

A Medical Educator in Nationalist China — Dr. Chung-Un Lee

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One of the great narratives of the last century is the rise of China on the world stage. This achievement would not have been possible, if it weren't for the vastly improved health of China's people. The key players in this process are the first-generation Chinese medical educators. They brought back Western medicine to their homeland in the early 1900s, soon began investigating the diseases that affect the health of Chinese people, and ultimately started educating young Chinese medical doctors. Before World War II started, many of these medical educators worked at the Peking Union Medical College (PUMC), which was founded by the Rockefeller Foundation in 1917. PUMC remains the best medical school in China to this day. These dedicated professionals, including Dr. Chung-Un Lee, PUMC's first Chinese president, laid a solid foundation upon which China's current health care system and medical research are based. Without their extraordinary efforts, the development of Western medicine in China would not have survived the mid-century periods of war, the tumultuous establishment of the People's Republic of China in 1949, or the political movements that defined the following years.

In 1894, Dr. Chung-Un Lee was born to an intellectual family in the city of Chang Zhou, in Jiangsu Province. At a very young age, he attended the first elementary school in the province founded by his father, who was a magistrate in Shandong Province, while studying Chinese literature in a private school at home. At the age of 15, he went to Shanghai to study French at Aurora University, and left China for England at the age of 17, following his mother's death. In 1920, Dr. Lee earned a degree in Medicine from the University of Glasgow and then studied under Dr. Robert Leiper at the London School of Tropical Medicine. In 1921, he became the first Chinese doctor to join the Filariasis Commission of the school to investigate the incidence of filarial infection in British Guiana, where a growing number of cases had been reported in previous years. With the support of the local Chinese community, Dr. Lee collected samples from half of the Chinese population (2,722 in total) of Georgetown, the colonial capital, by home

visits in the evening. In the end, he concluded that the myth of racial immunity was unfounded. The low incidence of filarial infection in the local Chinese population could be accounted for by their careful attention to personal hygiene, retiring to bed soon after dark, and the use of mosquito curtains.¹

In 1923, Dr. Lee returned to China and was offered a position to work at the PUMC. After a visit to this new medical school, he decided to accept the offer and start his career as a physician scientist, instead of a more lucrative private practice. On October 5 of that year, Dr. Lee became a junior assistant in the Department of Medicine. He began practicing medicine and teaching students. In the meantime, Dr. Lee started to investigate, first collaboratively and later independently, the incidence, etiology, treatment, and prevention of parasitic diseases prevalent in China, such as schistosomiasis, filariasis, malaria, kala-azar, etc. He assisted Dr. Henry Meleney in starting the first large collection of Chinese mosquitoes, which was of great value in studying mosquito-borne diseases in China.² In just a few years, Dr. Lee's clinical skills, excellent research work, and teaching ability became recognized, and he was promoted to the rank of Assistant Professor and awarded a fellowship from Rockefeller Foundation to study abroad. In 1929, he sailed to Europe to study advanced theory and techniques in tropical disease research. He worked under Professor Fulleborn and Professor Martini at the Hamburg Tropen Institut in Germany and under Dr. MacGregor at the Wellcome Field Entomological Laboratory in London, for a total of nine months. Upon his return to PUMC, Dr. Lee was put in charge of the kala-azar research laboratory after the sudden death of Dr. Charles Yang.³ While continuing to study other parasitic diseases, his laboratory published a series of kala-azar research articles on its early manifestations for diagnosis,⁴ and comparisons of different treatment strategies.⁵ Notably, he investigated the role of sandflies in transmitting kala-azar. More importantly, he identified canine leishmaniasis in Peiping, and in doing so, he established that the dog is an intermediate host of kala-azar.⁶ Therefore, he proved that kala-azar can be communicated from dog-to-human, as well as human-to-human, through sandflies. This was the scientific basis for eradicating this deadly parasitic disease from China in the 1950s. Over a fourteen-year period, Dr. Lee published 29 articles and was the first author on 14; he became the leading investigator in

the field of tropical medicine research in China. In 1935, Dr. Lee was promoted to the rank of Associate Professor of Medicine and became a member of the Medical Education Committee under the National Health Administration.

