admired, and if possible, emulated”.⁵⁰ I argue further in the following paragraphs that this pragmatism and differentiation can be seen in the local response to Ko Tong Hospital.

Contrary to McNeur’s hopes that an interest in things ‘Western’ might extend to Christianity, the Chinese nationalist movement that emerged was primarily secular. Historian Ka-che Yip points out, “for many Chinese Nationalists the acquisition of Western science and technology did not mean the embrace of facets of Western culture deemed morally bankrupt or unscientific”.⁵¹ Therefore, Christian missions, like the CVM, were often the first to introduce the Chinese to Western ideas and science through their schools and hospitals. Ironically, more often than not, they contributed to the rise of nationalism rather than the growth of Protestant Christianity in China. Secular ideas were for Chinese intellectuals, “more relevant and attractive in their search for China’s salvation”.⁵²

Ko Tong’s Opposition

After a successful visit to Ko Tong in 1903 with the CVM’s newly appointed second missionary, William Mawson, McNeur began to seek out property there. By the end of 1904, he and Mawson had made plans to buy a double-shop in Ko Tong with the intention of

⁴⁷ Spence, p. 225.

⁴⁸ Frank Dikötter, *The Age of Openness – China before Mao* (Berkeley: University of California Press, 2008), p. 23; Virgil K. Y. Ho, *Understanding Canton – Rethinking Popular Culture in the Republican Period* (Oxford: Oxford University Press, 2005), pp. 59-76.

⁴⁹ George McNeur to William Hewitson, 12 July 1902, Rev. G. H. McNeur, p. 1.

⁵⁰ Ho, pp. 49-50.

⁵¹ Ka-che Yip, ‘China and Christianity: Perspectives on Missions, Nationalism, and the State in the Republican Period, 1912-1949’, in Brian Stanley, *Missions, Nationalism, and the End of Empire* (Grand Rapids, MI: William B. Eerdmans, 2003), p. 133.

⁵² Yip, p. 133.

converting it into a dispensary and book-room, but early the next year the plan fell through.⁵³ Later the same year they entered into negotiations for another promising property, but due to the pressure from local authorities, who ordered that no one should sell land to foreigners, the intimidated property owner pulled out.⁵⁴ The following year a number of American missionaries were killed at Lienchau in connection with the American goods boycott. McNeur consequently delayed their endeavours till the beginning of 1906, when he and Mawson rented a house-boat to stay on the river outside Ko Tong so they could spend more time developing connections there.⁵⁵ Sitting with his type-writer inside their boat during the flooding of what was a particularly rainy May, Mawson remarked tiredly for the *Outlook*, “two years’ efforts to buy a shop or site in this, the largest market of our district, have met with bland but steady opposition, and no success”.⁵⁶ McNeur wrote separately to Hewitson, “As you know it has been our aim from the last two years to get a site for a mission station at Ko Tong, but at present this prospect seems as remote as ever. We have not even secured a site in the market for a chapel and dispensary.”⁵⁷

While the wider issues facing China as a whole, and Canton in particular, probably influenced the way local authorities and citizens in Ko Tong approached the CVM’s efforts to buy land there, it is also important to consider the specific issues that concerned those living in Ko Tong. Historian Robert B. Marks argues that too often scholars have discussed the origins of rural events in China without considering issues pertaining to the specific rural context itself – its economy, social structures, and processes of change.⁵⁸ It is important to recognise that the concerns of rural Ko Tong differed from that of the city. This is a useful starting point in attempting to understand the deeper reasons why McNeur’s initial attempts to buy land in Ko Tong were not successful. As mentioned earlier, market towns were organised by local magistrates who were generally the elders of their kin-group. Villages were made up of clan groups, each with their own ancestral village hall.⁵⁹ Historian David Faure suggests that the

⁵³ George McNeur to William Hewitson, 20 July 1905, CVM Staff Files – Rev. G. H. McNeur, pp. 6-7.

⁵⁴ Fluctuating exchange rates, and the slow arrival of money also made securing a deal a slow process. Every time McNeur prepared to bargain for a property, he had to write to gain the permission of the FMC who would then send the necessary sum to Canton – a process that could take weeks. Meanwhile, the instability of the silver market meant that while the pound might fetch \$11 dollars (Mex.) at the beginning of the process, by the time the money arrived, the pound could have depreciated significantly, and the money for the property fell short.

⁵⁵ George McNeur to William Hewitson, 27 November 1905, CVM Staff Files – Rev. G. H. McNeur, p. 1.

⁵⁶ William Mawson, ‘Mission Outlook – C.V.M: In a Houseboat at Ko Tong’, *The Outlook*, 18 August 1906, p. 12.

⁵⁷ George McNeur to William Hewitson, 24 April 1906, CVM Staff Files – Rev. G. H. McNeur, p. 4.

⁵⁸ Robert B. Marks, *Rural Revolution in South China – Peasants and the Making of History in Haifeng County, 1570-1930* (Madison, WI: University of Wisconsin Press, 1984), pp. xi-xiv.

⁵⁹ In one instance, McNeur mentions that their school at Leung Teen met in the ancestral hall of one of the larger clans. Because of this, only children from that clan could attend the school in the village. See George

stability of a market town like Ko Tong was not only determined by how trade was facilitated, but was also formed through the social ties of the villages – and in particular, its religious ties.⁶⁰ Occasions of religious celebration were often partnered with discussions of local affairs. Therefore, bringing another religion, like Christianity, into a market town had the potential to disrupt not only the existing religious landscape, but also the stability and harmony of the market itself.

When it first became widely known in Ko Tong that McNeur was seeking to buy land there for the CVM, local authorities sent out a proclamation threatening anyone who sold him land.⁶¹ This was not simply an example of anti-foreignism. There were very practical reasons why the local town council was interested in keeping the CVM out of Ko Tong. Villages further up the river had a reputation for robbery and disorder. Authorities rightly feared that the CVM's possession of property would encourage violence downstream to Ko Tong, and thus disrupt the market.⁶² Many of the members of the secret Triad Society, who were active in the villages and had recently staged a rebellion in Canton with the aim to overthrow the Qing, were members of the German church, and thus Protestants were often associated with trouble.⁶³ If issues did arise and a CVM property in Ko Tong incurred damages, the local council at Ko Tong would bear the indemnity.⁶⁴ At this time the district was also dealing with significant economic difficulties: firstly, through heavy taxation as a result of the indemnity that the Qing government owed because of the 1901 Boxer Protocol, and secondly due to the recent famine in 1903. Given this scenario, the potential additional expense incurred through the CVM's damaged property was not a welcome prospect. Additionally, McNeur pointed out that another reason why village and market town citizens opposed British buying land in general was that "chapels [etc.] built by us are British property and are under the protection of our government by treaty".⁶⁵ Thus, under the terms of extraterritoriality granted it by the Treaty of Tianjin, in buying property at Ko Tong, McNeur was simultaneously adding to the presence of the British Government there, by law. Therefore, Ko Tong's opposition to the CVM arguably primarily related to practical considerations to do with the stability of the market over more than simple

McNeur to William Hewitson, 20 July 1905, CVM Staff Files – Rev. G. H. McNeur, p. 3; Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand*, p. 15.

⁶⁰ Faure, p. 93.

⁶¹ George McNeur to William Hewitson, 20 July 1905, CVM Staff Files – Rev. G. H. McNeur, p. 6.

⁶² Ibid.

⁶³ George McNeur to William Hewitson, 5 February 1903, CVM Staff Files – Rev. G. H. McNeur, pp. 3-5; Diary of George McNeur, 1 October 1909.

⁶⁴ George McNeur to William Hewitson, 20 July 1905, CVM Staff Files – Rev. G. H. McNeur, p. 6.

⁶⁵ George McNeur to William Hewitson, 20 July 1905, CVM Staff Files – Rev. G. H. McNeur, p. 3.

“anti-foreign” sentiment. Notably, it appeared to have little to do with the prospect that the hospital would practice Western medicine.

Aside from the disruption that a CVM property might bring to Ko Tong, the rural market town was also about to experience the first major effects of modernisation through the building of the Canton-Hankow railway. The period from 1870 to 1937 was a time of unprecedented technological development and modernisation throughout the world, but as Faure argues, no change came so rapidly in China as the development of transport, and this particularly through the steamer and the railway.⁶⁶ The Canton-Hankow railway was a co-operative effort between the Belgian concession, funded by France, and the Americans, by arrangement of the Qing government through the American China Development Company.⁶⁷ A significant undertaking, at completion, the railway would eventually enable goods and passengers to make the inland trip to Hankow in two days, and from there one could travel to Beijing, and then on the Trans-Siberian railway through into Europe.⁶⁸ However, when the first path of the railway was cut near Canton, many Cantonese were outraged at railway engineers’ disregard for *feng shui*. They also feared the extent to which the development of the railway would cause major unemployment for the boat people and coolies on the Pearl River.⁶⁹

The railway was set to run right past Ko Tong, with a station nearby, which would become a considerable convenience for John Kirk in travelling between the hospital and Canton and also in acquiring medical supplies, but it would also allow a greater foreign and urban influence in Ko Tong. This is not to say that all those living in rural areas like Ko Tong were weary of modernisation, but the unknown effects of the railway on the local economy, and *whom* it would bring to Ko Tong, was surely not an insignificant concern. In 1907, Japanese engineers began work on the permanent railway bridge over the river through Ko Tong.⁷⁰ A photograph of Ko Tong after the railway was built shows the railway line cutting right through Ko Tong with a bridge over the river – an imposing structure, obstructing the view of the first line of shops (see Figure 8-9).⁷¹ Because the CVM planned to take advantage of the Canton-Hankow railway, it was waiting to see where it would be laid before selecting a property. Building the

⁶⁶ Faure, p. 22.

⁶⁷ George McNeur to William Hewitson, 11 September 1902, CVM Staff Files – Rev. G. H. McNeur, p. 5.

⁶⁸ Faure, p. 24.

⁶⁹ George McNeur to William Hewitson, 11 September 1902, CVM Staff Files – Rev. G. H. McNeur, p. 5.

⁷⁰ William Mawson, ‘Among the Villages with the Camera’, 16 March 1907, CVM Staff Files – Rev. William Mawson, GA0148 AA 10/2 84/18, PCANZ Archives, p. 1.

⁷¹ ‘Railway bridge above Ko Tong Market’, CVM Photograph Album, Original Prints Album No. 5, China, P-A5, PCANZ Archives.

hospital after the construction of the railway may have made it seem like both a product of the railway and a symbol of modernisation in the eyes of those at Ko Tong.⁷²

"#\$%&'1!2-3) Above: Ko-tong railway bridge, c.1900s.⁷³ Below: The Canton-Hankow railway bridge obstructs the view of Ko Tong's first line of shops, c.1910.⁷⁴

⁷² William Mawson to William Hewitson, 14 July 1906, CVM Staff Files – Rev. William Mawson, p. 1.

⁷³ John Kirk, 'Ko-tong railway bridge', Photographic Print, *JK and NEK Concertina Photo Album*, Kirk Family Collection, PCANZ, unaccessioned, p. 36.

⁷⁴ Anon., 'Railway bridge above Ko Tong Market', Original Prints Album No. 5, China, P-A5, PCANZ Archives.

Figure 4: Preparing ground for the hospital at Ko Tong, 1909.⁷⁵

It is important to note that the CVM owed its eventual success in obtaining land both to New Zealand Chinese connections within Ko Tong who were willing to work on its behalf and also to its own leveraging of ‘treaty rights’. Early in 1907, McNeur changed strategy and asked Yeep Yan Hing, one of their new preachers, to seek out property in Ko Tong on their behalf.⁷⁶ Sentiment towards CVM missionaries in Ko Tong was also changing. Mawson noted that when they passed through the Upper Panyu villages now they were often remembered, and instead of hearing “fan kwai!”, McNeur was often greeted by his Chinese name, “Mak Chim Yun”.⁷⁷ Within Ko Tong they also seemed to have developed friendships. Mawson reported that one of the returned New Zealanders, Lau Kwai “came down for evening prayers and a ‘yarn’ as he calls it”.⁷⁸ Lau Kwai had owned a business in Queenstown, and then in the Dunedin Arcade, before returning to live and work at Ko Tong. “He takes a very intelligent interest in all affairs – NZ and Chinese – and an evening in his company is never uninteresting”, Mawson wrote; “his staunch friendship in the face of opposition in this market is always a matter for

⁷⁵ George McNeur, ‘Preparing ground for Hospital at Ko Tong’, Photographic Print, Foreign Missions Committee – Canton Villages Mission, PCANZ, 88/7/12, A-L-1.47-143, Digital ID: 23739.

⁷⁶ George McNeur to William Hewitson, 26 February 1907, CVM Staff Files – Rev. G. H. McNeur, p. 1.

⁷⁷ William Mawson, ‘Among the Villages with the Camera’, 16 March 1907, CVM Staff Files – Rev. William Mawson, p. 2.

⁷⁸ Ibid., p. 1.

thankfulness and encouragement”.⁷⁹ By July 1907, Yeep had found a shop for the CVM at Ko Tong, and a lease was arranged with the owner Tsang Shing.⁸⁰ According to historian James Ng, it was Lau Kwai who helped McNeur finalise the arrangement with Tsang.⁸¹ With the issue of land settled, the CVM could now plan its first hospital. McNeur’s diary indicates that renovations on the building were primarily conducted with local supplies by local tradesman – their primary contractor was a man called Chü, timber was bought from Shing Yuen, and painting was contracted to Yeep Moon (see Figure 10).⁸²

However, despite the fact that the deal was finalised between the CVM and the landowner, Tsang Shing, the mission did not have the approval of Ko Tong’s gentry. Early in 1909, McNeur crossed to the British concession Shameen to discuss a petition that the British Vice-Consul had received from the Panyu magistrate.⁸³ The magistrate had not stamped the deed of property because Ko Tong’s local gentry disapproved of the CVM entering Ko Tong. The magistrate initially advised the CVM to look elsewhere.⁸⁴ The CVM persisted and began renovations. Demonstrating the power of the ‘treaty system’, the Vice-Consul reassured McNeur, promising to write to the magistrate to remind him that because the duty had already been paid on the deal, he had no choice but to stamp the deed, “calling his attention to the fact that any interference would be illegal”.⁸⁵ The magistrate had argued against the CVM building at Ko Tong while the issue of the title was still in dispute, and later asked the mission not to open the hospital until the issue was settled, an idea which Kirk favoured.⁸⁶ Around the same time, McNeur mentioned having had a conversation with a man called Mo Tak Lei Sy in which he “told him all we could about our purpose in starting at Ko Tong”.⁸⁷ Mo Tak Lei Sy, who was very likely a returned New Zealand Chinese miner, visited McNeur again a few months later to say that “he heard of our New Zealand connection and would do what he could for us”.⁸⁸ It is unclear whether Mo Tak Lei Sy had much influence in the matter, but the town council petition hearing a few days prior had not been attended by local officials, and several

⁷⁹ Ibid.

⁸⁰ William Mawson to William Hewitson, 26 July 1907, CVM Staff Files – Rev. William Mawson, p. 1; Diary of George McNeur, 20 September 1909.

⁸¹ Ng, *Windows on a Chinese Past*, vol. 2., p. 202.

⁸² See McNeur’s diary between 26 November 1908 to 26 March 1909.

⁸³ Diary of George McNeur, 14 January 1909, Hocken Archives.

⁸⁴ Diary of George McNeur, 14 January 1909, Hocken Archives.

⁸⁵ Diary of George McNeur, 14 January 1909, Hocken Archives.

⁸⁶ George McNeur to William Hewitson, 10 April 1909, Foreign Missions Committee – Convenor’s Inwards Correspondence – Canton Villages Mission, 1902-1910, GA0001 AA 16/2/7 84/18, PCANZ Archives, p. 1.

⁸⁷ Diary of George McNeur, 16 January 1909.

⁸⁸ Diary of George McNeur, 5 April 1909.

days after Mo Tak Lei Sy's visit the deed for the Ko Tong property was signed officially.⁸⁹ Mawson attributed the general friendliness of the local market despite the opposition of local leaders to the influence of returned New Zealand Chinese men "who have a confidence in us".⁹⁰ Thus, having both connections within Ko Tong and the ability to appeal to the British Vice-Consul to leverage its 'treaty rights', the CVM was able to secure land for its hospital. In May 1909, with renovations complete, the hospital opened for the first time, and McNeur wrote in his diary, "Dr. Kirk's work has reached the villages".⁹¹

"Opening up the Poon Yue" with Medical Missions

By 1906, it was clear that the primary plan for a Ko Tong property was for the development of a hospital followed by a chapel, but earlier ideas differed markedly.⁹² The evolution of the CVM's decision to use the property for medical missions and also its prioritising of medical missions at Ko Tong despite other potentially more fruitful avenues for medical work reveals much about what the CVM hoped Kirk's medical mission would achieve. McNeur's passing comment in the account of his first visit to Ko Tong, that "a medical missionary would be invaluable", was an afterthought.⁹³ He did not mention anything about medical missionaries in his diary entries about the trip, the document on which his written account is based.⁹⁴ However, when he returned to Canton, McNeur took up temporary accommodation in one of the rooms in Canton Hospital, joining in prayer services with the staff and patients there.⁹⁵ He also spent considerable time with Dr. John Swan, who was then the newly appointed medical superintendent of Canton Hospital following Dr. John Kerr's retirement.⁹⁶ It is possible that McNeur's close encounter with the day-to-day running of Canton Hospital and his friendship with Dr. Swan gave him the opportunity of seeing how "the healing art" of medical missions aided the missionary endeavour by "securing the confidence of potential converts" and that this, in turn, gave rise to his initial thoughts about the usefulness of the CVM having its own

⁸⁹ Diary of George McNeur, 20 September 1909, 13 April 1909.

⁹⁰ William Mawson, 'C. V. M. – Ko Tong Hospital Opened', *Outlook*, 24 July 1909, p. 12.

⁹¹ Diary of George McNeur, 13 April 1909, 12 May 1909, Hocken Archives.

⁹² George McNeur to William Hewitson, 16 July 1906, CVM Staff Files – Rev. G. H. McNeur, p. 2.

⁹³ George McNeur, *Canton Villages Mission: First Letters of Rev. Geo. H. McNeur*, p. 8.

⁹⁴ Diary of George McNeur, 'First Trip into the Canton Villages Upper Poon Yü, Begun Dec. 30, 1901', 30 December 1901 – 14 January 1902.

⁹⁵ Diary of George McNeur, 18 January 1902; George McNeur to William Hewitson, 12 April 1902, CVM Staff Files – Rev. G. H. McNeur, p. 10.

⁹⁶ McNeur mentions having several conversations with Dr. Swan in the weeks after his first trip north, see Diary of George McNeur, 6-14 January 1902, Hocken Archives; Guangqiu Xu, *American Doctors in Canton – Modernization in China, 1835-1935* (New Brunswick, NJ: Transaction, 2011), p. 44.

medical missionary.⁹⁷ Yet with any medical missionary in sight, McNeur's plans for a Ko Tong property for the next few years mostly included medical work as a supplementary component.

In 1903, McNeur's initial idea for Ko Tong was to build a chapel, but by 1904, McNeur had in mind a much larger project.⁹⁸ He argued that Ko Tong, not Canton, should become the primary centre for the CVM's work, and that McNeur and his newly-wedded wife Margaret should build a house there as soon as possible.⁹⁹ While continued difficulties in obtaining property shrunk this vision for the time being, the idea was never entirely abandoned. Even when the hospital at Ko Tong along with its chapel and dispensary were built, the CVM always intended the situation to be a temporary one.¹⁰⁰ Years later, the CVM was able to fulfil this initial vision when it bought property for a compound near Kong Chuen in 1917.

The idea of building the "temporary" hospital at Ko Tong was undoubtedly solidified with the appointment of Joseph Ings in 1905, and the Foreign Missions Committee (FMC) began a hospital fund for such a purpose.¹⁰¹ But Ings' appointment was not the primary motivation for building the hospital. After his death, Mawson wrote to Hewitson, "we do not feel that it [Ings' death] has in any way altered the urgency of the need of medical work as an aid to mission work in our field...the Church should make it an aim to appoint two medical missionaries to the Canton Mission".¹⁰² It was clear that by this time McNeur and Mawson felt that the building of a hospital at Ko Tong would be the best way to counter the opposition many in the area felt towards their arrival. McNeur stated their purpose clearly in a letter to Hewitson – "The good that a consecrated physician can do in opening up work in a hard field is proverbial. We will be nearer the ideal...when we can join to our preaching and teaching the art of healing".¹⁰³ Thus, the primary function of the potential mission hospital was to ease the arrival of the CVM's preachers to enable the CVM to make Ko Tong the mission's home base. According to the CVM's institutional history in 1926, Ko Tong Hospital was primarily the "entering wedge that opened the way".¹⁰⁴

⁹⁷ Xu, p. 2.

⁹⁸ George McNeur to William Hewitson, 13 April 1903, CVM Staff Files – Rev. G. H. McNeur, p. 6; George McNeur to William Hewitson, 29 September 1903, CVM Staff Files – Rev. G. H. McNeur, p. 4.

⁹⁹ George McNeur to William Hewitson, 19 May 1904, CVM Staff Files – Rev. G. H. McNeur, p. 11; George McNeur to William Hewitson, 20 June 1904, CVM Staff Files – Rev. G. H. McNeur, p. 5.

¹⁰⁰ Ko Tong Hospital is often referred to as the "temporary hospital" in CVM literature, and especially in the *Outlook*.

¹⁰¹ William Hewitson to George McNeur, 12 December 1905, CVM Staff Files – Rev. G. H. McNeur, p. 1.

¹⁰² William Mawson to William Hewitson, 6 September 1906, CVM Staff Files – Rev. William Mawson, p. 3.

¹⁰³ George McNeur to William Hewitson, 27 November 1905, CVM Staff Files – Rev. G. H. McNeur, p. 1.

¹⁰⁴ William Mawson, *The Story of the Canton Villages Mission* (Dunedin: Presbyterian Bookroom, 1926), p. 51.

Using its medical mission for the purpose of “opening up” evangelistic work in Ko Tong took priority over answering calls from Chinese within their districts who desired Western medicine. In 1908, Mawson admitted that were it not for the fact that “we want the medical work to open up the Poon Yue, the Hospital would be much easier put up at Sha Luet”.¹⁰⁵ Sha Luet, a small village in Fa Yuen, was described by Mawson as “quiet...and unusually clean”, thanks, he attributed, to the influence of the philanthropist Tsui Mau Kwun.¹⁰⁶ Having lived in both America and Japan for a time, Tsui was a proponent of modernisation, and after a successful business venture in Hong Kong, he had returned to his home village, Sha Luet, with considerable means.¹⁰⁷ Here he developed local sanitation and government for the area and built a school.¹⁰⁸ Visiting Sha Luet in 1906, McNeur commented that Tsui’s house, and several others in the neighbourhood, were built in a Western style which “defies all fengshui”.¹⁰⁹ Tsui was also a Christian and an enthusiastic evangeliser, and the church in Sha Luet initially grew faster than any other church in the districts where the CVM worked due to his influence.¹¹⁰ In 1909, the CVM collaborated with Tsui to build a larger high school.¹¹¹ Perhaps inspired by the overwhelming response to Kirk’s day-clinic held in Sha Luet a week before Ko Tong Hospital was opened, Tsui’s next idea was to build a hospital.¹¹² He had bought a piece of land and offered to contribute £100 to the materials if the CVM would take on the rest of the enterprise.¹¹³ At this point, plans were well underway for the hospital at Ko Tong, and the FMC delayed responding to the CVM on the issue. Kirk, who was clearly sympathetic to the idea of a Sha Luet hospital, pushed the FMC to make a decision the following year, but the FMC’s response, and thus also the CVM’s, was to decline the offer due to the mission’s limited staffing.¹¹⁴ The CVM’s handling of the situation emphasises the fact that answering a demand

¹⁰⁵ William Mawson to William Hewitson, 18 March 1908, CVM Staff Files – Rev. William Mawson, p. 2.

¹⁰⁶ William Mawson to William Hewitson, 15 March 1908, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, GA0001, AA 7/8/2 84/18, PCANZ Archives, p. 1.

¹⁰⁷ William Mawson to William Hewitson, 18 March 1908, Foreign Missions Committee – Convenor’s Inwards Correspondence – Canton Villages Mission, p. 1.

¹⁰⁸ Ibid.; Diary of George McNeur, Tuesday, 21 November 1906.

¹⁰⁹ Diary of George McNeur, Tuesday, 21 November 1906.

¹¹⁰ Of the sixteen candidates baptised by the CVM in the year ending June 1910, all but three were “fruit of the work around Sha Luet”. See George McNeur, C.V.M. Annual General Report 1909-1910, p. 3.

¹¹¹ William Mawson to William Hewitson, 15 March 1908, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, p. 1; George McNeur to William Hewitson, 1 February 1909, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, p. 1.

¹¹² Diary of George McNeur, 11 May 1909.

¹¹³ Diary of George McNeur, 24 December 1909, Hocken Archives; John Kirk to William Hewitson, 16 July 1910, CVM Staff Files – Dr. John Kirk, p. 9.

¹¹⁴ Ibid.; Canton Villages Mission – Minutes of Quarterly Meeting held at Fong Tsuen and Ko Tong, 26-7 October 1910, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, GA0001, AA 7/8/2 84/18, PCANZ Archives, p. 3.

for Western medicine in China was not the mission's primary aim. It also highlights the mission's problems with staffing, which will be addressed in the following chapter.

