

# RESILIENCE IN CRISIS?: THE CHURCH MISSIONARY SOCIETY MISSION IN HANGZHOU AND THE GUANGJI HOSPITAL, 1945-1952

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## ABSTRACT

This article aims to give insight into personal and institutional resilience in the work of the Church Missionary Society (CMS) in Hangzhou in the period from 1945 to 1952. The focus will be on their work in the Guangji hospital. It contributes to debates in missionary historiography in the final years of British mission work in China by examining this under-researched locality and institution. It begins with the return of these missionaries from internment camps to an almost wholly looted hospital in 1945. It explores their efforts to try and restore this hospital. Obstacles included the initial poor state of health of some of these missionaries after internment and later escalating economic crisis and hyperinflation. Yet they stayed and continued their work. It also explores how they responded to the abrupt change of political control in favour of the Communists in 1949. None of them attempted to flee before Communist forces arrived. I show that the missionaries managed to adjust to the demands of the authorities. It ends with the departure of the Hangzhou missionaries from China in 1951 and 1952. The principal sources I use are correspondence and periodicals from the CMS archive housed at the University of Birmingham's Special Collections.

**KEYWORDS:** Resilience, hospital, Hangzhou, hyperinflation, communist, China, Commonwealth, Anglican, medical, missionaries.

## ABOUT THE AUTHOR

Dr. Simon Forbes's main research interests are in the field of international and transnational history, including missionary medical and educational work, religious ideas on war and sexuality, the arms and oil trades, and international communism. His SOAS PhD thesis was on UK missions and war in China, 1931-45. His Birkbeck MA dissertation was on the relations between Britain and Iran, 1973-78. He has previously taught short courses on international relations of the Pahlavi regime in Iran at SOAS.

## INTRODUCTION

The first missionary from the British Anglican Church Missionary Society (CMS) arrived in Hangzhou in 1864.<sup>1</sup> Local CMS missionaries came from a number of Commonwealth countries, including the UK, New Zealand, Australia, and Ireland and therefore the mission would be more accurately described as a “Commonwealth” rather than purely “British” mission.<sup>2</sup> The focus of their work was the Guangji hospital, which was founded in 1869 and later expanded into a large-scale hospital.<sup>3</sup> To this day the hospital still has statues, based on a photograph, of one of its founders, Dr Duncan Main, and a Chinese child bowing to each other. The sculpture is shown in one of the pictures of the home page of their main web site.<sup>4</sup> This shows that the present-day hospital, now named Second Affiliated Hospital of the Zhejiang University Medical School (SAHZU), does not see the past involvement of missionaries in a wholly negative light. This article will show that the hospital was in effect reborn in 1945 following the damage caused during the occupation by Japanese forces.

Dan Cui described the hospital as a “real masterpiece” due to the range of medical services it offered and by the 1920s it was the largest hospital in China with 22 different departments.<sup>5</sup> In 1938, at the start of the period of occupation of the city by Japanese forces, there were 469 beds plus 202 beds for war casualties, and the CMS still claimed that it was the largest hospital in China.<sup>6</sup> In August 1942, it was seized by the Japanese occupiers and by April 1943 all the remaining CMS missionaries in the city were interned in camps.<sup>7</sup>

On return to Hangzhou from September 1945, the CMS missionaries were shocked by the condition of the hospital which had been extensively looted and was in a filthy state.<sup>8</sup> About

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<sup>1</sup> Wei Chen, *Hangzhou Jidujiao Shi* 杭州基督教史 (Beijing Shi: Dang dai Zhongguo chu ban she 北京市: 当代中国出版社, 2016), 5.

<sup>2</sup> CRLUB/CMS/G1/CH2/1/f9/10/13, Untitled and anon., Report, March 1948.

<sup>3</sup> Chen, *Hangzhou*, 105; Gordon Hewitt, *The Problems of Success: A History of the Church Missionary Society: Volume II: Asia, Overseas Partners* (London: SCM Press Ltd, 1977), 269.

<sup>4</sup> See: The Second Affiliated Hospital of Zhejiang University School of Medicine website, <https://www.z2hospital.com/>, accessed November 5, 2022.

<sup>5</sup> Dan Cui, *The Cultural Contribution of British Protestant Missionaries and British-American Cooperation to China's National Development During the 1920s* (Lanham: University Press of America, 1998), 49.

<sup>6</sup> *The Mission Hospital*, 1939, 255.

<sup>7</sup> *Prayer Cycle and Newsletter for the CMS Chekiang Mission*, 1944, 1; Greg Leck, *Captives of Empire: The Japanese Internment of Allied Civilians in China, 1941-1945* (Bangor, PA: Shandy Press, 2006) 574 & 579; Stephen Douglas Sturton, *From Mission Hospital to Concentration Camp* (London and Edinburgh: Marshall, Morgan & Scott Ltd, 1948), 101.

<sup>8</sup> Sturton, *Mission Hospital*, 126.

80-90% of the contents were missing.<sup>9</sup> This was far from unique and other medical facilities had also been looted, although in most cases the scale appears to not have been as bad as in Hangzhou.<sup>10</sup> The continued existence of the hospital was under serious threat. On arriving at the hospital Dr Stephen Sturton wrote that in spite of the state it was in: "...I loved every stone in the battered old place. I trust I may see it rebuilt and reequipped on lines better than before, and if it be God's will I hope to serve there again for the rest of my days."<sup>11</sup> Part of the purpose of this article will be to examine how far he and his fellow workers succeeded in achieving that aim.

