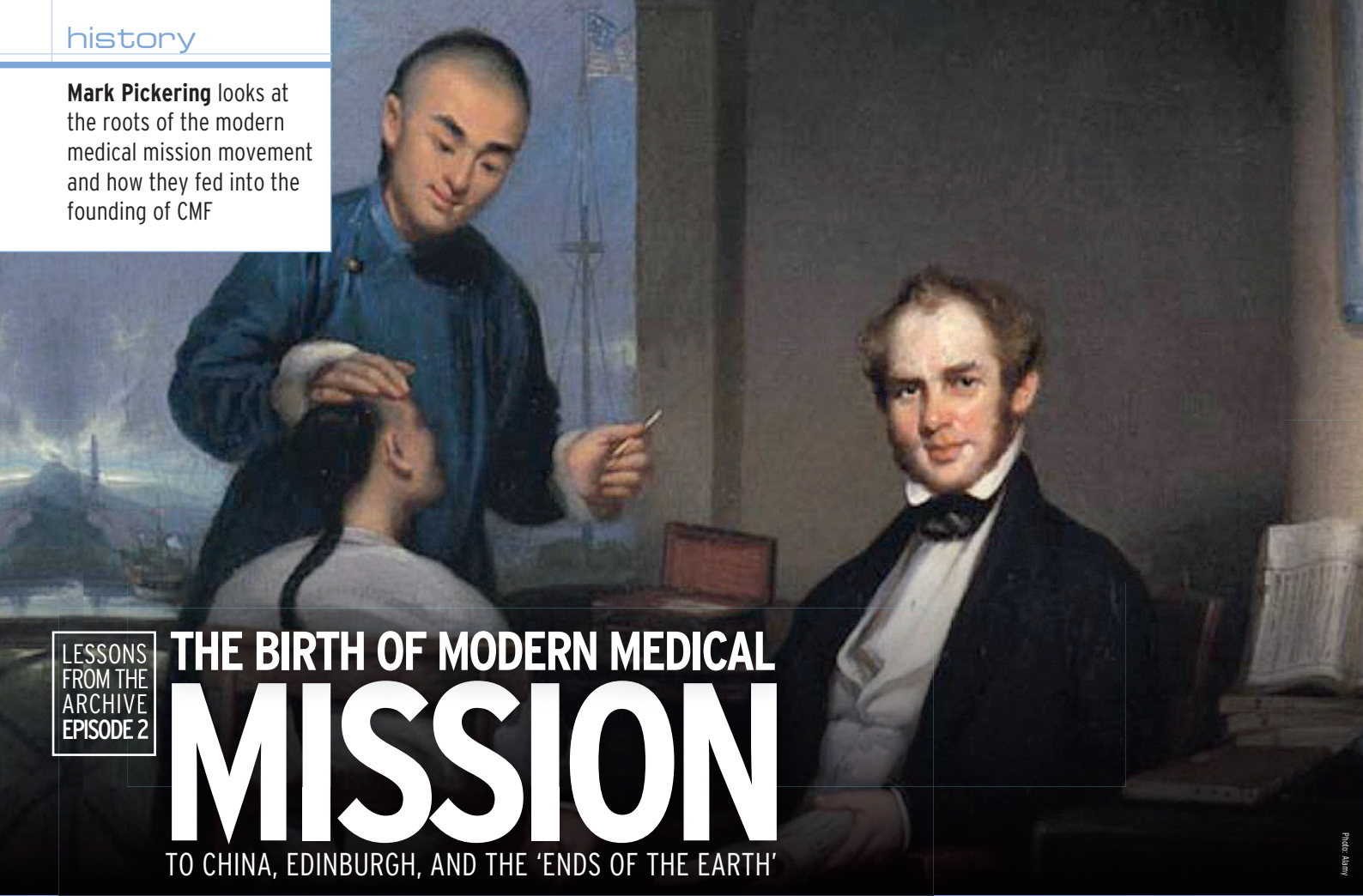


Mark Pickering looks at the roots of the modern medical mission movement and how they fed into the founding of CMF



LESSONS FROM THE ARCHIVE EPISODE 2

THE BIRTH OF MODERN MEDICAL MISSION

TO CHINA, EDINBURGH, AND THE 'ENDS OF THE EARTH'

CMF was founded in 1949, and 2024 will be its 75th Anniversary. However, its roots go back much further, and there is plenty to learn from the people and organisations that came before it. This is the second of a series of articles featuring some of the main highlights.

key points

- Medical mission has ancient, deep roots but did not intentionally marry a strategic concern for health and wellbeing with the proclamation of the gospel until the 1820s.
- Empire, trade, and war created the pathways for medical missions to go into Asia and Africa in the mid-to-late nineteenth century.
- While engaged and committed overseas, many of the most impactful and long-lived medical missions also looked to take care of the health and spiritual needs of Britain's own urban poor.