The CVM also prioritised establishing its own medical mission to investing in the development of medical missions more broadly in South China. In July 1906, the physician-in-charge of Canton Hospital, Dr. Paul Todd, having learned that the APM Committee would not be sending new doctors out to the hospital in the near future, asked McNeur whether the CVM might give up plans to build a hospital at Ko Tong and instead invest its medical staff in the hospital at Canton. "He argues," McNeur wrote to Hewitson, "that it would be much better to strengthen the existing institution than to open a small hospital within 12 or 15 miles from Canton at Ko Tong".¹¹⁵ In terms of a developing Western medical services in the South China region, Todd was quite right. Canton Hospital was the primary centre through which much rural medical work flowed, supporting thirty smaller branch hospitals and dispensaries throughout Guangdong.¹¹⁶ In terms of supporting the development of medical missions more broadly in the province, it made sense to invest in the main hospital. For the CVM to start a new small hospital, independent from Canton Hospital's support, must have seemed like an odd decision considering that in other ways the CVM supported the network of medical mission development through the Canton Medical Missionary Society – in fact McNeur had been appointed secretary of the society that year.¹¹⁷

Anxious to preserve and encourage the CVM's autonomy and distinction as a New Zealand mission through developing its own medical mission centre, McNeur rejected Todd's proposition. McNeur saw the scheme as a "turning aside" from their work, arguing that the CVM must work in the villages to be faithful to its name and purpose.¹¹⁸ He also noted with regard to the proposal that Todd "has his eye on Dr. Ings".¹¹⁹ Though McNeur wrote to Hewitson that "Dr. Ings hardly feels qualified to give an opinion either way" on the issue, as mentioned in the previous chapter, a week beforehand Ings had expressed his ambivalence over the CVM's plans to secure property in Ko Tong.¹²⁰ It is also obvious both from his own letters to Don and the anecdotes of others that Ings enjoyed working under Todd at Canton Hospital, and perhaps in line with his latent ecumenism, he was less concerned with bolstering the

¹¹⁵ George McNeur to William Hewitson, 16 July 1906, CVM Staff Files – Rev. G. H. McNeur, p. 2.

¹¹⁶ Xu, p. 30.

¹¹⁷ George McNeur to William Hewitson, 16 July 1906, CVM Staff Files – Rev. G. H. McNeur, p. 2, verso.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Ibid.; Diary of George McNeur, 9 July 1906, Hocken Archives.

CVM's distinctiveness as a mission than McNeur.¹²¹ The irony of McNeur's insisting that the CVM's medical mission remain independent from the APM's medical missionary endeavours is that shortly after his arrival Kirk became heavily involved with collaborative efforts in the medical missionary movement in Canton. Kirk's involvement, first as president of the Canton Medical Missionary Society in 1909, and later as president of the China Medical Missionary Society in 1923, will be examined in more depth in the next chapter.¹²²

PART TWO: Patients and the Hospital of Universal Love

Kirk opened the doors to the CVM's first hospital on 31 May 1909. Under Kirk's leadership, and also that of his younger brother Edward who followed in his footsteps as a medical missionary, the institution ran for just over eight years until the CVM opened its new hospital at Kong Chuen in July 1917.¹²³ As mentioned earlier, these eight years coincided with the downfall of the Qing dynasty in 1911 and subsequent upheavals in China in the struggle to build a republic, alongside significant local issues in and around Canton. Many of the CVM's general annual reports written by McNeur begin with a summary of the year's main political and social events. Despite the upheaval it caused, the CVM welcomed the revolution, stressing to its New Zealand audience, seeing a "temporary unsettling" time as a necessary cost for "religious liberty".¹²⁴ McNeur made no secret of his desire to see the Qing overthrown in the hope that a Republican China would favour their evangelistic cause and formally recognise the Christian church in China.¹²⁵ Interestingly, Kirk mentions very little about the nation's current events in his annual medical reports. Despite the fact that the revolution caused considerable disruption to the CVM as a whole and many missionaries left the countryside for a period of time, Kirk's report that year was extremely positive, and patient numbers were the highest they had ever been.¹²⁶ Later in 1915, extensive flooding followed by a large fire in Canton took its

¹²¹ Alexander Don, 'Dr. Joseph Ings – Medical Missionary to the Canton Villages: A Personal Reminiscence', 25 August 1906, *Outlook*, p. 7; William Mawson, 'The Funeral', 21 August 1906, CVM Staff Files – Rev. William Mawson, p. 3.

¹²² Xu, pp. 29, 37.

¹²³ Diary of George McNeur, 10 May 1909.

¹²⁴ Anon., 'Canton News', *Outlook*, 26 December 1911, p. 23.

¹²⁵ However, McNeur firmly positioned CVM missionaries as onlookers in these events, stressing that while it would be natural for Chinese Christians to want to participate in the issues concerning their country, "the foreigner cannot intermeddle". Considering the extent to which the CVM had already intermeddled in Ko Tong's local affairs by going ahead with renovations for the hospital despite opposition from local gentry and advice to the contrary from the Panyu magistrate, clearly McNeur's statement was a conditional one in practice. See George McNeur, C.V.M. Annual Report 1910-11, Foreign Missions Committee, p. 2.

¹²⁶ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 8.

toll on the medical mission.¹²⁷ The hospital also closed for three months the following year when fighting resumed in Ko Tong after Guangdong province declared independence from Yuan Shi-Kai's government.¹²⁸ These events altered the conditions in which Ko Tong Hospital operated over the course of its history, but while they may have influenced the kinds of patients Kirk treated – most notably the increase of Chinese soldiers seeking Western medical care – they remarkably had little effect on overall patient numbers (see Table 1).

Table 1: KO TONG HOSPITAL PATIENT STATISTICS						
	OUT-PATIENTS	IN-PATIENTS			TOTAL	VILLAGES
		MEN	WOMEN	TOTAL		
June 1909				18	200	
1909-1910	1215			204	1419	
1910-1911		97	86	183	1552	157
1911-1912		90	81	171	1797	170
1912-1913	1521			222	1774	201
1913-1914	1562	129	103	232	1794	191
1914-1915	1405			327	1732	191
1915-1916					1007*	135
1916-1917	1524			270	1794	171

The data for Table 1., along with the content of the following two tables, is taken from the unpublished CVM Medical Mission's Annual Medical Reports file in the PCANZ Archives.¹²⁹

*Record is for nine months, not a whole year.

Nestled between the pig market and the timber yard on Ko Tong's main street, the hospital welcomed 200 patients within its first month of opening.¹³⁰ Eighteen of these were in-patients, while the rest were treated and returned several times for check-ups. This initial patient number, an average of around six patients a day, seems insignificant compared to the 95 patients Kirk saw in one day at Sha Luet.¹³¹ However, it is likely that Kirk only attended to minor cases there, such as pulling teeth, while engaging with more serious cases and operations at Ko Tong. Certainly, when compared to the average number of patients treated at Ko Tong in a given month over the following years, the first month at Ko Tong appears to have had among the highest number of patients. The number seems even more considerable when taking into account the fact that Kirk and his wife Norah, who was a qualified nurse, worked alone without

¹²⁷ Norah Kirk wrote to Hewitson in July 1915 that her husband was "frightfully tired after his fight with the flood and fire", adding, "The old hospital was wobbly but held". See Norah Kirk to William Hewitson, 24 July 1915, p. 2.

¹²⁸ John Kirk, C.V.M. Annual Medical Report 1916-1917, p. 1.

¹²⁹ C.V.M. Annual Medical Reports, Foreign Missions Committee, Canton Villages Mission/South China: Annual Reports, GA0001 AA 4/1 84/18, No. 1., 1901-1917, PCANZ Archives, pp. 4-5.

¹³⁰ John Kirk, C.V.M. Annual Medical Report 1908-1909, pp. 4-5.

¹³¹ Diary of George McNeur, 11 May 1909.

major assistance for the first few weeks, if not months, at Ko Tong Hospital. More importantly, 200 patients in the first month suggests that people in and around Ko Tong had heard about the hospital's opening and were not wholly opposed to the Western medical approach Kirk had to offer. In fact, Kirk found that the number of out-patients "gradually increased until it has been difficult to cope with the numbers", suggesting that the Chinese in and around Ko Tong were arguably more pragmatic about medical issues than perhaps might have been expected considering the area's "strongly anti-foreign" reputation.¹³² The following sections examine the hospital's patient base, the kinds of medical cases that predominated, how Kirk negotiated continued opposition and fear towards the hospital, and the hospital's evangelistic function. The final sections consider how patients and the local community engaged with the hospital, as well as Kirk's encounters with Chinese concepts of medicine.

The make-up of Ko Tong Hospital's patient base provides insight into how knowledge about the hospital spread. Many of Kirk's patients came from the numerous villages outside of Ko Tong. Prior to the hospital's opening, Kirk travelled to some of the northern villages, like Sha Luet, where he ran a medical clinic for the day to advertise the hospital.¹³³ Therefore, those in the villages had some opportunity to see Kirk at work and to hear of the hospital before it opened. McNeur also persuaded Chinese Christians and returned New Zealand Chinese he met to enter the hospital if he noticed they were sick. In one instance in 1909 McNeur recorded in his diary that Ah Sing Wong came to see him with "a very bad leg".¹³⁴ "Trying to persuade him to enter Ko T'ong Hospital", he wrote.¹³⁵ In another, one of McNeur's acquaintances, Mr Lei from Yan Woh, asked McNeur to go with him to the hospital to ask Kirk to come and see his little girl, Ah Kit, who had been struggling with the plague for seven days.¹³⁶ Especially during the early years of the hospital, local Ko Tong people frequented the hospital less than those from outside. In his 1910-11 report, Kirk recorded that the 1552 new patients that year had come from no less than 157 villages throughout Panyu, Hua County, Conghua, and Nanhai – some even travelling from the Hakka villages from the Fa Yuen foothills.¹³⁷ Kirk believed that many of his patients were boat people who stopped by the hospital on their way north, and that when one person from a village had received successful treatment from the "foreign doctor" others with the same complaint would take the trip south to see him. He thought the presence

¹³² John Kirk, C.V.M. Annual Medical Report 1908-1909, pp. 4-5.

¹³³ Diary of George McNeur, 11 May 1909.

¹³⁴ Ibid., 12 May 1909.

¹³⁵ Ibid., 12 May 1909.

¹³⁶ Ibid., 10 June 1909.

¹³⁷ John Kirk, C.V.M. Annual Medical Report 1910-1911, p. 1.

of a number of Hakka from the foothills was a direct response to a successful cataract operation he had performed on an old Hakka woman.¹³⁸ Thus patients heard of the hospital through McNeur and Kirk's village work, and also by word of mouth.

Following Tradition – Ophthalmology and Surgery in Ko Tong Hospital

Under Kirk's leadership, the hospital at Ko Tong followed in the tradition set by the first medical missionaries to China in that it predominantly treated eye diseases (see Figure 11). Those following the renovation of the old rice shop in Ko Tong in 1909 would have watched with interest as the shop front doorway received the new signage – 普愛醫院 (Po Wai Yiyuen) – *The Hospital of Universal Love*. Far from being original, the name of the hospital, as noted in the first chapter, was a direct reference to Peter Parker's first ophthalmic clinic in Canton.¹³⁹ It is difficult to say the extent to which the name was recognised by potential patients in Ko Tong, but many would surely have remembered the name of Canton's first foreign hospital, famous for treating eye diseases. So, while an article written for the *Outlook* mused about "the Chinese looking up as they thronged past the little wooden hospital...wondering what those words 'universal love' meant that were written above the doorway", for many patients the meaning of the name would have been primarily linked to the reputation of Parker's Canton eye clinic.¹⁴⁰ That many used Kirk's hospital as an eye clinic is substantiated in his first annual hospital report. Kirk noted with some surprise that, "of the medical cases treated...sixty percent were suffering from eye diseases, a large number of which could be classed as 'preventable blindness'".¹⁴¹ Eye diseases were also particularly common in South China, probably due to the pervasiveness of water-borne diseases in the tropics. "The prevalence of eye diseases amongst these people is nothing less than awful", Kirk wrote for the *Outlook*.¹⁴² The primacy of treating eye problems continued throughout Ko Tong Hospital's eight-year existence. In Kirk's first full-year report of medical work in 1910 he recorded 168 operations in total, of which 118 were eye operations, and while this number dropped to 80 eye operations in 1915

¹³⁸ Ibid.

¹³⁹ G. H. Choa, "*Heal the Sick*" Was Their Motto – *The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990), p. 23.

¹⁴⁰ Anon., 'A Feast of Good Things', undated, written originally for the *Outlook*, Kirk Family Papers, PCANZ Archives, unaccessioned.

¹⁴¹ John Kirk, C.V.M. Annual Medical Report 1908-1909, pp. 4-5.

¹⁴² John Kirk, 'Dr. J. Kirk's Quarterly Letters, II', *The Outlook*, 11 September 1909, p. 11.

and the total number of operations continued to rise, ophthalmic work remained the largest kind of medical care sought after at Ko Tong.¹⁴³

Table 2: KO TONG HOSPITAL OPERATIONS					MATERNITY /OBSTETRIC CASES
	EYE	OTHER	TOTAL OPERATIONS	DEATHS	
June 1909	15	53	68	0	2
1909-1910	118	50	168	1	2
1910-1911			539		
1911-1912			556		12
1912-1913					17
1913-1914	83	112	205	7	15
1914-1915	80	149	229		41
1915-1916					30
1916-1917	94	156	250		45

"#\$%&'!((. Ko Tong eye-patients, c.1910s.¹⁴⁴

¹⁴³ See Kirk's annual reports 1908-1917, C.V.M. Annual Medical Reports, Foreign Missions Committee, Canton Villages Mission/South China: Annual Reports, GA0001 AA 4/1 84/18, PCANZ Archives.

¹⁴⁴ John Kirk, 'Ko Tong Eye-patients', Photographic Print, *JK and NEK Concertina Photo Album*, Kirk Family Collection, PCANZ, unaccessioned, p. 7.

Figure 12: Kirk's collection of bladder stones from his operations.¹⁴⁵

Though ophthalmic medicine was the primary hallmark of Western medical mission work in China, medical mission hospitals also had a more general reputation for conducting surgery. As mentioned in the previous chapter, Chinese medical traditions had not developed a surgical tradition partly owing to the prohibition of dissection and surgery as it was considered a mutilation of the body.¹⁴⁶ Thus, in the early years of medical missions in China, Parker became well-known for his speedy surgical operations, often in the removal of tumours or bladder stones. Doctors at Canton Hospital still carried the same reputation by the time Ko Tong Hospital was opened, although they always had anaesthetics, such as cocaine or chloroform, to hand at this point. In fact, historian Guangqiu Xu argues that Canton Hospital “took the lead in the development of modern surgery in China”, being the first in China to successfully carry out a laparotomy, and the removal of ovarian tumours, and thereby developing abdominal surgery considerably between 1902 and 1907 in China.¹⁴⁷ Kirk took much the same approach towards surgery at Ko Tong Hospital. In addition to numerous eye operations, Kirk was proud of the number of bladder stones he was able to remove during his time in China – he took a photograph of them all piled on a table! (see Figure 12). Moreover, he often removed tumours and occasionally performed amputations.¹⁴⁸ In fact, one source notes that Kirk purposefully

¹⁴⁵ John Kirk, ‘Bladder Stones’, Kirk Family Collection, PCANZ Archives, unaccessioned.

¹⁴⁶ Xu, pp. 40-1.

¹⁴⁷ Ibid., p. 41.

¹⁴⁸ Xu notes that in 1903 Canton Hospital doctors removed the first ovarian tumour weighing forty-eight pounds. Several years later, at Kong Chuen Hospital Kirk reported removing one that weighed seventy-five pounds. See Xu, p. 41.

tried to do more surgeries to allow patients to stay longer in the hospital, and hence have an opportunity to hear the gospel more.¹⁴⁹ Whether or not this was the case, Canton Hospital certainly set the precedent for medical practice with a heavy number of operations, estimated at ten percent of their total number of patients. Kirk followed suit at Ko Tong hospital – in 1911 he reported that of their 1552 patients that year, 539 had received operations, and 183 were admitted as in-patients (see Table 2).¹⁵⁰

Communicating Western Medicine – Opposition and Negotiation

Opposition towards the CVM's hospital in Ko Tong did not stop after work began there, but the most blatant opposition during this period did not come from Ko Tong itself. A few months after he began work in the hospital at Ko Tong, Kirk found a pamphlet that had been circulated arguing against the hospital.¹⁵¹ Interestingly, the author of the work was from Pong Wu, a market town further north, and not Ko Tong. "The pamphlet warned the people against having anything to do with us, and explained that evil motives were the real cause of the Hospital's presence in their midst," Kirk wrote, adding that "a fine of 150dol [Mexican dollars] was to be imposed upon any Pong Woo villager who dared enter...anyone who became an in-patient would be seized".¹⁵² The "evil motives" that Kirk mentions may have been reference to the detractor's accusation that the hospital only receives "girls and women" as patients, and certainly in its early days, McNeur commented that a considerable proportion of patients at the hospital were women.¹⁵³ Once again help was solicited from the British Consul who wrote to the Panyu Magistrate about the issue.¹⁵⁴ The magistrate then posted an edict warning Pong Wu people not to interfere with the hospital.¹⁵⁵ Despite the formal protection, rumours of the hospital's bad reputation spread as far as the Chinese living on the West Coast in New Zealand. When Don visited them in 1911, he reported to Kirk that they were strongly opposed to the hospital because of the stories they had heard from family and friends back in China.¹⁵⁶ Kirk

¹⁴⁹ Anon., 'Some of Uncle Johnnie's Memories', November 2009, Kirk Family Papers, PCANZ Archives, unaccessioned, p. 2.

¹⁵⁰ John Kirk, C.V.M. Annual Medical Report 1910-1911, pp. 4-5.

¹⁵¹ Diary of George McNeur, 2 September 1909.

¹⁵² John Kirk, 'Dr. John Kirk's Quarterly Letters, III', *Outlook*, 25 December 1909, p. 13.

¹⁵³ On 20 September 1909, McNeur commented in his diary, "Dispensary day and quite a number of patients – nearly all women". See Alexander Don to P. L. Clark, 11 October 1909, Foreign Missions Committee – Convenor's Inwards Correspondence – Canton Villages Mission, 1902-1910, GA0001 AA 16/2/7 84/18, PCANZ Archives, p. 1; Diary of George McNeur, Tuesday, 20 September 1909.

¹⁵⁴ Diary of George McNeur, 7 September 1909.

¹⁵⁵ Ibid., 20 September 1909.

¹⁵⁶ John Kirk, 'C.V.M – Ko T'ong Hospital', *Outlook*, 6 February 1912, p. 14.

felt keenly the lack of popular support, and resolved to “be contented to go quietly about my work for a little until the people find a medical missionary is not such a bad fellow after all”.¹⁵⁷

While aware of both his foreignness and the potential opposition the hospital could provoke, in his early medical mission work Kirk was nonetheless often over-eager to persuade the sick to enter the hospital.¹⁵⁸ Aware of his audience in New Zealand, Kirk wrote of heroic-sounding incidences in his annual reports where he either convinced a stubborn patient or proved a doubting family wrong about his abilities. In one instance he was called to see a little girl who had had a serious accident. He could not persuade the family to admit her to the hospital, so he announced, “If you won’t go to the hospital, I will bring the hospital to you”, and performed a successful operation to a large audience in the loft where she lay.¹⁵⁹ Another time while sailing north he came across a little boy, the child of the rower, who had badly burnt himself while his mother was cooking. Kirk persuaded him to let him look at the burn, and then asked the mother to bring him to his house to have it cleaned and dressed. “At first she wouldn’t yield...we were surrounded by a crowd of boat people, who were divided in their opinions, some said ‘take him’, others said, ‘don’t’,” Kirk wrote, but “...ultimately gentle words prevailed, and I was followed home by the mother carrying the little fellow on her back”.¹⁶⁰ In later years, however, Kirk admitted that “in the earlier years...with good intent I wasted much time arguing why my way was logical and best for the patient”.¹⁶¹ “No wonder,” he added, “that my evident anxiety to operate was sometimes misconstrued to indicate that I longed to make some surgical experiment which would result in the destruction of the patient.”¹⁶²

Being unaccustomed to surgery, this misunderstanding that Kirk mentions was no doubt the basis of many fears which kept potential patients from entering the hospital. One woman with inflamed eyes, though persuaded by Kirk to enter the hospital to receive treatment, was called back numerous times by her neighbours who warned her “not to enter the hospital unless she wished to die”.¹⁶³ Another woman, who had suffered for the eight years from a tumour

¹⁵⁷ John Kirk to William Hewitson, 20 February 1908, CVM Staff Files – Dr. John Kirk, p. 2.

¹⁵⁸ On his first trip upcountry, he wrote how as soon as he was seated in the north-bound boat, several people came over to ask him where he had come from and to feel his clothing. Upon entering a village, a crowd gathered to look at them and ask them questions, and when a returned New Zealand Chinese greeted them with a handshake, Kirk noted that the crowd was very amused by the foreign greeting. See John Kirk, ‘Some First Impressions’, January 1908, written originally for the *Outlook*, Kirk Family Papers, PCANZ Archives, unaccessioned, p. 1.

¹⁵⁹ John Kirk, C.V.M. Annual Medical Report 1909-10, p. 4.

¹⁶⁰ John Kirk, ‘Dr. J. Kirk’s Quarterly Letter, I’, *Outlook*, 1 May 1909, p. 12.

¹⁶¹ John Kirk, ‘Conference Address of President of C.M.M.A’, *China Medical Journal*, March, 1925, John Kirk Medical Papers, Kirk Family Papers, PCANZ Archive, unaccessioned, pp.7-8.

¹⁶² Ibid.

¹⁶³ John Kirk, C.V.M. Annual Medical Report 1909-1910, pp. 4.

which grew to weigh about thirty pounds, having seen multiple local doctors with no cure eventually entered Ko Tong Hospital where she received a successful operation. After her operation, she told the nurse, Norah Kirk, “They told me that if I came to the hospital the doctor would kill me”.¹⁶⁴ In yet another instance Kirk negotiated with the friends of a man who had a large abscess. Kirk wanted to cut the abscess open, but his friends argued that no “cutting” was necessary. “If I cannot ‘cut’ it may I ‘stab’ it?” he asked, a slight change of words which seemed satisfactory to the man’s friends.¹⁶⁵ In this situation it is highly likely that Kirk, who was still in the early years of learning Cantonese, used a word for ‘cut’ that held more violent connotations than he was aware of, though Kirk does not mention the specific Cantonese word he used. Nevertheless, in the early years Kirk was constantly perplexed that patients only visited the hospital after having no success from their local Chinese doctors, and used the hospital as a last resort – “people waited till death was very near before they were willing to run the risk of calling the foreign doctor”.¹⁶⁶ Delay over injuries in the case of fractures was particularly dire as “the bones [are] already set hard and fast in such bad positions as to seriously impair the usefulness of the limb”.¹⁶⁷

“Heal and Say” – Medical Success and Missional Progress

Historian Paul Unschuld argues that “medical missionaries, either honestly considered or pragmatically utilised Western medical knowledge as a direct manifestation of superior civilisation based on Christian faith”, and certainly Kirk took the spiritual implications of his work for the mission extremely seriously.¹⁶⁸ Kirk’s understanding of what it meant to fulfil his role as a medical missionary will be examined more fully in the next chapter, but he believed the work of the medical mission was to imitate Christ’s combination of preaching and healing, to “heal and say, the kingdom of God has come nigh to you”.¹⁶⁹ Kirk believed the two must come hand in hand, noting in his president’s address for the China Medical Missionary Association in 1925, “heal and say –say and heal– they cannot be separated, for to say without healing would be a dream, and to heal without saying would be ashes”.¹⁷⁰

¹⁶⁴ Ibid.

¹⁶⁵ John Kirk, ‘Dr. John Kirk’s Quarterly Letters, III’, *Outlook*, 25 December 1909, p. 14.

¹⁶⁶ John Kirk, C.V.M. Annual Medical Report 1911-12, pp. 1.

¹⁶⁷ John Kirk, C.V.M. Annual Medical Report 1911-12, pp. 1.

¹⁶⁸ Paul U. Unschuld, *Medicine in China* (Berkeley, CA: University of California Press, 2010), p. 235.

¹⁶⁹ John Kirk, ‘Conference Address of President of C.M.M.A’, p. 6.

¹⁷⁰ Ibid.

Kirk saw a direct application of his medical success to missional progress and this sometimes became a moral weight that encumbered him when considering riskier operations. Generally, Kirk's rule was to make sure every patient consented to their operation with full understanding, stating, "we make it our practice to frankly tell each patient the chances of recovery".¹⁷¹ This prevented risking his reputation if a difficult case deteriorated. However, in one instance Kirk had little time to brief either the patient or her family when he was called to see a sick girl. Busy with another patient he said he would come when he could, but the messenger told him it could not wait as the girl was struggling to breathe. As he approached, he saw she had diphtheria, and needed an immediate tracheotomy, but the seriousness of the case in light of the mission of the hospital made him pause. Recounting the story for his annual report, Kirk wrote of the decision, "a successful issue would glorify God and would sweep away prejudice in a flood of gratitude, while on the other hand a failure meant quite possibly the closing of our mission hospital".¹⁷² Luckily for Kirk, the operation was a success, but consideration of how his medical work affected the mission concerned him throughout his time as a doctor in China, and one colleague reported that he could often be found praying in his bedroom before a serious case.¹⁷³

Although under Qing law, a physician or ritual expert could be punished if they were found guilty of causing a client's death, it is not clear that there were any legal implications if a Chinese patient died at the hands of a Western doctor.¹⁷⁴ At least among CVM sources there is no indication that the mission was ever called to account over those Chinese who did die in its hospital. As Kirk suggests, a death at the hospital in the early years could risk Kirk's already tenuous reputation in and around Ko Tong. But more so than this, reports of deaths in the hospital might also endanger Kirk's reputation in the eyes of New Zealand supporters. They may not have acknowledged this dynamic consciously, but the annual medical reports of Kirk and later CVM medical missionaries very rarely mention the particulars of unsuccessful cases. In his 1914 annual report, Edward Kirk reported that there had been an increase of deaths in the hospital that year to seven instances.¹⁷⁵ However, his interpretation of this statistic in his report was that an increase in deaths corresponded to both a change in the type of treatment patients were seeking and also a growing willingness among patients to come to the hospital

¹⁷¹ John Kirk, 'Dr. J. Kirk's Quarterly Letters, II', *Outlook*, 11 September 1909, p. 11.

