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# The Department of Social Service at the Peking Union Medical Hospital, 1920-1937

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In 1906 a Rockefeller-funded commission began to explore the possibility of creating a non-denominational, Christian university for medical research in China. This interest paralleled the increasing American awareness of China in the early 20th Century, as well as the Rockefeller Foundation's entry into medical education. Prominent American educators and representatives of major missionary societies, who gathered in the Rockefeller Foundation offices in 1914 to discuss China's future, all perceived the Chinese as a "flawed and backward peop1e" whose "radically false views of life and nature" b1ocked the progress of their society toward modern civilization. John D. Rockefeller, Jr. was a devout Baptist who insisted that the new medical research hospital would maintain a Christian character. Its professed goa1, in the words of John D. Rockefeller, Jr., was to offer the best of Western civilization's "mental development and spiritual culture" to a tradition-bound society and a "distinctive contribution to missionary endeavor." [1]

Rockefeller's attitudes, typical of early 20th Century philanthropic foundations, reflected the evolution of 19th Century missionary medicine as a method of religious conversion into 20th Century attitudes of service through medical training, research, and institutional care.[2] Research, prevention, and scientific discovery replaced the nineteenth century emphasis on relief and cure of disease and illness.[3] In fact, 20th Century professionals became the successors of 19th Century missionaries in their "earnest desire to remake the world upon their private models." Medical doctors were "like religious men...who believe in their own vision.., and wish to go among others...with a scientific gospel."[4]

The Peking Union Medical College (Xie He Yi Yuan) incorporated in 1913, was modeled on the Johns Hopkins Hospital and became the leading medical center in Asia.[5] Rockefeller, Jr. clearly linked religion to the medical research focus of the PUMC. At the 1921 dedication

exercises, he referred to the "final test of true religion (as) the translation of that religion into the highest type of life."[6] He remained committed to the London Missionary Society from whom the property for the PUMC was purchased.[7] A Department of Religious and Social Work was established in 1917 to oversee the institution's religious life.[8] Rockefeller, Jr.'s personal commitment to maintaining a Christian character at the PUMC underlay the tension between religion and professional medicine throughout the history of the medical research hospital, ultimately providing fuel for the Communists' labeling the hospital as a tool of American imperialism when nationalizing it in early 1951.

Medical Social Work, founded in 1905 by Dr. Richard C. Cabot at the Massachusetts General Hospital, had become a required component at major American medical school hospitals by the time of its inclusion in the PUMC. During its early years in the United States, the profession remained controversial because of its move away from religious service and toward secular reform.[9] Medical social work had its critics at the PUMC even before its establishment in 1921 with the arrival of its first director, Ida Pruitt. The initial debate was between Rockefeller, Jr. and the head of the Religious and Social Work Department, Philip Swartz on one side and secular reformers on the other.[10] Swartz reluctantly accepted the secular nature of social work in the United States but argued passionately that the Christian character of social service must be salient in China as one of few means "to develop the moral consciousness of the people. He believed the head social workers, though professionals, "should consider themselves missionaries," while maintaining the "scientific, and efficient character of the work." While recognizing the material basis of most social problems among the PUMC patients, Swartz emphasized the restoration of "warped and trouble worn people to normal personality" through religious training. Therefore, he urged selection of a social worker based on her essential Christian character and an "organic relationship" with his department.[11]

The Christian service ideal lay at the roots of both social reform and medical social work, as Ida Cannon, early leader in hospital social service, hastened to mention while defending the professional trend in her field. She observed a "spiritual quality of the pioneering period" of the social work movement which still existed as a "genuine spirit of service" in all the social work departments she visited.[12] Protestant social services continue to define themselves as a "conscious expression of the

Christian motives of justice and love" whether under church auspices or public or nonsectarian voluntary auspices in the United States.[13]

However, a consensus evolved in the United States to integrate social service departments directly under hospital administrative structures. At the PUMC, the professional status of medical social work and its separation from the Religious and Social Work Department was defended by Ida Cannon and eventually all of the Rockefeller Foundation administrative leaders against Mr. Swartz's protests.[14] After receiving no objections from prominent missionary doctor, Dr. Arthur J. Brown, the secretary of the Executive Committee of the Rockefeller Foundation recommended that the Department of Social Work fall directly under the hospital administrative structure instead of under the Department of Religion and Social Work. [15]

In 1920, Ida Pruitt was hired by the Rockefeller Foundation to become the first social caseworker in China. Pruitt was the obvious choice for the position. She had grown up in a small Chinese village, the daughter of missionaries and later worked in Philadelphia as a social caseworker. The Rockefeller Foundation and its offshoot, the China Medical Board, hoped her Southern Baptist credentials would provide the Foundation a means to bridge the distance between the religious and secular methods of trying to "save" China.

After her hire, Pruitt was sent to Massachusetts General Hospital to train with Ida Cannon. This internship, of sorts, had a formative influence on Pruitt's ideas about medical social work. Her own principles and methods of approaching medical social work, though interpreted and implemented differently in Beijing (variously written Peking and Peiping), echoed both Ida Cannon's work and the thoughts of Dr. Richard Cabot, who founded the field of medical social work at Massachusetts General in 1905.[16]

Ida Pruitt absorbed Cannon's ideas about the importance of social readjustment of the individual to society, the emphasis on individual character change over social factors in disease and health, the careful study of the subtle reaction of human nature to circumstances, and the preferred use of the casework method before other types of social work. She also seemed to have learned the secret of Ida Cannon's interviewing technique--the use of indirection for maximum disclosure of unexpected sources of anxiety and difficulty. She later repeated to her students Cannon's principle of considering the patient's own plan first in order to gain his cooperation in making the necessary modifications as

prescribed by the attending physician. Her ease at learning these principles and methods of social casework came, perhaps, because she was a "natural" as her supervisor in Philadelphia had put it. She may have been a "natural" at indirection and gaining the patients' cooperation because of the early role model she had in her Chinese amah, "Dada." Her challenge to the technical orientation of modern Western medicine, which her missionary mother admired and studied in the Chinese interior, arose both from her childhood in a Chinese village and from her professional training with the pioneers in the modern American social work profession.

Ida Pruitt's arrival in Peking, May 1921, marked the end of the Rockefeller Foundation's two-year study of hospital social service, their search for a social worker and the beginning of the Social Service Department of the Peking Union Medical College. Pruitt headed the Department of Social Service at the Peking Union Medical College until 1938. In this position, she recruited and trained the first social caseworkers in China and established hospital social work as a permanent department in the PUMC.