The general purpose of this article is to examine the issues of both personal and institutional resilience relating to CMS mission work in the city of Hangzhou in a period of radical change and crisis in China from 1945 to 1952. For the purposes of this article, I understand "resilience" to mean the ability to cope with adversity, including by adapting to adverse changes and recovering from setbacks, often reinforced by a strong value system such as religious faith, which would clearly apply to these religious missionaries.<sup>12</sup> The focus will be on their management of the main Guangji hospital which was the main CMS led institution in the city.

## LITERATURE REVIEW

There is a definite paucity of works on the twentieth century history of Hangzhou and still fewer concern themselves with missionaries. Wei Chen's *History of Protestants in Hangzhou* is a conspicuous exception. However, it only deals briefly with CMS work in the period covered by this article, mainly focusing on a leprosy hospital some distance from the city, whereas this article's concern is the work of the main hospital inside the city.<sup>13</sup> James Gao's work on the takeover of the city by the Communists, makes some brief references to

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<sup>9</sup> CRLUB/CMS/G1/CH2/m1, Report to Board of Governors of Kwang Chi Hospital, April 1948, 2-3.

<sup>10</sup> Jocelyn Chatterton, "Protestant Medical Missionary Experience during the War in China 1937-1945: The Case of Hubei Province" (Unpublished PhD thesis, SOAS, 2010), 322 and 332, <https://eprints.soas.ac.uk/16916/2/Jocelyn.pdf>.

<sup>11</sup> Sturton, *Mission Hospital*, 126.

<sup>12</sup> Michael Rutter, "Resilience as a Dynamic Concept," *Development and Psychopathology* 24, no. 2 (2012): 336, <https://doi.org/10.1017/S0954579412000028>; Diane Coutu, "How Resilience Works," *Resilience: HBR Emotional Intelligence Series* (Boston, MA: Harvard Business Review Press, 2017), 1-30.

<sup>13</sup> Chen, *Hangzhou*, 24-25 and 108-109.

American missions and the US-sponsored Christian university there, but does not refer specifically to the CMS or the Guangji hospital.<sup>14</sup>

There are a number of key works on the history of medicine in China.<sup>15</sup> However, the focus of such works is on medical knowledge, education, and techniques, including the use of Western and Chinese medicine, and specific instances of disease control in other periods, which are outside the scope of this article. These works make few if any references to the role of foreign missionaries in hospitals in the period covered by this article. General coverage of hospital work in the period 1945-1948 is sparse, including a lack of reference to the impact of hyperinflation on medical work in that period. Leung's book on Leprosy has some references to the CMS's leprosy hospital elsewhere in the same province but does not tackle the challenges faced in the period 1945-1952.<sup>16</sup> Michelle Renshaw makes brief references to medical work in battle zones, including by the Quaker sponsored Friends Ambulance Unit, but not to such work inside cities which were generally away from such zones, such as Hangzhou.<sup>17</sup> This article will therefore help to address a gap in the history of medical work in China in this period, including an examination of the immediate aftermath of the Japanese occupation in this city, the impact of hyperinflation, and relations between missionaries and the new Communist authorities.

Recent works on Chinese Christianity focus on Chinese Christians in the period after 1945 and give little detail on foreign missionaries in that period.<sup>18</sup> One exception is Bays's *A New History of Christianity in China*, although he only makes brief comments on missionaries in this period.<sup>19</sup> This trend is perhaps a reaction against older works such as those by Fairbank and Varg that overemphasised the American missionary role and perspectives at the expense

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<sup>14</sup> James Z Gao, *The Communist Takeover of Hangzhou: Transformation of City and Cadre, 1949-1954* (Honolulu: Hawai'i University Press, 2004), 125-137.

<sup>15</sup> Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (Vancouver & Toronto: UBC Press, 2014); Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty Port China* (London: University of California Press, 2004); Angela Ki Che Leung, *Health and Hygiene in Chinese East Asia* (Durham and London: Duke University Press, 2010); Bridie Andrews and Mary Brown Bullock ed., *Medical Transitions in Twentieth Century China* (Bloomington and Indianapolis: Indiana University Press, 2014).

<sup>16</sup> Angela Ki Che Leung, *Leprosy in China: A History* (New York: Columbia University Press, 2009), 203-204.

<sup>17</sup> Michelle Renshaw, "The Evolution of the Hospital in Twentieth Century China," in *Medical Transitions in Twentieth Century China*, eds., Bridie Andrews and Mary Brown Bullock (Bloomington and Indianapolis: Indiana University Press, 2014), 324-326.

<sup>18</sup> Daniel H Bays ed., *Christianity in China: From the Eighteenth Century to the Present* (Stanford: Stanford University Press, 1996); Philip L. Wickeri, *Seeking the Common Ground: Protestant Christianity, the Three-Self Movement, and China's United Front* (Maryknoll, NY: Orbis Books, 1988); Fengang Yang, *Religion in China: Survival and Revival under Communist Rule* (Oxford: University of Oxford Press, 2012).

<sup>19</sup> Daniel Bays, *A New History of Christianity in China* (Chichester: John Wiley & Sons, 2012), 147, 149 and 163.

of Chinese Christians and others.<sup>20</sup> However, that is not to say that if kept in proportion, studies focusing on foreign missionaries are not still legitimate.

