The Daily Life of Hygiene and Public Health in Republican China

by Sarah Yu
University of Pennsylvania

Abstract

The Peking Union Medical College was the leading medical education institution in China for decades, producing doctors and nurses whose qualifications were on par with those from American universities. But alongside the running of this medical college and attached hospital, the China Medical Board was also involved in the conception, establishment, staffing, and funding of a range of smaller-scale, localised initiatives that prioritised public health and hygiene education at the grassroots level. From the Rockefeller Archive Center, I gathered reports, accounts, and correspondence about such projects as the Peking First Health Station, the Shanghai Kao-Chiao Health Demonstration Area, and the Mass Education Movement at Ting Hsien, to demonstrate how hygiene was taught and health services were provided to Chinese laypeople in the early twentieth century. The China Medical Board worked with local governments, sponsors, and reformists to adapt global ideals of hygienic reform and localise them for norms and culture. In time, they would create distinctly Chinese models of communal hygiene that could be emulated throughout Republican China. My dissertation examines the experiences of these reformists and highlights how the proliferation of their projects features in the everyday lives of the Chinese people in the early twentieth century. Moreover, it demonstrates that public health initiatives thrived on the municipal, provincial, and county levels, even when the centralised national government was in flux.

The Daily Life of Hygiene and Public Health in Republican China

In September 1922, John B. Grant, Associate Professor of Public Health and Hygiene at the Peking Union Medical College, finally saw the realisation of a long-term project – a six-week intensive special course on educational hygiene for educators and school administrators in Beijing.[1] Grant had been writing to the directors of the China Medical Board for years, stating the need for laymen-targeted hygiene education in China. He conceptualised this program as vastly different from the elite, professional medical education for doctors and nurses that was offered at the Peking Union Medical College (PUMC). In 1918, Grant offered his suggestions on teaching personal hygiene in elementary and middle schools. He argued that "attempts at sanitary education should never lose sight of the fact that to be effective it must be direct and rational." In fact, a focus just on curative medicine, as had generally been the case with medical missions to China until that point, would undermine the status of Western medicine as wholly effective for the health needs of the Chinese. As Grant wrote in his 1918 essay on "Teaching Personal Hygiene in the Schools of China," "the best of Western medical science should be presented… any presentation [that] does not include preventive medicine with the proportionate emphasis… is not showing Western medicine in its true light."[2]

Grant's plan was a surprising and pleasant find among the China Medical Board (CMB) records. A small-scale, intimate course for schoolteachers does not usually come to mind when we consider public health in early twentieth-century China; in fact, much of the recent scholarly literature on the topic is still centred on the successes and failures of the central Kuomintang national government, established after 1927, to build institutions and a bureaucracy with Western biomedical foundations.[3] Grant's divergence from the goals of the PUMC hinted that there were more layers to the history of public health in China. At the very least, Grant felt that the improvement of personal hygiene seemed to be more cost effective, and with longer-term impact, than simply increasing the curative medicine resources. He was certainly not alone in this respect, as some of China's

most famous doctors, such as Wu Lien-teh and S.P. Chen had voiced similar priorities. Besides, the contemporary personal and home hygiene trends, that had recently become popular in the United States and Europe, inspired reformists like Grant.[4] It was possible that, with some direction, there could be a fundamental overhaul of Chinese behaviours that would see to the elimination of spitting on the street, leaving food out without fly screens, and using untreated nightsoil as fertiliser.

What would "direct" and "rational" education would look like in the Chinese context? In a Chinese city in the 1920s, what did one do, or where did one go, if feeling unwell? Histories of the Ministry of Health (established 1927) and its bureaucratic structure could not answer these questions, nor could histories of intellectual debates about germ theory vs. Chinese medicine concepts. This marked a historiographical opportunity. As historian Jerome Ch'en wrote in his foundational *China and the West*, all historians need to look beneath the "lethargic" political and economic narratives – "China becomes alive, dynamic, buzzing with activity, if one looks below [the official] level."[5] Regardless of the debates about theoretical medical traditions, hospital funding, and cultural clashes occurred among those who considered themselves within the medical "elite", the lived experiences of the "public" – mothers, schoolchildren, factory workers, even medical professionals living in remote or rural areas – are rarely placed at the forefront in the history of "public" health.