¹⁷² John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 4.

¹⁷³ Anon., 'A Few Brief Reminiscences of Dr. John Kirk', *Tributes*, Kirk Family Papers, PCANZ Archives, p. 1.

¹⁷⁴ Yi-Li Wu, 'The Qing Period', in *Chinese Medicine and Healing: An Illustrated History*, ed. by T. J. Hinrichs and Linda L. Barnes (Cambridge, MA: Harvard University Press, 2013), p. 4.

¹⁷⁵ Edward Kirk, C.V.M. Annual Medical Report 1913-1914, p. 2.

for treatment even if the chance of recovery was low. He did not admit that, as a young doctor who was managing the hospital alone for the first time, any of his own potential incompetence played a role in the outcome of these cases.

Ko Tong Hospital as Evangelistic Opportunity

The hospital made clear through its architecture and structure that it doubled as both a place of healing and a religious institution (see Figures 13-14). Those who passed into the long thin main building would either enter the waiting rooms of the hospital immediately on the left, or the chapel on the right.¹⁷⁶ The choice to place a chapel within the hospital itself directly followed the Canton Hospital model, and the way in which Kirk incorporated religion into the life of the Ko Tong Hospital was also similar to at Canton. Like Canton, Ko Tong Hospital employed both a Chinese preacher and a Bible teacher for the women who together took on the primary responsibility for evangelism in the hospital. For the majority of the hospital's history these positions were filled by Mr and Mrs Lei, whom Edward Kirk described as "exceptionally gifted".¹⁷⁷ The evangelistic schedule of the hospital was a full one. Aside from services held every evening in the chapel and the usual Sunday service and Sunday school group on Sunday afternoons, preaching and evangelism also took place within the wards and on dispensary days.¹⁷⁸ For the staff a morning Bible study and prayer meeting was also held, usually led by Kirk.¹⁷⁹

Describing an average dispensary day for women that usually took place on a Monday, one missionary detailed the way evangelism took place when women came for medical consultations:

the chapel is used as a waiting room for the women, and is generally fairly full...As each person enters, wishing to see the doctor, she pays five cents...then she is given a small piece of wood with a number on it....While waiting their turn, the Bible-woman and one of our lady missionaries explains as simply as possible the meanings of the pictures on the walls and the easy Gospel messages which may help the hearer. At these times our workers do not stand up and address the women, but just move round about amongst them, suiting the message to the need of each....While this work is going on in the chapel, Dr. and Mrs. Kirk are busy attending to patients in the dispensary.¹⁸⁰

¹⁷⁶ See Ko Tong Hospital Plan, in Kirk Family Papers, Photographs, Lantern Slides, PCANZ Archives, unaccessioned.

¹⁷⁷ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 7.

¹⁷⁸ Edward Kirk, C.V.M. Annual Medical Report 1913-1914, p. 2.

¹⁷⁹ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 10.

¹⁸⁰ Anon., 'Our Hospital at Ko T'ong', *Outlook*, supplement, 31 October 1911, p. 7.

This method of evangelism in mission hospitals was very common. Accounts from other mission hospitals including Canton Hospital mention very similar processes, from the giving of wooden or bamboo tickets, to the way in which the missionaries would primarily focus on mingling with the patients and speaking to them individually about the gospel message.¹⁸¹

The evening services, which took place in the chapel after business hours, were reportedly well-attended by both patients and those in the market, especially on market days. In 1911 Kirk noted that during the Dragon Boat Festival season several hundred men came to listen to preaching three nights in a row.¹⁸² The following year, John Kirk commented in his annual report that the chapel had become something of a rendezvous for patients to easily socialise with their friends.¹⁸³ Patients were also quick to pick up the general message that Jesus Christ was intimately connected with the hospital, though they often misunderstood his exact role in the institution. One patient was reported to have asked Norah Kirk before an operation, “how would Jesus wish me to lie on the table while he is cutting my eyes?” while another queried the doctor, “how much wages does your Jesus pay you?”¹⁸⁴

Interest in the hospital itself did not equate with matched interest in the medical mission’s message. Lei commented in his annual report in 1913 that, “the majority of patients are drawn to the hospital solely by their desire for physical relief...although the gospel of salvation is daily presented, they remain quite uninterested”.¹⁸⁵ This is unsurprising particularly as Chinese Christians often suffered persecution in their communities because of their faith. Even in the villages around Sha Luet, which had a stronger Christian presence than the CVM’s other chapels, McNeur reported that detractors were damaging the property of Chinese Christians. “Ah Sik has had his threshing floor hoed up and a lot of his sweet potatoes dug up and carried away,” McNeur commented.¹⁸⁶ “Others have had the water let out of their pond, fruit trees cut down, vegetables stolen, and young rice destroyed”.¹⁸⁷ Even so, Kirk remained positive about evangelism at Ko Tong, and noted that while sometimes during services held in the wards a patient “will take no pains to disguise the fact that he would rather curl up in his blanket...than listen to the preacher’s message”, he interpreted this only as proof that “the Chinese are intensely human” and not as antipathy towards their message.¹⁸⁸ Many of Ko Tong’s converts

¹⁸¹ Choa, pp. 55-6.

¹⁸² John Kirk, C.V.M. Annual Medical Report 1910-1911, p. 2.

¹⁸³ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 10.

¹⁸⁴ Edward Kirk, ‘A Thrilling Incident’, *Outlook*, supplement, 16 May 1911, p. 17; John Kirk, C.V.M. Annual Medical Report 1909-1910, p. 3.

¹⁸⁵ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 7.

¹⁸⁶ Diary of George McNeur, Tuesday, 2 October 1909, Hocken Archives.

¹⁸⁷ *Ibid.*

¹⁸⁸ John Kirk, C.V.M. Annual Medical Report 1915-1916, p. 2.

came from within the hospital staff itself, and at least two Chinese staff were later appointed as deacons in the Ko T'ong congregation.¹⁸⁹ In 1912, Kirk recorded that over the course of the year five of the staff had become Christians.¹⁹⁰ Yet the church at Ko Tong grew but slowly. After five years, the church had only twenty-four members, six of whom had been added that year, and also twelve children.¹⁹¹

"#\$%&'!(+. Sketch Plan for Ko Tong Hospital, 1908.¹⁹²

¹⁸⁹ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 5.

¹⁹⁰ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 10.

¹⁹¹ Edward Kirk, C.V.M. Annual Medical Report 1913-1914, p. 2.

¹⁹² Anon., 'Sketch Plan for Ko Tong Hospital, 1908', Scanned Document, Hospital Buildings, Photographs, Kirk Family Collection, PCANZ, unaccessioned, p. 1.

"#\$%&'!(, . Interior of Ko Tong Chapel, c.1910s.¹⁹³

Responding to Ko Tong Hospital

By 1912, Kirk noted in his annual report that local opposition to the mission had markedly decreased, writing, “when I pass through the old market nowadays I feel I breathe another atmosphere”.¹⁹⁴ Largely, his younger brother believed this was owing to a few major successful operations – and in particular the tracheotomy Kirk had performed.¹⁹⁵ He noticed that patients were coming from Ko Tong itself more regularly, and that the diversity of patients and their ailments had greatly increased.¹⁹⁶ He also noted that fear of surgery was rapidly dying out and that he was frequently asked to operate on cases that did not require surgical treatment.¹⁹⁷ This may have been partly owing to the success of the official opening of the hospital which was held in the last days of 1910. Both the Panyu Magistrate and the British Consul were present at the event as well as a Chinese doctor from Canton, who gave a speech (see Figure 15).¹⁹⁸

¹⁹³ John Kirk, ‘Interior of Ko Tong Chapel’, Photographic Print, *JK and NEK Concertina Photo Album*, Kirk Family Collection, PCANZ, unaccessioned, p. 21.

¹⁹⁴ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 1.

¹⁹⁵ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 3.

¹⁹⁶ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, pp. 2-5.

¹⁹⁷ John Kirk, C.V.M. Annual Medical Report 1911-1912, pp. 1-2.

¹⁹⁸ John Kirk, C.V.M. Annual Medical Report 1910-1911, p. 2.

After the formalities a general invitation was given for visitors to inspect the hospital. At any rate, the popularity of the hospital appeared to be growing, and Edward Kirk estimated that due to being short staffed, the hospital had been forced to send away 350 patients over the course of a year.¹⁹⁹ Patient numbers grew to 1797 in 1912 and remained stable, apart from in 1916, until the hospital was dismantled when the CVM moved to Kong Chuen in 1917 (see Table 1).²⁰⁰

Aside from Kirk's own comments however, it is difficult to ascertain how local Cantonese in and around Ko Tong perceived and responded to the hospital as few sources originating from them survive. Even so, evidence from several sources –including a letter from a New Zealand Chinese man, along with the hospital's expenditure and receipt records– shed light on this question, indicating that while most did not respond to the hospital's evangelistic message, many were interested in the Western medicine Kirk had to offer. During the late Qing period, there were no regulations that controlled who could offer medical services and therefore “the only practical requirement to become a healer was the ability to attract patients”.²⁰¹ As historian Yi-Li Wu highlights, when sickness arose people “drew freely” from the beliefs and techniques about medicine from their own family and neighbours, and also from those claiming to be experts in healing.²⁰² “The typical pattern, found in medical case records as well as in stories and novels,” Wu notes, “was that a family would consult all the practitioners they could afford –sometimes sequentially, sometimes simultaneously– and compare, modify, and reject their recommendations based on the family's own sense of what was appropriate”.²⁰³ It is likely then, that many Cantonese who came to the hospital in Ko Tong were highly pragmatic about their health care and saw Kirk's Western medical practice as yet another option to draw upon in the medical marketplace in Ko Tong. Importantly, the endorsements of Kirk's skill that we will see in the following sections probably rarely equated to a wholesale adoption of Western medicine as an alternative system of medicine to Chinese thinking on the matter, but rather as a supplement or useful addition to them.

In December 1910, Chau Laai, a Cantonese man who had lived in New Zealand but since returned home to Ko Tong, wrote to Alexander Don about the successful treatment his wife

¹⁹⁹ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 2.

²⁰⁰ See annual medical reports patient statistics for the years from 1909-1917. Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 2.

²⁰¹ Wu, p. 4.

²⁰² Ibid., p. 7.

²⁰³ Ibid.

had received from Kirk at the CVM's hospital there.²⁰⁴ The letter was translated at Don's request by Yue Henry Jackson (1881-1955), the Chinese New Zealander most well-known for his work in the Chinese Consulate in New Zealand. The letter appeared in the *Outlook* in May 1911 with the description: "Unsolicited letter from a former Otago miner".²⁰⁵ In it Chau informed Don that he now owned a timber yard in Ko Tong which was "500 yards from the Hospital of Universal Love".²⁰⁶ He explained that for two years his wife had been "a continual sufferer from haemorrhage" and that "we could not find the cause...she tried hundreds of remedies but none of them did her any good".²⁰⁷ Chau then decided to ask Kirk to examine her, and "after attending to her for only a month she was most wonderfully cured".²⁰⁸ Chau's assessment of Kirk is an unashamedly glowing one:

Dr. John Kirk, of this Hospital, is an eminent physician, and his medical skill is superior to physicians of other countries. Moreover, he exercises freely a kind heart, and has saved within a year quite a number of people, relieving their pain and curing their diseases. He is esteemed and respected by the village people far and near....One may say that his medical skill is even greater than that of the famous Hwa T'o. If Dr. Kirk could remain permanently in Ko T'ong the sick and diseased people of all Kwang T'ung province would derive very great benefit.²⁰⁹

Certainly, it is possible that in translating the letter Jackson chose more glowing language in English than might have been rendered in the original, being aware that he was translating for Don who was invested personally in the success of the CVM. Don was obviously proud of the fact that Chau had written such praise about Kirk and the CVM of his own accord, as his description before the letter in the *Outlook* makes sure to emphasise. Even so, it is clear that Chau was impressed by Kirk's medical skill, though he made no mention of the hospital's missionary message. Importantly, Chau chose to compare Kirk to Hua Tuo (110-207CE), the possibly legendary Chinese physician in Han Dynasty (25-220CE), famous for his surgical practice.²¹⁰ In doing so, Chau interpreted Kirk within a distinctly Chinese framework of medicine and medical history. He did not consider him as a physician within an entirely separate system of medicine in conflict with his own as Kirk believed himself to be. Kirk

²⁰⁴ Joe Lye to Alexander Don, 4 December 1910, in 'Ko T'ong Hospital', trans. by H. Jackson, *Outlook*, 23 May 1911, p. 6.

²⁰⁵ Ibid.

²⁰⁶ Ibid.

²⁰⁷ Ibid.

²⁰⁸ Ibid.

²⁰⁹ Ibid.

²¹⁰ Unschuld, p. 151.

expressed surprise when he heard about Chau's letter to Don. He interpreted Chau's high praise as exaggeration, but appreciated the acceptance, admitting that "I wish all the market were like Chau Laai".²¹¹

Returned New Zealand Chinese like Chau Laai were often patients in the hospital. In his diary, McNeur noted numerous incidences of meeting returned New Zealand Chinese who came to the hospital as patients. "A sing' Yuet of San Ts'uen returned from N.Z. some ten years ago in men's ward with bad foot," McNeur noted in his diary after one trip to the hospital in November 1909.²¹² Later in 1916, Kirk noted that there had been four patients in the hospital over the last few days who had lived in New Zealand – "one old fellow had helped to build the railway from Dunedin to Mosgiel and another had toiled on the diggings in Westland for nearly thirty years", he wrote.²¹³ Other returned New Zealand Chinese had purposely come to visit the hospital because they had subscribed to the medical mission in 1914.²¹⁴ That year Don recorded that New Zealand Chinese had given a total of £350 towards the medical mission's new hospital.²¹⁵ The previous winter, one had stayed in the hospital to recover from a chill. After recovering he gave a donation to the hospital and invited them to visit his shop in the market, "where we are always welcomed now and have good opportunity".²¹⁶ But despite their often friendly association with the medical mission, very few New Zealand Chinese became Christians as a result.²¹⁷

Aside from Chau's letter, other sources also suggest that many in and around Ko Tong market increasingly took advantage of the hospital –especially when it came to surgery in the case of accidents, gunshot wounds, or complicated pregnancies– and that this engagement was also reflected in the amount that Cantonese were contributing to the hospital's expenses. The hospital's preacher, Lei, commented in 1913 that "those grateful for the benefits of the hospital are by no means few...they are garrulous in their praise of the medical work".²¹⁸ In 1915, Edward Kirk commented in his annual report that the number of outcalls had doubled from the previous year.²¹⁹ In particular Kirk noted "an increasing number of patients from the railway

²¹¹ John Kirk, 'The Ko T'ong Hospital', *Outlook*, 6 February 1912, p. 14.

²¹² Diary of George McNeur, 30 November 1909.

²¹³ John Kirk, C.V.M. Annual Medical Report 1915-1916, p. 13.

²¹⁴ *Ibid.*

²¹⁵ Alexander Don to P. L. Clark, 6 January 1916, Foreign Missions Committee – Convenor's Inwards Correspondence – Canton Villages Mission, 1913-1914, GA0001 AA 16/4/2 84/18, PCANZ Archives, p. 2.

²¹⁶ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 3.

²¹⁷ Edward Kirk noted for the *Outlook* in 1911, "It is a remarkable fact that so far only one Chinese who has returned from New Zealand has applied to the Church here for admission". See Edward Kirk, 'Chinese Christians', *Outlook*, 7 November 1911, p. 14.

²¹⁸ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 8.

²¹⁹ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 2.

and many from amongst the soldiers”.²²⁰ One captain from the local army in Ko Tong received urgent medical attention from Kirk after suffering from an internal complaint, and they now often dealt with gunshot wounds.²²¹ The railway nearby, which had no fencing around it and was in fact a main thoroughfare, created numerous victims who ended up in the hospital.

John and Edward Kirk with Panyu Magistrate and others at Ko Tong Hospital Opening, 1910.²²²

In addition to this, Kirk began noticing an increase in obstetric cases in 1912, and when the CVM's new nurse Lizzie Prentice arrived in Ko Tong in 1913, outcalls to maternity cases increased even further so that by 1917, Kirk reported forty-five maternity cases.²²³ This did not include the many women who also began coming to the hospital after Prentice and Edward Kirk invited them to bring their newborn babies for prophylactic treatment in order to avoid tetanus, which was a common cause of infant mortality in the area.²²⁴ The invitation was remarkably successful and in 1917 eighty-seven women brought their newborns to the hospital. Willingness to allow Western medical ideas to influence birthing traditions is a particular indicator that the hospital was gaining legitimacy in the Canton villages. A final important indicator of the increased engagement of local Cantonese with the hospital can be seen in the

²²⁰ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 2.

²²¹ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 3.

²²² Anon., 'John and Edward Kirk with Panyu Magistrate and others at Ko Tong Hospital Opening', John Kirk's China Lantern Slides, 1907-1928, Portraits, No. 087, Kirk Family Collection, PCANZ, unaccessioned.

²²³ John Kirk, C.V.M. Annual Medical Report 1916-1917, p. 9.

²²⁴ John Kirk, C.V.M. Annual Medical Report 1916-1917, pp. 9-10.

hospital's expenses (see Table 3). In 1917, Kirk noted that even though the hospital's expenditure for the year had been more than double that of the previous year, the local income had also doubled in a year so that almost half of the hospital's expenses were being paid locally by patients and through local donations.²²⁵

Table 3: KO TONG HOSPITAL SUMMARY OF RECEIPTS AND EXPENDITURE, 1909-1917			
	LOCAL RECEIPTS	LOCAL EXPENDITURE	AMOUNT SUPPLIED BY NEW ZEALAND
1909	\$290.66 (Mexican) ²²⁶	1115.69	825.03
1910	1532.56	3067.18	1534.62
1911	1373.66	2975.52	1601.86
1912	1819.88	3269.25	1449.37
1913	2719.59	4955.07	2235.48
1914	838.88	2589	1750.12
1915	660.35	2883.31	2222.96
1916	1606.1	3420.34	1814.24
1917	3463.42	6995.24	3531.82

Kirk and Chinese Medicine

Unschuld argues that because medical missionaries relied on Western medicine to support their religious message, they were largely dismissive of Chinese ideas of medicine.²²⁷ The Kirk brothers were no exception in this regard, although their engagement with Chinese doctors changed over time. John Kirk had his first encounter with Chinese medicine when, travelling upcountry aboard a boat for the first time in 1908, a “medicine man” stood up to sell his wares. In a condescending tone, Kirk wrote of the “miraculous plasters, phials of ruby-coloured fluid

²²⁵ John Kirk, C.V.M. Annual Medical Report 1916-1917, p. 14.

²²⁶ The Mexican dollar was in widespread use as the trading currency in the eastern and southern ports of China from the 1600s until it was replaced in the 1900s. About a third of the silver originating from Spanish America during this period either directly or indirectly ended up in China. CVM missionaries almost always preferred to use Mexican dollars in their financial reports over local currency during the Ko Tong Hospital era. In later financial reports they transitioned to using Hong Kong dollars. See Peter Gordon, and Juan José Morales, *The Silver Way: China, Spanish America, and the birth of globalisation, 1565-1815* (Melbourne: Penguin Random House, 2017), pp. 51-4.

²²⁷ Unschuld, p. 235.

– panacea for all internal aches and pains...[along with] powders and pills” which the man was selling ten cents a box.²²⁸ Kirk was particularly amused when the man began to bargain with his audience, offering them two boxes free instead of one if they would buy from him. “This was too good an offer to be refused, and the sale began,” he wrote.²²⁹ However, Kirk was probably unaware at this point that in China at the time, as mentioned earlier, “the only practical requirement to become a healer was the ability to attract patients”, and thus, “the practical difference between the activities of a doctor and a layperson could be a matter of degree, not of kind”.²³⁰ In fact, it is highly likely that there were many doctors of Chinese medicine in the area who would have considered their competitor on the boat to have been a quack just as Kirk obviously did.²³¹ Certainly, Kirk’s description contrasts heavily with the “scholarly-looking individual usually of middle age, in a herbalist shop...sat at a table opposite his patient” mentioned by Choa. It also contrasts with the “medical families” Wu describes, whereby medical knowledge was passed from father to son and people widely assumed that a family with more than three generations of doctors had especial legitimacy.²³²

The Kirk brothers soon came into contact with these medical men, many of whom were curious about their work. After John Kirk performed a tracheotomy, two Chinese doctors came asking to see the patient “needless to say they were very welcome visitors,” Kirk wrote rather smugly in his annual report.²³³ Occasionally, Chinese doctors even came to the hospital for medical care. One of the local Chinese doctors called Edward Kirk in the early hours of the morning to come and assist his son who accidentally lay on a needle and pierced his back.²³⁴ Another Chinese doctor came to the hospital after dislocating his finger. The man later introduced Kirk and the work of the hospital to his “colleague physicians in Ko Tong Charity Hall”.²³⁵ “We have been on friendly terms since,” wrote Kirk, “and have tried to co-operate with the doctors there in a scheme for the bettering of the market’s sanitary conditions”.²³⁶ Nevertheless, aside from engaging in community sanitation projects and discussions, the Kirk brothers never seriously considered any of the medical ideas they might have heard from these men that opposed their own understandings of medicine. Although there are occasional vague

²²⁸ John Kirk, ‘Some First Impressions’, January, 1908, written originally for the *Outlook*, Kirk Family Papers, PCANZ Archives, unaccessioned, p. 1.

²²⁹ Ibid.

²³⁰ Wu, pp. 4, 7.

²³¹ Ibid., p. 14.

²³² Choa, p. 32; Wu, pp. 13-4.

²³³ John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 5.

²³⁴ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 3.

²³⁵ Ibid.

²³⁶ Ibid.

references to “native supplies” in John Kirk’s budget sheets, there is no evidence that the Kirk brothers used or were at all interested in Chinese *materia medica* or that they studied their techniques in the same way that they had studied the Cantonese language or even the works of Confucius.²³⁷ Kirk’s daughter Dorothy later mentioned that ‘traditional medicine’ was sold on the train but that they never tried any because “the Kirks believed in Western medicine”.²³⁸

Conclusion

The CVM sought to make Ko Tong the centre of its medical mission work despite its reputation as being a hot bed of “strongly anti-foreign” sentiment. Its ideal proximity to Canton, the size and influence of the market town itself, and the high number of returned New Zealand Chinese who lived and worked there made it an attractive site. The purpose of the medical mission was first and foremost to ease the evangelistic entrance of the CVM into that area through successful medical work. Despite a four-year search for property in Ko Tong, and several major expressions of opposition, the CVM persisted in seeking land there for a medical mission, even though arguably the CVM’s medical efforts would have been put to better use bolstering the main mission hospital and the APM in Canton. The nature of Ko Tong’s opposition was not only a result of widespread anti-foreign sentiment in response to encroaching foreign powers, but also concerned major practical considerations. The stability of the market economy through strong worship ties and the possibility of greater taxation due to any indemnity incurred through the CVM’s damaged property were important elements to consider with the entrance of the CVM into the local life at Ko Tong.

Patients tended to use the Ko Tong Hospital primarily for ophthalmic purposes early in its history, potentially owing the fact that they associated the hospital’s name *Po Wai Yiyuen* with Canton’s first foreign ophthalmic clinic. While there were some fears around the nature of medical care that Kirk and his staff offered, particularly because of the reputation of surgery, rural Chinese were fundamentally pragmatic about their medical care, and if local Chinese doctors could not solve a particular problem, many utilised Ko Tong hospital. The medical mission endeavoured to make the most of the evangelistic opportunities that the hospital

²³⁷ Canton Villages Mission – Minutes of Council Meeting held at Fong Ts’uen, 26-17 October 1910, p. 2.

²³⁸ Ironically, Dorothy also remembers how when a middle ear infection delayed the Kirks’ return to China in 1923, Dorothy’s ear was plastered with her grandmother’s home made poultices, of which she was skeptical – it seems inherited family medicinal methods trumped the Kirks’ beliefs in ‘Western medicine’ at points. Ian Waldram, ‘A 1920s’ Journey to and from School’, Kirk Family Papers, PCANZ Archives, unaccessioned, p. 2.

provided for patients, but though interest in medical care increased, conversions to the CVM's Christianity through the hospital's efforts remained marginal.

CHAPTER THREE

John Kirk and the Development of the Medical Mission, 1909-1917

The quality of the CVM's medical branch may not have been of a high order...
because of the recruitment of young, inexperienced doctors who used
inadequate or worn-out equipment.