There are a number of specific studies on British missionaries in China in the last century. However, none of these studies involve a detailed examination of British mission work in Hangzhou in the period covered by this article. Gordon Hewitt's work on the Church Missionary Society does go into some detail on the work of the mission in Hangzhou and Zhejiang, but only covers the period from 1910 to 1942.<sup>21</sup> The more recent collection of essays

on the CMS edited by Kevin Ward and Brian Stanley does not include China in its scope.<sup>22</sup> Gray's work on Anglicans in China covers the period up to the early 1950s but gives only sparse details of the work in Hangzhou.<sup>23</sup> Dan Cui's work on medical and education work in China makes brief references to the hospital in Hangzhou, but his work focuses on the 1920s.<sup>24</sup>

George Hood's work focuses on the period from 1949 to 1956. It provides a useful overview of mission interaction, including Anglican societies, with the new Communist regime including the process of mission withdrawal and the aftermath. However, it does so more from the point of view of mission headquarters as opposed to focusing on specific localities on the ground, in contrast to the approach of this article.

More specialist studies include Audrey Salters's thesis. This focuses on British Baptists in the period from 1937 to 1952, highlighting the northern provinces in which they worked.<sup>25</sup> She is mainly concerned with the question of mission involvement in China and argues, contrary to the standard view, that the Baptist mission had every intention of winding down its involvement in China, but wartime conditions delayed this. She pays more attention to economic issues than other studies, which I also intend to examine.

Jocelyn Chatterton's thesis specifically focuses on medical work in the Hubei province from 1937 to 1945 by British Methodist and Congregationalist missionaries.<sup>26</sup> Her argument is that this war time period provided a "golden age [of] professional, personal and religious

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<sup>20</sup> John K Fairbank, ed., *Missionary Enterprise in China and America* (Cambridge, MA: Harvard University Press, 1974); Paul A Varg, *Missionaries, Chinese and Diplomats: The American Protestant Missionary Movement in China, 1890-1952* (Princeton: Princeton University Press, 1958).

<sup>21</sup> Hewitt, *Problems*, Vol. II, 263-275.

<sup>22</sup> Kevin Ward and Brian Stanley, *The Church Missionary Society and World Christianity 1799-1999* (London and New York: Routledge, 2000).

<sup>23</sup> G F S Gray, *Anglicans in China* (New Haven: The Episcopal China Mission History Project, 1996).

<sup>24</sup> Dan Cui, *Cultural Contribution*.

<sup>25</sup> Audrey Salters, "Surrendering the task: British Baptists in China 1937 to 1952" (Unpublished PhD thesis: University of Edinburgh, 2015).

<sup>26</sup> Chatterton, "Protestant Medical Missionary."

challenge and opportunity.”<sup>27</sup> She also argues that though there was still a need for medical missionaries in the immediate aftermath of the war, they were far less needed and wanted than in the past.<sup>28</sup>

Oi Ki Ling’s work is an overview which focuses on missionary perceptions of the future prospects of work and their interaction with the state. Her focus is on British Baptist, Congregationalist, and Presbyterian societies along with the multinational China Inland Mission, rather than the Anglican societies. She argues that some missionaries had differing views on their future prospects, but she believes the pessimists were broadly correct and that some had an overly optimistic view, and their usefulness was clearly coming to an end.<sup>29</sup> The issue of usefulness raised by both these works will be considered in this article.

My own thesis deals with a wide range of British denominations, including Anglicans from 1931 to 1945.<sup>30</sup> Again, it deals only briefly with the period after 1945. It also only deals very briefly with work in Hangzhou and Zhejiang. The main emphasis of this thesis is upon the attitudes of UK missionaries towards the ongoing conflict and their relations with conflicting state actors. This article puts more emphasis on reconstruction efforts and less on war, although it does examine relations with the new Communist regime.

Accordingly, I seek to address the following questions: How did CMS missionaries display personal resilience in coping with the aftermath of internment and a period of economic and political crisis? How did the mission show institutional resilience, including financial resilience in maintaining and restoring the hospital in Hangzhou in spite of the challenges and obstacles? Why, given their prior tenacity in the face of adversity, did they finally leave in 1951 and 1952?

## SOURCES

The principal sources I will use are from the archive of the Church Missionary Society (CMS) held in the University of Birmingham, supplemented by further material from their archive from the Adam Matthew website. This archive, while a valuable source, has limitations. It is mainly of the nature of official correspondence, often in the form of pleas for

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<sup>27</sup> Chatterton, “Protestant Medical Missionary,” 347.

<sup>28</sup> Chatterton, “Protestant Medical Missionary,” 350.

<sup>29</sup> Oi Ki Ling, *The Changing Role of British Missionaries in China, 1945-52* (Madison, NJ: Fairleigh Dickinson University Press, 1999).

<sup>30</sup> Simon Forbes, “Constraints, Compromise and Conflict, UK Missions in China 1931-1945” (Unpublished PhD Thesis, SOAS, 2019).

more money, and perhaps does not disclose the full truth to CMS headquarters. Information about, and opinions of, Chinese sources are limited to certain authority figures. Nonetheless, British Commonwealth workers are worth examining on their own terms, and adequately covering the issues involving Chinese workers would warrant a much longer discussion. Given the brevity of this article, therefore, the focus will be on the Commonwealth expatriate workers.

## RETURN AND RECOVERY, 1945-1949

The challenge in reconstructing the hospital was enormous. Both Chinese workers and missionaries worked hard together to restore at least a limited service and managed to reopen the hospital as soon as 1 October 1945. However, supplies were slow in coming at first and by the following August there were still only 36 beds available and the operating theatre had only begun to be used again that month.<sup>31</sup> In addition to funding from the CMS, they were to receive substantial grants from the United Nations Relief and Rehabilitation Administration (UNRRA) and the United States China Relief Mission (USCRM), although Sturton felt they were insufficient for the hospital's needs.<sup>32</sup> Restoration was to be a slow and painstaking process.