The only trained social workers in China at the time were a few secretaries in the Young Women's Christian Association (YWCA). Trained in group work, they practiced a very different kind of social work from the case work begun at the PUMC. Pruitt's staff during the early years consisted of two Chinese caseworkers chosen for their familiarity with the traditional Chinese social structures and customs. One was a Manchu who knew Peking inside-out and had studied at the School of Mongolian and Tibetan Affair. The other staff member had been a teacher in the Qifu mission school in Shandong where Pruitt had taught years before. She had grown up in a rural Chinese village, yet she knew something of the new through her association with the mission school. She was valued for her common sense and knowledge of the popular customs.[17] Later hires consisted predominantly of Sociology majors from Yanjing University due to the proximity of the university to the PUMC. Students from Shanghai College, Ginling College, Qinghua College, and Jilu University also participated in the work of the Social Service Department as unpaid apprentices supervised by a senior staff member. Cantonese, Fujianese, and most other dialects of China were represented on the staff.[18] By the early 1930s, a three-year apprenticeship system was developed, consisting of a caseload, conferences, and lectures. Pruitt lectured twice a week and conducted daily conferences with some staff. She also lectured in case work methods at Yanjing University until 1936.

Volunteer American social workers and two Chinese workers trained in American schools of social work made up the supervisors.[19] Until 1930, all trained workers were absorbed by the PUMC, as female workers stepped down to marry. By 1938 Pruitt had expanded her department to a staff of ten men and twenty-four women, of whom two were Russian interpreters. [20] Other hospitals and social agencies requested social workers and sent their own personnel to be trained in social work at the PUMC. Pruitt's students went on to practice social work throughout China as well as overseas. One of Pruitt's protégés pioneered social work courses at the University of Hong Kong. Her students became the leaders of Hong Kong social agencies. Pruitt became known as the founder of casework agencies in China. She was credited with developing a highly efficient social service department at the PUMC that broke the ground for medical social service.

In the early phase of development, social work leaders were unclear whether hospital social work principles and methods were transferable to China. Pruitt soon concluded that such work could be done and was more needed and effective than in America where many other agencies were available to help the sick.[21] Her perspective about the universality of human nature and human needs was clearly reflected in her writings about social work in China. In any country, she wrote, those without pain need a note or home visit to remind them to return to the hospital for a check-up. The social worker's job was gently to remind the patient of the check-up. Perhaps bus-fare to the clinic was needed. The social workers wrote letters to the patient's employer asking permission for the patient to attend the clinic, and performed other tasks particular to the situation.[22]

The same human emotions, in Pruitt's view, led to different points of resistance to the social worker because of different cultural patterns. For instance, there was less resistance in China than in the United States about disclosing personal family information. Resistance was considerably greater in China about financial matters; secrecy was a family's only protection from hordes of distant relatives and the "squeeze" of the tax collectors.[23]

Pruitt's sense of common humanity behind different cultural patterns between the Chinese and the American people contrasted with the missionaries and other Westerners' views, which historically have seen East-West differences as virtually immutable. For missionaries, the critical difference was that between Christian and pagan: the Saved and the Damned. Missionary women's belief in a universal womanhood simply assumed women's special, separate nature outside of history

and culture. Pruitt rejected the analysis of women's special nature. The early twentieth century popular secular version of this view is the commonplace-- that Orientals are "inscrutable" and regard human life cheaply, and thus are hardly human as we understand the word. The popular press, the visual media, and politicians all helped perpetuate this idea that the East-West gap is between fundamentally different beings. [24]

The image of beings fundamentally different from Westerners led American reformers, religious and secular, to attempt to remold the Chinese into their own image. The nineteenth century image was of individual religious conversion to Christianity. The twentieth century image became societal conversion to democracy and material progress.[25] In contrast, Pruitt's assumption of the common humanity of Americans and Chinese was in accord with her goal at the Social Service Department of the PUMC. It was not one of individual religious conversion or social change but rather social harmony. She trusted that Chinese society has evolved methods satisfactory to itself to resolve life's major problems..[26]

Pruitt's goal of social harmony reflected traditional Chinese fatalism:

> To a Chinese--a good Chinese--the station in which he finds himself is the result of many forces, most of which originated in other lives...He could be just as good a "man" as a servant as he could as an officia1... If fate had put him into the life of a servant, it was his duty to be as good a servant as it was possible to be.[27]

This goal was also consistent with the modern American social work profession. Dr. Richard Cabot, founder of medical social work, urged studying each case from the viewpoint of family and community to best give the patient what he needed to "get... back into his or her place in society,"[28] This value of social harmony, the oft-used words, 'individual adjustment to his/her natural position in society," was the goal in the PUMC Social Service Department. Arising from the director's Chinese upbringing as well as her professional social work training, this goal was a far cry from missionaries' goal of Christianizing China through conversion of individual Chinese, and from her PUMC colleagues' goal of reforming, modernizing, and

Westernizing the Chinese through modern medicine.

The president of the Rockefeller Foundation, George E. Vincent, accompanied Pruitt on her round of home visits during his tour of the PUMC at the end of Pruitt's first year there. He later reported a scene superficially similar to missionary home visitations: The American social worker's "friendly and pleasant manner and her fluent Chinese evidently made a favorable impression" upon the patient, family, and the assemblage of neighbors who gathered to observe the foreign devils. Her qualifications and aptitudes for the job, so obvious to Vincent, were a product of her missionary past, even while she rejected the goals of missionaries. Nevertheless, President Vincent remained skeptical about the possibility of introducing "social service in anything like the American sense" in Beijing.[29]

## Social Casework at the PUMC

Compared with public health nursing and the YWCA, the Social Service Department at the PUMC emphasized the individual nature of casework. A simple, two-step process was used: first, understand the client through investigating him, his family, and his community, and, second, obtain proper resources for the client.[30] As it evolved, the work of the Social Service Department divided into three main categories: regular clinic and ward visits, in which every patient was seen at least once; home visits; and record-keeping.[31] Routine ward cases included: cardiac, tubercular, carcinoma, orthopedic, unmarried mothers, syphilis, gastro-intestinal, and obstetrical and gynecological. [32] Clinics included: General Medical, General Surgical, Cardiac, Skin, Syphilis, E.N.T., and G.U., Men's Orthopedic T. B Bone, and Tumor.[33]

Cases fell into four basic categories. First were those needing no outside resources. The social worker served to coordinate and communicate between relatives and other social resources, and to clarify the medical treatment to the patient and family. The majority of cases were of this category. Second were those cases cared for wholly by the Social Service Department. The third category of cases was referred to other agencies. Fourth were those cases

dropped because the patient proved unable to perform the job found by the social worker, the family refused aid, or the patient was "character deficient, a drifter, or waster."[34]