My dissertation thus became a project to investigate the daily lives of Chinese residents and how they experienced hygiene education and reform initiatives. For hygiene education to be effective for these individuals in Chinese schools and homes, the subject matter needed to be common-sensical, relevant, and familiar. These initiatives could not be merely direct transfers of methods and ideas from the West, nor were they simply used to control a passive population. Perhaps, as Percy T. Watson, a medical missionary in rural Shanxi, discovered, it was impossible to ask individuals to change their behaviours with simple exhortations of the elusive concept of "science." Often, as during the Shanxi epidemic of pneumonic plague in 1918, they were motivated instead by receiving tangible benefits or seeing relatable experience.[6] While my dissertation began as a history

of public health administration in various parts of China, the project is now a social history that investigates how hygiene, a global, popularising life science, was introduced and practiced in everyday life during China's Republican period until the end of the Sino-Japanese War (1911—1945). It considers the pursuit of health as an intrinsic and pure end, a goal sincerely desired by the public. Receptions of initiatives and ideas were shaped by contingencies of unique situations such as local customs and conditions, rather than by ideology.

Several of the China Medical Board's localised projects became my dissertation's key examples of innovative hygiene reform and education initiatives. The Mass Education Movement at Ting Hsien, the Peking Health Station, the Shanghai Kao-Chiao Health Demonstration area, and hookworm control efforts in the rural south all required representatives from the Rockefeller Foundation to cooperate and negotiate with local political and business leaders, and cater its programs to suit local conditions. An early example was the Peking First Health Station, established in 1925, in collaboration with the municipal police. Serving a small fraction of Beijing's population of close to four million, the institute trained PUMC students and provided clinical services to the surrounding population. The photograph collections at the Rockefeller Archive Center (RAC) depict everyday goings-on at the Health Station site – schoolchildren lining up to receive vaccinations, the "Weekly Mothers' Club", and Public Health Visiting Services' house calls to postpartum mothers.[7] The Rockefeller Foundation home office in New York was so intrigued by photos of the Station's "Preschool Club" that it considered using the model for other International Health Division initiatives around the world[8] Furthermore, the Station's stability, over the course of more than a decade, drew public interest and also facilitated the development of additional training programs for midwives and public health nurses. Its connections with the local community were also strong; an attempt to abolish the Public Health Visiting Service in 1932, through which nurses paid home visits to patients, failed.[9] The Health Station performed a valuable service to the local population and the city of Beijing, and it was clear that its small scale and access to resources were factors of its success. The work of the China Medical Board and the small projects that it sponsored in the 1910s and 1920s largely created the foundation for local, provincial and national public health and hygiene initiatives in the 1930s and 1940s.

The RAC archival records reveal several interesting historiographical interventions. First, I needed to question the assumption that public health reforms required centralised, strong governmental authority, and as scholars such as Ka-Che Yip and Liping Bu have shown, China's Nationalist Kuomintang government failed because of the country's political fragmentation. Records at the RAC instead contain the myriad initiatives that were often started by individuals and required little institutional support. Reformists like the YMCA's William Wesley Peter, founder of the Council on Health Education as early as 1914, was known for his small travelling educational caravan and health habits posters.[10] The Peking Health Station was created as a collaboration between the PUMC and the municipal government, as was the Shanghai Kao-Chiao Health Demonstration Area. Examples of these smaller scale initiatives for hygiene and public health improvement are many and varied, and strongly indicated that effective hygiene improvement work, organised through the efforts in small communities, neither needed nor benefited from centralised state control. My project encourages historians to consider a redefinition of "public health", from something that required institutions and bureaucracy to community-driven efforts. As my dissertation shows, localised experiments actually became models for national public health reforms after the establishment of the Kuomintang national government in 1928, and especially after the start of the Sino-Japanese War in 1937. Moreover, the development of public health was hardly a tool wielded by the central government to exert control over its population; rather, local communities proficient in their hygiene reforms were able to demonstrate their utility and legitimacy to the central government, and use their local successes in public health to leverage the government and international organisations for support and resources.

The myriad examples of local autonomy in reform movements and the proliferation of publishing and advertising also indicate that the cultural aspects of hygiene promotion and education thrived throughout the early twentieth century. Early on, medical missions around the country wrote to the China Medical Board for funding to support their translation efforts for medical teaching texts.[11] John B. Grant's reports about public health work in Shanxi province

revealed that the local government had profound interest in prohibiting behaviours such as smoking and footbinding, and had used the media and printing presses to spread government messages.[12] The therapeutic care industry also thrived; by the time the Peking Union Medical College was established, there were already many established doctors in Chinese cities who were cautious about the China Medical Board's plans for a new hospital, as it would disrupt their existing client base.[13] Public hospitals staffed by missionary doctors were nevertheless paid for by wealthy Chinese donors.[14] Later, the China Medical Board supported the 1924-1926 annual "Medicine as a Life Work" essay competitions launched by the Council for Health Education.[15] While Acting Resident Director N. Gist Gee was sceptical that the contest, aimed at non-medical university students, would further public health work, its reception and quality of entries are testament to the Chinese public's interest in hygiene-related matters.[16] Flipping through the pages of various newspaper and journal publications, one finds numerous advertisements for soap, milk, and tonics.[17] China was neither a mere receptacle for public health imperialists, nor isolated and backwards; its residents were engaged, curious, and knowledgeable participants in an ongoing global process to raise communal health and standards of living.