– James Ng, *Windows on a Chinese Past*, 1995 ¹

In January 1925, Dr. John Kirk stood to give his address as president of the China Medical Missionary Association at their biennial conference held in Hong Kong (see Figure 16).² Now forty-three years of age, the tall Scottish medical missionary, known affectionately in the villages where he worked as *Taai Kwok Yi Shang*, 'Big Doctor Kirk', spoke after seventeen years of medical missionary service with the New Zealand Presbyterian Church's Canton Villages Mission (CVM) in China.³ Almost ten of these years coincided with the history of the CVM's first hospital at Ko Tong. "How much are we to attempt in our mission hospitals?" Kirk asked his audience.⁴ Kirk addressed the development of medical missions through its "most potent agency", the mission hospital. These included public health, hospital standards, medical education, research, and financial stability, alongside discussions of transitioning medical missionary leadership and control to a new generation of Chinese medical professionals.⁵ Kirk's ideas find their origin in the letters, annual reports, and articles of his earlier years' experience at Ko Tong Hospital.

The following chapter examines the development of the CVM's medical mission at Ko Tong Hospital from 1909 to 1917 under Kirk's leadership, considered within the broader context of medical missions in China. Firstly, it explores Kirk's role in refining the qualifications and responsibilities of medical missionaries – in particular, regarding the health

¹ James Ng, *Windows on a Chinese Past*, vol. 2. (Dunedin: Otago Heritage Books, 1995), p. 204.

² George McNeur to Henry Barton, 2 February 1925, CVM Staff Files – Rev. G. H. McNeur, GA0148 AA 10/4/6 1/9, PCANZ Archives, p. 2.

³ Anon., 'A Few Brief Reminiscences of Dr. John Kirk', Tributes, Kirk Family Collection, PCANZ Archives, p. 1.

⁴ John Kirk, 'Conference Address of President of C.M.M.A', p. 6.

⁵ Ibid, p. 1.

of candidates, their medical experience, and the necessity of learning Cantonese. The chapter then analyses both the standard of medical care and staffing arrangements available at Ko Tong Hospital amidst the changing dynamics of medical missions in China. In so doing, it reassesses historian James Ng's argument that the CVM's medical branch was inhibited by "young, inexperienced doctors" using "inadequate or worn-out equipment". It also adds detail to his assessment that the CVM struggle to progress because the FMC not only lacked sufficient financial means to cover its array of missions but also because it diverted funds away from the CVM to its sister mission in India. The chapter argues that the eventual decline of medical missions in China, which began during this time, was primarily a consequence of mission committees failing to adequately fund and staff their medical missions, and of the comparative growth of non-missional Western medical institutions in China.⁶ Additionally, the chapter examines Kirk's efforts to encourage Western medical education not only through refining policies and teaching at Kung Yee Medical School, but also by training apprentices at Ko Tong.

"#\$%&'!(/)China Medical Missionary Conference Group Photo in Hong Kong, 1925. John Kirk can be seen here seated in the centre of the front row, thirteenth from the left.⁷

⁶ Medical missions also increasingly struggled to operate later on due to external influences, particularly because of the Chinese Civil War with the anti-Christian stance of the Chinese Communist Party, and the Japanese invasion of China.

⁷ Anon., 'China Medical Missionary Conference in Hong Kong, 1925', Photographic Print, *CVM People Including Kirk Family*, Kirk Family Collection, PCANZ, unaccessioned.

A Fine Balance – Developing Medical Missionary Qualifications and Responsibilities

Throughout the CVM and hospital's history, the Foreign Missions Committee (FMC) in Dunedin controlled all major decisions regarding its development and management. The CVM's 1909 Constitution stipulated that together CVM missionaries formed a Mission Council, which was subordinate to the FMC and responsible for maintaining "direct correspondence" with the FMC.⁸ The FMC therefore relied on information from the CVM, usually via letters and cablegrams, to address the varied needs of the mission, from buying land and building new structures, to assessing salary levels, and appointing new members of staff. Through their correspondence, articulate missionaries could also shape the opinion and expectations of the FMC regarding the development of the CVM. Kirk often discussed the needs of the hospital and medical mission in his letters with the FMC's convenor, William Hewitson. Hewitson's respect for Kirk meant that his opinions had particular weight in the FMC's considerations.⁹

In 1913, Kirk wrote to Hewitson, discussing the study schedule of a CVM medical missionary candidate. In it, Kirk penned the following reflection on the medical missionary task:

As soon as the medical missionary arrives on the field he begins a three-fold contest. He has to study to show himself approved as a missionary, a speaker of a difficult language, and a doctor. It is not always easy to keep the triangle an equilateral one and he will find it a little easier if he comes to the field not a newly-fledged medic but a man who has done at least one if not two years of responsible medical work in a hospital at home.¹⁰

As mentioned in the previous chapters, the exact role of a "medical missionary" was often debated amongst missionary societies. By the time Kirk arrived in China mission societies

⁸ Constitution of the Canton Villages Mission of the Presbyterian Church of New Zealand, 1909, p. 1.

⁹ Kirk met Hewitson not long after his arrival in New Zealand in 1906, and over the course of his time in New Zealand to prepare for China, spent long periods with Hewitson and his wife. Kirk's letters to Hewitson are distinctly free in tone. Kirk commented in one of his first letters, "I have written to you quite frankly...as I know it is just what you wish me at all times to do". Hewitson in return often wrote to Kirk about sensitive mission matters, and their relationship developed a father-son-like quality. Hewitson remembered with fondness how, while on furlough, Kirk had "kept me talking, or rather listening to you talk, about one of your schemes until 3 on a Sunday morning". When Kirk intended to return to Scotland permanently in 1928, Hewitson tried to persuade him to settle in New Zealand instead, hoping to have him fill his old position as master of Knox College, Dunedin. The attempt was unsuccessful, and the two men never saw each other again, though Hewitson wrote to Kirk that, despite his decision, "I shall still hold you in the affectionate esteem that has not waned with the growing years". Hewitson died four years later in 1932. See William Hewitson to John Kirk, 10 June 1910, 10 June 1928, CVM Staff Files – Dr. John Kirk, GA0148 AA 9/6 84/18, PCANZ Archives, p. 5.

¹⁰ John Kirk to William Hewitson, 18 December 1913, CVM Staff Files – Dr. John Kirk, pp. 3-4.

believed medical missionaries should be first and foremost qualified medical professionals with an evangelistic faith.

However, the qualifications that Kirk thought were essential in a medical missionary became more comprehensive and specific over time and he had considerable sway over both mission policy and the FMC's appointment of new medical missionaries. Although the application process was only formalised in 1910, the FMC, which had complete control over the appointment of candidates, consistently prioritised a number of qualities in its applicants.¹¹ Successful candidates were usually highly theologically literate, educated, in good standing with their local Presbyterian church communities, and had experience teaching biblical ideas. They often expressed a sense of "calling" to the missionary field in their applications and had been considering mission work for several years. Age was also a factor. A letter to one candidate from the FMC indicates that members felt the ideal age of applicants should be between twenty-five and thirty.¹² Perhaps such candidates were old enough to have gained work experience or qualifications, while still being young enough to cope well with the Canton climate and hopefully give many years of service to the mission. Historian Brooke Whitelaw notes that, when the FMC rejected a candidate on the grounds of age, it was more often because they were considered to be too old, rather than too young.¹³ However, the health of the missionary was paramount.

Influencing Standards for Missionary Health

In addition to their primary application, all candidates had to undergo a medical examination. These medical examinations held considerable sway. If a candidate was not deemed fit by the FMC's selected doctor, even if accepted in all other respects, they would not be permitted to proceed to the field. In her thesis on missionary women of the New Zealand Presbyterian Church's mission in the Punjab, India, Brooke Whitelaw comments on the authority the FMC gave to doctors. She notes that:

the weight given to scientific medical opinion by a church[-]governed body hints at the status and prestige assigned to the medical profession. It was the doctors, not the Committee members, who possessed the ultimate say.¹⁴

¹¹ For more discussion of the FMC's missionary application questions see Brooke Emma Whitelaw, 'Message from the Missahibs - New Zealand Presbyterian Women Missionaries in the Punjab, 1910-1940' (unpublished Master's thesis, University of Otago, 2001), p. 43.

¹² Whitelaw, pp. 55-56.

¹³ Ibid., pp. 55.

¹⁴ Ibid., p. 60.

In particular, advice on missionary health to the FMC from doctors in the field, such as Kirk, was also highly regarded. Writing with some concern in December 1913, Kirk urged the committee to make “the medical examination of candidates a little more searching” following the discovery that one of the CVM’s nurses, Annie James, was suffering from “pelvic trouble which certainly should have been attended to before she went out to the field”.¹⁵ Kirk argued that the FMC should introduce an examining board of doctors, including returned medical missionaries if at all possible, chosen by the FMC, and that each candidate should be examined by at least two doctors independently.¹⁶ Sympathetic to Kirk’s request, the FMC moved in favour of his suggestions.¹⁷

There was certainly good reason for the committee to ensure candidates' good health. Historically, the health of missionaries in East Asia had been relatively poor. In 1835, on average missionaries lasted only five years in the field. Although health had improved significantly since then, Joseph Ings’ early death was a tragic reminder to the CVM of the necessity of having missionaries who were as healthy as possible at the time of their departure.¹⁸ Over the course of the CVM’s medical mission history, a third of its doctors were either invalided home from China or died in the field.¹⁹ George McNeur’s diary testifies to the effects of the Canton climate on the health of otherwise fit and healthy missionaries. He provides ample record of his own and other missionaries’ regular struggle with what he described as “a form of chronic dysentery peculiar to the East which gets hold gradually but clings most tenaciously”, among other illnesses.²⁰ Training and sending missionaries was an

¹⁵ John Kirk to William Hewitson, 18 December 1913, CVM Staff Files – Dr. John Kirk, p. 5.

¹⁶ *Ibid.*, p. 6.

¹⁷ Whitelaw, p. 58.

¹⁸ Paul U. Unschuld, *Medicine in China* (Berkeley, CA: University of California Press, 2010), p. 236.; Hugh Morrison, *Pushing Boundaries – New Zealand Protestants and overseas missions, 1827-1939* (Dunedin: Otago University Press, 2016), p. 46.

¹⁹ Aside from Joseph Ings who passed away in 1906, Harold Turbott and Charles North were both invalided home to New Zealand in the early years of their work with the mission; Tennyson Howie was invalided home in 1936 but died not long after his return; Owen Eaton was shot by robbers in 1939; and John Kirk Brown passed away during his first year in 1948.

²⁰ McNeur’s diary between 1902-1909 and his letters to the FMC record the intermittent bouts of sickness he and other missionaries routinely endured, particularly dysentery from which “a great many missionaries have to leave the field”. McNeur was sick twice on his first trips north with Willie Chan in 1902. He also struggled with dysentery for most of July in 1906, a few weeks before Ings himself passed away of the sickness. Later in 1909 McNeur had appendicitis which resulted in an operation and three months away from his normal work. Women’s health was also significantly affected. John Kirk wrote at one stage that it was considered normal for female missionaries to experience amenorrhea in their first months on the field because of the change in lifestyle. Margaret McNeur experienced a miscarriage in 1908 and Norah Kirk gave birth to a still-born child in 1916. See George McNeur to William Hewitson, 9 May 1912, CVM Staff Files – Rev. G. H. McNeur, GA0148 AA 10/4/6 1/9, PCANZ Archives, p. 1.; Diary of George McNeur, 5-6, 12-13 January 1902, 6-31 July 1906, 12 December 1908, 14 January-21 February 1910, Hocken Archives; John Kirk to William Hewitson, 12 October 1916, CVM Staff Files – Dr. John Kirk, p. 1.

expensive and time-consuming enterprise. Therefore, the limited intake of new missionaries meant that if sickness prevented a fully trained missionary from staying in China, the effect on the running of the mission would be significant.

One of the most obvious examples of this in the medical mission occurred after the CVM moved to their compound in Kong Chuen. In 1920, Harold Turbott applied and was accepted for a position as medical missionary with the CVM, pending completion of his medical studies at the University of Otago.²¹ Considered healthy at the time of his application by both doctors who examined him, Turbott remained the FMC's "student in training" until he obtained his medical degree, which was partly funded by the FMC in 1923.²² On Kirk's advice he worked for six months at Waikato Hospital to gain experience before leaving for Canton, where he arrived at the end of 1923.²³ Little over a year after his arrival, which he had dedicated mostly to language learning, Kirk wrote to the FMC about his concerns for Turbott's health following the detection of a cardiac murmur.²⁴ By August 1925, Kirk and another Canton doctor assessed Turbott again. This time they deemed it necessary to send him home on a medical certificate in which Kirk remarked, "I believe that he would be quite unable to keep well under the strain of medical missionary service as we know it at Kong Chuen".²⁵ After five years' investment from the FMC as a potential medical missionary, Turbott was sent back to New Zealand permanently after having spent less than six months helping with work in Kong Chuen Hospital. With Turbott invalided home and Edward Kirk on furlough with no intention of returning to Kong Chuen, Kirk once again found himself the CVM's only foreign doctor.²⁶

²¹ Harold Turbott to The Secretary, Foreign Missions Committee, 22 December 1919, 26 January 1920, 21 June 1921, CVM Staff Files – Harold Turbott, GA0148 AA 10/6 85/18, PCANZ Archives, p. 1.

²² Dr. J. I. Bowie examined Turbott and affirmed that he was fit for mission work in both a temperate or tropical climate. See J. I. Bowie, 'The Presbyterian Church of New Zealand: Foreign Missions Committee, Report of Medical Examiner', 28 August 1920, CVM Staff Files – Harold Turbott; Harold Turbott to The Secretary, Foreign Missions Committee, 30 July 1921, CVM Staff Files – Harold Turbott, p. 1.; George H. Jupp to Alexander Don, 26 September 1922, CVM Staff Files – Harold Turbott, p. 1.

²³ Harold Turbott to Alexander Don, 5 January 1923, CVM Staff Files – Harold Turbott, p. 1.; Harold Turbott to Mr Barton, 12 December 1923, CVM Staff Files – Harold Turbott, p. 1.

²⁴ John Kirk to Mr Barton, 3 February 1925, CVM Staff Files – Dr. John Kirk, pp. 1-3.

²⁵ John Kirk to Mr Barton, 18 August 1925, CVM Staff Files – Dr. John Kirk, p. 2. After taking a diploma in public health upon return to New Zealand, Turbott became well-known for his research in Māori public health in the 1930s and continued his interest in public health more generally through his nationally recognised role as the 'Radio Doctor'. Turbott's biography in *Te Ara* – Encyclopedia of New Zealand incorrectly attributes the reason for Turbott's return to New Zealand from China to the May Thirtieth Movement, instead of his declining health. See Derek A. Dow, 'Turbott, Harold Bertram', *Dictionary of New Zealand Biography*, first published in 2000, updated January, 2012, *Te Ara - the Encyclopedia of New Zealand*, <<https://teara.govt.nz/en/biographies/5t21/turbott-harold-bertram>> [accessed 6 March 2020].

²⁶ "You will see how urgent it is that another doctor be sent out to Canton", Kirk wrote in light of the situation to the FMC's secretary Henry Barton, 3 February 1925, CVM Staff Files – Dr. John Kirk, p. 3.

The incapacitation of doctors magnified existing problems in the CVM and with staff selection. Issues with staffing will be discussed later in this chapter, but both the CVM's missionaries and the FMC were tempted to take short cuts in order to send candidates to the field as soon as possible. Low staffing levels, stretched further because of invalided members and furlough considerations, exacerbated the issue. When in 1908 Kirk heard that the latest CVM candidate, Herbert Davies, was likely to be delayed a year in New Zealand to work under Don, Kirk wrote to Hewitson expressing his opinion that Davies would be of better use to the CVM in China than continuing preparations under Don in New Zealand.²⁷ "Even though Mr. Davies could not speak much Cantonese on his arrival", Kirk wrote, "I feel he could be of great use to us as a mission".²⁸ As to the immediate need for staff within his own area, a few months after Ko Tong Hospital opened, Kirk urged the FMC to increase their staff. As he noted, "our little hospital here would be overcrowded if I allowed it. More people are needing medical and surgical treatment than either my wife or myself have physical strength to undertake".²⁹ McNeur concurred and argued that "if two nurses are available they should both be on the field as soon as possible".³⁰ Over the course of the CVM's medical missionary history, readers of the *Outlook* would become well acquainted with the frequent calls for additional staff and the money to fund them. One advertisement in the *Harvest Field* magazine put it frankly: "Doctor urgently needed! Nurses also urgently needed! Books for teachers' library and medical library badly wanted!"³¹

Over time, however, Kirk felt that the urgency to appoint new medical missionaries must not come at the expense of their opportunity to gain medical experience prior to arrival. When the question of experience arose during 1913 with regard to two medical missionary candidates who were at that time still studying, Kirk emphasised this point. He wrote to Hewitson:

Canton...need[s] them so badly that it would be easy for me to recommend both of them to go directly out to one of these fields as soon as they qualify but...it is only fair to allow these men time after their graduation for the very necessary work which will count so much for their future efficiency as medical missionaries.³²

²⁷ John Kirk to William Hewitson, 10 June 1908, CVM Staff Files – Dr. John Kirk, p. 6.

²⁸ *Ibid.*, p. 6.

²⁹ John Kirk to William Hewitson, 28 November 1909, CVM Staff Files – Dr. John Kirk, pp. 2, 4.

³⁰ George McNeur to William Hewitson, 6 July 1910, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, GA0001, AA 7/8/2 84/18, PCANZ Archives, p. 2.

³¹ Anon., 'Mission Needs At Canton', *Harvest Field*, June 1911, No. 29., p. iii; Anon., 'Medical Man for Canton', *The New Zealand Medical Journal*, April 1936, (35)186, p. xlv.

³² John Kirk to William Hewitson, 18 December 1913, no. 2., CVM Staff Files – Dr. John Kirk, p. 3.

In 1916, the CVM Council passed a motion acknowledging that “it is undesirable that medical missionaries should proceed to the field before they have had post-graduate experience of at least one year in hospital practice. In the case of nurses, it is most important that a course in maternity nursing should be included in their medical training”.³³ Kirk believed this to be important for a number of reasons. In their hospitals, Kirk knew that medical missionaries would assess and treat a wide range of health problems. He also knew they would have to make decisions regarding treatment without the help of colleagues. This was particularly the case for what Kirk called “the up-country physician”, “who frequently in his isolation must use his own judgment in a difficult case without the support of a colleague”.³⁴ Having hospital experience prior to arriving in China would not only acquaint the medical missionary with the varied nature of the work, but also at least decrease the likelihood of malpractice.

Kirk also felt that, as advocates for Western medicine in China, medical missionaries should have adequate experience to secure the confidence of their Chinese staff. As noted in earlier chapters, this was particularly important given the belief that sound medical intervention was perceived as a necessary precursor to introducing the Chinese to Christianity. After Turbott’s appointment in 1920, Kirk elaborated to Hewitson, “We want our new doctor for his own sake and for the sake of the Mission’s objective to inspire confidence in the Chinese (and especially in the Chinese staff of the hospital) from the very beginning”.³⁵ In 1922, he wrote again stressing the same point:

the missionary doctor [without experience] lands on the field and goes into a hospital where some of the Chinese staff have had more practical experience than he has. The danger is obvious. The doctor fails to win the respect and confidence of the staff at the beginning of his career and it may take him years to get rid of the handicap.³⁶

This was especially important as almost from the beginning of Ko Tong Hospital’s existence, Kirk had been training his Chinese assistants in Western medicine. The medical education of Kirk’s Chinese hospital assistants will be discussed more fully later in this chapter, but their apprenticeships under Kirk, prior to any formal training, meant that their hospital experience would have exceeded that of a new Western medical school graduate considerably.

Aside from the medical, surgical, and administrative work of a hospital, medical missionaries were also responsible for the health of fellow missionaries. In fact, Kirk

³³ Canton Villages Mission – Minutes of Annual Conference of Mission Council held at Fong Tsuen, 1-5 February 1916, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, GA0001, AA 7/8/2 84/18, PCANZ Archives, p. 1.

³⁴ John Kirk, ‘Conference Address of President of C.M.M.A’, p. 4.

³⁵ John Kirk to William Hewitson, 11 April 1922, CVM Staff Files – Dr. John Kirk, p. 1.

³⁶ John Kirk to William Hewitson, 20 April 1922, CVM Staff Files – Dr. John Kirk, p. 2.

commented that “this often seems the supreme responsibility of the medical missionary”.³⁷ Both McNeur’s diaries and the letters of CVM members record the extent to which CVM doctors were called upon to make crucial decisions about missionary health, whether over a bout of dysentery, McNeur’s appendicitis, or Annie James’ pelvic trouble. On occasion they were also paid to attend to the health of missionaries in other organisations. In 1909 Kirk was paid £10 to act as medical attendant for missionaries from the British and Foreign Bible Society for a year.³⁸ Kirk mused on the nature of this responsibility, “Not seldom, perhaps, we are the consultants who are called in to give the casting vote”.³⁹ This again emphasises the high regard given to the medical profession during this period.

No “Stammering Tongue”

In addition to his emphasis on the health and experience of medical missionaries, Kirk often found it necessary to remind the FMC of the importance of allowing time for language study. This time for language study was particularly important for medical missionaries who were not only expected to use Cantonese in consultations with patients and with their staff, but also in the fulfilment of their evangelistic duties. As a preaching elder in the Poon Fa Presbytery from 1910, Kirk would have preached fairly regularly in the chapel at Ko Tong, and as mentioned in the previous chapter, he also held a bible study each morning with his staff, presumably in Cantonese.⁴⁰ The 1909 Constitution of the CVM stipulated that all new missionaries must “during their first three years...study the language under the direction of the Council” and “present themselves for examination as required”.⁴¹ In reality, in an effort to more readily answer the demand for an increased staff, FMC and CVM members were often tempted to bypass the seemingly unproductive language study years and begin mission work upon their arrival. Mindful of this, in a letter to Hewitson, Kirk stressed the necessity of language study, arguing that missionaries only become effective once they can speak Cantonese. “The real fact of the matter is a stammering tongue is absolutely no good out here,” Kirk remarked, “...a missionary’s first work is to learn to speak to these people intelligibly...the missionaries with

³⁷ John Kirk, ‘Conference Address of President of C.M.M.A’, p. 8.

³⁸ Canton Villages Mission – Minutes of Council Meeting held at Fong Ts’uen, 18-9 January 1909, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, p. 2.

³⁹ John Kirk, ‘Conference Address of President of C.M.M.A’, p. 8.

⁴⁰ Edward Kirk, ‘Letter from Dr. E. W. Kirk’, *Outlook*, 15 October 1912, p. 14.

⁴¹ Constitution of the Canton Villages Mission of the Presbyterian Church of New Zealand, 1909, p. 4.

power out here are the missionaries who can talk and enter into an understanding of the everyday affairs of the life of the people”.⁴²

Early members of the CVM, such as McNeur, Mawson, and Kirk, received their first lessons in Chinese from Alexander Don while they were still living in New Zealand.⁴³ Kirk claimed that this provided him with a “good sure foundation” of “very practical value”, adding when he started lessons in Canton that, “I have had to unlearn nothing but just go on building”.⁴⁴ However, McNeur felt that his progress only began to accelerate once he started studying in Canton.⁴⁵ In 1909, McNeur asked for the FMC to consider standardising the CVM’s course of language study as the mission’s staff grew. The course McNeur suggested involved utilising recently published English-language Cantonese textbooks alongside extracts of biblical text. His expectation was that by the fourth year students would be able to read and speak in colloquial Cantonese, and read and write in “higher wenli [sic]”, classical Chinese.⁴⁶ It was also suggested that for an advanced fourth year student, “the daily reading of a good Chinese newspaper is a good exercise”.⁴⁷ Upon arrival in Canton, missionaries were to employ their own language teacher “who speaks correct and distinct Cantonese...if possible one who has had experience teaching other foreigners”, and spend three hours a day, five days a week studying.⁴⁸ While the guide allowed for each missionary to choose a separate teacher, for the most part it appears that missionaries in the CVM during its first two decades employed Mr Hoh, the same man who had taught McNeur.⁴⁹ After the hospital opened, based on Hoh’s recommendation, Kirk employed Mr Wong to teach him at Ko Tong (see Figures 17-18).⁵⁰

⁴² John Kirk to William Hewitson, 28 November 1909, CVM Staff Files – Dr. John Kirk, p. 5.

⁴³ Something of Don’s style of language teaching can be gauged from his language manuals and flashcards. Don used long portions of dialogue written in Chinese alongside an English translation with key words written using a romanisation. The layout of the manual suggests that Don mostly taught grammar through these dialogues, which he probably intended to be memorised. It is unclear how accurate Don’s own language skills are in these manuals. See Alexander Don, *Canton Language Instruction Manuals*, c. 1905, Canton Villages Mission, GA0148 AA 10/8/4 84/18, PCANZ Archives.

⁴⁴ John Kirk to William Hewitson, 31 January 1908, CVM Staff Files – Dr. John Kirk, pp. 1-2.

⁴⁵ “[I] hope I shall now make more steady progress,” McNeur wrote after beginning lessons under his new teacher, Hoh, in Canton. In the same letter he advised with regard to Mawson’s language study, “I think after six months tuition under Rev. Mr Don he will make better progress here than in Otago”. See George McNeur to William Hewitson, 30 May 1902, CVM Staff Files – Rev. G. H. McNeur, p. 4

⁴⁶ George McNeur, ‘New Zealand Presbyterian Mission Course of Language Study (Cantonese)’, *Foreign Missions Committee – Convenor’s Inwards Correspondence – Canton Villages Mission, 1902-1910*, GA0001 AA 16/2/7 84/18, PCANZ Archives, pp. 1-3.