In my last article,¹ I outlined the birth of the Christian Medical Association in 1854, which led to the Medical Prayer Union in 1874. These associations of Christian doctors contained many who were great supporters of medical missionary work. But how and when did medical mission begin? This article will sketch out some of the main features of this incredible movement.

The first beginnings

Catholic Jesuit missions experimented with healthcare projects in the sixteenth and seventeenth centuries, particularly in Japan and the Philippines.² During this period, European Protestants were understandably preoccupied with establishing the Reformation in Catholic countries. However, by the early eighteenth century, a few were beginning to reach out further, such as the Danish-led missions to South India from Halle in Germany. Caspar Schlegelmilch, the first physician sent out by this mission in 1730, sadly died of dysentery after less than three weeks!³ Mission was a risky business in those early days.

Better known to many evangelicals is William Carey, who founded the Baptist Missionary Society (BMS) in 1792 and became a pioneer missionary in West Bengal, India. Less well known was his mission partner, Dr John Thomas, who was actually the BMS's first missionary (Carey was appointed second). Thomas had been converted as a naval surgeon with the British East India Company (EIC). He had done independent missionary work in

Calcutta before returning to England, meeting Carey, and convincing him to go with him to India instead of his original planned destination of Tahiti!⁴

Other early pioneers included John Scudder, an American doctor who went to work in South India in 1819. He was the first of several Scudders who continued his work, including his granddaughter Ida, who founded the famous Christian Medical College at Vellore, which still exists today.⁵

Medicine as a multiplier of mission

Many of the early intersections between medicine and mission were sporadic. This began to change in the 1820s as some realised the immense strategic value of medical practice to the spread of the gospel message itself. Karl Gützlaff was a German missionary who worked in Thailand and China. Although not formally trained in medicine, he had some basic medical knowledge, which he used to great effect. He realised that compassionate, physical healing often communicated far more than words, opening the way for many to listen to the Christian message. Gützlaff promoted the concept of medical mission and inspired great medical missionaries such as David Livingstone and Hudson Taylor, who founded the China Inland Mission.⁶ He was also very influential on Peter Parker in his early years in China.⁷

Many other changes were happening in the world at that time. With the expansion of trade and empires, many Western nations were coming into much greater contact with those of other nations and cultures. Western scientific medicine was

making great strides and, in many cases, had a real opportunity to reduce suffering.

Revolution in China

In God’s providence, several key people and factors coincided in southern China in the 1830s, resulting in a significant gear-change for medical missions. At this time, Western trade with China was limited to just two locations centred around the Pearl River delta - the city of Canton/Guangzhou, and the Portuguese island colony of Macao at its mouth. Several Western nations had trading outposts there, including the EIC, amongst whose employees was a young Christian surgeon named Thomas Colledge.

Colledge had trained at St Thomas’ Hospital in London before taking up this role. The EIC’s generous salary enabled him to devote time, resource, and energy to relieving disease in the local population. He quickly realised that surgical skills were particularly limited in China, and his own proficiency in ophthalmology meant he could make a dramatic impact by performing surgery for cataracts and other eye conditions. He opened a small eye hospital in 1827 in Macao before moving upriver to Canton in 1828, where he set up a similar hospital.

The next significant factor was the arrival of Peter Parker, a young American who was apparently the first anywhere to obtain dual training in theology and medicine with the deliberate aim of being a ‘medical missionary’. He arrived in Canton in 1834, where he soon teamed up with Gützlaff, Colledge, and others.

Over the next few years, they developed their ideas further until, in 1838, they formed the Medical Missionary Society in China (MMSM) – the world’s first medical missionary organisation. Remarkably far-sighted, they aimed to attract many others to follow their example, producing printed appeals in the UK and USA particularly, and calling mission agencies to send other ‘pious physicians’ to do the same.⁸ God’s timing, again, was remarkable. The setting up of the MMSM owed much to Thomas Colledge, and its final establishment in 1838 occurred just weeks before he left Canton forever. He did, however, remain its honorary President until his death in 1879.⁹

Problems are opportunities in disguise

The international trade that had brought the gospel to China also brought darker forces. Western nations wanted many of the exotic goods that China could supply. Yet China wanted little of European goods, creating a problematic trade deficit. However, there was one lucrative product the West could export to China – sadly, that was opium, grown in India and sold in China. Chinese authorities resisted this, sometimes by force, in what became known as the Opium Wars.