Finally, the fascinating testimonials from patients and their families, who had been treated at the PUMC Hospital, allow for an unprecedented look into the lived experience of individuals. A memoir by a man named John Thomason describes his son's treatment at PUMC for scarlet fever, and the odd and wonderful characters they met throughout the process.[18] Patients' complaints and suggestions for improvement of the PUMC wards afforded light-hearted entertainment, but also reveal how class and privilege were always intertwined with the provision of clinical care.[19] In fact, Jacob Gould Schurman, from the Legation of the USA to China, wrote urgently to Henry S. Houghton, who directed the PUMC, regarding the need for an infectious disease ward at the PUMC to treat foreigners, emphasising that the native-run infectious disease hospital in Beijing refused to take foreign patients.[20] The cosmopolitanism of China's larger cities facilitated the global spread of information, media, and educational collateral for hygiene and public health, but also highlighted the fundamental challenges exacerbated by their diversity. While "accident cases, acute and sub-acute diseases, and maternity cases" were admitted to the PUMC, contagious disease

cases were not.[21] Were infectious disease hospitals and tuberculosis sanatoriums considered institutions for the lower classes by the medical elite, and was this opinion widespread? How did individuals decide how and where to get treatment, vaccines, or education, and whether or not to participate in local cleaning or athletic competitions? Additional research in the United States, Taiwan, and China, including research in collections of oral histories, will all help to flesh out these perspectives.

Grant ran his hygiene summer institute for teachers again in 1928, this time taking the students on an additional tour of the newly-established National Epidemic Prevention Bureau under the Kuomintang government in Nanjing.[22] Over the next decade, teaching hygiene at elementary schools became a norm in many places around the country.[23] There was now official government support for Grant's initiatives and others aimed at improving school hygiene education and facility sanitation, and Grant and his peers were eager to collaborate with the finally-unified national government. In fact, Grant had long seen China's political fragmentation as a major barrier to effective public health provision. For years, he had hoped for the remote possibility that political rivals in the national government would come together to create a Ministry of Health, a dream that was finally realised in 1927.[24] But this collaboration would have its own growing pains; in early 1929, for example, the opening of two more health demonstration units at Kao-Chiao was delayed for several months because administrators at the new national Ministry of Health were unfamiliar with the situation and could not appoint appropriate personnel.[25] Despite funding, logistical coordination, and other support from the highest levels of the government, it seems that "rational and direct" hygiene education work still needed to be bolstered from the ground up. The hand-off from local to national administration would not be easy, but the work of Grant and his colleagues had laid a firm foundation.

My Rockefeller Archive Center research experience was spread out over two trips in June 2019 and March 2020, bookending the bulk of my archival research for my PhD dissertation. My last week at the RAC in early March 2020 was punctuated by news and discussions about the COVID-19 pandemic. By this time, Italy was in total lockdown, and Washington state had over 100 cases. A positive

case had just been confirmed in New Rochelle, in the same county as the archive. It was surreal to be reading about a meningitis outbreak in the PUMC student dormitories one minute and discussing whether archives were going to remain open the next.[26] In addition to bouncing back and forth between time, I also found myself alternating my analytical scale – my 1920s readings were filled with juicy specifics – hospital menus for the sick, a trachoma diagnosis manual, step-by-step instructions for sanitising family wells, and lists of items to include in public health visitors' briefcases.[27] The concurrent 2020 news, on the other hand, featured theoretical modelling and debates from the highest levels of our governments, punctuated with breaking news and sweeping demographic data with the occasional global health map. I found infographics particularly unhelpful when trying to figure out what I should be doing for my family and myself – how would the *New York Times'* travel tracking map of people leaving Wuhan help me deal with a very real toilet paper shortage? Family members overseas messaged, concerned about the rising number of cases ticking up, but what I kept telling them about my day-to-day experiences sounded totally discordant to the news they had received.

I began to realise that the historical perspective I have been able to gain to write research and my dissertation was fuelled by my very concern about this disconnect. As a historian, I would find it simple to reduce the past into a set of statistics and numbers. Numbers of cholera and smallpox cases were readily published, after all, in contemporary newspapers and medical journals. But these say little about how our predecessors – fellow actors in the face of public health crises – went about their daily lives and made hygiene a part of them. Honing in on the lived experiences of individuals and their communities allows historians to view their time, and ours, with a humanistic lens.