⁴⁷ *Ibid.*, p. 3.

⁴⁸ *Ibid.*, p. 1.

⁴⁹ Hoh was a student in the theological college in Canton and, shortly after McNeur began taking lessons from him, he wrote home to Hewitson, “I felt the benefit of his teaching at once”. Judging from CVM photographs, Hoh seems to have become a well-respected and loved friend of the mission over many years. See George McNeur to William Hewitson, 30 May 1902, CVM Staff Files – Rev. G. H. McNeur, p. 5.

⁵⁰ *Diary of George McNeur*, 9-22 September 1909.

"#\$%&'!(0. John Kirk with teacher Mr Wong at Ko Tong, c.1911-12.⁵¹

Most CVM missionaries found learning Cantonese difficult, and letters back to New Zealand indicated the language was more trying for some than others. Randolph Paterson, the CVM's fourth doctor who arrived in 1912, wrote to Hewitson, "It is difficult to exaggerate the difficulties of the language...not only have they 8 or 9 'tones' or more, but people take liberties with them in such a way that they add to the number. Even a short distance is sufficient to alter the accent considerably".⁵² New missionaries who watched on as their more experienced colleagues engaged in mission work while they stayed behind in Canton learning Cantonese often felt that, by comparison, they had little to show for their work, something they freely expressed in annual reports. "The prosaic occupation of language study does not lend itself to an interesting narrative," CVM missionary Herbert Davies wrote for the *Outlook* in his first year in Canton.⁵³ However, disorientation from being in a new linguistic environment stimulated missionaries to learn the language quickly; inability to answer the myriad questions

⁵¹ Anon., "'At School Again' – Dr. John Kirk and Teacher, Ko T'ong", Pamphlet Photograph, *JK and NEK Concertina Photo Album*, Kirk Family Collection, PCANZ, unaccessioned, p. 4.

⁵² R. E. Paterson to William Hewitson, 13 January 1913, CVM Staff Files – Dr. R. S. Paterson, 1912-1920, GA0148 AA 10/3/2 84/18, PCANZ Archives, p. 2.

⁵³ Herbert Davies, 'To the Y.M.B.C. Union', *Outlook*, supplement, 16 May 1911, p. 4.

levelled at them on their first boat trips provided motivation for many.⁵⁴ Yet learning Cantonese was unavoidably slow-going. In her first year Ellen Wright commented for the *Outlook*, “we all find the language difficult, and only make slow progress; but when inclined to be discouraged, we remember that the other members of the mission have become proficient speakers; so we take courage, and hope that in time we will at least be able to make ourselves understood”.⁵⁵

2. John Kirk's framed photograph of the CVM's language teachers. Left-Right: Mr Wong, unknown, Mr Hoh.⁵⁶

It is difficult to track how missionaries progressed in their ability to speak Cantonese over time, but several indications can be gleaned from annual reports and other accounts. When Kirk arrived in China at the end of 1907, his Cantonese was limited to the little he had been able to pick up from Don's teaching in New Zealand. In his 1908 annual report, Kirk recounted

⁵⁴ Both Kirk and Ellen Wright commented on the embarrassment of not being able to communicate on their first trips north. “It was easier to smile at my questioners than to reply”, Kirk wrote after his first trip to Tsang Sheng in 1908. In 1911, Ellen Wright wrote after being asked numerous questions on a boat ride into town, “in dim fashion I understand the drift of their questions; but think it best to take refuge in silence, so simply shake my head and smile at their inquisitiveness”. See John Kirk, ‘Some First Impressions’, January, 1908, written originally for the *Outlook*, Kirk Family Collection, PCANZ Archives, unaccessioned, p. 1.; Ellen E. Wright, ‘The River, the Boat-folk, the Manse’, *Outlook*, supplement, 16 May 1911, p. 17.

⁵⁵ Ibid., ‘The River, the Boat-folk, the Manse’, p. 17.

⁵⁶ Wing Fong, ‘Chinese medical staff’ (incorrectly titled), Framed Studio Portrait, *CVM People Including Kirk Family*, Kirk Family Collection, PCANZ, unaccessioned.

how nervous he had been when, on his first trip north, during a meeting in Sha Luet, he was called upon by Tsui Mau Kwun, the charismatic philanthropist and church leader, to address the group in Cantonese for the first time.⁵⁷ His elementary Cantonese enabled him to fumble through the situation, but when it came to the renovations for the hospital at Ko Tong, which required both a more specialised vocabulary and local trading knowledge, it was McNeur who handled all negotiations with contractors and tradesmen.⁵⁸ By the time Kirk's wife Norah arrived in Hong Kong in early 1908, Kirk appeared to have at least grasped a transactional knowledge of the language, and Norah recalled that he easily negotiated purchases for their new home together.⁵⁹ Kirk had taken lessons, probably from Hoh, almost since his arrival, alongside weekly involvement with a boys' Sunday school class and helping at Canton Hospital. By early 1909, Kirk's Cantonese was good enough that when he came across the anti-hospital circular from Pong Woo posted at Ko Tong, he understood enough of the document to comprehend its importance and bring it back to Canton for McNeur.⁶⁰ In November 1909, McNeur tested Kirk's progress while visiting Ko Tong Hospital, remarking in his diary that he had "good knowledge of Dr. Wisner's 'Beginning Cantonese' and NT [New Testament] colloquial. Weakness in recognition of tones. Translates well from Chinese into English".⁶¹

Considering that Ko Tong Hospital opened in May 1909, when Kirk had only been learning Cantonese intensively for little over a year, the hospital's English-speaking Chinese staff proved extremely important to Kirk as both cultural and linguistic mediators between he and his patients. Kirk, and especially his brother Edward in later months, relied heavily on the linguistic support and cultural mediation provided by the hospital's steward James Shum (1853-1914). Shum, a New Zealand Chinese miner who was one of Don's only converts and a loyal friend, had returned to China in 1906, and "called at [the] New Zealand Mission compound in Fong Tsuen" for work.⁶² At first the CVM gave him menial errands but soon "the doctor would send him to the bank or to change money at the exchanges".⁶³ When the hospital opened "his honesty and dependability won him further promotion" and he was offered work

⁵⁷ John Kirk, C.V.M. Annual Medical Report 1907-1908, Foreign Missions Committee, Canton Villages Mission/South China: Annual Reports, GA0001 AA 4/1 84/18, No. 1., 1901-1913, PCANZ Archives, p. 2.

⁵⁸ See McNeur's diary between 26 November 1908 to 26 March 1909.

⁵⁹ Around this time Kirk also bought a black puppy that had caught his eye on a passing sampan as he crossed the river. He humorously called the dog Paak, meaning 'white'. Paak appears in several photographs, including one of the Chinese staff at Ko Tong around 1914. Norah Kirk, 'Memories', undated, Kirk Family Collection, PCANZ Archives, unaccessioned, pp. 29-30.

⁶⁰ Diary of George McNeur, 2 September 1909.

⁶¹ Diary of George McNeur, 30 November 1909.

⁶² Edward Kirk, Letter, 20 October 1919, in James Ng, *Windows on a Chinese Past*, vol. 3. (Dunedin: Otago Heritage Books, 1995), p. 344.

⁶³ Ibid.

as its steward.⁶⁴ “His duty,” wrote Edward Kirk, “was to supervise the work of the cooks and workers and maintain order on the compound. He collected rice money and fees from the patients. He sold tickets to those who came to consult the doctors.”⁶⁵ More so than this, however, Shum, who had lived in New Zealand and spoke some English, was obviously a much-needed cultural mediator, and no doubt also an interpreter, for the Kirk brothers in their early years at the hospital. In his 1909 annual report, having opened the hospital doors little over a month prior, John Kirk wrote, “To-day I thank God for James Shum. He is my first helper at Ko Tong, reliable and true as steel”.⁶⁶ Kirk was obviously aware of the important role Shum played writing later to Don, “you can imagine that he often has a difficult position to fill, being, as it were, a kind of “middleman” between the foreigner and his Chinese brethren.”⁶⁷

Naturally less charismatic than his elder brother, Edward Kirk developed a closer relationship with Shum, no doubt originally stemming from his need of language support in the hospital.⁶⁸ A photograph of Ko Tong Hospital staff taken shortly after Edward Kirk’s arrival in China in 1910 shows the twenty-three-year-old with his arm around James Shum in a rare moment of closeness for the young doctor (see Figure 19). In October 1912, Edward Kirk was left to run the hospital when John Kirk left China on furlough. Having worked full-time in the hospital for barely a year at this point, Kirk found managing the hospital by himself difficult, not only due to his brother’s departure, but also because “there has been an unusual amount of sickness amongst the Chinese Staff”.⁶⁹ In these circumstances Kirk relied heavily on Shum. As he acknowledged in his 1913 annual report, “the sane advice and willing help of James Shum were of great value...Jim has good judgement and his thirty years in new Zealand [sic] have not robbed him of the ability to size up his fellow countrymen. He has at the same time a remarkable understanding of we [us] foreigners”.⁷⁰ The arrangement appears to have also benefited Shum’s circumstances. Historian James Ng argues that Shum was considered

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ John Kirk, C.V.M. Annual Medical Report 1908-1909, p. 2.

⁶⁷ John Kirk, ‘The Ko T’ong Hospital’, *Outlook*, 6 February 1912, p. 14.

⁶⁸ The dynamic between John Kirk and his younger brother while amicable was obviously complicated by the fact that the two had very different personalities. It seemed that Edward Kirk always lived in his brother’s shadow despite John’s praise of him. John Kirk wrote to Hewitson upon his brother’s safe arrival in New Zealand from Edinburgh, “his personality and individuality will grow with acquaintance. His name at the Edinburgh University was, I believe, ‘The Wee Kirk’, but I’ve a notion in my head he may yet really be the bigger of the two”. Later Hewitson recalled when visiting the brothers’ mother that “after letting herself go about John, she added as if she were forgetting herself and her duty: ‘and there’s Eddie. He’s different, but he’s just as good’”. See John Kirk to William Hewitson, 28 November 1909, CVM Staff Files – Dr. John Kirk, p. 3.; William Hewitson to John Kirk, 10 June 1928, CVM Staff Files – Dr. John Kirk, pp. 5-6.

⁶⁹ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 5.

⁷⁰ Ibid.

an outsider both to other Chinese and also his own family.⁷¹ In providing work and board for him at Ko Tong, the CVM effectively allowed Shum to forge a new identity for himself. Shum gained both financial stability and status as a Chinese Christian working in a prominent position of authority over other Chinese as steward in a hospital of Western medicine. Importantly, Shum's independence also allowed him to avoid the concerns and duties he would have been expected to fulfil in his home village and clan. The Kirk brothers, however, did not comment on this aspect of Shum's personal life, instead praising him for his loyalty to them as they pursued their medical work, despite his noticeable terseness with patients and argumentative personality.⁷²

Missionaries like John Kirk appeared to have made considerable progress in Cantonese by their third year in the field, evidenced often by the gradual appearance of conversations with Chinese patients and acquaintances written in their annual reports.⁷³ However, most missionaries in the CVM probably did not attain a high level of Cantonese, and outside of practical transactional conversation and knowledge of religious ideas and concepts in the language, their ability to "enter into...the everyday affairs of the life of the people" most often would not have extended to more complex cultural ideas. This was particularly the case for many missionaries' wives. Norah Kirk admitted that, despite several years' nursing in Ko Tong Hospital, "to the end I was never a good Chinese scholar", probably partly due to the fact that after the birth of her first child in 1913, she spent more time at home than in the hospital.⁷⁴

On the other hand, George McNeur was "freely mentioned as one of the best speakers of Chinese in Canton", and his reports are sometimes filled with more complicated dialogue. One in particular has him discussing Confucius and The Five Relationships with a man called Yeung while on the road from Yan Woh to Kong Chuen.⁷⁵ John Kirk must also have attained

⁷¹ "He knew he could rely on the CVM to look after and employ him," Ng writes, "Armed with this security he went to his home village alone for only a short visit with just two dollars in his pocket...an unequivocal statement that he was independent of them". Ng has written the most detailed biography of Shum's life in *Windows on a Chinese Past*, vol. 2., p. 337.

⁷² Shum was a shrewd guardian of tickets on dispensary days according to Edward Kirk's accounts, and he also "argued untiringly and effectively in the hospital waiting rooms and wards and indeed everywhere". See Ng, *Windows on a Chinese Past*, vol. 2., pp. 337-338.

⁷³ Compare Kirk's 1908, 1909 and 1910 annual medical reports. By 1910 Kirk begins to recall dialogue with patients. John Kirk, C.V.M. Annual Medical Reports 1908-1910.

⁷⁴ Norah recounts how when she first arrived in her new home "there was a young boy as cook, and armed with a Chinese-English dictionary I began to order the food and meals, it was slow work but gradually I became vocal". She also remembered how "once just before leaving Canton I read a graduation oration to qualifying nurses from all the Canton hospitals and my teacher afterwards said it was "good". It had taken weeks to prepare in English and then translate into Cantonese and then mostly memorise the Chinese characters". See Norah Kirk, 'Memories', pp. 30-1.

⁷⁵ William Hewitson, 'White Fields Seen From Afar', *Outlook*, 16 May 1911, p. 19.; George McNeur, 'Walks and Talks', *Outlook*, supplement, 16 May 1911, pp. 3-4.

a relatively high level of fluency. Some remembered that Kirk spoke Cantonese “like a farmer”, which perhaps suggests that his Cantonese tongue was formed in Ko Tong rather than in the city, reflecting his considerable engagement with both patients and also the wider Ko Tong community.⁷⁶ CVM missionary children, who often grew up with Cantonese amahs and their children, picked up the language with comparative ease in contrast to their parents. Jean McNeur was amused that “where the grown-ups had to spend hours with the language teachers painstakingly reciting Cantonese tones aloud, we youngsters spoke them without effort, just as we ate with chopsticks and loved the savoury Chinese food”.⁷⁷ Thus, by learning Cantonese in an effort to make better evangelisers, missionaries, and especially their children, absorbed aspects of Chinese culture. As will be shown later in this chapter, those who eventually spoke Cantonese well, like Kirk and McNeur, tended to be those who could take advantage of more significant community and educational opportunities.

As the CVM’s most senior medical missionary, John Kirk’s opinions about the qualifications and responsibilities of medical missionaries, and missionaries in general, held significant weight with the FMC and particularly with its convenor, William Hewitson. Kirk, who knew that medical missionaries had to make major decisions regarding the health of their colleagues, successfully persuaded the FMC to examine the health of its missionary candidates more closely before sending them to the field. In a similar vein, despite constant staffing shortages, Kirk encouraged the FMC to see the importance of allowing medical missionary candidates the time to gain adequate experience before arriving in China, knowing that often medical missionaries worked alone without assistance. Thirdly, Kirk emphasised the importance of language learning, arguing that those who could speak Cantonese well were the ones who had the greatest opportunity in their work. Subsequent chapter sections will highlight how this was indeed the case for Kirk. On paper, Kirk summarised the roles of medical missionary as doctor, missionary, and student of Cantonese. In reality his working life was far more complex. Kirk particularly regretted how often the missional side of his work fell to the wayside. He wrote in his 1915 annual report, “one deeply regrets that owing to the burden of administrative and professional work devolving on quite inadequate staff, much of the evangelistic opportunity has had to be left untouched”.⁷⁸

⁷⁶ Ian Waldram, ‘Ideas for Dorothy Kirk Memories – Some uncompleted’, undated, Kirk Family Collection, PCANZ Archives, unaccessioned, p. 1.

⁷⁷ Jean McNeur, ‘Central Otago letters and money opened Chinese hearts and doors’, *Outlook*, 26 April 1969, p. 19.

⁷⁸ Later Kirk exhorted fellow medical missionaries, “if we have no time to be kind, to touch gently and speak sympathetically, soon no one in the hospital will have it either.... how easy it is in the fight for time, and in the midst of overwhelming work to become satisfied with a show of things, to let our message become an echo on

'"\$%&' (3. CVM Staff at Ko Tong, c1910. (Left-Right) Back row – George McNeur, Ah Pong (incorrectly identified as Poon Yin Shaang in original), Preacher Lei, James Shum, Edward Kirk. Front row – Norah Kirk, John Kirk, Margaret Anderson. Behind Edward Kirk hangs F. J. Crawford's 1909 map of the CVM districts.⁷⁹

Quality of Care – Hospital standards, funding, and staffing at Ko Tong

As noted earlier, in his chapter on the CVM, historian James Ng asserted that “the quality of the CVM’s medical branch may not have been of a high order...because of the recruitment of young, inexperienced doctors who used inadequate or worn-out equipment”.⁸⁰ Here, Ng refers to the CVM’s hospital at Ko Tong, but more so to its later compound and hospital at Kong Chuen. In his footnotes, Ng notes how the 1920 New Zealand Presbyterian Church General Assembly’s *Proceedings* reported that the hospital was deemed as lacking “much that is important for the efficient treatment of the sick”.⁸¹ At every point of the medical mission’s history, the assessment appears to be the same; the CVM medical branch lacked key resources,

our lips rather than the passion, never discouraged, of our hearts”. See John Kirk, C.V.M. Annual Medical Report 1914-1915, pp. 3-4; John Kirk, ‘Conference Address of President of C.M.M.A’, p. 6.

⁷⁹ ‘Group Photo of N. Z. and Chinese Missionaries’, 1910, Album Print, Foreign Missions Committee – Canton Villages Mission, PCANZ Archives, 88/7/12, A-L-1.11-11, Digital ID: 22692.

⁸⁰ Ng, *Windows on a Chinese Past*, vol. 2., p. 204.

⁸¹ Illustrating the difficulty to acquire hospital equipment, Ng details how despite the medical mission’s call for an x-ray plant in 1920, obtaining one took twenty years of intermittent fundraising. See Ng, *Windows on a Chinese Past*, vol. 2., p. 235.

and by 1949, their existing equipment was considered “antiquated”.⁸² Yet it is worthwhile to consider both the factors that led to Ko Tong Hospital’s particular issues and how Kirk and other CVM doctors responded to those difficulties. Analysis of the CVM’s medical mission during the Ko Tong Hospital era supports Ng’s argument that the hospital’s equipment was inadequate, but challenges his statement that the youth and inexperience of the CVM’s doctors inhibited the medical mission. In fact, the FMC appeared to especially favour younger doctors. Rather, it appears that the medical mission was primarily stunted due to the FMC’s inability to adequately staff and fund the mission.

‘Inadequate or Worn-out Equipment’

“Until about 1920,” writes historian Paul Unschuld, “...medical missionaries determined the image of Western medicine in China, an image that only rarely corresponded to medical standards in Europe and the United States”.⁸³ Historians sometimes highlight how early medical missionaries to China in the 1840s, such as Peter Parker, were quick to adopt the latest medical innovations into their practice, particularly regarding the use of ether as an anaesthetic and the development of surgery. By the turn of the century, however, medical missionaries in China struggled to keep up with the rapid, more specialised, and now distinctly technological, development of medicine in the Western world.⁸⁴ Electrical lighting, telephones, pressure sterilisers, and X-ray machines – developments which historian W. F. Bynum calls “the technological fruits and symbols” of “late-nineteenth-century hospitals” – were largely absent in many mission hospitals in China well into the first decades of the twentieth century.⁸⁵

Writing in his 1921 report of medical missions in China, Harold Balme, a medical missionary in Taiyuan, made a distinction between what he called the ‘old-time hospital’ and the ‘modern hospital’ in China.⁸⁶ The ‘old-time hospital’ “for the most part consisted of adapted Chinese premises” and bore almost no resemblance to “the type of institution which

⁸² Ibid.

⁸³ Unschuld, p. 241.

⁸⁴ Guangqiu Xu, *American Doctors in Canton – Modernization in China* (New Brunswick, NJ: Transaction, 2011), pp. 40-42; G. H. Choa, “*Heal the Sick*” Was Their Motto – *The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990), p. 42.

⁸⁵ W. F. Bynum, ‘The rise of science in medicine, 1850-1913’, in *The Western Medical Tradition, 1800-2000*, ed. by W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence, & E. M. Tansey (Cambridge: Cambridge University Press, 2006), p. 111.

⁸⁶ Harold Balme, *China and Modern Medicine – A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), p. 85.

we associate with the name in Europe or America”.⁸⁷ A series of one-storied rooms for wards, wooden Chinese beds with bedding and clothing supplied by the patients, a lean-to shed for a kitchen, perhaps a bathroom of sorts, and an ‘ill-furnished’ operating room constituted the ‘old-time hospital’ according to Balme – “not a hospital at all, in the modern sense of the term”.⁸⁸ By contrast, the ‘modern hospital’ involved “the employment of up-to-date methods of investigation and therapeutics”.⁸⁹ In 1920, Balme found that “a large number of mission hospitals in China...are operated on the same primitive lines as [the old hospital]” due to “financial stringency” and “the lack of imagination on the part of committees and supporters at home”.⁹⁰ Indeed, according to a report of the China Medical Missionary Association that same year, of around 80 percent of mission hospitals in China,

92% of the hospitals have no pure water supply....
 73% of the hospitals have no means of sterilising bedding or mattresses.
 50% of the hospitals seldom or never bathe their patients.
 43% of the hospitals have no laundries...
 34% of the hospitals have no pressure sterilizer for their dressings....
 87% of the hospitals have no X-ray machine.⁹¹

By Balme’s definition, Ko Tong Hospital was very much an ‘old-time hospital’. As mentioned in chapter two, the small L-shaped property of the old rice shop in Ko Tong had been adapted for medical use. The store had been turned into a chapel, dispensary, surgery, operating room, and waiting rooms, and the barn behind it was converted into hospital wards. “A visit to these buildings might cause a smile to flicker on the faces of some of our hospital experts at home,” Kirk admitted when he first opened the hospital in 1909, “but then they know nothing about buying land and building hospitals in China” (Figure 20).⁹² When she first began to visit Ko Tong Hospital, the CVM’s second nurse, Lizzie Prentice, noted in the *Outlook*, “Hospitals in China are very different from the hospitals at home; for instance, the beds are different; they consist of boards over which is spread a piece of matting; then a Chinese pillow consists of stone or crockery, and in size resembles a brick”.⁹³ Interestingly, the only photograph of a patient in the wards at Ko Tong Hospital shows the young woman, Ah Chui,

⁸⁷ Ibid., pp. 85-86.

⁸⁸ Ibid., pp. 86-88.

⁸⁹ Ibid., p. 90.

⁹⁰ Ibid., p. 97-8.

⁹¹ Unschuld, p. 241.

⁹² John Kirk, C.V.M. Annual Medical Report 1908-1909, p. 1.

⁹³ Norah Kirk observed that Chinese patients did not like soft pillows and that “after they have had a pillow for a day or two they won’t have it any longer”. See Lizzie Prentice, ‘A Day in China’, *Outlook*, supplement, 25 July 1911, p. 6; Norah Kirk, ‘Address by Mrs J. Kirk at the P.W.M.U Conference’, *Harvest Field*, 8 April 1913, No. 46, pp. i-ii.

propped up by a number of Western pillows, not the kind that Prentice describes (see Figure 21).

Figure 21: Ko Tong Hospital wards, c.1910. Left-Right, A female staff member (possibly Ah Say), Norah Kirk, unknown (possibly Yin Shaang), unknown, John Kirk, Ah Pong, George McNeur.⁹⁴

Ko Tong Hospital lacked all the technology that Bynum states characterised late-nineteenth century Western hospitals. One colleague commented on Kirk's work conditions at Ko Tong, noting that, "for [an] operating theatre there had been a whitewashed room; for light, oil lamps; for steriliser, a tin bath of boiling water".⁹⁵ The Kirk brothers only began to discuss with the FMC the possibility of acquiring an X-ray machine and pressure steriliser in 1919, after the hospital had moved to its new compound in Kong Chuen.⁹⁶ Before he left for Canton in 1907, Kirk had acquired most of his instruments either as donations from retiring doctors, some of which Kirk described as "a little antiquated", or, as in the case of his microscope and ophthalmoscope, through purchase as 'almost new' from Jessie Ings after the death of her

⁹⁴ Anon., 'Hospital Wards and Staff at Ko Tong', 1909, Album Print, Foreign Missions Committee – Canton Villages Mission, PCANZ Archives, 88/7/12, P-A5.48-153, Digital ID: 22592.

⁹⁵ E. W. Walls, 'In Memoriam: John Kirk, M.B., Ch.B., F.R.C.S', *Journal of Anatomy*, 94.3, p. 443.

⁹⁶ Kirk wrote to Don in 1919 that an X-ray machine would be more than useful and in fact "necessary where we treat so many gunshot injuries". However, as James Ng notes with appropriate perplexity the CVM's X-ray machine saga seemed to continue well into the late 1930s after Kirk returned to Scotland. See Ng, *Windows on a Chinese Past*, vol. 2., p. 235; John Kirk to Alexander Don, 23 August 1919, CVM Staff Files – Dr. John Kirk, p. 4.

husband.⁹⁷ By the time Dr. Charles North arrived to replace the Kirk brothers at Kong Chuen in 1929, he wrote to the FMC that “all the hospital equipment of every kind needs replenishing or renewing while clothing for the patients is largely lacking”.⁹⁸ It certainly appears that the CVM’s medical equipment was as “inadequate [and] worn out” as Ng suggests.