Although casework remained the primary technique used by the department, the staff also engaged in group work, reform, and research--the three other fields of social work. Pruitt was instrumental in founding a number of social service agencies to provide support systems for her clients whose families were unable to perform this traditional function in Chinese society. Her department provided social workers to several social reform efforts and opened the 40,000 casework records to social researchers.[35]

Individual medical cases generally fell into the clinic and ward divisions of the hospital. Because a given medical problem often triggered any number of social problems, depending on the patient's life circumstances, the social work cases were organized according to the patient's position or status in life, rather than medical problem: solitary men, prostitutes, unmarried mothers, soldiers, clans, simple families, farmers, artisans, or apprentices, to name a few. [36]

One medical problem- tuberculosis-could have absorbed all the social workers and departmental resources. A very large majority of PUMC patients had tuberculosis as a factor complicating other medical and social problems. Much time was spent teaching the use of sputum cups, separate eating bowls and chopsticks, and separate sleeping quarters to patients and their families. However, all the sputum cups in the world were as useless as the missionary injunctions against paganism had been in 19th Century medical work as long as the root causes of filth and poverty remained. During the turbulent social upheaval of the 1920s and 1930s, others, both Chinese and foreigners, were struggling to either defend, reform, or revolutionize society. The Social Service Department helped patients find sustenance and arranged necessities of life in Beijing

The interview method was key to understanding the patient and his situation. Interviews with patients were conducted while sitting in the hospital corridors due to space limitations. Ironically, the public nature of such interviews made the patients feel less self-conscious with the

social worker. The systematic note taking and routine of the corridor-interview gave patients confidence that the procedure was part of the hospital pattern. If the patient seemed nervous about others hearing his story, and after his confidence was gained, a consulting room could be made available.

Pruitt taught her caseworkers the importance of recording the patient's beliefs about himself and the world, even if those beliefs appeared on the surface to be far from reality…. Such beliefs would show the pattern of the patients' fears and misconceptions, and therefore give the social worker insights into the real situation. She insisted that the 'presenting problem" be recorded and dealt with. Little requests, often forgotten amidst the worker's big plans for the reconstruction of the patient's life, sometimes offered the best solution.

After studying the case, the worker began to make plans for the patient. Such plans must be the patient's own in order to work. When the patient was told clearly about his physical limitations and needs, as well as the community resources available to him, his own plans proved the best.

Initial home interviews of patients' families, neighbors, employers, and co-workers, then follow-up home visits after the patients' release from the hospital were essential parts of the casework method. Many a medical prescription had to be altered after learning the patient's overall life situation. Such was the case of the policeman advised by his doctor to cut down on his workload due to heart problems.. The caseworker discovered that the man already had a light workload as a night desk clerk. His problem was one of extreme poverty because the government was many months behind in paying his salary. The man's heart trouble was only one of many family problems, including malnutrition of all members and the death of the baby. The social services department tackled the problem of finding food, shelter, and jobs for other family members.[37]

"Often the rickshaw puller gossiping outside the gate brought us more information than the social worker talking inside."[38] The department came to depend on such sources of

information in order to understand the individual within the social pattern of his life. Pruitt knew the limits of her own ability to uncover the whole picture of a person's life and recognized that even her Chinese workers--urban, college-educated, modern--needed to listen to the patient and see his world before discovering the solution to his problems.

Remaining open to new information supplied by the patient and his family presupposed a basic rationality on the part of the patient. However, the rationality of the patient's mind was not always readily apparent. One old lady from a wealthy warlord family asked the Social Service Department to arrange the adoption of her fifteen-year-old grandson. The department was accustomed to taking unwanted babies from poor families, why should the only son of a wealthy and powerful family be given up to an adopted family? During the course of conversation, the "pattern of... the old lady's mind" emerged. She had seen another amputee on the ward who was adopted by a hospital physician and sent to the Presbyterian Mission School. She would even give up the only family heir to get her grandson into a Western school.[39]

When the department explained that the Chinese woman could apply for her grandson's admission to the Presbyterian School as well as the doctor could, the old lady spoke no more of adoption and began recounting the lad's wedding preparations.

The Social Services Department utilized both traditional and modern resources in its efforts to solve the patients' social problems. Often, the department played a mediating role. One particularly difficult case involved a typhoid patient who refused to continue treatment. At great risk to his life, he insisted on returning home. Eventually, the department learned that his reason for leaving the hospital was worry about his wife's health. The wife was extremely upset, believing him to be with another woman rather than in the hospital. The old mother-in-law had tried to clear up the confusion by verifying her son-in-law's presence in the hospital. However, when asking for him at the hospital, she had used his "milk name," for which the hospital showed no record. The patient had registered under a completely different "school name." Pruitt finally persuaded a delegation of village elders to make the journey into the city

and verify the man's hospitalization. At that point, both husband and wife were able to calm down and recuperate.[40]

Although every effort was made to involve the patient's family, some relatives were reluctant to come forth. Such was the case with the double amputee who seemed to be an orphan. A lengthy search for his family turned up no leads so the department obtained job training for the boy. After he had begun to earn his own living, his father suddenly turned up to take him home. Presumably the rickshaw coolie communications network had kept the father posted as to the son's progress. [41]

A more difficult set of problems involved tyrannical patriarchs whose severe oppression had led to the illness of one or another family member. The Social Services Department solution usually was to find a day or resident job for the abused family member, a temporary escape from the pressures at home. Typical jobs for women were sewing or "amah" (nurse or child caretaker) positions, and thus little threat to the patriarch's authority. Sometimes, the caseworker also tried to humor the old man into letting up a bit. Outside employment was also the department's way to reduce the bickering between two wives that had contributed to one wife's serious health problems.[42]

The roles of mediator and employment bureau addressed some of the patients' problems adequately but did not challenge the position of the patriarch in Chinese society. As the Chief of Social Services, Pruitt did not attempt to alter such social institutions, although she created several agencies that specifically addressed women's issues. (See next section.) She observed that the foreigners' good intentions caused more problems than they solved. She had witnessed the unfortunate effects of a divorce forced on Chinese Christian converts at her parents' mission station and she knew of successful traditional marriages. She generally was unwilling to sacrifice the overall needs of a traditional family for those of one member, however miserable that member might be. Twentieth century American Christians and radical Chinese and Western reformers continued to struggle against the traditional Chinese patriarchal, polygamous family. The PUMC Social Service Department represented a conservative force in its emphasis on social harmony over individual rights, women's rights, or institutional change.