A further difficulty was the physical and psychological state of the missionaries following their release from internment and it was recommended that several of them return to their home countries to recuperate, leading to an acute shortage of staff.<sup>33</sup> The death rate in the civilian camps in which they had been interned was considerably lower than in prisoner of war camps in China and camps of all kinds in the Dutch East Indies, indicating that conditions were not nearly as harsh as these other camps.<sup>34</sup> However, there was a growing shortage of food and medical supplies particularly towards the end of the war and conditions such as the constant lack of privacy and tensions between inmates had negative psychological effects.<sup>35</sup> CMS missionaries present in Hangzhou numbered just eight in June 1946, half of the official number in the mission. The remainder were in their home countries, including Sturton himself.<sup>36</sup> Sturton returned with his wife in the Spring of 1947, and he resumed his position as hospital superintendent.

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<sup>31</sup> CRLUB/CMS/G1/CH2/1/f9/10/13, Curtis, Annual Letter for 1946.

<sup>32</sup> Sturton, Annual Letter 1948, 2.

<sup>33</sup> CRLUB/CMS/B/OMS/AS/35/59/G1/CH2, Letter from W R O Taylor to Gurney Barclay, 24 March 1946 in Forbes, "UK Missions," 319.

<sup>34</sup> Leck, *Captives*, 419; Forbes, "UK Missions," 303.

<sup>35</sup> Chatterton, "Protestant Medical Missionary," 252-254 and 284-285; Leck, *Captives*, 172-174; Forbes, "UK Missions," 302.

<sup>36</sup> *Annual Report 1945/1946*, 69-70.

However, his wife had to be sent back to the UK after only seven months of work with the mission. She had not been interned, but was in poor health and ended up as a patient in the hospital herself.<sup>37</sup> Dr Sturton was “deeply sorry” that his wife should have to return to the UK.<sup>38</sup> However, given his intense commitment to his work in Hangzhou he did not leave with her. He remained in Hangzhou and carried on with his work for the next five years in spite of this difficulty and his painful separation from his wife.

Sturton was also Superintendent of the Leprosy Hospital in a village outside the city. In spite of the heavy burden of work in the main hospital he always visited the latter hospital weekly.<sup>39</sup> With the increase in patients by 1948, Sturton had more difficulty coping and managed to persuade a leprosy specialist, Dr James Laidlaw Maxwell, to come to Hangzhou and manage the Leprosy Hospital.<sup>40</sup> This showed that while resilient, Sturton was not afraid to ask for additional help when needed.

By 1948, the mission was restored to the numbers prior to internment as missionaries returned from their period of recuperation. There were 14 CMS missionaries present in Hangzhou in March 1948.<sup>41</sup> Apart from the local Anglican Bishop, John Curtis, and Reverend Spurr, who worked in a local government university, all the missionaries worked in the Guangji hospital, including the Bishop’s own wife Eda who was a doctor. In addition, there were two Lutheran Austrians who arrived in December 1946 plus two Quaker missionaries.<sup>42</sup> Additionally, there were seven Chinese pastors paid for by the local Anglican Church.<sup>43</sup> The number of Chinese workers at the hospital would have been considerably larger but exact numbers at this time are not stated in CMS archival sources. Before the war there were about 100 such staff, including four Chinese doctors.<sup>44</sup> The capacity of the hospital had increased but it was still a fraction of pre-war capacity. By April 1948, they had 120 beds. It was difficult for further expansion to take place as some older buildings had to be taken down.<sup>45</sup>

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<sup>37</sup> CRLUB/CMS/G/Y/CH2/3/6, Sturton to Canon Warren, 19 January 1948; CRLUB/CMS/G1/CH2/1 f9/10/13, Curtis to Barclay, 4 July 1947.

<sup>38</sup> CRLUB/CMS/G/Y/CH2/3/6, Sturton to Canon Warren, 19 January 1948. G/Y/CH2/3/5, Wittenbach to Sturton, 19 February 1948.

<sup>39</sup> Chen, *Hangzhou*, 108.

<sup>40</sup> Chen, *Hangzhou*, 109.

<sup>41</sup> CRLUB/CMS/G1/CH2/1/f9/10/13, Untitled and anon., Report, March 1948.

<sup>42</sup> *Chekiang Newsletter*, April 1948, 4.

<sup>43</sup> *Annual Report 1947/1948*, 83-84.

<sup>44</sup> *The Mission Hospital*, 1939.

<sup>45</sup> CRLUB/CMS/G1/CH2/m1, Report to Board of Governors of Kwang Chi Hospital, April 1948; *Chekiang Newsletter*, 3.

A major factor threatening financial resilience and hindering the restoration of the hospital was the state of the economy. Inflation had been high since the beginning of the decade in both Japanese occupied and unoccupied zones of China. It now spiralled out of control and into one of the most notorious instances of hyperinflation in history between 1947 and 1949.<sup>46</sup> Sturton remarked that prices in Hangzhou had increased by about 1000 times from 1946 to August 1948. He added that in order to cope with the constant price increases, the hospital increased medicine prices they sold daily, and salaries were increased every two weeks.<sup>47</sup>

Following a failed attempt to slow inflation by introducing a gold-based currency, the situation went from bad to worse. Sturton remarked that the new currency of August 1948 was worth one millionth of its original value in Hangzhou by May 1948 when the Guomintang regime lost control of the city. Money received therefore had to be spent immediately on receipt to minimise depreciation, and constant recalculations and price and salary changes were necessary.<sup>48</sup> By April 1949, the hospital was accepting payments in kind, including sacks of rice.<sup>49</sup> Payments to hospital workers were paid in various other currencies given the weakness of the local currency.<sup>50</sup> The CMS missionaries therefore still managed to show maximum flexibility in getting around such problems and maintaining the financial resilience of the hospital.