"#\$%&'!*()! Ah Chui sits up in bed in the upstairs women’s ward at Ko Tong Hospital, attended to by nurse Saam Koo, c.1911. Ah Chui stayed on in the hospital after her recovery and became the Kirks’ cook.⁹⁹

Unsurprisingly Kirk found sanitation difficult at Ko Tong. “The two hardest places to run in a hospital to my mind are the kitchen and the latrines,” Kirk wrote for the *Outlook* in 1912.¹⁰⁰ He admitted that, “in our cramped space here sanitation is a bit of a problem, but I am determined to make the little hospital as sanitary as possible”.¹⁰¹ The issue of sanitation in China was one Westerners often commented upon in reports to their home committees. In the tropical climate of Canton with its seasonal monsoon period, the lack of a sewage system in

⁹⁷ John Kirk to Mrs Hewitson, 19 September 1907, CVM Staff Files – Dr. John Kirk, p. 1; John Kirk to William Hewitson, 3 June 1907, CVM Staff Files – Dr. John Kirk, p. 1.

⁹⁸ Charles North, C.V.M. Annual Medical Report 1928-1929, p. 1

⁹⁹ Anon., ‘Patient in Ko Tong Hospital’, c.1911, Album Print, Foreign Missions Committee – Canton Villages Mission, PCANZ Archives, 88/7/12, A-L-1.49-156, Digital ID: 23753.

¹⁰⁰ John Kirk, ‘The Ko T’ong Hospital’, *Outlook*, 6 February 1912, p. 14.

¹⁰¹ Ibid.

such a densely populated area meant outbreaks of transmittable diseases occurred regularly.¹⁰² Ko Tong's conditions appeared no better. And, as mentioned in the previous chapter, after 1913, Edward Kirk endeavoured to collaborate with local Chinese doctors in the Ko Tong Charity Hall to improve the sanitary conditions of the market.¹⁰³ In their own hospital, John Kirk was concerned to restrict the number of patients, commenting in one of his medical reports, "the limitations of space and the insanitary surroundings of our small compound would render overcrowding not only unwise, but also disastrous."¹⁰⁴ This was one reason why the Kirk brothers were so eager to gain a larger compound. Edward Kirk bluntly stated in the *Outlook* in 1913, "we urgently need isolation wards for cases of plague, smallpox, measles, diphtheria, cholera, etc.; cases of these diseases are all common in Canton".¹⁰⁵ Elsewhere, he noted that despite the fact that laundry was done twice a week at Ko Tong, they had no place for drying, and because of this Norah Kirk specified in *Harvest Field* for those sending bandages through the Presbyterian Women's Missionary Union (PWMU) that "it is best to send the thinnest material which need not be washed".¹⁰⁶

Yet, the lack of sanitation was certainly a problem in the Canton region, especially during the nineteenth century. Missionaries often emphasised dirt and disease in mission literature, using the physical conditions they saw around them both as a metaphor for the spiritual conditions they sought to change, and also to encourage their supporters to give more towards the mission. Historian Meghan Vaughan highlights the way in which the image of the white doctor toiling alone amidst the 'darkness' and 'disease' of a tropical climate captured the imaginations of their supporters.¹⁰⁷ Although this rhetoric shifted somewhat in the early twentieth century, the idea of the "skilled mission doctor...providing a ray of hope in the surrounding darkness" persisted.¹⁰⁸ The image of the CVM's hospital staff striving amidst unsanitary conditions was the primary way Ko Tong Hospital was remembered, both in the CVM's institutional history and in the minds of New Zealand Presbyterians at the time. "The site has the most unsanitary surroundings", William Mawson wrote in the CVM's thirty-year

¹⁰² Xu, pp. 233-235.

¹⁰³ Edward Kirk, C.V.M. Annual Medical Report 1913-1914, p. 3.

¹⁰⁴ John Kirk, C.V.M. Annual Medical Report 1910-1911, p. 1.

¹⁰⁵ Edward Kirk, 'Letter from Dr. E. W. Kirk', *Outlook*, 18 November 1913, p. 12

¹⁰⁶ Ibid.; Norah Kirk, 'Address by Mrs J. Kirk at the P.W.M.U Conference', *Harvest Field*, 8 April 1913, No. 46, pp. i-ii.

¹⁰⁷ Meghan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), p. 1.

¹⁰⁸ David Hardiman, 'Introduction', in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), p. 6.

anniversary history.¹⁰⁹ “On one side is a pig-market, while from another come odours that would drive away anyone who had not given himself unreservedly to the work...for eight years heroic men and women carried on the work of healing under the most cramped conditions”.¹¹⁰ Historian Matthew Dalzell’s passing comments about the hospital at Ko Tong follow the same line, reducing discussion of the Ko Tong era to its “cramped, insanitary, and noisy surroundings”, before moving on to the larger CVM hospital in its spacious compound at Kong Chuen.¹¹¹ Readers of the *Outlook* in New Zealand Presbyterian homes at the time were offered much the same view of the hospital through letters from the CVM’s medical missionaries and this image may have bolstered donations to the mission. Attending to the “needs of China” by toiling away amidst the grime of the Cantonese villages fascinated readers who were ready to romanticise all that appeared exotic and repulsive in the descriptions of China offered to them.¹¹²

The juxtaposition of the hospital compound with the pig market next door seemed to epitomise this idea for readers. Edward Kirk’s retelling of an incident in which a sow had trotted into the hospital chapel from the pig market while his older brother was holding a communion service no doubt caused particular excitement among *Outlook* readers in 1912.¹¹³ In 1910, an admirer of the mission wrote whimsically to the *Outlook*, “I shall often imagine I hear the squealing of the ‘little pigs’ from the waiting rooms of the Hospital”.¹¹⁴ John Kirk reported with some amusement that another enthusiast had sent them a ‘stuffed pig’ in one of their mission parcels from New Zealand.¹¹⁵ However, Edward Kirk expressed exasperation at the home churches’ preoccupation with “the curious and strange customs of [this] topsy-turvy land”.¹¹⁶ He wrote tiredly, “let’s take it for granted that pigs attend our communion services and that women burn their babies, that boys are preferred to girls, and that the Confucianist doesn’t want Christianity. It has been written so often that the hospitals are overcrowded and understaffed; that we have sufferers turned away; that all must associate such things

¹⁰⁹ William Mawson, *The Story of the Canton Villages Mission* (Dunedin: Presbyterian Bookroom, 1926), p. 51.

¹¹⁰ Ibid.

¹¹¹ Matthew Dalzell, *New Zealanders in Republican China, 1912-1949* (Auckland: University of Auckland, New Zealand Asia Institute, Resource Papers, No. 4., 1995), p. 96.

¹¹² Herbert Davies called this “the romance of missions” – “the novelty of new scenes and contact with strange peoples”. See Herbert Davies, ‘C.V.M – To the Bible Class: A Christmas and New Year Greeting’, *Outlook*, 3 January 1911, p. 8.

¹¹³ Edward Kirk, ‘Letter from Dr. E. W. Kirk’, *Outlook*, 15 October 1912, p. 14.

¹¹⁴ M. J. P., ‘Canton Villages Mission’, *Outlook*, 5 March 1910, p. 15.

¹¹⁵ John Kirk, ‘Dr. Kirk’s Address at Conference’, *Harvest Field*, 9 December 1912, No. 43, p. xv.

¹¹⁶ ‘Letter from Dr. E. W. Kirk’, *Outlook*, 18 November 1913, p. 11.

inseparably with the name of missions”.¹¹⁷ John Kirk was also weary of the *Outlook* editors embellishing missions content to make it more tantalising for readers. At one point, he wrote a disgruntled letter to the editor asking for corrections to an account of his: “I stated that ‘the child was burned half an inch deep in some places,’ not ‘over an inch deep,’ as I am reported to have said. I think a good enough case can be made out for the need of education amongst a superstitious people without having recourse to exaggeration.”¹¹⁸

However, the medical mission relied on the enthusiasm of the home churches in New Zealand both for general funding, and to address some of the practical needs of the hospital. In particular, the hospital relied on the Presbyterian Women’s Missionary Union of New Zealand (PWMU) to provide some of their essential supplies. The ‘mission boxes’, prepared voluntarily by PWMU members and sent annually to Canton were vital to the running of the hospital, containing anything from bandages, warm clothing, and pillows, to soup, enamel ware, and dolls.¹¹⁹ As for the rest, Kirk ordered his medicine and some supplies in advance from England through Hong Kong, and others he sourced locally. Each year the hospital’s head nurse, often Norah Kirk or Lizzie Prentice, sent a new list of needs along with a letter of thanks that appeared in the PWMU’s quarterly journal, *Harvest Field*. “I am sure I do not know what our hospital would do without your help,” Lizzie Prentice wrote for the journal in 1913, “just a few weeks ago our store room here was taxed to its utmost, and had it not been for the contents of the boxes which came this year I do not know what we would have done”.¹²⁰ From Prentice’s extensive list of hospital needs in 1914, and Norah Kirk’s list the previous year, it appears that the PWMU provided most fabric needed for operations, including operating overalls, swab material, gauze, absorbent cotton, bandages, and waterproof sheeting.¹²¹ “It is easy to see at Ko Hong [sic] how those P.W.M.U. bandages are used up,” Edward Kirk wrote to the PWMU

¹¹⁷ Edward Kirk’s remark, “let it be taken for granted that pigs attend our communion services”, is interpreted by James Ng as a racist statement –perhaps akin to Premier Richard Seddon’s likening Chinese to monkeys around the same time– bolstering his argument that Edward Kirk was “the staff member who was the most scathing towards Chinese”. Ng suggests that Kirk’s remark is “an outburst provoked because he had faced a distraught father with a sick child who had arrived just as he was leaving for Guangzhou, having just closed the CVM hospital for holidays”. However, in the original article Kirk’s remark occurs several paragraphs later in a wholly different context from his retelling of the story about the man and his sick child. Certainly, by his own account Kirk appears to have handled the scenario with the father of the child poorly, showing a marked lack of patience and exaggerated self-pity in his retelling, but a reading of the article clearly indicates that Kirk’s remark about pigs in communion services is a reference to literal pigs and the incident in the chapel rather than the story of the man and his child mentioned in a completely different context. See Ng, *Windows on a Chinese Past*, vol. 3., p. 337-8; ‘Letter from Dr. E. W. Kirk’, *Outlook*, 18 November 1913, p. 11.

¹¹⁸ John Kirk, ‘Superstition – To the editor’, *Outlook*, undated, 1913 Deputation Activities Folder, Kirk Family Collection.

¹¹⁹ E. M. Prentice to Mrs Sutherland, in ‘Missionary Letters’, *Harvest Field*, 8 May 1914, No. 58., p. iv.

¹²⁰ E. M. Prentice, ‘Missionary Letter’, *Harvest Field*, 8 April 1913, No. 46, p. v.

¹²¹ E. M. Prentice to Mrs Sutherland, *Harvest Field*, 8 May 1914, p. iv; Norah Kirk, ‘Address by Mrs J. Kirk at the P.W.M.U Conference’, *Harvest Field*, 8 April 1913, No. 46, pp. i-ii.

President in 1910, “At the last dispensary day the doctor saw 40 patients. We are most grateful for this help.”¹²² Therefore, although the CVM medical missionaries tired from the way in which their working conditions were romanticised in mission literature like the *Outlook*, presenting the hospital in this light encouraged the enthusiastic support they needed from groups like the PWMU.

Funding the Medical Mission

While the PWMU engaged in the tangible work of replenishing bandage supplies and sewing operating overalls for Ko Tong Hospital, New Zealand Presbyterians throughout the country were often reminded of the need to financially support the church’s foreign missionary endeavours. The CVM was funded in a number of different ways. Aside from the amount apportioned to foreign missions from the New Zealand Presbyterian Church’s general funds through church giving, both individuals and groups also gave considerably to the CVM. The FMC minutes books are filled with mentions of donations from various individuals often for specific purposes. For example, at the end of 1905, the FMC was promised a donation of £600 towards Joseph Ings’ salary for three years.¹²³ Church group organisations, like the PWMU, also made a concerted effort, and often came up with creative ways to raise funds for the missionary cause. In 1911, the *Outlook* encouraged girls from the Young Women’s Bible Association to “save their stamps” to sell at a small price as a way for the association to raise £100 to send a nurse to Ko Tong.¹²⁴ Readers of the children’s magazine, *Break of Day*, also funded several items for Kirk’s operating room, and this group put up funds towards an X-ray machine for the CVM.¹²⁵ Additionally, specific churches sometimes undertook to support a missionary through funding or partially funding a staff member’s salary. For example, St. Andrews Presbyterian Church particularly impressed the FMC in 1911 by footing the salaries of CVM missionaries Edward Kirk, Annie James, and Annie Hancock.¹²⁶

Despite different avenues for funding, the aspirations of the CVM, and especially Kirk, eventually outgrew the means of the FMC. “The CVM is growing and will continue to grow,” Kirk wrote to Hewitson in 1910, urging the FMC to expand the mission’s accommodation and

¹²² Edward Kirk, ‘Impressions of Canton’, *Harvest Field*, April 1910, No. 22., p. viii.

¹²³ Foreign Missions Committee Minutes 1901-1913, 7 December 1905, GA0111 AA 4/1 84/18, PCANZ Archives, pp. 3-4.

¹²⁴ Anon., *Outlook*, 1911, no. 35, supplement, p. 7.

¹²⁵ Lois A. White, ‘A Letter from Canton’, *Outlook*, 18 April 1911, p. 14; Ng, *Windows on a Chinese Past*, vol. 2., p. 235.

¹²⁶ Foreign Missions Committee Minutes 1901-1913, 12 September 1911, p. 2.

allow for buying land for a new hospital.¹²⁷ “We must advance, even if it cuts off our retreat,” Kirk argued, “we cannot play at foreign missions”.¹²⁸ Sensing a reluctance to send out nurses to aid Norah Kirk due to a lack of funds, Kirk also pushed the FMC to make use of its £2000 emergency fund, reasoning that “now is our emergency”.¹²⁹ Kirk’s passion to expand the mission and build a larger permanent hospital significantly influenced how he used his first furlough. While in New Zealand, Kirk launched a funding campaign to raise £11,400 for the purchase of new land near Ko Tong to build a new well-equipped hospital along with accommodation – an ambitious project.¹³⁰ Despite the enormity of the task, Kirk was optimistic, and believed that any lack of passion among New Zealand congregations for giving to foreign missions primarily came from a lack of knowledge; “facts are all that are needed to keep the missionary glow burning in New Zealand” he later wrote to Don.¹³¹ Kirk’s enthusiasm and charisma in speaking to congregations across the country played no small part in his fundraising success. New Zealand congregants gave upwards of £12,500 for the CVM’s scheme by the end of 1913.¹³² Yet, while this sum was considerable, Kirk’s vision wildly overestimated the FMC’s financial means. During most of its history, the CVM competed for funding with its sister mission, the New Zealand Presbyterian Church’s mission to India.¹³³ Another large-scale operation, the India mission also operated a mission hospital. By 1927, the India mission’s expenditure far exceeded that of the CVM, pushing the CVM into the background of the church’s missionary endeavours.¹³⁴ Additionally, financial pressures created by the First World War, followed by the Depression, made largescale projects and the New Zealand Presbyterian Church’s sprawling missions increasingly difficult to fund. Arguably, then, behind the issues created by “inadequate, worn-out equipment”, the medical mission was primarily stunted in its progress by a considerable lack of funding. As we will see, this also affected staffing shortages.

¹²⁷ John Kirk to William Hewitson, 16 July 1910, CVM Staff Files – Dr. John Kirk, p. 5.

¹²⁸ Ibid., p. 7.

¹²⁹ Ibid., p. 12.

¹³⁰ John Kirk, ‘Canton Villages Mission: Why £11,400?’, *Otago Daily Times Print*, CVM Publications, Kirk Family Collection, PCANZ Archive, unaccessioned, p. 1.

¹³¹ John Kirk to Alexander Don, 29 October 1920, CVM Staff Files – Dr. John Kirk, p. 2.

¹³² Anon., ‘Every-Member Campaign’, 4 November 1913, *Outlook*, in CVM Publications, Kirk Family Collection, PCANZ Archive, unaccessioned, p. 1.

¹³³ Another mission advocated by Alexander Don, Ng argues persuasively that Don lacked prudence and direction in suggesting the church support two large-scale missions, neither of which had any set goals. See Ng, *Windows on a Chinese Past*, vol. 2., pp. 218-219.

¹³⁴ In 1927, the India mission cost the New Zealand Presbyterian Church £9213 in comparison with the CVM’s £7975 in expenditure. The disparity between the missions’ expenditures continued to widen dramatically in future decades. See Ng, *Windows on a Chinese Past*, vol. 2., p. 204.

Financial stringency was not a problem unique to the New Zealand Presbyterian Church or the CVM, however, and many mission committees struggled to finance their most expensive endeavours: mission hospitals. Historian John Stanley notes how at the American Presbyterian Mission's rural mission hospital in Weixian, which was very similar to Ko Tong Hospital in size and physical conditions, medical missionaries struggled to persuade their mission board to increase funding so that the mission could build a better hospital.¹³⁵ After several years of waiting to receive feedback on an application for further funding, the hospital's primary medical missionary, Dr. Charles Roys, decided to approach the Rockefeller Foundation's China Medical Board for financial help.¹³⁶ Canton Hospital also faced a serious financial deficit in 1916 and only survived by borrowing from the Canton Medical Missionary Society.¹³⁷ The board of trustees, which included Kirk, created a new financial plan by establishing the Canton Medical Missionary Union later that year, and the hospital survived.¹³⁸ But, as historian Paul Unschuld points out, as contemporary Western hospitals began to be built by other agencies, in particular the Rockefeller Foundation, the standard of medical care that the mission hospital could provide was perceived as inadequate by comparison, and medical missions began to decline significantly.¹³⁹

The Scottish Doctors – “youth and inexperience”

As mentioned earlier, Ng asserts that the quality of the CVM's medical branch may have been compromised by “young, inexperienced doctors”, but to what extent was this true of the CVM's earliest doctors?¹⁴⁰ Aside from John Kirk, Ko Tong had two other foreign doctors, Edward Kirk, John Kirk's younger brother, who arrived in January 1910, and Randolph Paterson, who joined the medical mission in October 1912. Less is known about Paterson's education and experience than the Kirk brothers because almost all correspondence surrounding his application appears to have been lost, but it appears that he was a friend of Edward Kirk's from medical school whom Kirk persuaded to apply to the CVM. All three men were Scottish, and all three, like Joseph Ings, were graduates of the Edinburgh Medical School. This provides

¹³⁵ John R. Stanley, ‘Professionalising the Rural Medical Mission in Weixian, 1890-1925’, in *Healing Bodies, Saving Souls – Medical Missions in Asia and Africa*, ed. by David Hardiman (Amsterdam: Rodopi, 2006), pp. 122-3.

¹³⁶ Stanley, pp. 125-6.

¹³⁷ Xu, p. 29.

¹³⁸ Ibid.

¹³⁹ Unschuld, p. 242.

¹⁴⁰ Ng, *Windows on a Chinese Past*, vol. 2., p. 204.

some consistency for understanding the kind of education and experience the CVM's doctors brought to Ko Tong.

In obtaining their medical degrees from the University of Edinburgh, Paterson and the Kirk brothers were not only associated with the best medical school in the English-speaking world at the time, but they also received the distinctive medical education Edinburgh had to offer. Medical schools in Britain and North America at the time were most often 'clinical schools'.¹⁴¹ Heavily associated with a local hospital whose clinical staff would provide practical training, these schools "were in the business of preparing their charges for the realities of the medical marketplace".¹⁴² By contrast, Edinburgh Medical School offered an education more like that of the Northern Europeans schools, in that it combined both practical training with substantial theoretical training in a variety of subjects, and also research. According to historian Roy Porter, "the strength of an Edinburgh education lay in imparting the elements of anatomy, surgery, chemistry, medical theory and practice".¹⁴³ Because of this, Edinburgh came to be seen as the "British Leiden".¹⁴⁴ This training meant that students like Paterson and the Kirk brothers were "ready to go out into the world to practice the new trade of 'general practitioner'".¹⁴⁵

In addition to a strong medical education, Edinburgh provided Paterson and the Kirk brothers close proximity to the Student Volunteer Missionary Union (SVMU) and the Edinburgh Medical Missionary Society (EMMS). The SVMU, which aimed to secure recruits for foreign missions from university students, was highly active in Britain, and John Kirk admitted that this organisation played a crucial role in his decision to become a medical missionary.¹⁴⁶ As noted in the first chapter, the number of students graduating from Edinburgh Medical School around this time was far too many for the number of jobs available in the profession, and it is likely that many young Christian Edinburgh graduates like Kirk also looked to missions as they might otherwise have had to seek other employment opportunities.¹⁴⁷ Both Kirk and his then fiancé Norah Hughes joined the SVMU, and later

¹⁴¹ W. F. Bynum, 'The rise of science in medicine, 1850-1913', in *The Western Medical Tradition, 1800-2000*, ed. by W. F. Bynum, Anne Hardy, Stephen Jacyna, Christopher Lawrence, & E. M. Tansey (Cambridge: Cambridge University Press, 2006), p. 138.

¹⁴² *Ibid.*, p. 139.

¹⁴³ Roy Porter, *The Greatest Benefit to Mankind – A Medical History of Humanity from Antiquity to the Present* (Harper Collins: London, 1997), p. 191.

¹⁴⁴ *Ibid.*, p. 190.

¹⁴⁵ *Ibid.*, p. 191.

¹⁴⁶ John Kirk, C.V.M. Annual Medical Report 1909-1910, p. 12.

¹⁴⁷ Hardiman, p. 16; James Beattie, 'Natural History, Conservation and Health: Scottish-Trained Doctors in New Zealand, 1790-1920s', *Immigrants and Minorities*, 29.3 (2011), p. 285.

Edward Kirk also became a member.¹⁴⁸ Additionally, just as Ings had benefited from the EMMS by gaining medical experience through their work in Edinburgh's slums, attending their medical missionary lectures, and gaining connections with those on the field, so Paterson and the Kirk brothers were also exposed to these opportunities.¹⁴⁹ Medical missionary connections probably enabled Kirk to work at the Mildmay Mission Hospital in London for the year and a half before he sailed to New Zealand. It was here that he met Norah who was training to be a nurse at the mission hospital.¹⁵⁰ Having trained in a mission hospital, Norah Kirk's previous educational experience was a distinct advantage as the CVM established their own medical mission. Kirk was instrumental in developing nursing education in the CVM medical mission.¹⁵¹

Kirk's younger brother, Edward, originally registered his interest in working for the CVM in his final year of medical school in 1907. Though his application was supported by a written reference from a doctor in the EMMS, Kirk admitted to the FMC that he recognised his "youth and inexperience" might influence their decision as he was then only twenty years old and had no medical experience.¹⁵² In the years that followed prior to his appointment, Kirk sought several avenues to gain medical experience. At the Royal Infirmary of Edinburgh he worked alongside doctors in the surgical wards, before obtaining a six-month postgraduate post as assistant house surgeon in the Eye Department there.¹⁵³ He also learned practical pharmacy from a local chemist, assisted a local community doctor, and worked another six months as house surgeon and physician at the Deaconess Hospital in Edinburgh.¹⁵⁴ While it is true that the CVM's doctors were fairly young – Edward Kirk was twenty-five when he began full-time work at Ko Tong, his older brother twenty-seven, and Randolph Paterson was the oldest of the group, being thirty-five when he arrived in Canton – all had obtained a highly-regarded medical education for the time, and engaged in at least a year and a half of medical work in different institutions before they arrived in China.

¹⁴⁸ John Kirk, *Application to the Missionary Committee of the New Zealand Presbyterian Church*, 15 October 1906, CVM Staff Files – Dr. John Kirk, pp. 2-3; Edward Kirk to William Hewitson, 15 November 1907, CVM Staff Files – Dr. E. W. Kirk, p. 3.

¹⁴⁹ Joseph Ings to the Convenor of the Foreign Missions Committee, 16 September 1904, CVM Staff Files – Joseph Ings, p. 4.

¹⁵⁰ John Kirk, *Application to the Missionary Committee of the New Zealand Presbyterian Church*, p. 1.

¹⁵¹ Clerk of the General Assembly of the Presbyterian Church of New Zealand, 'Memorial Minute – Mrs. Norah Kirk, 7 November 1962, *Tributes*, Kirk Family Collection, p. 1.

¹⁵² Dr. Fry to William Hewitson, 30 July 1907, CVM Staff Files – Dr. E. W. Kirk; Edward Kirk to William Hewitson, 15 November 1907, CVM Staff Files – Dr. E. W. Kirk, p. 2.

¹⁵³ Charles W. Cathcart to Foreign Missions Committee, 30 August 1907, CVM Staff Files – Dr. E. W. Kirk, p. 1; Edward Kirk to Mr Clark, 30 July 1908, CVM Staff Files – Dr. E. W. Kirk, pp. 2-6.

¹⁵⁴ Edward Kirk to William Hewitson, 11 August 1909, CVM Staff Files – Dr. E. W. Kirk, p. 2.