The First Opium War was in 1839-1842, ending with the Treaty of Nanking, which ceded Hong Kong Island to the British Government.¹⁰ The fighting made Parker’s medical work impossible, forcing him to leave in 1840. But far from ending his influence, this flung it worldwide. In some ways, it was like the

Apostle Paul’s imprisonment in Acts, which caused him to write many of the letters we know and love from the New Testament today. Parker returned temporarily to the USA but also spent time in the UK and France, spreading the cause of medical missions and the work of the MMSM. He met many notable Christians in London and Edinburgh in the summer of 1841. This catalysed the birth of two medical mission organisations with very similar origins but very different outcomes.

The Syrian Medical Aid Association

Parker’s visit to London helped stimulate the launch of the Syrian Medical Aid Association (SMAA) in 1841. Two of the chief organisers were Thomas Hodgkin (discoverer of Hodgkin’s Lymphoma – a Quaker who was a pathologist at Guy’s and then St Thomas’ Hospitals and who became a good friend of Parker) and Culling Eardley Smith (who went on to help found the Evangelical Alliance in 1846).

The SMAA got off to a quick start, recruiting a missionary doctor to go to Lebanon and later another to go to Damascus. Sadly, it did not last and had completely evaporated by early 1847, leaving Hodgkin saddled with personal debts. Despite lofty ambitions and wealthy backers, the SMAA went too far, too fast, overcommitting itself to complex situations that it had not understood properly. When complications came, and early enthusiasm waned, there was little solid base on which to stand.¹¹

The Edinburgh Medical Missionary Society

It was a different story when Parker visited Edinburgh, also in 1841. Local Christian doctors formed a committee, which soon became known as the Edinburgh Medical Missionary Society (EMMS). Instead of making the mistake of the SMAA and committing themselves early to send out their own missionaries, the EMMS promoted the concept of medical mission, especially amongst students, and raised awareness and funds for the work of the MMSM in China, and the SMAA in Syria.¹² They also found time to encourage Dr Golding Bird in 1853, spurring on his early efforts to found the Christian Medical Association (see the previous article in this series).¹³

This slow and steady approach must have been frustrating to some, but it clearly paid off in the long run, as 180 years later, EMMS is still going strong!¹⁴ During that time, hundreds of medical missionaries have given service totalling thousands of years in dozens of countries – their inspirational stories would take a lifetime to tell!

Just one well-known story is that of Dr Kaloost Vartan, an Armenian doctor who trained in Edinburgh under the EMMS and was inspired by this to go to Nazareth in 1861, founding the Nazareth Hospital. This incredible institution is

1787

James Carey & John Thomas, India

1819

John Scudder, India

1820

Karl Gützlaff, Thailand & China

1827

Thomas Colledge, China

1834

Peter Parker, China

1838

Medical Mission Society in China

1841

Edinburgh Medical Missionary Society

Syrian Medical Aid Association

1853

William Burns Thompson and the Cowgate Dispensary



William Carey

This series will continue to sketch out the history of the modern Christian medical and nursing movements in the UK as we approach CMF's 75th Anniversary in 2024. If any readers have an interest in this area or relevant material to contribute, please contact Mark at admin@cmf.org.uk

Available in the online edition of *Triple Helix*, David Cranston on whether medical mission is still needed today cmf.li/3SgKQ8t

references (accessed 12/9/22)

1. Pickering M. *Golding Bird and the Christian Medical Association*. *Triple Helix*. Spring 2022. cmf.li/3AK9834
2. Grundmann C. *Sent to Heal!* Lanham. University Press of America, 2005: 22-29
3. Grundmann 31-35
4. Carey SP. *William Carey*. London: Hodder & Stoughton, 1923: 96-105
5. Ida S. Scudder. *Wikipedia*. bit.ly/3Rd13es
6. Grundmann 51-56
7. Grundmann 63-64
8. Medical Missionary Society in China. *Internet Archive*. bit.ly/3cf309n
9. A fascinating biography of Thomas Colledge has recently been written by his great-great-grandson. See Colledge R. *Medicine and Mission*. Malvern. Aspect, 2020.
10. First Opium War. *Wikipedia*. bit.ly/3TzVmJ9
11. Kass A. The Syrian Medical Aid Association. *Medical History*. 1987, 31: 143-159. bit.ly/3B8am9L
12. Lowe J. *Medical Missions – Their Place and Power*. Edinburgh: John Menzies, 3rd ed, 1890: 201-205
13. Pickering 2022
14. EMMS International. emms.org
15. The Nazareth Trust. nazarethtrust.org/about/our-history
16. These will be further outlined in a future article in this series.
17. The Mildmay Mission Hospital will feature in a future article in this series.
18. The Christian roots of modern nursing will feature in a future article in this series.
19. A good example is *Interserve*, formerly the Zenana Bible and Medical Mission – interserve.org/our-story
20. Matthew 13:1-23

still a beacon of light and hope to the local region today, supported by the Nazareth Trust, now independent of EMMS International.¹⁵