Civil war broke out between Guomintang (GMD) government forces and Communist-led forces in June 1946, and until 1949 the conflict was far away and so economic troubles were far more of a concern. However, a series of crushing defeats of the GMD-led Republic of China Army (ROCA) by the Peoples Liberation Army (PLA) in the final months of 1948 and the advance of the PLA towards Hangzhou meant they could hardly continue to ignore this war.<sup>51</sup> Bishop Curtis returned from the UK in December 1948 to scenes of chaos and panic in China. However, he found that on his arrival in Hangzhou the CMS mission was almost at full strength and that none of the missionaries had fled.<sup>52</sup> The fall of the GMD regime's capital, Nanjing, and conflict between the PLA and a British naval ship, the HMS Amethyst, in the

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<sup>46</sup> Jonathan D Spence, *The Search for Modern China: Second Edition* (New York & London: Norton, 1990) 473-480; Salters, "Surrendering," 209-212.

<sup>47</sup> Sturton, Annual Letter for 1948, 3.

<sup>48</sup> *The Chekiang Newsletter*, November 1948, 3.

<sup>49</sup> CRLUB/CMS/G/CH2/m1, Garnett to Wittenbach, 5 April 1949.

<sup>50</sup> CRLUB/CMS/G1/CH2/1, Estimates, Purchas to Wittenbach, 16 July 1949.

<sup>51</sup> Spence, *Modern China*, 464, 483-484 and 486.

<sup>52</sup> *Chekiang Newsletter*, February 1949, 1.

Chang Jiang in April was likely to have been a source of serious anxiety.<sup>53</sup> However, all CMS missionaries in Hangzhou still chose to stay put and continue their work at the hospital despite such potential concerns.

## REGIME CHANGE, 1949-1950

The PLA occupied Hangzhou on 3 May 1949. PLA troops were disciplined and well-behaved and there were no reports of rape and looting, in stark contrast to the initial phase of Japanese occupation from 1937 to 1938.<sup>54</sup> The PLA had strict instructions of conduct, including a prohibition on entering the homes of foreign residents.<sup>55</sup> It was therefore not merely a matter of self-censorship that Sturton told CMS headquarters that the PLA were “behaving excellently” and church services and other work, including in the hospital, were carrying on as normal.<sup>56</sup>

Nonetheless, there were severe restrictions on the movements of foreign missionaries outside of the city. In the summer of 1950, such restrictions were eased up and Reverend Spurr was permitted to travel from Hangzhou to Ningbo in June to attend the consecration of a new church.<sup>57</sup>

The economy stabilised and the hyperinflation came to an end.<sup>58</sup> However, there were initially shortages due to the ongoing war situation and supplies had to come from Shandong, far to the north.<sup>59</sup> Moreover, the financial situation of the hospital did not improve. Inflation was still a problem even if much lower. Salaries continued to be paid according to the prices of basic commodities, due in part to heavy taxation that the PLA introduced.<sup>60</sup> As both Ling and Salters point out, heavier taxation put pressure on the resources of all mission hospitals under the new regime.<sup>61</sup>

The new taxation was a particular source of anxiety for those responsible for the hospital’s finances. Stella Purchas was a New Zealander who had worked for the Hangzhou mission, but now was in Shanghai and responsible for mission finances. She pointed out that

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<sup>53</sup> Graham Hutchings, *China 1949: Year of Revolution* (London: Bloomsbury Academic, 2021), 147-149 and 158-159.

<sup>54</sup> Gao, *Hangzhou*, 70; Sturton, *Mission Hospital*, 71.

<sup>55</sup> Gao, *Hangzhou*, 71-72.

<sup>56</sup> CRLUB/CMS/G1/CH2/m1, Sturton to Wittenbach, 10 May 1949.

<sup>57</sup> *Chekiang Newsletter*, August 1950, 3.

<sup>58</sup> Spence, *Modern China*, 490 and 517.

<sup>59</sup> Gao, *Hangzhou*, 101.

<sup>60</sup> CRLUB/CMS/G1/CH2/1, Estimates, Purchas to Wittenbach, 16 July 1949.

<sup>61</sup> Ling, *Changing Role*, 140; Salters, “Surrendering,” 257.

the house taxes were not much worse than those of the preceding regime in the 1930s. However, the land tax was a very heavy burden. Arrears of several years were demanded and the amount could be doubled or quadrupled if there was a delay in payment.<sup>62</sup> The bill in Hangzhou was particularly high as the hospital covered such a large area. Fortunately, the CMS had the capacity to pay and there was no trouble from the authorities over tax.