Pruitt did not totally reject modern Western resources as she helped her patients' readjustment to their environment. She readily used Rockefeller funds to provide food, hospital care, and other

material aid to patients and their families in crisis. Sometimes, food aid to a family was continued indefinitely to bring up a sub-minimum wage to subsistence level. But she saw that all too often Western aid was distributed with no understanding of its ripple effect on Chinese society.

One example of charity's ripple effect was the case of a rickshaw puller who depended on his daily wages to support himself and his aged mother. At Pruitt's urging, he entered the hospital for the removal of a parotid tumor as large as his head. The hospital gave him a free bed and supplied his mother with coupons for use at a millet station during her son's hospitalization and recuperation. After the man's recovery, the Social Services Department secured a contract rickshaw position for him, which both increased his daily wage and gave him some degree of security. This is where the trouble began. A host of relatives, some never before seen, descended upon the hapless man. According to Chinese family ethics, he had to help his kin. It was not long before his economic situation became as dire as it had been as a non-contract puller. At this point, he gave up his secure contract position and returned to daily work, which provided an adequate source of income for himself and his mother without responsibilities toward extended family.[43]

When necessary, the PUMC Social` Service Department functioned to legitimate the new order against the old. To one young couple whose complex family problems had provoked epigastric pains in the wife, the Social Service Department "represented modern public opinion in showing them it was right to move out of the family home.[44]

Most patients' social needs required a combination of Rockefeller resources and familial support. Where the family had broken down, Pruitt stepped in with agency support services. The innumerable cases of malnourished infants were examples of cases needing immediate material aid and Western-style social service agencies. (Klim infant formula if no wet—nurse was available, foster care in either the Women's Hostel or the "Home-Finding Society," and other medical care.) If the mother or another nursing woman was able to care for the baby, Pruitt preferred to supplement the woman's meals to build up her milk supply rather than providing infant formula. Each foster family was closely monitored and studied to understand the problems that had led to the infant's malnutrition, and hopefully to solve those problems in ways as close to traditional patterns as possible.[45]

The most constant cause of trouble, however manifested, was unemployment and poverty. Traditional reasons for such financial duress included individual illness, natural disasters, crop failure,

and the like. The Social Service Department could struggle against these hardships, providing temporary relief until better times returned and finding jobs for those permanently uprooted from the land. Traditional familial based patterns for resolving problems remained useful.

As the multiple crises of twentieth century China unfolded, however, patients' financial duress was increasingly harder to resolve in traditional ways. Waves of Manchu noblemen and bannermen displaced after the 1911 Republican Revolution in China were accustomed to "eating Yellow Grain," that is, receiving a stipend from the Emperor. They lacked both the education and vigor for assimilating into the new society. The 1917 Russian Revolution produced another flood of refugees from Siberia to Tientsin and then Peking. Chinese warlord "hordes of unkempt mercenaries" overwhelmed hospital clinics with sufferers from syphilis, tuberculosis, trachoma, and dysentery. Soldiers in defeated armies were left with nothing. The husband of one twenty-seven-year-old woman who died of pneumonia might have been speaking for millions when he sobbed, angrily, "My wife died of poverty and worry and lack of food."[46]

British, Americans, Germans, and other foreigners produced perhaps the most disruptive revolution of all as they introduced industrial factories, breaking up the old handicraft economy so crucial to the Chinese farmers' incomes. By the early 1930s, as the old order crumbled under the weight of these revolutions, Japan joined the ranks of foreign powers occupying ever-greater parts of North China. Farmers increasingly were unable to meet their expenses and were forced off their land, joining the ranks of rickshaw coolies and factory workers paid less than living wages. Finding employment for the patients became the most urgent task of the Social Service Department.

However, finding jobs for patients and their family members became increasingly difficult. Traditional problem-solving patterns became inadequate for the magnitude of the new problems.[47] Pruitt's individual, personalized study of each patient, his family, and community resources gave way to fund- raising, organizing, and staffing a millet gruel station for refugees.[48]

## Women's Health Issues at the PUMC

The Social Service Department at the PUMC engaged in much work on behalf of Chinese women, both as patients and as family members. The approach of PUMC caseworkers was significantly different than the work of the Young Women's Christian Association (YWCA), which

also employed Pruitt's caseworkers. PUMC caseworkers looked at the patient as part of a social and familial system; individual needs were addressed in a group context. The mission of the YWCA in China, as in the United States and Britain, was to "move women into new social roles during the traumatic process of industrialization."[49]

The different approaches of social casework and the YWCA social reform work were apparent in the case of industrial abuses of women factory workers. Where the YWCA focused on developing labor leadership among the Shanghai women industrial workers, two social workers were assigned to assist Eleanor Hinder's work in the Child Labor Section of the Industrial and Social Division of the Shanghai Municipal Council.[50] Both the YWCA and PUMC caseworkers deplored the conditions of factory work. The social reform organization responded by attempting to create a more militant labor force; the caseworkers merely tried to fend off the worst of the effects of Western industrialization on Chinese people.

The mission of the Social Services Dept. under Pruitt was to help the Chinese rebuild their lives in their own ways, independently of Christianity or secular Western reforms. The department's approach to women's health issues reflects this approach.

Women's health issues generally were handled by the women's medical clinic to which a social worker was assigned. Most patients were from the middle and upper classes and were familiar with hospital routine and the need for periodic follow-ups. Therefore, this was one of the easier social work assignments and given to a student worker. Maternal and infant health and the special cases of unmarried mothers were handled by older, experienced workers.

It soon became apparent Pruitt that the medical clinic was not addressing social concerns associated with medical problems. One thirty-eight-year-old widow sought treatment for loss of her eyesight. The Social Service Department learned that the woman spent her days alone in a cold room, while her brother and uncle squandered her money. Since the hospital refused to admit her, the Social Service Department arranged for the woman to stay at its Women's Hostel. She was happier among the company of others while waiting for treatments. The social worker recorded nothing about the woman's vulnerable position in her family. Missionaries and reformers would have dwelled on that aspect of the woman s plight, but probably could have changed neither the power positions in the family nor the woman's living situation.

Many female patients enjoyed living in the community of women at the Women's Hostel while recuperating at the PUMC. Often, they engaged in joint study sessions at the hostel. They earned money toward their self-support by sewing at the Women's Exchange, which was also established by the Social Services Department. Another group of women benefited by the Employees Social Service Work, which was established in 1932 to help the relatives of deceased or disabled PUMC non-professional employees learn how to use their PUMC insurance. She had observed that often the relative was an uneducated peasant woman whose ignorance of modern financial matters made her easy prey.