In July 1937, when the war broke out between China and Japan, Dr. Lee was in Nanjing attending a meeting about establishing a new medical school in Wuhan. Railroad transportation was interrupted, so he traveled to Shanghai to answer a call from the Red Cross and organized an 800-bed hospital at McTyeire School for civilians wounded in the Battle of Shanghai. Once transportations resumed, he returned to the PUMC, which was not affected by the war initially, as the U.S. was then a neutral state. Although he could continue his research, Dr. Lee resigned from PUMC and turned over his responsibilities as he decided to answer the call of the national government and joined the resistance in Southwest China. As he arrived at Wuhan, the Japanese army was already approaching. So the national government decided to build the new medical school in mountainous Guizhou province, instead of Wuhan, with the same funds already allocated. Dr. Lee was named the first president of National Kweiyang Medical College (NKMC), the first institute of higher education in Guizhou Province. Immediately, he began to recruit teachers and students who had escaped the Japanese occupation. Many PUMC graduates and faculty joined him, and over 300 refugee students came from 49 schools in occupied regions. On June 1st, 1938, the classes started at NKMC with nine grades and two in each calendar year. In remote and backward Guizhou Province, there was a shortage of funds, a lack of equipment, rising inflation, and frequent bombing which made NKMC move to a temporary location with 18 huts built from straw and mud. Regardless, Dr. Lee insisted on maintaining a 6-year curriculum with high standards and, eventually, NKMC earned a reputation as a “little PUMC” in Southwest China. Over eight difficult years, NKMC educated hundreds of doctors, nurses, and health professionals who later became the foundation of medical education and the health care system in southwest China. In May 1946, Dr. Lee was awarded the Anti-Japanese Victory Medal.

Soon after the war ended in August 1945, the Rockefeller Foundation sent a commission to study the problem of the development of medicine and public

health in China. Based on the findings, the RF decided to re-establish the PUMC after five years of Japanese occupation following the Pearl Harbor attack. On March 12, 1947, the PUMC Trustees unanimously elected Dr. Lee as the first Chinese president in school history, based on his integrity and experience in building NKMC during the war. The challenge was unprecedented: a civil war between the Kuomintang and the Communists was imminent, and inflation was uncontrolled to the point that China Medical Board funds only had one eighth of their prewar purchasing power. To make matters worse, both Dr. Alan Gregg and Dr. Baird Hastings declined the invitation to be the vice president of PUMC. Understanding all these difficulties, Dr. Lee was undeterred and accepted the nomination. As he wrote to Dr. Hu, Shih, the Chairman of the PUMC board,

I did, however, have a deep concern for the future of medical education in China, a vision of the part the PUMC should play in it, a willingness to make a try at bringing this to realization, and a readiness to withdraw from the picture if I did not succeed.⁷

His first task was to reopen the medical school and hospital that were in total disarray with most of their equipment missing. As soon as he arranged the turnover of his responsibility at NKMC to his successor, Dr. Lee immediately started to examine the whole administrative structure and salary scale in order to budget the limited funds. As he wrote to Dr. Hu, Shih, “we have to strive for the maximum excellence with the maximum economy”.⁸ With financial support from the China Medical Board, he invited the best available Chinese teachers to join the PUMC staff, who became the core faculty that strived to maintain high academic standards for medical education in the following tumultuous decades. On October 22, 1947 twenty-two students became the first graduating class following PUMC’s reopening. The PUMC hospital reopened in the following May to all citizens. The college was on track to return to its pre-war level of academic standards. In March 1948, Dr. Lee was unanimously elected as one of the first 81 members of the Chinese Academia Sinica.