In December 1949, the government summoned a hospital superintendent's conference. From this time, there was to be greater cooperation between the half a dozen hospitals in Hangzhou, including the two mission hospitals, the Guangji Hospital and the Catholic-run Sacred Heart Hospital. A further change was the government requirement to have a "medical director" in addition to existing posts. Dr M. K. Yue was given this post by Sturton with a view to making him the hospital superintendent in the future.<sup>63</sup>

By 1950, European missionaries were expected by the government to give up executive positions in the churches in favour of Chinese Christians.<sup>64</sup> In April 1950, Bishop Curtis was replaced by the first Chinese Bishop of Zhejiang, Deng Shukun (Kimber Den), as were all remaining non-Chinese Bishops that year outside of Hong Kong.<sup>65</sup> John and Eda Curtis then left Hangzhou the following month and returned to England from Hong Kong in July.<sup>66</sup> The appointment of Bishops and others in leadership positions from within the countries where the CMS had sent missions had been a declared aspiration of the CMS for more than a hundred years, but in most places, including China, they had been slow to put this into practice.<sup>67</sup>

As elsewhere, a source of considerable anxiety in local CMS mission circles was a government-supported manifesto produced by pro-Communist Christians which was scathing about the record of Protestant missionaries and called for the Chinese churches to distance themselves from them.<sup>68</sup> In the Spring of 1950, Zhou Enlai had a series of meetings with such Chinese Christians to discuss issues related to Christian churches. Zhou endorsed the sentiments in the manifesto but stated that he was not seeking the removal of all foreign missionaries. He outlined government policy on missionaries: "those who are not under

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<sup>62</sup> CRLUB/CMS/G1/CH2/1, Estimates, Purchas to Wittenbach, 16 July 1949.

<sup>63</sup> CRLUB/CMS/G1/CH2/m1, Sturton to Wittenbach, 22 December 1949.

<sup>64</sup> *Annual Report 1949-50*, 9.

<sup>65</sup> *Chekiang Newsletter*, August 1950, 1 and 12; Philip L Wickeri ed. *Christian Encounters with Chinese Culture*, (Hong Kong: Hong Kong University Press, 2015) Table 2, 204.

<sup>66</sup> *Chekiang Newsletter*, August 1950, 3; Obituary, Eda Curtis, *BMJ*, 506.

<sup>67</sup> Peter Williams, "'Not Transplanting': Henry Venn's Strategic Vision," in The Church Missionary Society, eds., Brian Stanley and Kevin Ward (London: Routledge, 2019), 153; Bays, *New History*, 160.

<sup>68</sup> Ling, *Changing Role*, 156-161; George Hood, *Neither Bang nor Whimper: The End of a Missionary Era in China* (Singapore: The Presbyterian Church in Singapore, 1991), 102-103.

question, those who are not problems in any way may stay on. Those under suspicion of imperialistic connection must leave.”<sup>69</sup> Those currently abroad would not be allowed back if there was “any question” about them. Funding from abroad “would not be stopped immediately but within a suitable period of time.”<sup>70</sup> It is worth noting that mere suspicion was grounds for expulsion or refusal for entry and if missionaries wanted to stay in China, they had to conduct themselves with exceptional care.

Chinese Anglicans did not sign the manifesto at first and produced their own, more moderately worded, document which also decried imperialism but implicitly favoured a more gradualist approach towards churches becoming fully independent of missions.<sup>71</sup> Bishop Deng assured local missionaries that he did not wish for them to depart. He was also in no great hurry to take over mission properties in Zhejiang, including the Guangji hospital, and face the full costs, including taxation and repairs. He therefore proposed that if handed over to the Chinese Anglican Church the CMS would pay the taxes for the next four years.<sup>72</sup>

In a further development on 25 June 1950, North Korean forces launched a full-scale invasion of South Korea. Intervention by US, British, Australian, and New Zealand troops and others on one side and Chinese forces on the other widened the conflict by October 1950.<sup>73</sup> CMS Commonwealth missionaries in Hangzhou were therefore at risk of being classed as “enemy aliens” along with American citizens. Gao suggests that propaganda in support of the Chinese and North Korean war effort intensified in Hangzhou and that the campaign and its mass rallies dominated the city by December.<sup>74</sup> Frank Dikötter suggests that because of such events, foreign missionaries faced a high risk of arrest and that this led to the rapid departure of nearly all Protestant missionaries by the end of 1951.<sup>75</sup> The next section will examine how far this was true of the CMS mission in Hangzhou.

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<sup>69</sup> CRLUB/CMS/G1/CH2/1/f4-7, Notes on Reports of Conferences with Premier Chou En-lai regarding the Christian Church in China, May 2-4 1950.

<sup>70</sup> Ibid.

<sup>71</sup> CRLUB/CMS/G1/CH2/1/f4-7, Pastoral Letter to Fellow Christians of the Chung Hua Sheng Hung Hui, 5 July 1950; Hood, *Bang nor Whimper*, 109.

<sup>72</sup> CRLUB/CMS/G1/CH2/1/f4-7, Den to Wittenbach, 23 September 1950.

<sup>73</sup> Korean Institute of Military History, *The Korean War: Volume One* (Lincoln & London: University of Nebraska Press, 2000), 511; Korean Institute, *The Korean War: Volume Two* (Lincoln & London: University of Nebraska Press, 2001), 144-145 and 789; Max Hastings, *History of the Korean War: An Epic Conflict 1950-1953* (Pan Books, 2020), xvi, 123-124, 181-183, 192 and 300.

<sup>74</sup> Gao, *Hangzhou*, 128-131.

<sup>75</sup> Frank Dikötter, *Tragedy of Liberation: A History of the Chinese Revolution 1945-1957* (London: Bloomsbury Publishing, 2013), 117.