Most women's health issues were related to their sexuality and reproductive functions. Gynecological care and obstetrical care were medical problems in the province of physicians. Chinese society had its traditional customs to handle the ordinary social problems accompanying pregnancy, childbirth, and other milestones in women's lifecycles. The Social Services Department only stepped into the dynamic between Chinese tradition and modern medicine when something went wrong, such as an unwanted pregnancy.

Between the years 1920 and 1937, over one thousand women and girls came to the PUMC requesting abortions. While representing a very small percentage of all women in Peking seeking abortions, they constituted a sizable problem for the Social Service Department. Other women came seeking aid from medical complications of previous abortion attempts. The policy of the PUMC was to arrange the mother's stay in the Women's Hostel or a boarding home until term, then placement of the child in adoption. Of the thousand requests for abortion, about one hundred and fifty women accepted the PUMC offer. The others sought help from midwives in their communities or doctors in other hospitals.

A delegation of doctors' wives wanting to establish an orphanage for the children of beggar women came to the Social Service Department for help. Pruitt shocked the group by saying, "The beggar women would only gather other babies to carry around if you were able to persuade them to give up the ones they are now carrying. And why take the babies, anyway, away from their mothers or foster mothers?"

After suggesting to the doctors' wives that any woman who could run after a speeding rickshaw was not starving, and that the babies with the plump, red cheeks underneath the dirt were well enough

off, Ida went on, “There are poor families which cannot support all the children they have...There are unmarried women who...cannot take the babies home with them....”

The delegation’s eyes shone. “Then we will rent a little compound and get the little beds and soon we’ll have the babies in the clean white rooms. How nice they will look in a row with their little clean faces and their little clean white pinafores.[51]

Pruitt persuaded the well-intentioned doctors’ wives that the children would be happier and overall better off in private homes. So began the Home Finding Society for Unwanted Babies in 1923. Dr. Emmitt Holt, an eminent American pediatrician who was then a visiting professor of pediatrics, supported boarding homes over institutional care, a standard position among American social workers since the turn of the century.[52] But apparently the doctors’ wives were unconvinced about the superiority of “dirty” foster homes compared with clean, white institutional care, for during Pruitt’s furlough of 1932-1933, they established an orphanage of neat, little beds in a row. Upon her return, vindicated in her position by the orphans’ listlessness, Pruitt turned the orphanage into a temporary receiving home for convalescent children.

A committee met regularly to plan fundraising events to support the Home Finding Society. Pruitt assigned a social worker to the Society and used it frequently as an agency of both foster care and permanent adoption. A list of fifty-five children placed by the Society in 1938 indicated the reasons for parents’ giving up their children. Apart from the special situation of unmarried mothers, who simply could not support themselves or their children, the majority of parents parted with their children for reasons of poverty, illness of parents, or insufficient income. The Social Service Department always tried to find better work for the father or work at home for the mother before resorting to adoption. All too often in that period of great unemployment in Beijing, adoption proved the only way for the Social Service Department to help the family.

There was some question about the Chinese willingness to adopt and care for children unrelated by family name. The Home Finding Society found that, when chosen with care, the families almost always treated foster children satisfactorily. The root of the children’s mistreatment was poverty; the Home Finding Society cured this problem by supplementary payments to the foster family for the foster child’s care.

Neither did the Social Services Department find any trouble placing children for permanent

adoption. The Home Finding Society was in great demand as an adoption agency, even in a culture where most adoptions were between relatives. PUMC babies were famous for being healthy and girls were placed almost as easily as were boys. The Social Service Department considered any family with a settled social position, including merchants, officials, and even office workers, although their preference was for farm families. In proper Chinese style, the families consulted a soothsayer on the babies' "eight characters" to determine compatibility, as Westerners might compare astrological signs. However, in practice, Pruitt noticed a pattern of mothers choosing babies for perceived family resemblances, reinterpreting the "eight characters" accordingly.

The occasional visits by a social worker during the six month probationary period showed that all the adopted children were "spoiled," that is, adored by their adopted parents. Even in cases of excessive spoiling or other unfortunate childrearing habits, the Social Service Department policy was nonintervention except for gross maltreatment. In the case where the adopted parents' declining fortunes led them to place their seven-year-old adopted daughter in a "sing-song house," the Social Service Department merely helped the family to make a more informed decision, that of placing their daughter in a charity school.

As a solution to the problem of unwanted infants and children, the Home Finding Society was both traditional and modern in its approach, a mixture bearing its founder's distinctive mark. Pruitt fought time and again to preserve the family as the institution of care for children. She underscored the importance of love, attention, affection, and personal relationships between family members against her critics' charges that foster families were filthy, disease-ridden, and generally unwholesome. This position was both traditional Chinese and modern social work wisdom, but nonetheless unpopular among her volunteers and the hospital administration.

Placement in non-kin families was a modern, Western practice. The Chinese traditionally handled such cases by adoption of a future son-in-law or daughter-in-law into the family. In Beijing during the 1920s and 1930s, there were few, if any other "outside" adoption agencies. The "Yu Ying Tang," or Foundling Home for orphans, funded by the city and run by Daoist and Buddhist societies, was famous for the remarkable statistic of 100% mortality rate among its charges, tiny victims of malnutrition and neglect.

The Social Service Department, in the person of its chief, stood in the position of the child's

maternal uncles, whose traditional responsibility it was to protect the child from abuse or misfortune. Her charge was to save the child's life, to give the baby whatever future his own Chinese society could offer him. Others would work for the economic changes that she agreed were so urgently needed to end the abandonment of children.

One group of American reformers focused on birth control as the best way to help the Chinese people. Pruitt worked with these reformers, in apparent contradiction with her commitment to non-intervention and her role as a mediator between tradition and change.

The subject of birth control was taboo even for medical people in the United States during the early decades of the 20th century. Birth control activist and public health nurse, Margaret Sanger, was arrested and jailed for taking information about family planning from Britain to the United States. (Dissemination of birth control information by doctors became legalized in the United States in 1937.) Sanger's visit to China in 1922 gave impetus to the establishment of a birth control clinic in Beijing. This was conducted only intermittently until 1930, when Dr. Marion Yang of PUMC established a regular clinic.

The Peiping Committee on Maternity and Child Health, as the birth control clinic was called, had few cases for the first two years due to the necessity of maintaining secrecy for fear of government interference. Between 1932 and 1934, the clinic handled 170 cases, of which twenty to thirty cases successfully practiced birth control. Only married women were accepted as clients. Husbands accompanied their wives to the interview.