Unfortunately, Dr. Lee’s career was abruptly interrupted after the establishment of the People’s Republic of China in 1949. Almost immediately, everything

became more difficult under the new regime: contentious labor dispute negotiations, temporary governmental use of student dorms, the requirement to attend many long governmental meetings while carrying on administrative duties at PUMC. Then things suddenly got worse as the Korean War erupted. While America and China fought together as allies during WWII, they became enemies on the Korean battle fields. By the end of 1950, both countries froze each other's funds and PUMC was running out of its life support. On January 20, 1951, the PUMC was nationalized and was soon labeled the "fort of culture invasion," while Dr. Lee was the undisputed representative of American imperialism. The PUMC School of Nursing would eventually close in 1952; the PUMC stopped accepting new students in 1953, and it was subsequently turned into an institute to train medical personnel for the People's Liberation Army. Against the backdrop of constantly shifting political movements, although Dr. Lee remained the nominal president of PUMC, he was criticized by the Communist Party, students, colleagues, and even friends. In 1957, the Communist Party started the "One Hundred Flowers" movement and invited criticism from the outside, especially intellectuals. Dr. Lee voiced his opinions about endorsing elite medical education at PUMC and that medical schools should be governed by professionals. These honest opinions were viewed as his intention to seize power from the Communists. As a result, Dr. Lee was labeled a "Rightist" by the Communists in 1957, denounced publicly and demoted to Yunnan Province, where he died in 1962.

Today, very few at the PUMC have heard of Dr. Chung-Un Lee. Generations of doctors and educators who walk its quietly pristine halls may never learn the story of its first Chinese president. Undoubtedly, Dr. Chung-Un Lee and his accomplishments were purposefully forgotten and, as time goes on, will be in danger of fading from public memory. Thankfully, the archival records at the Rockefeller Archive Center are well-preserved for years to come, and hopefully, other archival repositories in China will maintain important relevant records. If so, future generations will be able to learn about the investigative work done by the first generation of Chinese medical educators one century ago, under primitive conditions, that led to the eradication of many parasitic diseases in the 1950s. They may also learn how PUMC was rebuilt after the war; it sustained

two more closings and re-openings, but still remains the best medical school in China today. By revisiting the ideals of these medical pioneers, such as Dr. Chung-Un Lee, for medical education and practice, they can gain a fresh perspective on the development of modern Western medicine in China. Therefore, now is the time to uncover and preserve this almost forgotten, but precious, period of history during which so many medical doctors devoted their careers, talents, energies and lives to the advancement of medical education in China.

Thanks to the research stipend from the Rockefeller Archive Center, I was able to collect precious archival material, which allowed me to complete the following publications in memory of my grandfather on his 125th birthday:

1. Documentary film:
A Medical Educator in Nationalist China — Dr. Chung-Un Lee (2017)
2. Books:
 - a. A Medical Educator in Nationalist China — Dr. Chung-Un Lee (2018)
 - b. A Chronicle of Dr. Chung-Un Lee (2019)
 - c. A Collection of Articles of Dr. Chung-Un Lee (2019)

¹ Anderson, J. And Khalil, M. Lee, C.U., and Leiper, R.T., A filarial survey in British Guiana, 1921. *Journal of Helminthology*, 1:215-226, 1923; London School of Tropical Medicine Research Memoir Series, 5:105-116, 1924.

² Letter of recommendation by Henry E. Meleney, Rockefeller Archive Center (hereafter RAC), China Medical Board, Inc., Box 89, Folder 635.

³ John Z. Bowers, “Western Medicine in a Chinese Palace – Peking Union Medical College, 1917-1951” (New York: Macy Foundation, 1971), 125.

⁴ Lee, C.U. and Chung, H.L. A clinical study of the early manifestations of Chinese kala-azar. *Chinese Med. Jour.*, 49: 1281, 1935.

⁵ Lee, C.U. and Chu, C.F. Relative value of urea-stibamine and neostibosan in treatment of kala-azar. *Chinese Med. Jour.*, 49:328, 1935.

⁶ Lee, C.U. Canine leishmaniasis in Peiping. *Chinese Med. Jour.*, 51:951, 1937.

⁷ Letter, Lee, CU to Hu, Shih, RAC, China Medical Board, Inc. Box 47, Folder 332.

⁸ Ibid.