William Burns Thomson

Back in the slums of Edinburgh, a local Christian doctor started a dispensary in 1853, providing free medical care for the poor people of the area. This gradually became more closely associated with EMMS and, by 1861, was their official 'training institution', relocated to the Cowgate area of Edinburgh. Medical students could live in the EMMS Hostel under the watchful eye of the Superintendent, Dr William Burns Thomson. In this supportive, mission-minded environment, they were trained in 'home medical mission', both providing free medical care to the population and sharing the gospel with them. Through this strategic arrangement, many students went on to serve as medical missionaries all over the world; both sent directly by EMMS and by other mission agencies.

Dr Burns Thomson was a force of nature for the cause of medical missions. Originally planning to be a non-medical missionary, he was on a pastoral visit in the tough slums of Edinburgh when a woman mistook him for a doctor. Her demeanour instantly changed. She listened intently and gladly received his prescription of gospel truth along with the castor oil he had suggested for her ailments! Sensing a strategic opportunity, he applied for medical training. Although he never worked overseas as a medical missionary, Thomson had incredible influence, training students in the Cowgate, publishing and circulating inspiring stories from his contacts around the world in the *Medical Missionary Journal* and championing the cause of 'home medical mission'. The mission dispensary he ran in Edinburgh gave rise to many others based on its model – in Aberdeen, Glasgow, Birmingham, Liverpool, and London, to name a few. The London Medical Mission was foundational to the birth of the Medical Prayer Union and the Medical Missionary Association in the 1870s.¹⁶

Dr Burns Thomson later retired to London, where he lived on the compound of the Mildmay Mission Hospital, working as a chaplain to support the Mildmay nurses, many of whom also went out to mission hospitals all over the world.¹⁷

To the 'Ends of the Earth'

The middle decades of the nineteenth century saw the medical mission movement begin in earnest, slowly gain traction, and then finally begin to grow exponentially. More and more people grasped medical mission's immense strategic importance for relieving suffering and multiplying gospel influence holistically, much as Jesus himself went about 'proclaiming the good news of the kingdom and healing every disease and sickness'. (Matthew 4:23)

As we look back from our current vantage point, however, the movement is not without its controversies. The key players in the early decades were virtually all white men from Europe or the USA.

'This is less surprising when we realise that it was not until 1849 that the first woman was permitted to qualify as a physician in the USA, and 1865 in the UK. Also, the vast waves of missionary nurses who have contributed so much to the movement mostly came a little later, as mission hospitals became more established and the modern nursing profession was codified.¹⁸ Hundreds of female missionary doctors also served as medical training opened up and as the need became clear to reach the many women secluded in the harems and zenanas (female domestic quarters) of South Asia and the Far East. This prompted entire missions and training centres as part of the Zenana medical missionary movement.¹⁹

We also see how so much of the early medical mission movement was mixed up with colonialism and the expansion of the military and trade networks of Western empires. Many indigenous physicians and other local assistants were crucial to the projects led by Western pioneers whose names are better known. Most Western missionary physicians had a genuine, deep desire to serve indigenous populations who were equally made in God's image. But despite this, it was sometimes hard to avoid (or even recognise) implicit feelings of cultural superiority that can jar painfully in today's globalised, multicultural world. These underlying assumptions are quite rightly being reappraised by contemporary thinkers, but in doing so, we must take great care not to swing too far the other way. Genuine humility, careful listening and equal partnership are always vital in any cross-cultural situation. The CMF Global team are wrestling with the challenging contemporary implications through our 'Western Saviours?' working group.

What can we learn from the early medical mission movement?

This brief survey of a complex and fascinating movement can teach us numerous lessons for today:

- It was a product of its age – rapid changes in medicine, trade, and empire brought great opportunities but also many complications. We should always be willing to reappraise Christian history through a biblical lens.
- God's amazing providence is evident throughout – chance meetings, difficult people, even wars – the Lord uses them all to accomplish his purposes!
- The importance of training students early is shown to great effect by the example of the EMMS.
- The contrasting stories of the SMAA and EMMS remind us that steadily building something that lasts is better than growing fast and then fading away – see the parable of the sower!²⁰
- Medical mission was once 'new' and 'strange' and took decades to become well established. We should never be afraid to try something new that has not been thought of before – it might just change the world!

Mark Pickering is CMF Chief Executive