Because of the radical nature of the family planning movement and the necessity for secrecy, the clinic's clientele consisted mostly of the educated elite. Some cases from the general population were referred to the Health Demonstration Station by PUMC doctor John Grant in 1925Pruitt supported the efforts of the family planners, assigning two social workers to the clinic. She worked on the publicity committee, presumably when the climate of public opinion or government policy changed for the better. But Pruitt probably saw birth control as the work of the public health nurses, a more medical or technological task than the psychological and cultural interpretation work her department performed. As a mere technological improvement on Chinese ways of handling unwanted pregnancies, the birth control movement was not as potentially threatening to the Chinese social structure as was Western social reform. Pruitt could support family planning as nineteenth century Chinese reformers supported

modern Western reforms--through the use of Western devices for Chinese ends.

Pruitt saw her position as Chief of the Social Services Department not as that of a modern professional woman but as that of the family elder. Her bias toward strong women was framed as a traditional Chinese position. This came out clearly in her casework involving conflicts between first and second wives. In one case, she sympathized with the second wife whose happy marriage was rudely disrupted by the sudden arrival of the first wife, a farm woman whose existence had been kept secret. The second wife developed a complexity of maladies that defied diagnosis by the sophisticated doctors at the modern research hospital. No treatment alleviated the woman's agony until Pruitt discovered the source of her illness--the first wife. This family's problem, which doctors overlooked, missionaries condemned, and social reformers sought to outlaw, was solved by traditional means. Serving in the honored role of mediator, Pruitt brought in the whole family for consultation and worked out a solution to meet every member's needs as best she could under their particular circumstances. In this case, it was decided that both wives must stay. The first would have to do the housework. The second went out to sew in another family, thus avoiding the first and maintaining her dignity.

Just as often, Pruitt's sympathies lay with the first wife against a second wife or, sometimes, against the husband's modern ideas. "We don't want a concubine" explained a couple in their mid-thirties, who stood before her desk at the PUMC, seeking to adopt a baby rather than bring in a concubine to provide a family heir.

"We were happy. We were very happy," sighed another first wife when a concubine was forced on the couple by their family. A third woman was married against her will but surprisingly found happiness with her husband until he joined a modern student society which swore celibacy until graduation from college.

Sometimes, the Social Service Department could help the women solve their family problems, using traditional mediation between members. All members' needs were considered, including first and second wives as well as the husband and the older generation. Other times, the Social Service Department's modern adoption agency became an acceptable substitute for traditional solutions to family problems such as infertility or pregnancy out of wedlock. In all too many cases, however, there were no solutions that satisfied every family member. Under Pruitt, the Social Service Department did not automatically advocate for women, as much as she ached for the older, first wives' lack of peace

and for the second wives' thwarted lives.

## Controversy between the Social Service Department And the Medical College

Ida Pruitt's relationship with medical personnel was characterized by the gap between traditional Chinese patients and modern Western-oriented physicians. She was acutely aware of the gulf between the two cultures. Chinese doctors were as foreign to their patients as were the genuine "long-nosed" doctors. Almost inevitably they were from urban, educated families in the coastal cities, while their patients were of the Beijing hutongs (twisting alleyways) or the rural villages. Of the medical students accepted by the PUMC between 1931 and 1943, all but five were from missionary-sponsored colleges. Nationalistic students from Chinese schools accused the missionary colleges of denationalizing their students. Certainly, since tuition and expenses at the PUMC were ten times greater than at the next most expensive medical school in China, such future doctors were a highly specialized, Western-oriented elite with shallow roots in the Chinese soil.

In case after case, Pruitt found the problem lay, on the one hand, in the physicians' inability to understand the patients' circumstances and mental pattern. On the other hand, the patients' fear, anxiety, or a language barrier kept them from answering the physicians' questions. A mistaken or too-narrow diagnosis often resulted in a patient's failure to respond to medical treatment.

Pruitt's critique of the modern health care system arose from both her professional training as a social worker and her childhood in a Chinese village. The earliest leaders in medical social work-- Dr. Richard C. Cabot and Ida Cannon at Massachusetts General Hospital and Janet Thornton at Presbyterian Hospital in New York City-- emphasized the medical social worker's special role in integrating personal and social factors about the patient into the medical diagnosis. Pruitt's support for this professional position was built on her anger toward her mother and other missionary healers. As well-intentioned individuals, they treated individual Chinese peasants' maladies, but the missionary

movement to which they belonged disrupted the fabric of Chinese family and village life. The professional social work critique of modern medicine may well have given Pruitt a theoretical framework for critically analyzing Western medical care at PUMC, but her opposition to Western reform was based on the tensions she experienced growing up between the modern Western culture and traditional Chinese society.

Significantly, Pruitt did not fall on either side of the debate between high standards of medical professionalism and equitable distribution of health care, which was one of "the major dilemmas developing out of technological and scientific advances in medicine during the twentieth century." [53] The PUMC was conceived during the Progressive Era in early 20th C. American history. Under the leadership of Frederick T. Gates, the Rockefeller Foundation focused on medical research as the key to social and moral reform. Gates fervently believed that the best way to change China was to establish one world-class medical school in China, where America's most prominent medical researchers taught the scientific method to China's new generation of leaders. However, soon after the PUMC opened its doors in Beijing, the Rockefeller Foundation's mission of "medical theology" was broadened to include social science and agriculture. During the 1930s, under Selskar M. Gunn, vice-president of the foundation, initiatives in medical education, public health and rural improvement were started in cooperation with Chinese institutions. [54]

The heated political debates ignored the fact that the PUMC straddled the gap between public health and clinical medicine well. Although accused of elitism, the PUMC became the first medical school in China to establish a hygiene department. Pioneers in midwifery and public health training were educated at the PUMC and PUMC students actively participated in rural health care programs.[55]

Pruitt apparently didn't feel personally involved in either side of the controversy. She spoke out for high standards and the retention of foreign professionals, even as she assigned her staff to Dr. John Grant's model urban health station and worked closely with the visiting public health nurses. Her concern lay, rather, with the quality of overall care. In her eyes, both sides of the debate considered only the care of the patient's body. Her department's job was to learn about the patient's mind and

spirit, his family, community, and culture, in order to better fit the medical cure to the whole person. In practicing social work so defined, she found herself and her department at odds with both the hospital administration and the public health workers.