---

[1] "Report on the Conclusions of Results of Special Course in Educational Hygiene", 22 September 1922. Folder 528, Box 75, FA065, China Medical Board (CMB) Inc, Rockefeller Archive Center (RAC).
[2] John B. Grant, "Suggestions in regard to Teaching Personal Hygiene in the Schools of China", pp. 2—3. Folder 349, Box 55, Series II.2/601, RG 5, International Health Board/Division (IHB/D), FA115, Rockefeller Foundation (RF) Records, RAC.
[3] See works by Sean Hsiang-Lin Lei and Liping Bu. Sean Hsiang-Lin Lei, *Neither Donkey nor Horse: Medicine and the Struggle over China's Modernity* (Chicago: University of

Chicago Press, 2014). Liping Bu, *Public Health and the Modernization of China*, 1865-2015 (New York: Routledge, 2017).

[4] See Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1999).

[5] Jerome Ch'en, *China and the West: Society and Culture, 1815—1937* (London: Hutchinson, 1979), 35.

[6] Watson writes in his journals about plague control in Shanxi that he often had to test and demonstrate the prophylactic vaccine on himself before administering it to villagers on his "plague trips". Percy T. Watson, "Plague Bulletins", Carleton College Archives and Special Collections, Series 35C "Personal Papers and Memoirs", Subseries 18 Watson Papers.

[7] Folder 2718, Box 145, Series 601, RG 100—1000, FA003, RF Photographs, RAC.

[8] Victor Heiser to John B. Grant, January 27, 1930. Folder 366, Box 44, Series 601, RG 1.1, FA386b, RF Records, RAC

[9] "Annual Report of the Peking Health Station for 1934". Folder 473, Box 67, FA065, CMB Inc, RAC.

[10] Much of the details of the early work of the Council on Health Education (CHE) can be found in the China Medical Board Records collections, including reports and praise for Peter's team in newspapers and by Li Yuanhong, then President of the Republic of China. Folder 90, Box 8, CMB, FA114, RF Records, RAC. I also found more of the CHE's, such as issues of its *Health* magazine publication (referenced many times in the RAC collections) at Yale University's Countway Library of Medicine.

[11] "Preamble and Resolution on Public Health Education passed by the China Medical Missionary Association Conference, Canton", January 27, 1917. Folder 135, Box 10, Series 1.1, RG 4, CMB, FA114, RF Records, RAC.

[12] John B. Grant, "Diary of Shansi Trip", February 16—22, 1922. "Report – China 1919—1924", folder 345, Box 55, RG 5, IHB/D records, FA115, RF Records, RAC.

[13] Lionel Street, John Ransom, A.M. Overton, and Massie to CMB, February 19, 1917. Folder 425, Box 22, RG 4, CMB, FA114, RF Records, RAC.

[14] An example is the Chinese Public Isolation Hospital in Jiangsu Province in 1914. Folder 420, Box 22, RG 4, CMB, FA114, RF Records, RAC.

[15] Folder 1433, Box 57, RG 4, CMB, FA114, RF Records, RAC.

[16] I managed to find collections of the submitted entries at the Yale University Divinity School Special Collections.

[17] *Health* Magazine, a quarterly publication by Council on Health Education, was a public health and medical journal that was designed for public, layperson, bilingual readership. Among its pages were recipes for housewives, advertisements for soap, and announcements for public street cleaning campaigns in various cities. Copies of past issues are found at the Yale University Countway Library and at the National Central Library in Taipei, Taiwan.

[18] John W. Thomason, Jr., "Notes on an Economic Royalist", 1937. Folder 234, Box 25, FA386b, Series 601A, SG I.1, RF Records, RAC.

[19] Henry Houghton to Roger Greene re. patient communication, May 14, 1924. Folder 481, Box 68, FA065, CMB Inc, RAC.

[20] Jacob Gould Schurman to Henry Houghton, May 14, 1924. Folder 481, Box 68, FA065. CMB Inc, RAC.

[21] "Peking Union Medical Hospital: Brochure for Patients". Folder 481, Box 68, FA065, CMB Inc, RAC.

[22] "Peking Health Station Annual Report for 1928", p. 40. Folder 2836, Box 219, FA115, Series 601J, RG 5.3, RAC.

[23] As part of my dissertation research, I have gathered a series of oral history interviews with individuals who were school aged during the late 1930s and early 1940s.

[24] John B. Grant to IHB, January 4, 1923. Folder 349, Box 55, FA115, Series II.2/601, RG 5, IHD, RF Records, RAC.

[25] John B. Grant, "Report on Shanghai Public Health and Kao-chiao Demonstration Area", February 1929. Folder 529, Box 75, FA065, CMB Inc, RAC.

[26] "PUMC Hospital", May 6, 1925. Folder 483, Box 68, FA065, CMB Inc, RAC.
[27] "Bulletin of Instructions for Visitors", 1930. Folder 474, Box 67, FA065, CMB Inc, RAC.

I would like to thank Bethany Antos and Tom Rosenbaum for their kind assistance and advice during my time at the RAC.