What is perhaps more telling than the record of their medical experience in Edinburgh, is the respect they received from fellow medical missionaries of other missions in China. As early as 1909, John Kirk arranged for discussions regarding the formation of the Canton branch of the China Medical Missionary Association.¹⁵⁵ The meetings, involving prominent members of Canton's medical missionary community, took place in Kirk's own home, and at their conclusion, Kirk himself was elected president of the branch.¹⁵⁶ This indication of the esteem in which Kirk was held is echoed in other commendations. In 1911, the FMC received a letter from William Gillanders of the Australian Commission to the East. Gillanders, had spent seventeen days examining mission work in Canton, and two days at Ko Tong Hospital. He reported favourably on the CVM noting, "your missionaries have a reputation in Canton for unity, earnestness, and determination. They occupy conspicuous places...Dr. John Kirk is secretary of the Canton Hospital Committee...the New Zealand Mission is to the fore in all advance work in South China".¹⁵⁷ Later in the same year, a deputation from the New Zealand Presbyterian Church reported similarly on how their missionaries were perceived. "Two things struck me specially," Graham Balfour of the deputation reported, "the difficulty and the complexity of the problems, and the earnest way in which the New Zealand Representatives were facing them...ours is a small mission, but our representatives have a very high place in the estimation of other missionaries."¹⁵⁸ In 1923, the CMMA elected John Kirk as president of the association, indicating that the CVM's medical missionaries, and especially Kirk, were not only valued members of the medical missionary community, but they also came to play a vital part in it.

While their initial education may have given them a solid foundation for mission work, there was little opportunity for professional development in China. At a time when medical science was rapidly advancing in the West, medical missionaries in China had limited access to new research or, as noted, equipment. In 1905, Ings had taken three advanced textbooks with him to China – one on operative surgery, the second on diseases of the eyes, and the third on tropical diseases.¹⁵⁹ These most likely remained in China for Kirk's use after Ings' death. The CVM doctors undoubtedly relied heavily on medical textbooks and updating them was a

¹⁵⁵ Xu, p. 37.

¹⁵⁶ Ibid.

¹⁵⁷ William Gillanders to William Hewitson, 20 March 1911, Foreign Missions Committee – Mission Convenor's Papers: Inwards Correspondence, 1911-12, pp. 1-2.

¹⁵⁸ Graham Balfour, 'Some Impressions of the Work in Canton', *Harvest Field*, October 1911, No. 31, p. iii.

¹⁵⁹ Joseph Ings to William Hewitson, 14 May 1906, CVM Staff Files – Joseph Ings, p. 4.

priority for Kirk.¹⁶⁰ In 1910, Kirk asked the CVM Council whether a donation of \$100 that he had received could be used to begin a medical library for the CVM.¹⁶¹ Again, in 1914 while Kirk was on furlough, his younger brother wrote to him from Ko Tong urging him to purchase Keen's Surgery, the sixth volume of which had just been published that year.¹⁶² In addition to textbooks, medical missionaries both contributed to and took advantage of the new research available through the CMMA's *China Medical Journal*. Kirk himself contributed his own research on tetanus neonatorum to the journal, and he later encouraged medical missionaries to make the most of their unique medical situations, "surrounded as we are with such a wealth of clinical material, what an opportunity we have for accurate observations".¹⁶³ When the opportunity arose at the end of his first term in 1913, Kirk asked the FMC to allow him an extended furlough in order to study towards the FRCS degree in addition to some postgraduate work in tropical medicine.¹⁶⁴ Though he succeeded on his second attempt, Kirk failed the first round of the exam, commenting to Hewitson, "great advances have been made in the science of surgery since I graduated ten years ago...even after six months I knew I was barely worthy of the degree".¹⁶⁵ Kirk's extended furlough for postgraduate study set the precedent for several CVM medical missionaries in later years, and proved a necessary plank in building up CVM medical missionary knowledge.¹⁶⁶

In light of this evidence, it appears that the youth and experience of at least the CVM's first medical missionaries was an asset to the medical mission rather than a handicap as Ng suggests. John Kirk in particular brought significant leadership skills and capabilities in medical practice, policy, education and research to not only the CVM's medical mission, but the medical missionary movement more broadly. Rather, it is perhaps more accurate to consider the fact that the medical missionaries had very little opportunity for professional

¹⁶⁰ When Kirk eventually left China in 1928, he apologized to the FMC for the weight of the family's luggage, a significant portion of which had been taken up by Kirk's books. See John Kirk to William Mawson, 26 January 1929, CVM Staff Files – Dr. John Kirk, pp. 1-2.

¹⁶¹ Canton Villages Mission – Minutes of Quarterly Meeting held at Fong Tsuen, 7 April 1910, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, p. 2.

¹⁶² John Kirk to William Hewitson, 18 December 1913, CVM Staff Files – Dr. John Kirk, pp.4-5.

¹⁶³ John Kirk, 'Tetanus Neonatorum: A study in prophylaxis', *China Medical Journal*, July 1920, John Kirk Medical Papers, Kirk Family Collection, PCANZ Archive, unaccessioned; John Kirk, 'Conference Address of President of C.M.M.A', p. 13.

¹⁶⁴ John Kirk to William Hewitson, 2 December 1914, CVM Staff Files – Dr. John Kirk, p. 6.

¹⁶⁵ John Kirk to William Hewitson, 6 August 1914, CVM Staff Files – Dr. John Kirk, pp. 2-3.

¹⁶⁶ Edward Kirk originally planned to sit the FRCS on his first furlough but upon arrival in 1915, was persuaded to join the army instead. Later in 1934, John Kirk gave advice for the CVM doctor Kathleen Pih's furlough postgraduate study. Edward Kirk to William Hewitson, 7 October 1915, CVM Staff Files – Dr. E. W. Kirk, p. 3; John Kirk to William Mawson, 24 December 1934, CVM Staff Files – Dr. Kathleen Pih, GA0148 AA 10/3/1 84/18, PCANZ Archives.

development, and that they often faced severe staffing issues, as the following sections argue, as being major drawbacks to the medical mission's progress.

“One-man Institution” – Staffing Issues at Ko Tong Hospital

The CVM's medical mission was arguably more adversely affected by the hospital's constant lack of adequate staffing than by the youth and inexperience of its medical missionaries. Prior to its opening in May 1909, Kirk intimated that Ko Tong's mission hospital of thirty-four beds should aim to have a staff of three Western-trained doctors and two nurses alongside its Chinese staff.¹⁶⁷ Missionaries were granted a furlough of eighteen months every five to six-and-a-half years, depending on their term of service. Kirk hoped that with a staff of three Western-trained doctors, two would be available on the field to work in the hospital in any given year. In 1916, the optimal number was expanded to four with the intention that one doctor would work primarily in a medical educational capacity.¹⁶⁸ In reality, the FMC struggled to provide more than one doctor and one nurse for the hospital at any given time in its history. In 1912, Kirk and his younger brother Edward worked together in the hospital, alongside one nurse, Norah Kirk. This, however, was an exception to the rule. “The hospitals New Zealand has established must be something more than one-man institutions if they are to do their job,” Kirk wrote to Hewitson later in 1922, but staffing remained a key issue throughout the rest of the CVM medical mission's history.¹⁶⁹

Harder to trace is the number of the medical mission's Chinese staff. In 1909, Kirk recorded that he had four Chinese assistants, and by the end of 1914, Edward Kirk reported there were now fourteen Chinese staff (see Figure 22). However, the exact number in any particular year is recorded sporadically, and though certain members of staff and their roles in the hospital are mentioned by name, in other instances, as with Edward Kirk's report, it is impossible to ascertain how many staff are engaged directly in medical work and how many in supporting administrative roles.¹⁷⁰ Nonetheless, most staff who worked in a medical capacity in Ko Tong were being trained by the hospital and so had no formal Western medical qualifications. This only began to change when Ko Tong Hospital's first qualified Chinese

¹⁶⁷ William Mawson to William Hewitson, 8 February 1908, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, p. 2.

¹⁶⁸ Canton Villages Mission – Minutes of Annual Conference of Mission Council held at Fong Tsuen, 1-5 February 1916, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, p. 3.

¹⁶⁹ John Kirk to William Hewitson, 20 April 1922, CVM Staff Files – Dr. John Kirk, p. 1, verso.

¹⁷⁰ John Kirk, C.V.M. Annual Medical Report 1909-1910, p. 2.

doctor, Chiu Hak Shing, spent three months in postgraduate work at Ko Tong near the end of 1915, and after him, when a second qualified Chinese doctor joined the hospital in the last months that it remained open in 1916. Consequently, contrary to what Ng has argued, the constant staffing shortages at Ko Tong Hospital, precipitated by a lack of funding, was the primary issue inhibiting the effectiveness and development of the medical mission, not the inexperience or youth of its staff, as the following sections demonstrate.

"#\$%&'!**. Ko Tong Hospital Chinese Staff, c.1914. Mrs and Mrs Lei sit in the centre front row. In the second row stand, right to left, Yin Shaang, Ah Pong, and James Shum. The other staff members are unknown, though perhaps the woman sitting next to Mrs Lei is Ah Chui. Kirk's dog Paak sits in the foreground.¹⁷¹

A lack of foreign staff was by no means an uncommon phenomenon in China's medical mission hospitals. Even by 1920 a survey of China's medical missions revealed a thinly stretched staff of qualified medical professionals. Medical mission hospitals, which numbered 246 in China at the time, were distributed unevenly throughout the country. While some regions, including the Canton area, boasted a number of mission hospitals in relative close proximity, in other parts, including modern-day Shaanxi, Gansu, Guizhou, and Yunnan, entire provinces

¹⁷¹ John Kirk, 'Chinese Hospital Staff', c.1914, Lantern Slide, *John Kirk's Lantern Slides*, Kirk Family Collection, PCANZ, unaccessioned.

might have only two hospitals each.¹⁷² Kirk recounted that of the 165 hospitals surveyed in 1920, “even at a generous estimate...no less than 69 per cent of our mission hospitals have still only one qualified doctor, and 48 per cent have no fully qualified foreign nurse”.¹⁷³ The demand for staff in most mission hospitals meant that medical missions were forced to cooperate with one another in the absence of staff.¹⁷⁴ The Kirk brothers, and later Paterson, often filled *locum tenens* for other mission hospitals when they were able. During the hot months of July and August 1909 when Ko Tong Hospital was shut for the summer, John Kirk filled locum positions for both the Matilda Hospital and the London Missionary Society’s hospital in Hong Kong.¹⁷⁵ In 1912, he was asked to fill the superintendent’s position at Canton Hospital while Dr. Paul Todd was on furlough in America.¹⁷⁶ The CVM Council refused that request in 1912, but later, after Kirk’s return from furlough in 1915, he filled the position of chief surgeon at Canton Hospital for almost a year when Dr. Oscar Thomson was unexpectedly invalidated home.¹⁷⁷

“A Strenuous Life” – Managing Ko Tong Hospital

CVM medical missionaries coped differently with the pressures and responsibilities of running Ko Tong Hospital. John Kirk’s assessment after his first full year at Ko Tong was clear; “if the work is to be done efficiently we must have a larger foreign hospital staff”.¹⁷⁸ From 1909 to the end of 1911, John and Norah Kirk together performed over seven hundred operations in Ko Tong Hospital. With their Chinese staff of six, of whom five were under training as medical assistants or nurses, they cared for over 1485 patients a year.¹⁷⁹ The lack of a fuller qualified

¹⁷² Ibid., p. 5.

¹⁷³ John Kirk, ‘Conference Address of President C.M.M.A’, p. 2.

¹⁷⁴ “It is our bounden duty to cooperate with one another”, Kirk later reminded medical missionaries in his presidential address for the CMMA in 1925, “two weak hospitals, or it may even be three, may make one strong hospital when united in service”. See John Kirk, ‘Conference Address of President C.M.M.A’, p. 5.

¹⁷⁵ Canton Villages Mission – Minutes of Annual Conference of Mission Council held at Fong Tsuen, 30 October 1909, p. 1.

¹⁷⁶ Canton Villages Mission – Minutes of Annual Conference of Mission Council held at Fong Tsuen, 14-16, 20 February 1912, p. 1.

¹⁷⁷ “The Canton Hospital has continued its medical-missionary work in Canton for over three-quarters of a century,” Kirk defended the decision in his annual report for 1915, “at this very critical time in its history it seemed clear that not to respond to its call for help might result in serious injury to its long record of usefulness amongst the Chinese community”. John Kirk, C.V.M. Annual Medical Report 1914-1915, Foreign Missions Committee, p. 2.

¹⁷⁸ John Kirk, C.V.M. Annual Medical Report 1909-1910, p. 2.

¹⁷⁹ “A glance at the list of operations,” Kirk commented in his annual report, “will give the reader some idea of the debt a doctor owes to the nurse who by her scrupulous attention to the details of sterilisation and preparation of the operating room, as well as by her nursing of difficult cases afterwards, has contributed as much as the doctor himself to the successful issue of so many cases”. See Ibid., p. 1.

staff meant Kirk was forced to turn patients away, and he wrote to Hewitson, “our little hospital here would be overcrowded if I allowed it. More people are needing medical and surgical treatment than either my wife or myself have physical strength to undertake”.¹⁸⁰ In particular, Kirk urged the FMC to send out more trained nurses as soon as possible, adding that Norah was “to use her own words ‘never so tired in her life’”.¹⁸¹ Around that time, Kirk heard that a medical missionary candidate, Dr. Eade, had resigned his position, and though obviously disappointed, Kirk remarked, “I am going to believe there's another doctor waiting for us somewhere”.¹⁸² Nevertheless, when Edward Kirk first began to visit the hospital in 1910 he “was able to see the work and help a little with the dressings and in giving anaesthetics at the operations”.¹⁸³ Kirk commented that he was “pleasantly surprised with the hospital and its management” under his brother’s leadership, stating that “I could not have believed that, in so short a time, things would run so smoothly”.¹⁸⁴ Even so, the FMC’s deputy, Graham Balfour, expressed amazement that the Kirks often worked well into the night, and when their second nurse, Lizzie Prentice, arrived in 1911 she admitted to the *Outlook*, “they live a very strenuous life”.¹⁸⁵

After Edward Kirk began full time work with his brother in the hospital, the brothers managed to raise their patient numbers to just over 1785 patients a year – an increase of three hundred. After John and Norah Kirk left for furlough at the end of 1912, as noted, Edward Kirk took over management of the hospital from his brother, and Lizzie Prentice became head nurse. With a staff that, towards the end of 1914, approached fourteen (probably including preaching staff), the hospital managed to maintain the patient numbers. Edward Kirk owed much of his success to the pre-established routines his brother had implemented in the hospital, with its “hospital books and stores; the general hospital regime; the efficient willing band of Chinese helpers and above all the moral tone amongst these workers and their appreciation of the underlying purpose of our work”.¹⁸⁶ Kirk pushed himself hard, admitting to his brother that “he has given up all idea of getting to bed before 1 am”, and despite this he was saddened that due to his being the only qualified doctor, he estimated the hospital turned 350 patients away in the year ending June 1913.¹⁸⁷ “It is explained by the fact that we have as yet only one doctor

¹⁸⁰ John Kirk to William Hewitson, 28 November 1909, CVM Staff Files – Dr. John Kirk, pp. 2, 4.

¹⁸¹ John Kirk to William Hewitson, 16 July 1910, CVM Staff Files – Dr. John Kirk, p. 8.

¹⁸² *Ibid.*, p. 9.

¹⁸³ Edward Kirk to William Hewitson, 14 November 1910, CVM Staff Files – Dr. E. W. Kirk, p. 2.

¹⁸⁴ *Ibid.*

¹⁸⁵ Lizzie Prentice, ‘A Day in China’, *Outlook*, Supplement, 25 July 1911, p. 6.

¹⁸⁶ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, pp.1-2.

¹⁸⁷ John Kirk to William Hewitson, 9 June 1913, CVM Staff Files – Dr. John Kirk, GA0148 AA 9/6 84/18, PCANZ Archives, p. 2.

giving his time to medical work,” Kirk commented, “and while he is busy in the operating room or the wards, or it may be out in the country visiting some patient there, the seeing of new patients is impossible”.¹⁸⁸

Additionally, the months from the end of 1912 to July 1914 were some of the hardest at Ko Tong Hospital due to staff sickness. One of the main Chinese medical assistants, Ah Pong, came down with dysentery for a month shortly after the hospital opened.¹⁸⁹ A few months later, Saam Koo, one of the primary nurses and James Shum’s wife, battled a gastric ulcer for three of the busiest months of the year, and all but two of the Chinese staff had malaria.¹⁹⁰ Lizzie Prentice intermittently fought abdominal pain, which Kirk suspected might be appendicitis, and towards the middle of 1914, James Shum became ill first with broncho-pneumonia and then with dysentery. Kirk, who had relied heavily on Shum, nursed him personally, but Shum passed away in July.¹⁹¹ According to William Mawson, Kirk “worked at Ko Tong until he literally dropped in his tracks from exhaustion. James Shum’s illness over-taxed him”.¹⁹² The stress of these years working as the sole doctor at Ko Tong would have a lasting impact on Kirk, and he resigned in 1925 primarily due to the unchanged state of staffing at Kong Chuen Hospital. “I regret to say,” Kirk wrote to the FMC, “that the strain of life here...has made me less fit than formerly for the high pressure work required at Kong Chuen, with its increasing numbers of patients and inadequate staff”.¹⁹³

Ko Tong Hospital took a different turn under Randolph Paterson’s management after Edward Kirk left on furlough in June 1915. Paterson, who had travelled straight from Scotland to Canton in 1912, and admitted to Hewitson that “in Great Britain we seldom see Chinese except the occasional student”, evidently struggled to adjust to his new surroundings.¹⁹⁴

¹⁸⁸ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 2.

¹⁸⁹ *Ibid.*, p. 6.

¹⁹⁰ *Ibid.*

¹⁹¹ Herbert Davies wrote to Hewitson, “Dr. E. Kirk was prevented by sickness...He has had a very heavy year’s work – quite enough in itself to overstrain any man – and then at the end of it our faithful steward Jim Sham took ill with dysentery, and the extra strain involved in the night-watching proved too much for our good doctor”. See Herbert Davies to William Hewitson, 10 July 1914, Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, p. 1.

¹⁹² William Mawson to William Hewitson, 21 September 1914, CVM Staff Files – Rev. William Mawson, p. 2.

¹⁹³ It should be noted that Kirk’s resignation from the CVM did not equate to his leaving China. On the contrary, Kirk hoped to enter more fully into medical education in Canton. In 1926 he intended to take up a position teaching anatomy at Changsha Medical School, but due to political unrest he removed to Shanghai in 1927. He spent a few months teaching at St John’s University before returning to Hong Kong where he worked in various medical capacities for many years. Edward Kirk to Henry Barton, 14 June 1924, CVM Staff Files – Dr. E. W. Kirk, p. 3.

¹⁹⁴ Paterson wrote to Hewitson in the same letter, “one feels rather homesick and no letters come; one’s nervous system seems to be unduly visitable, and there are mosquitoes; it is very hot and there are awful smells; and one is the cynosure of all eyes when one goes out for a walk”. See R. E. Paterson to William Hewitson, 13 January 1913, CVM Staff Files – Dr. R. S. Paterson, pp. 3-4.

Though he and his wife lived at Ko Tong almost from the day of their arrival, even in the months leading up to Kirk's furlough, Paterson still spent most of his time in language study according to Kirk, though he helped in the operating room and dispensary, and attended outcalls.¹⁹⁵ Consequently, Paterson began full-time work at Ko Tong the day he was given management of the hospital, and his leadership, which would last little over six months, caused significant disruption.¹⁹⁶

The challenges of leadership are indicated by the absence of his operation or patient statistics for the year June 1915-1916. When John Kirk, who had taken charge of the hospital again in February 1916, wrote up the annual medical report, the number of operations for the period of Paterson's management were so low that Kirk assumed Paterson had simply forgotten to fill his log properly, and that the numbers were inaccurate.¹⁹⁷ However, Paterson protested that he had recorded the numbers correctly, but that people simply had not wanted to come to the hospital.¹⁹⁸ "Some people thought that it was because I was not a 'Kwok' and that they were not interested in a new man," Paterson commented, referring to the Kirk brothers' Chinese name which was famous in Ko Tong by this point.¹⁹⁹ More importantly, however, Paterson dismissed one of the hospital's longest-standing medical assistants, Poon Yin Shaang, for "serious offences" – a matter that remained vague in CVM records – and Paterson admitted that this "undoubtedly had a bad effect for a time".²⁰⁰ The year had also been one of significant poverty due to intense flooding in the area, which may have influenced potential patients, but the CVM's action to remove Paterson and bring back Kirk after a mere few months is telling. By the CVM's estimations, Paterson was not up to the task.²⁰¹ Paterson's failed leadership perhaps demonstrates the reason why having the time to learn Cantonese, and thereby also

¹⁹⁵ Edward Kirk, C.V.M. Annual Medical Report 1914-1915, p. 1.

¹⁹⁶ Though John Kirk had returned from furlough by this point, the CVM Council had decided to allow Kirk to take up a locum at Canton Hospital and give Paterson the opportunity to develop medically and administratively by being given charge of the hospital – "it will bring him out," Mawson commented, "as it had brought out Dr. Eddie in the last two years". See William Mawson to William Hewitson, 3 May 1915, CVM Staff Files – Rev. William Mawson, p. 2.

¹⁹⁷ R. E. Paterson to William Hewitson, 27 October 1916, R. E. Paterson to William Hewitson, 13 January 1913, CVM Staff Files – Dr. R. S. Paterson, p. 6.

¹⁹⁸ Expenditure for the quarter was also particularly low – sitting at \$466.81 – with a significant decrease in staff wages and an extremely low amount spent on medical supplies and drugs compared to the same quarter in previous years. See Foreign Missions Committee – Mission Council Minutes: Canton Villages Mission, 1903-1911, 1912-1918, GA0001, AA 7/8/2 84/18, PCANZ Archives.

¹⁹⁹ R. E. Paterson to William Hewitson, 27 October 1916, R. E. Paterson to William Hewitson, 13 January 1913, CVM Staff Files – Dr. R. S. Paterson, p. 6.

²⁰⁰ Ibid.

²⁰¹ Canton Villages Mission – Minutes of Quarterly Meeting of Council held at Fong Tsuen, 27 January-1 February 1916, p. 3.

Cantonese culture, was as important as Kirk suggested to the FMC – it was clear that Paterson did not have the ability to “enter into an understanding...of the people” as Kirk hoped.²⁰²

Kirk and Canton’s Medical Education

Kirk, and many other medical missionaries, believed that the best way to both solve staffing shortages and encourage the devolution of foreign missions was to invest in medical education in Canton. Western medical education had occurred in various forms since the early days of medical missions, when Peter Parker trained three Chinese assistants in the hospital at Canton from 1837.²⁰³ In the 1860s, Dr. John Kerr formalised medical education through the establishment of the Canton Medical College. By 1871, twelve men had spent three or more years at the institution and were practicing Western medicine independently.²⁰⁴ By the turn of the century, the hospital had close to forty students and proudly set itself apart from other medical schools in China due to its cheap tuition, instruction in Chinese, and acceptance of female students.²⁰⁵ In 1904 the medical school moved into new premises on the riverbank near Canton Hospital with a compound boasting classrooms, laboratories, and even a lecture theatre.²⁰⁶ However, while the medical school continued to flourish throughout the first decade of the twentieth century, the strain of the work and growing internal conflict, which had led to a student strike in 1908, reduced the teaching staff so that by 1912 the medical school was forced to permanently close.²⁰⁷ In the wake of the 1908 student strike, another venture arose when around fifty Cantonese merchants, businessmen, and professionals agreed to fund another medical school with the teaching assistance of American doctors, namely, Dr. Paul Todd.²⁰⁸ Kung Yee Medical School, as it came to be known in 1909, was to be the first Western medical school in Canton entirely funded and owned by the Chinese themselves though facilitated by European doctors.²⁰⁹

This was the milieu into which Kirk entered in 1907 – the opportunities and the desire for medical education seemed promising, but the politics of uniting various groups was nonetheless a daunting prospect. It became clear early in Kirk’s time in China that, as president

²⁰² John Kirk to William Hewitson, 28 November 1909, CVM Staff Files – Dr. John Kirk, p. 5.

²⁰³ Xu, p. 87.

²⁰⁴ Ibid., p. 89.

²⁰⁵ Ibid.

²⁰⁶ Ibid., p. 91.

²⁰⁷ Ibid., p. 92.

²⁰⁸ Ibid., p. 94.

²⁰⁹ Ibid.

of the Canton branch of the Medical Missionary Society, he would be heavily involved in medical education decisions in the region. In 1911, talks of forming a Union Medical College among Canton's medical missionaries began. The CVM warned the FMC that, if the college began, "our Church would probably be called on to face its responsibility in this direction".²¹⁰ Balfour commented to the FMC after his deputation visit to Canton, "The question of a Union Medical College is a live one, and the Americans are anxious to get Dr. John Kirk on the staff".²¹¹ While the idea of the Union Medical College attracted medical missionaries as a way to ensure that the future of medical education in China remained a distinctly Christian one, disputes as to how the college would be run continued on and off for years. At the end of 1911, Kirk agreed to be made available in a part-time capacity for some form of medical education work.²¹²

By January 1912, the struggling Canton Medical College offered Kirk a position in Obstetrics, taught in English, but Kirk and the CVM refused the offer.²¹³ He also received a request from the directors of Kung Yee Medical School to teach parttime.²¹⁴ For Kirk, teaching in Cantonese was a high priority. He had begun to prepare himself especially to this end, but others were not as capable and regarded teaching in Cantonese as an unattainable goal.²¹⁵ "It is a great pity," Kirk had remarked in 1909, "that out of the medical missionaries here so few have got a good grip of the language, for the power would be so much greater if they had".²¹⁶ Decisions were delayed as Kirk went on furlough in 1913. He wrote to Hewitson from Dublin later that year, "My own conviction is that as regards teaching through the medium of the Chinese language the medical missionaries have only one course now open to them and that is to accept the invitation of the Committee of the Kung Yee Medical School and give it a fair trial".²¹⁷ Kirk argued that turning down the offer would estrange the medical missionary body further from the leading Chinese medical men in Canton.²¹⁸ "The unfortunate history of medical missions in Canton during the past five or six years has already had a sad effect in widening the gap between the Foreigners and the Chinese," Kirk commented, "and now that there appears to be a chance of retrieving what we have lost I feel that we should accept the

²¹⁰ Canton Villages Mission – Minutes of Council Meeting held at Fong Ts'uen, 19-20 January 1911, p. 2.