Pruitt's defense of high professional standards was in response to Director Roger Greene and his successor Henry Haughton's efforts to replace trained social workers with trained public health nurses or untrained Chinese staff. Her department was praised in a report of the PUMC as conducting a "mission of friendship" to the Chinese public which attained "unbelievable follow-up results." Most medical department heads called her work valuable, even indispensable. The head of neurology, Andrew Woods, wrote that Ida's work was "distinctly helpful, even "signal" to the neurological task of getting patient background. Woods observed the social workers' as uncommonly willing to help the doctors. Their interpretations went beyond simple language translation to explaining the clinician's meaning to the patient and family. The social workers created in the patients a willingness to return for follow-up observations and treatment, which alone warranted the continuation of the Social Service Department, in Wood's view.[56]

Despite such positive reports, the hospital administration continued challenging the Department of Social Service. In 1938, Ida Pruitt's contract was not renewed. The Rockefeller Foundation stated its reason for her non- retention was the hospital's financial stabilization program which required the retrenchment of faculty and staff, especially since "Chinese are available (and) adequately trained for our needs."[57] Pruitt believe that the real reason for the non-renewal of her contract was the long-standing feeling among the hospital administration that any public health nurse could conduct social service work with minimal additional training. Her feeling was shared by some social workers in America who, in the 1930s, were still sensitive to the suggestion that their main value lay in the compassionate, "womanly" arts for which little training was necessary.[58]

The Japanese invaded Beijing in July, 1937 and occupied the hospital soon thereafter. Some of the medical personnel and many of the nursing staff joined hospitals established in non-occupied Free China. There is no record of social caseworkers during this period. After the end of World War II, the

PUMC reopened. By 1951, the hospital was turned over completely to a Chinese administration and was integrated into the national health program. Social work was not revived in China until the 1980s.

China is now free of Western and Japanese occupation. Today's interactions with Western countries are based on a strong foundation as an independent country. The dynamics of the 1920s-1930s -- religious conversion vs. secular reform, modern Western culture vs. traditional Chinese culture, elite medical research vs. public health, and volunteerism vs. professional expertise-- have all changed. But now, as then, bicultural mediators such as Ida Pruitt and inter-cultural institutions such as the Social Service Department of the PUMC, are necessary to interpret and help resolve the inevitable differences that arise during cultural exchange.

## NOTES

[1] Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and the Peking Union Medical College*. Berkeley: University of California Press, 1980, pp. 30-31, 35, 38, 75.

[2] Mary E. Ferguson, *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful Collaboration, 1914-1951.*

[3] F. Emerson Andrews, "Foundations and Social Welfare," *Encyclopedia of Social Work* (1965), 360.

[4] Robert H. Wiebe, *The Search for Order, 1877-1920*. N.Y.: Hill and Wong, 1967, pp. 113, 115. Charles W. Eliot, President of Harvard University, deplored the Chinese reliance on intuition and meditation. He supported Rockefeller efforts to convert them to the "inductive method of ascertaining truth." See Frank Ninkovick, "The Rockefeller Foundation, China, and Cultural Change," in *Journal of American History*, 70.4 (March 1984), 802.

[5] Qiusha Ma, "The Peking Union Medical College and he Rockefeller Foundation's Medical Programs in China," *Rockefeller Philanthropy and Modern Biomedicine: International Initiatives from World war I to the Cold War*, ed. William H. Schneider, Bloomington: Indiana University Press 2002, p. 159.

[6] Ferguson, p. 90.

[7] Bullock, p. 66.

[8] Walter I. Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America.* N.Y.: Free Press, 1974, pp. 212, 224.

[9] Clark W Blackburn, "Richard Clarke Cabot (1865-1939)," *Encyclopedia of Social Work 1965, 115.*

[10] Walter I. Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America.* N.Y.: Free Press, 1974, pp. 212, 224.

[11] Philip A. Swartz, Head, Department of Religious and Social Work, PUMC, memo to Dr. Richard M. Pearce, Director, Division of Medical Education, PUMC, ‘’The Development of he Department of Religious and Social Work,” Dec. 11, 1920, pp. 1-2. R.A.C. (142-1032).

[12] Ida M. Cannon, Social Work in Hospitals; A Contribution toward Progressive Medicine. N.Y.: 1923, pp. vii., 205. See also Trattner, pp. 143-144 for religious feelings behind social settlement work.

[13] Rev. Sheldon L. Robin and Rev. Henry J. Whiting, “Protestant Social Services,” *Encyclopedia of Social Work.* (1965), 581.

[14] Ida Cannon to F.C. McLean, Feb. 3, 1920, (142-1032). See also Cannon, 1923, p. 157. R.S. Greene to F.C. McLean, Dec. 4, 1919, p. 1, (142-1032). H.S. Houghton to F.C. McLean, Dec. 10, 1919, (142-1032). Pearce to Dr. George E. Vincent, Chairman, China Medical Board (hereafter C.M.B.), Dec. 29, 1920, (142-1032).

[15] Edwin R. Embree, Secretary, C.M.B. and PUMC Trustees, to R.M. Pearce, Feb. 5, 1921; (142-1032).

[16] I.P. [Lecture on Hospital Social Service] (Chefoo, China, n.d.), pp. 1-2.

[17] I.P., “The Social Service Department of the PUMC Hospital,” TS, p. 2.

[18] I.P., “Medical Social Workers: Their Work and Training,” *Chinese Medical Journal,* 49 (1935), 914.

[19] I.P., “Social Service Dept.,” p. 6

[20] I.P., Ch. Med. J., 49: 916. I.P. to Dr. C.E. Lim, Oct. 1, 1937. W.C. Chang, Chairman, Department of Sociology and Social Work, Yenching University, to I.P., Sept. 9, 1936. I.P., Stories. “Social Service Dept.,” p. 5. “Education for Medical Social Work,” p. 8. Peking

[21] I.P., [Chefoo Talk], p. 3.

[22] I.P., “Education for Medical Social Work,” TS, p. 4.

[23] I.P., “Social Service Department of the PUMC,” TS.

[24] Daniel B. Ramsdell, “Asia Askew; U.S. Bestsellers on Asia, 1931-1980,” *Bulletin of Concerned Asian Scholars,* 15.4 (1983), p. 2. For a fuller analysis see Harold R. Isaacs, *Scratches on Our Minds: American Views of China and India.* N.Y.: John Day, 1958. Edward Said critiques the representation of the Muslim Orient by European scholars, writers, and educational institutions in *Orientalism*. N.Y.: Vintage, 1979. See also Steven W. Mosher, *China Misperceived: American Illusions and Chinese Reality*. New Republic Book, 1990 and Richard Madsen, *China and the American Dream: A Moral Inquiry.* Berkeley: University of California Press, 1995.