## RETREAT, 1951-1952

The trigger for the departure of all but one of the ten remaining CMS missionaries from Hangzhou appears not to be due to any arrests, but a decree on 10 January 1951 demanding the registration of all organisations such as mission schools and hospitals who received foreign funding.<sup>76</sup> Mary Garnett, the hospital pharmacist, applied for an exit visa the day after the registration decree, as did nearly all her colleagues by the end of the month. She was aware that there would be delays and the visa might not be granted, and if so, she would “take what comes and make the best of it.”<sup>77</sup> She added that her colleagues felt the same way.<sup>78</sup> Following the first visa applications the local authorities took over the hospital, officially on a temporary basis. However, they urged the local medical missionaries to stay, in particular Garnett, because of her work as a pharmacist was particularly valued.<sup>79</sup>

Stella Purchas left Shanghai and arrived in Hong Kong in February 1951. There, she could write with a good deal less self-censorship as her mail could no longer be monitored by the PRC authorities. She explained that two days before the registration decree the CMS accounts in China had been frozen and payments were only allowed for specific reasons such as office expenses. She added that the registration decree was no minor matter. A large amount of information was demanded, including about individuals and their relations with foreign countries. Such registration could therefore involve “the stigma and danger of being classified as agents of imperialism.”<sup>80</sup> As we have seen with Zhou Enlai’s comments about “imperialist connections” above, this could be grounds for expulsion and therefore such concerns were not unfounded.

On the way, she had met missionaries in Hangzhou who she said now looked “drawn and thin.” Sturton was the only one not to have applied to leave. He retained an optimistic view and felt they could carry on medical work “under new management.” However, the remainder did not share his views. Mary Garnett asked Stella Purchas to tell Harry Wittenbach, the East Asia Secretary in CMS headquarters, that missionaries were now “not only an embarrassment but a danger” to their Chinese colleagues and that the sooner they left the better.<sup>81</sup> Margaret Woods, a nurse and youth worship worker from New Zealand, stressed that it was this fear of

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<sup>76</sup> Gao, *Hangzhou*, 135-136; Hood, *Bang nor Whimper*, 126.

<sup>77</sup> CRLUB/CMS/G1/CH2/1, Estimates, Garnett to Wittenbach, 11 January 1951.

<sup>78</sup> *Ibid.*

<sup>79</sup> CRLUB/CMS/G1/CH2/1, Estimates, Garnett to Wittenbach, 27 January 1951.

<sup>80</sup> CRLUB/CMS/G1/CH2/1/f3, Purchas to Wittenbach, 2 March 1951, 2.

<sup>81</sup> CRLUB/CMS/G1/CH2/1/f9/10/13, Stella Purchas to Wittenbach 25 February 1951 in “*Chekiang Mission: 1934-1952, Files 9, 10, 13.*”

consequences for local Chinese Christians, rather than the fear of internment for themselves, that prompted their applications to leave.<sup>82</sup> Fears for the safety of Chinese Christians were not groundless. Since October 1950, there had been a campaign against counter-revolutionaries leading to waves of arrests, prison sentences, and executions.<sup>83</sup> Although played down, there was clearly an element of concern for themselves too. Margaret Spurr, a British nurse at the hospital, wrote that she “could not go through a second time” the experience of internment she had endured a few years before.<sup>84</sup> In the event, the exit visas were all granted, and the missionaries arrived safely in Hong Kong between March and May 1951.<sup>85</sup> It would therefore be unfair to suggest such missionaries were “lacking resilience” in their departure but rather acting with prudence and foresight.

Wickeri states that the Chinese Anglican Bishops requested that all foreign Anglican missionaries leave China.<sup>86</sup> By the end of December 1951, all CMS missionaries had left mission stations outside of British-controlled Hong Kong, apart from Dr Sturton in Hangzhou.<sup>87</sup> However, in the case of the Hangzhou CMS mission, there is no indication in the available correspondence that Bishop Deng had made such a request. In fact, he pleaded with a missionary in another part of the province to stay and saw no reason not to carry on the same relationship with the mission, including taking money from them.<sup>88</sup> Some other missions, such as the British Baptists in Shaanxi, were asked to leave by the local Chinese church following a series of denunciations of Chinese Christian leaders by other pastors after being summoned to meetings in Beijing at which central government officials were present.<sup>89</sup> However, this did not happen in Hangzhou and the departure of the CMS missionaries there appears to have been their own decision and against not only the wishes of the local Church but also, as mentioned above and in spite of official propaganda, even the local authorities who had also tried to cajole them into staying.

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<sup>82</sup> Ibid.

<sup>83</sup> Gao, *Hangzhou*, 131 and 140-142.

<sup>84</sup> CRLUB/CMS/G1/CH2/1/f3, Spurr to Wittenbach, 24 January 1951.

<sup>85</sup> CRLUB/CMS/G1/CH2/m1, Koenigstein to Wittenbach, 6 May 1951.

<sup>86</sup> Philip Wickeri, “The Vicissitudes of Anglicanism in China,” in *The Oxford History of Anglicanism: Volume 5: Global Anglicanism, c1910-2000* (Oxford: Oxford University Press, 2018), 162.

<sup>87</sup> Annual Report, 1951/1952, 8.

<sup>88</sup> CRLUB/CMS/G1/CH2/1/f3, Purchas to Wittenbach, 2 March 1951, 3; Wittenbach to Purchas, 13 March 1951.

<sup>89</sup> Salters, “Surrendering,” 271; Ling, *Changing Role*, 177-178.