²¹¹ Graham Balfour, 'Eleven Days in Canton', in Supplement of *Outlook*, 28 March 1911, p. 4.

²¹² Canton Villages Mission – Minutes of Quarterly Meeting held at Fong Ts'uen, 4 October 1911, p. 2.

²¹³ Canton Villages Mission – Minutes of Quarterly Meeting held at Fong Ts'uen, 3 January 1912, p. 2.

²¹⁴ Canton Villages Mission – Minutes of Annual Conference held at Fong Ts'uen, 20 February 1912, p. 1.

²¹⁵ Canton Villages Mission – Minutes of Quarterly Meeting held at Fong Ts'uen, 3 January 1912, p. 2.

²¹⁶ John Kirk, *Outlook*, 15 May 1909, p. 12.

²¹⁷ John Kirk to William Hewitson, 18 December 1913, CVM Staff Files – Dr. John Kirk, p. 2.

²¹⁸ *Ibid.*

Kung Yee's invitation in good faith".²¹⁹ As to the question of maintaining "missionary influence", which had attracted medical missionaries to the Union Medical College idea, Kirk argued that considering the Kung Yee Medical School intended to ensure freedom of religion, "the missionary influence of the college will just be what the missionary men on the staff make it to be".²²⁰

When Kirk returned from furlough in 1915, the question of who the Canton Medical Missionary Society, and thus the CVM, should support, returned in full force. The CVM confirmed its support for Kirk's involvement, and of the need for training Chinese 'helpers'.²²¹ Mawson also wrote home to the convenor, "the unanimous opinion seems to be that [Kirk] is the only man in Canton who can do anything to retrieve the position of medical education... Dr. John's presence and personality will have considerable influence on the course of events".²²² "The scramble after his services in medical union educational circles has been somewhat unseemly," Herbert Davies mentioned to Hewitson.²²³ But Kirk was decisive, and continued to express favour for the Kung Yee scheme.²²⁴ By 1915, toward the end of Ko Tong Hospital's history, while in a locum position at Canton Hospital, Kirk was appointed to give clinical instruction to Kung Yee Medical School students and with the full approval of the CVM began to lecture part-time at the school.²²⁵ But Kirk's involvement with medical education continued well into the next phase of the CVM's medical mission.

While debates raged in Canton over formal medical education, the Kirk brothers facilitated training for many of their staff through apprenticeships. When there was no option of attending a Western medical school in China, those who wanted to train to become doctors of Western medicine apprenticed themselves under medical missionaries instead.²²⁶ Historian Guangqiu Xu notes that during these times, medical training "was performed along with the normal routine of the hospital".²²⁷ Kirk was aware of the desire for this kind of training early on when a few months after Ko Tong Hospital opened, a young man called Ngai approached McNeur to ask whether Kirk would take him on as a medical student.²²⁸ Over the course of its history,

²¹⁹ Ibid.

²²⁰ Ibid.

²²¹ Canton Villages Mission – Minutes of Council Meeting held at Kong Ts'uen, July 1914, p. 1.

²²² William Mawson to William Hewitson, 4 February 1915, CVM Staff Files – Rev. William Mawson, p. 4.

²²³ "...even more so than the efforts of Bible Class members to get hold of him when they nearly pulled him in half between two railway trucks", Davies finished the sentence. See Herbert Davies to William Hewitson, 30 March 1914, CVM Staff Files – Rev. Herbert Davies, p. 2.

²²⁴ Ibid., p. 1.

²²⁵ Canton Villages Mission – Minutes of Council Meeting held at Kong Ts'uen, 21 October 1915, p. 1.

²²⁶ Xu, p. 88.

²²⁷ Ibid.

²²⁸ Diary of George McNeur, 19 December 1909.

the CVM medical mission gave many opportunities to young men and women who otherwise might not have been able to obtain higher education, training nurses, dispensers, and medical assistants – who would later become doctors – at Ko Tong Hospital. The most famous of these students was Kirk’s medical assistant, Su Taat Ming (see Figure 23). Most likely a student from Sha Luet as many of the hospital’s students were (probably thanks to Tsui Mau Kwun’s influence), Su was one of the first Chinese staff members at Ko Tong under Kirk, along with James Shum, the hospital steward, Ah Sing, and Ah Say, who became Ko Tong Hospital’s first Chinese nurse. When he first began work at the hospital, the young seventeen-year-old, who went by the name Ah Pong, quickly became Kirk’s foremost medical assistant. When Edward Kirk arrived in 1910, he commented, “A. Pong, a young fellow of about eighteen, is wonderfully well up in matters of surgery, and it is difficult to see how the doctor would get on without him”.²²⁹

Kirk obviously saw the young man’s potential, and the following year when he had turned nineteen, the CVM’s quarterly meeting minutes read, “in view of the promise of future usefulness given by Ah Pong, Dr. Kirk proposed that the mission enter into an agreement with him and his father that would enable him to go through a medical course and then serve the mission for at least five years on completion thereof”.²³⁰ Su and his father agreed to Kirk’s proposition, and he began more formal instruction under Kirk, in which he was soon joined by the hospital’s ex-patient, and Shum’s relative, Poon Yin Shaang.²³¹ In 1912, Kirk reported that Su had taken to conducting his own services in the Ko Tong Chapel for men patients, commenting, “though only a young lad... he gives promise of fulfilling our hopes that someday he will be a doctor of tender sympathy and spiritual power”.²³² The following year, Su became a deacon in the Ko Tong church alongside James Shum, and he changed his name to Taat Ming

²²⁹ Edward Kirk, ‘Impressions of Canton’, *Harvest Field*, April 1910, No. 22., p. viii.

²³⁰ Canton Villages Mission – Minutes of Council Meeting held at Fong Ts’uen, 19-20 January 1911, p. 2.

²³¹ Three years younger than Su and perhaps the louder of the two in personality, Yin Shaang gained more press by the *Outlook*’s estimations. In 1911, Edward Kirk wrote of one of the boys’ lessons: “It was one day about a month ago, when Dr. Kirk was in the dispensary (where we keep our medicines), and Een Shaang and Ah Pong, our two boys, were with him. Dr. Kirk was “making up a bottle” for a patient, and as he took down a bottle from this shelf and another from that, and mixed the medicines together, the boys were eagerly trying to pick up information. ‘What’s that medicine, doctor?’ said Een Shaang, handling an ugly brown bottle that had just been put down. ‘Oh that’s ammonia,’ said the doctor; ‘but be careful, for it’s very strong’. The medicine-making went on... and [Een Shaang] timidly stretched out his hand for the bottle...he removed the cork, and oh! With gasps and splutters, coughing and tears, he fled from the room... I heard the peals of laughter which followed and, coming in, saw a spectacle that is more easily imagined than described.” See Edward W. Kirk, ‘Canton Villages Mission – The Little Patient, Een Shang’, *Outlook*, 14 February 1911, pp. 9-10.

²³² John Kirk, C.V.M. Annual Medical Report 1911-1912, p. 11.

– ‘intelligent brightness’.²³³ Others could also see Su’s potential. In 1915, Paterson wrote to Don, “A Pong is an exceptionally valuable man from every point of view”.²³⁴

“\$%&’! *+)! Su Taat Ming with his wife and daughter,
c.1920s²³⁵

In March that year, funded by a New Zealand doctor, Su began his formal medical qualification at Kung Yee Medical School where he would have seen John Kirk from time to time due to his teaching there.²³⁶ Kirk and Su must have developed a close relationship because Kirk mentions that in 1916 Su spent part of his Christmas vacation with Kirk and his family at Ko Tong.²³⁷ When he graduated from medical school, Su returned to the CVM hospital, this

²³³ Edward Kirk, C.V.M. Annual Medical Report 1912-1913, p. 5.

²³⁴ R. E. Paterson to Alexander Don, 28 January 1915, CVM Staff Files – Dr. R. S. Paterson, p. 4.

²³⁵ Anon., ‘Dr. So, Mrs So, and child, Kong Tsuen’, Album Print, Foreign Missions Committee – Canton Villages Mission, PCANZ Archives, 88/7/12, A-L-1.47-150, Digital ID: 23747.

²³⁶ John Kirk, C.V.M. Annual Medical Report 1915-6, p. 11.

²³⁷ John Kirk, C.V.M. Annual Medical Report 1916-17, p. 7.

time in its new iteration at Kong Chuen where he worked alongside Kirk for several years. Kirk's surgical operations book shows an increasing number of operations marked "Dr. Su" or simply "T.M.S". In fact, from the mid-twenties, Su performed more operations than any other CVM doctor and it was "on him that the charge of the hospital has devolved during the enforced absence of foreign doctors".²³⁸ In every way, Su appeared to be Kirk's most obvious successor as he approached the end of his final term in China in 1928. Mission literature in 1916 had recorded Su as "the senior house surgeon...who has grown up with the mission...held in the highest esteem of all".²³⁹ And yet, in 1928, Su sadly resigned his position, which was an obvious blow to both the CVM and to Kirk.

Kirk's final annual report reveals some of his bewilderment over the situation, "it was a matter of deep regret that Dr. Su could not see his way to continue with us at a time when he was so greatly needed...To many of his friends it seemed that the time had come for his taking such a position of leadership but he *shrank* from the responsibility and physical strain involved when it seemed as if he were to be left alone when Dr. J. Kirk left for furlough" [emphasis added].²⁴⁰ A rare moment of ill-worded sentiment perhaps, Kirk's choice to say that Su "shrank" from the position remained a point of contention for Kong Chuen Hospital's Chinese staff.²⁴¹ According to the CVM's New Zealand doctor in the 1930s, Dr. Kathleen Pih, when she arrived "the European version of his departure still rankled among the Chinese staff" and that "Su had wanted the job".²⁴² Why then had Su resigned? A number of reasons could have led to the doctor's decision. Perhaps Su was wary about coming under the FMC's leadership, having to report to a body of men he had never met, in a country he had never been to, in a language that he had only learned as an adult. Alternatively, it is likely that perhaps the salary the CVM offered him, which was likely lower than a foreign doctor's salary, was inadequate to support his wife and daughter in their stage of life. Other institutions in Canton paid better. Or perhaps, just as Edward Kirk had found in 1925, the FMC's failure to staff and equip the medical

²³⁸ See John Kirk, *Surgical Operations Notebook*, 1917-1928, Kirk Family Collection, PCANZ Archives, unaccessioned; Herbert Davies, *The Canton Villages Mission of the Presbyterian Church of New Zealand* (Dunedin: Foreign Missions Committee, 1916), p. 55.

²³⁹ Davies, p. 55.

²⁴⁰ The note is worth quoting in full: "it was a matter of deep regret that Dr. Su could not see his way to continue with us at a time when he was so greatly needed. It had even been our hope that some day he might become superintendent of the institution with which he has been associated, in one way or another, for nineteen years. To many of his friends it seemed that the time had come for his taking such a position of leadership, but he shrank from the responsibility and physical strain involved when it seemed as if he were to be left alone when Dr. J Kirk left for furlough. Our best wishes follow his family in the new sphere of service which they have entered in Canton city." See John Kirk, C.V.M. Annual Medical Report 1927-1928, p. 2.

²⁴¹ Ng, *Windows on a Chinese Past*, vol. 2., p. 234.

²⁴² Ibid.

mission was a constant physical strain, and Su's resignation was akin to that of many doctors in the CVM who lacked adequate support to sustain a long missionary career. In any case, Su left the CVM for Canton where he worked, and perhaps headed, a large modern hospital in the West Suburb.²⁴³

Conclusion

John Kirk's influence over the development of the CVM's medical mission at Ko Tong Hospital was significant. Kirk attempted to ensure that the CVM's future medical missionaries were of a high quality, with the ability to gain the confidence of their patients and the Ko Tong community through the integrity of their medical skill and their linguistic capabilities. Voicing his concerns to the FMC over missionary health, the need for medical experience, and the necessity of allowing missionaries adequate time to learn Cantonese, Kirk thereby influenced mission policy. While historian James Ng's assessment that the CVM's medical branch was inhibited by the use of "inadequate or worn-out equipment" is clearly illustrated through an analysis of Ko Tong Hospital's buildings and equipment, the main staffing issue during the Kirk years was not owing to the "youth and inexperience" of the staff as much as it was a constant failure to maintain adequate staffing numbers. Far from being unique, failure to equip and staff mission hospitals due to a lack of funding was not uncommon and the trajectory of mission hospital that could not obtain external funding in China during this time was generally one of decline. The Ko Tong Hospital years are usually disregarded or overlooked as a less important part of the CVM's history in both mission literature and in existing scholarship on the CVM due to the humble physical nature of the hospital itself and its achievements. However, it is clear that Kirk developed most of his ideas about medical missions through experiences at Ko Tong, and these fundamentally influenced both the development of the CVM's larger hospital at Kong Chuen, and also Kirk's approach to medical missions more broadly in China in his later role as president of the CMMA in 1923.

²⁴³ In 1935, Edward Kirk recounted in a letter to William Mawson of a visit he made to Canton and Kong Chuen where he met and spent the day with Su, revealing much about his new situation: "A telephone to Dr. So Taat Ming was promptly followed by a visit to his medical centre in the West Suburb...a four or five store building representing surgery, dispensary, and waiting rooms – so neat, clean, and tidy – above this two storeys of private rooms for selected cases... Dr. So drove me in his car...[to Kong Chuen]". See Edward Kirk to William Mawson, 6 February 1935, CVM Staff Files – Dr. E. W. Kirk, p. 2.

CONCLUSION

...perhaps, in the busy throng of some market-place or village street we shall see a smile of recognition...and be reminded of some circumstance which brought East and West together in the wards of Ko Tong Hospital.

– John Kirk, 1917¹

In June 1917, Ko Tong Hospital officially closed to the public of Ko Tong market and the surrounding area, making way for the newer hospital built on the Canton Villages Mission (CVM) compound at Kong Tsuen. In its eight-year history, the hospital had seen well over 13,000 patients from at least 200 villages throughout Upper Panyu, and with its staff, the Kirk brothers had performed around 2500 operations and attended to several hundred newborn babies. The history of the CVM's first mission hospital has largely been ignored, even by the mission itself. Described in the CVM's institutional history as "the entering wedge which opened the way" for mission work in the region, the hospital was overshadowed by its larger more sanitary successor hospital.² Yet, when he wrote the final annual report for the hospital in 1917, Kirk was aware that the small hospital had accomplished much in its time. Importantly, as the quote above indicates, Kirk saw significance in the cross-cultural exchanges that took place in the wards of the mission hospital at Ko Tong, identifying them as moments "which brought East and West together".

When we consider New Zealanders' relationship with the Chinese today, we often conceptualise it in terms of economics and politics. Yet, the history of New Zealanders' experiences in China in the twentieth century began not with politicians or trade deals but with missionaries. The fundamental aim of this research has been to begin to shed light on that history by examining the medical mission of the CVM in its first hospital at Ko Tong. The Presbyterian Church of New Zealand's Canton Villages Mission and the history of its representatives in China is inextricably linked to the history of the Chinese in New Zealand; the former at least initially dependant on the existence of the latter through relationships forged between missionaries and New Zealand Chinese miners who returned to China. As one of its

¹ John Kirk, C.V.M. Annual Medical Report 1916-1917, Foreign Missions Committee, Canton Villages Mission/South China: Annual Reports, GA0001 AA 4/1 84/18, No. 1., 1901-1913, PCANZ Archives, p. 1.

² William Mawson, *The Story of the Canton Villages Mission* (Dunedin: Presbyterian Bookroom, 1926), p. 51.

major themes, this thesis has traced the extent of this link of cross-cultural exchange when considering the CVM's medical mission. The flow of money, goods, and ideas between China and New Zealand in relation to the development of the medical mission is impressive. New Zealand Presbyterian congregants not only gave financially generally towards the mission. But groups like the PWMU also organised medical supplies for the hospital, and certain individuals funded particular needs, such as the New Zealand doctor who personally funded Su Taat Ming through medical school in Canton. In return, to raise awareness of these needs and to encourage fundraising, Kirk and the CVM missionaries constantly sent information about China back to New Zealand for publication in the *Outlook* magazine. In doing so, they not only gained support by painting a sympathetic view of the medical mission, but they also painted an image of China for their audience, albeit an undeniably needy one.

Related to this, another significant theme of this thesis has been the role of returned New Zealand Chinese in the development of the medical mission. The first chapter has illustrated how Alexander Don and the CVM strategically used their relationships with New Zealand Chinese miners by taking letters, money, and photographs back to their villages in order to establish goodwill for the mission in Upper Panyu. The second chapter highlights many ways in which returned New Zealand Chinese and those still in New Zealand engaged with and responded to the medical mission. It was the returned New Zealand Chinese man Lau Kwai who developed a friendship with the mission and helped McNeur and Mawson secure the property for Ko Tong Hospital. James Shum became the hospital's steward and played a crucial role as a cultural mediator for the Kirk brothers in their earlier years. New Zealand Chinese evidently wrote back and forth between China and New Zealand about the mission. Sometimes this resulted in scepticism towards the medical mission, as when the contents of the Pong Wu pamphlet against the mission hospital reached the Chinese living on the West Coast in New Zealand in 1911. At other times New Zealand Chinese wrote favourably of the medical mission. The most obvious example of this is Chau Laai's letter to Don in 1910. New Zealand Chinese donated a considerable amount of money towards the mission in 1914, and several entered the hospital as patients throughout its history. The Chinese miners who came to New Zealand from the 1860s are often referred to as "sojourners" because most worked with the intention of one day returning to China. However, the continued engagement of returned New Zealand Chinese with the medical mission strongly indicates that their time in New Zealand was culturally significant to them, and that their long-term interest in both Chinese and New Zealand affairs perhaps demands a more nuanced view of the New Zealand Chinese "sojourning" experience.

The first chapter of the thesis in particular placed the establishment of the CVM and its medical mission within the broader context of the missionary movement and medical missions in China. Here I argued that the CVM, far from pioneering new policies and practices, closely followed the missions around it, in particular, the American Presbyterian Mission (APM). Additionally, I analysed the CVM medical mission's Edinburgh-trained doctors, noting that their time in Edinburgh profoundly influenced not only their medical education but it also developed their latent ecumenism. With policies and practices similar to those of other missions, and a medical mission of predominantly Edinburgh-trained Scotsmen, the question naturally arises as to the ways in which the CVM was at all a "New Zealand" mission. Unsurprisingly, this issue occurred to other missionaries. The APM encouraged the CVM to merge its operations, and later, Dr. Paul Todd suggested that instead of developing its own hospital in Ko Tong, the CVM should continue to support Canton Hospital where Ings had been working. McNeur strongly opposed the merger propositions, I have argued, in an attempt to maintain the distinctiveness and autonomy of the CVM as a *New Zealand* mission, at the heart of which lay the medical mission in Ko Tong. The irony of this decision to remain independent from the APM and other missions in its early years is that Kirk's involvement in medical missions was increasingly collaborative. The third chapter sheds light on Kirk's influence in the development of not only the CVM's medical mission, but also the medical missionary movement in Canton and later in China more generally. Kirk also went on to support Todd in teaching at Kung Yee Medical School. Nevertheless, the CVM asserted its *New Zealand* identity first and foremost in the early years by actively pursuing connections with the returned New Zealand Chinese community in Upper Panyu, it bolstered this image by establishing the medical mission at Ko Tong, and after the relationship between New Zealand Chinese and the mission became distant in later years, the CVM maintained its autonomy and identity as a mission by relying solely on New Zealand Presbyterian congregations for its financial support.

The second chapter considered the ways in which historians can understand how the Chinese, like those in Ko Tong, responded to and engaged with the "foreign doctor" in their midst. The chapter argued that anti-foreignism does not provide an adequate framework in which to understand either negative or positive responses to the medical mission in Ko Tong. Rather I have argued, along with Frank Dikötter and Virgil Ho, that the Chinese responded with far more nuance to Western ideas. In fact, even in Qing intellectual circles, the practicality of adopting Western technologies was expressed through the *ti-yong* system. Additionally, responding to Robert B. Marks' call to consider issues pertaining to rural life when examining rural events in China, I have highlighted how those in Ko Tong were generally pragmatic in

their opposition of the hospital. Because the market's stability relied on close ties between religion and trade, and also because the local council would bear the indemnity by treaty law if the CVM's property in Ko Tong incurred any damages, the local gentry were opposed to the CVM's entering the market town. Thus, though they were often critical of the British government, the CVM was in a position to benefit from British presence in China.

The most obvious cross-cultural exchange taking place in Ko Tong Hospital was between Western and Chinese understandings of medicine. The Cantonese were also pragmatic in their responses to Western medicine. As historian Yi-li Wu demonstrates, the Chinese drew from an array of different beliefs and techniques about medicine and would often consult numerous different Chinese practitioners when attending to a medical issue. I have argued that the Cantonese in Ko Tong approached the Western medical practices Kirk offered in much the same way, utilising medical treatment they believed they could not find elsewhere. Therefore, the Cantonese often initially came for eye surgery, along with surgery for tumours and bladder stones, which doctors of Chinese medicine generally did not practise. Later this also extended to obstetrics and the care of infants. Nevertheless, I also contended that the Kirk brothers' patients generally supplemented their local healthcare traditions with Western treatments, but most did not adopt Western medicine wholesale as an entire system of care. Importantly, while the Cantonese in Ko Tong took a pragmatic interest in Western medicine, the Kirk brothers' engaged very little with Chinese ideas of medicine, even though they developed good relationships with doctors of Chinese medicine and collaborated with them on sanitation projects. A case study of this nature provides useful insights for historians into the ways in which rural people responded to Western medicine in China.

In the third chapter, I directly examined Ng's assessment that the quality of the CVM's medical mission was compromised by "the recruitment of young, inexperienced doctors who used inadequate or worn-out equipment" in the context of Ko Tong Hospital's medical missionaries. Here I argued that while the CVM's doctors were often young – Edward Kirk began work in the hospital when he was twenty-three – all four of Ko Tong Hospital's foreign doctors had received their medical education from Edinburgh Medical School, which at that time was considered to offer the best medical education in the English-speaking world. The chapter emphasised the influence that John Kirk had in shaping qualifications for medical missionaries. In candidates, he stressed the importance of good health, medical experience, and dedication to learning Cantonese. Interestingly, Randolph Paterson, the medical missionary who struggled to run the hospital and build rapport with its staff had the first two qualifications but had dedicated very little time to language learning, and had never come into contact with

any of the New Zealand Chinese prior to his arrival in China. Nevertheless, the medical missionaries were generally well-received, and Kirk in particular became a significant figure in that medical missionary community.

The hospital certainly was inadequately equipped for the work of its staff, and the Kirk brothers often called on the FMC to make changes to the hospital's equipment and conditions. Yet the image of the CVM's medical missionaries toiling in unsanitary conditions was mythologised in mission literature, and particularly the *Outlook* magazine, in order to encourage donations to the mission. I argue that the primary reason why the medical mission was stunted in its growth was not due to its doctors or even its equipment, so much as the severe lack of funding in proportion to its aspirations and the constant short-staffing which characterised most of the period. With missions in China, Vanuatu, and India, and two mission hospitals, the New Zealand Presbyterian Church's missions committee aspired to more than its budgets would allow. Hence each mission competed to have its needs met. The under-staffing at Ko Tong Hospital had a considerable impact on the medical missionaries who often suffered from burn-out. However, under-staffing and under-funding was common in medical missions during this period, and increasingly missions looked to external funds such as the Rockefeller Foundation to support their hospitals. The FMC's failure to address these problems ultimately stunted the medical mission's development and also its progress towards devolution. Even though the medical mission had intended to pass the leadership of the hospital to Su Taat Ming, Kirk's former student, neither Kirk or the FMC could persuade Su to take on the role probably due to his concerns surrounding funding and staffing. One wonders how the medical mission might have progressed differently had the FMC addressed Su's concerns.

In 2005, Brian Moloughney called for historians to examine stories like those of the CVM's medical mission "as New Zealanders explore further their engagement with China".³ Fifteen years later, Moloughney's call seems more relevant than ever as New Zealand's relationship with China and the Asia-Pacific region continues to grow. One of the over-arching aims of this research has been to highlight how much historians can learn from the varied and largely untapped archival resources that sit in mission archives. Missionaries are indeed complex historical figures. Medical missionaries like Kirk spent decades engaged in Chinese language and culture. There they married and raised families, invested their time in building hospitals and training students in Western medicine, all the while translating ideas about China

³ Brian Moloughney, 'Translating Culture: Rethinking New Zealand's Chineseness', in Charles Ferrall, Paul Millar, and Keren Smith, eds., *East by South – China in the Australasian Imagination* (Wellington: Victoria University Press, 2005), pp. 391-2.

back home to the many who supported their endeavours. In many ways they were transnationals whose work began a process of cross-cultural interaction in bringing “East and West together”. Encounters between Scottish-trained medical missionaries and Cantonese patients in the wards of Ko Tong Hospital over its eight-year history were significant moments of cross-cultural exchange.

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