[25]Frank Ninkovich, “The Rockefeller Foundation, China, and Cultural Change, *Journal of American History, 70.4: 799-820* has an excellent discussion of the liberal, scientific reform goals of the founders of the PUMC.

[26] I.P., *Ch. Med. J.*, 49: 914. I.P. “Education,” pp. 2-3. I.P., “The Family in Chinese Society,” *American Orthopsychiatric Association Conference,* (n.p., 1967), p. 8.

[27] I.P., [Responsibility], p. 1.

[28] I.P., [Chefoo Talk], pp. 1-2. Janet Thornton and Marjorie Strauss Knauth, *The Social Component in Medical Care: A Study of One Hundred Cases from the Presbyterian Hospital in the City of New York* N.Y.: Columbia University Press, 1938, p. 270. See also Trattner, p. 215, for discussion of the rapid shift from social environment to psychological factors in Mary Richmond’s influential book *Social Diagnosis.*

[29] George E. Vincent to Ida Cannon, Dec. 6, 1921, pp. 1-2.

[30] I.P., "Education," p. 1.

[31] I.P., [Chefoo Talk], p. 4. This was possible when the Social Service Department had 25 workers and student workers for a 300+ bed hospital.
[32] I.P., *Ch. Med. J*., 49: 914. Unmarried mothers are listed apart from obstetrics-gynecology for reasons explained in the following section on women's health issues.

[33] These clinics represent those from which social workers submitted reports to Ida in 1934-1935.

[34] I.P., "Medical Social Service at the Peking Union Medical College," (1928 unpublished report for the Rockefeller Foundation), p. 3.

[35] Karl A. Wittfogel, in his "Memorandum to the Rockefeller Foundation," March 28, 1939, considered the records to be invaluable to sociological research on China and urged the RF take quick steps to protect said materials from loss as the political situation in China deteriorated. W. L. Holland, Research Secretary of the Institute of Pacific Relations, underscored Wittfogel's appeal. No acknowledgement of this appeal is on record in the RF files. The fate of the material remained unknown until 1993. At that at time, with the invaluable assistance of Dr. Li Weiye of the PUMC and Dr. Liu Xinru, this author found the collection intact and integrated into PUMC patient medical records, confirming Ferguson's assertion, p. 180. A year-long review of the files, funded by the Committee on Scholarly Communication with China, is reported in Marjorie King, "The Social Service Department Archives: Peking Union Medical College, 1928-1951," *American Archivist*, 59.3 (Summer, 1996): 218-227.

[36] I.P., (unpublished random notes).

[37] I.P., *Ch. Med. J.*, June, 1928, pp. 4, 10.

[38] I.P., "Social Service Dept.," p. 5.

[39] I.P., [Chefoo Talk}, pp. 4-5.

[40] I.P., pp. 7-8.

[41] I.P., *Ch. Med. J.*, June, 19928, pp. 11-12. See also *Stories.*

[42] I.P., pp. 2-3, 12. See also I.P., "Husbands and Wives," *Democracy*, Peiping, June 22, 1937, pp. 122-123.

[43] I.P., *Ch. Med. J.*, June, 1928, p. 10. See also *Stories.*

[44] I.P., [Chefoo Talk,] p. 9. *Ch. Med. J.*, 49: 912-913.
[45]

[45] I.P., *Ch. Med. J.*, 28, pp. 5-7, 12. *Ch. Med. J.* 49: 912. Kao Chun Che, "Annual Report of the Social Service Work at the First Health Station, Peiping, July 1, 1934-June 30, 1935," p. 4, cites the figure of 23 supplemental infant feedings out of 200 cases.

[46] I.P., "Social Service Dept."

[47] I.P., "Medical Social Service at the Peking Union Medical College," (1928 unpublished report for the RF), p. 3.

[48] I.P., *Stories*. Bullock, pp. 81-83, claimed that PUMC service to victims of the civil wars and natural disasters was inefficient and insignificant for a research institute of its quality. Ida corroborates, saying that only one PUMC doctor, Dr. Chu Fu-t'ang, responded to the Salvation Army's call to volunteer at its clinic after the Japanese occupation in 1937.

[49] Alison R. Drucker, "The Role of the YWCA in the Development of the Chinese Women's Movement, 1890-1927," Social Service Review 53: 423-426.

[50] Ida Pruitt, "Social Service," p. 4. Drucker, 432-433. Louise She letter to Marjorie King, Oct. 25, 1983, p. 1. Ida Cannon, *Social Work in Hospitals: A Contribution toward Progressive Medicine*. N.Y.: 1923, pp. 209-210, urged social work research in conjunction with industrial medicine as early as World War I.

[51] *Stories*. See also "Social Service Dept.," p. 10. (I.P. dates the takeover as 1927).

[52] I.P., "A Study of Sixty-Nine Adopted Children," *Hospital Social Service (H.S.S.)*, Sept. 1931, pp. 158-159. Trattner, pp. 100, 105.

[53] This is a major theme of Mary Brown Bullock, An American Transplant: The Rockefeller Foundation and the Peiping Union Medical College. Berkeley: University of California Press, 1980, esp. pp. 24, 30, 189. Frank Ninkovich, "The Rockefeller Foundation, China, and Cultural Change," Journal of American History, 70.4: 799-820, also covers this debate and shows the evolution of Rockefeller policy from research to public health. See also Qiusha Ma, pp. 159-183.

[54] Ma, pp. 162-164, 171-176.

[55] Ma describes the Rockefeller Foundation and China Medical Board, Inc.'s attack on the elitism of the medical research hospital they created, p. 177-178.

[56] Responses to the questionnaire sent to all medical department heads by Roger S. Greene, summarized in inter-office memo from Greene to E.R. Embree, May 15, 1923, (142-1032). Andrew Woods to Sloan, March 7, 1923, (142-1032).

[57] H.H. Loucks, Acting Director, to Dr. Bernard E. Reed, May 27, 1938. Loucks to P.S. Selwyn-Clarke, May 27, 1938. See also V.F. Bradfield, treasurer of PUMC, letter to American Consulate General in Tientsin, May 5, 1938 and May Elizabeth Tennent, Rockefeller Foundation International Health Division to Mr. Edwin C. Lobenstine of the China Medical Board, Aug. 11, 1938, commending I.P, (RAC).

[58] I.P., [Politics at the PUMC], p. 2. "There seems…to be a feeling, I cannot call it a thought, among some people that all of women's work can be done by one group of women." See also E. Cockerill, Transactions of the American Hospital Association 39, (1937), 734-345.