The sole remaining missionary, Dr Sturton, relinquished his leadership role in the hospital and became a Professor of Radiology in a local university.<sup>90</sup> His salary was now paid by the Chinese government, not the CMS, although he became the Treasurer for the local CMS and had charge of its bank accounts, to the extent that he could access them.<sup>91</sup> He was put in charge of the X-Ray departments in not only the Guangji but also the Catholic Sacred Heart hospital where three French and Irish Catholic missionaries still remained.<sup>92</sup>

Sturton too considered leaving but remained for more than a year after the other CMS missionaries had departed. He had an agreement with Doctor Maxwell that neither would leave China until arrangements had been put in place for an adequate replacement for their work, including in a leprosy village elsewhere in the province. Both men planned to leave in September 1951. However, the latter died in Hangzhou on 10 August and Sturton became once again the sole doctor attached to this village until the following year when mission involvement ended.<sup>93</sup> For reasons that are less than clear, Sturton did not get permission to leave Hangzhou until 1952. Sturton had considerable technical skills on the use of X-Rays so would have been considered more useful than the rest.

Sources are somewhat weak after June 1951 when Sturton ceased to send communications to CMS headquarters. Moreover, he did not write about his experiences after leaving China, perhaps for fear of the consequences for former Chinese colleagues. Conditions for Sturton's lone mission were hardly likely to have been comfortable and he would have had to act with extreme care. In the course of 1951 and 1952 there a series of further campaigns in Hangzhou as in other major cities in China accompanied by arrests, trials, and executions, including against counter-revolutionaries, dissident intellectuals, corruption, and a "patriotic hygiene" campaign to combat the alleged threat of biological warfare against China.<sup>94</sup> In March 1951, as his colleagues were beginning to leave the city, the director of Education in the city, Yu Zhongwu, declared that missionaries were one of the "weapons of imperialism" along with opium, gunboats, and spies.<sup>95</sup> In May 1951, CMS headquarters were informed that Sturton had been accused of being a spy but that the accusation was later retracted.<sup>96</sup> Bishop Deng suddenly

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<sup>90</sup> Chen, *Hangzhou*, 109; Gray, *Anglicans*, 54.

<sup>91</sup> CRLUB/CMS/G1/CH2/1/f3, Purchas to Wittenbach, 2 March 1951, 1.

<sup>92</sup> CRLUB/CMS/G1/CH2/m1, Sturton to Wittenbach, 1 April 1951.

<sup>93</sup> Obituary, James Laidlaw Maxwell, *British Medical Journal* 2, no. 4729 (25 August 1951): n.p; Leung, *Leprosy*, 203-204.

<sup>94</sup> Gao, *Hangzhou*, 140-151 and 159-182; Rogaski, *Hygienic Modernity*, 288-298.

<sup>95</sup> Gao, *Hangzhou*, 136.

<sup>96</sup> CRLUB/CMS/G1/CH2/m1, Koenigstein to Wittenbach, 6 May 1951.

disappeared in the course of 1952. He had, in fact, been imprisoned and was not released until 1957 having relinquished his position as Bishop two years earlier.<sup>97</sup> However, Sturton managed to avoid custody and was able to continue his work.

Sturton finally left Hangzhou in August 1952, 31 years after he first joined the local mission, ending a 87-year CMS missionary presence in the city. He arrived in the UK and was able to join his wife in January 1953.<sup>98</sup> By 1952 a large number of medical specialists from the Soviet Union were arriving in Chinese hospitals so perhaps his expertise became less needed.<sup>99</sup> Aside from a small presence in the remaining foreign enclaves of Hong Kong and Macao, he was the last CMS missionary to leave China. However, the main legacy of this mission, the Guangji hospital, carried on. The hospital was renamed as “The Second Affiliated Hospital of the Zhejiang Medical College” in the same year as Sturton’s departure when the provincial authorities took formal control. By then, it had 206 beds, almost double the capacity of 1948 even if still less than half that of 1938.<sup>100</sup> Although the final departure may have been a sad moment, the slow but steady level of restoration was a measure of success and due in no small part to the persistence and resilience of local missionaries such as Sturton and their capacity to attract the necessary funding.

## CONCLUSION

The staff showed personal resilience even though many had been weakened by their experience in the internment camps. Initially, a number of missionaries were not fit to resume work after returning from internment. Nonetheless, after a period of recuperation they did return. In Sturton’s case, there was the additional burden of long separation from his wife given her illness. They also chose to stay in spite of the uncomfortable conditions and constant disruption caused by hyperinflation and the uncertainties that arose as Communist forces came to take over the city.

As institutions, the local mission and the hospital showed institutional and financial resilience in managing to cope not only with the hyperinflation but also the heavy burden of taxation imposed by the new regime. Success was limited in that the hospital was not restored

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<sup>97</sup> Philip Wickeri, *Seeking the Common Ground*, 160.

<sup>98</sup> “Movements of Missionaries” in *CMS Outlook*, March 1953, 16.

<sup>99</sup> Xi Gao, “Foreign Models of Medicine in Twentieth Century China,” in *Medical Transitions in Twentieth Century China*, eds., Bridie Andrews and Mary Brown Bullock (Bloomington and Indianapolis: Indiana University Press, 2014), 200-202 and 210.

<sup>100</sup> Chen, *Hangzhou*, 109.

to its former state and capacity by the time of the final departure of the last missionary. However, the challenge in doing so was enormous and the resources provided were not sufficient. Hospital services had to be built almost from scratch. The decades of building up the hospital in the first place could not be repeated in a few years. Moreover, the disruption caused by hyperinflation could not but impede their work. However, steady progress continued until the time of the departure of the missionaries by when the economy had stabilised.

The decision to go might be seen as a breakdown of personal resilience. However, this would be unfair. While there was no pressure from others for the CMS missionaries to go, there were serious and legitimate concerns. These included the potential impact that the registration process might have upon not only themselves but their Chinese co-workers if it led to suspicion among the authorities. The recent memory of internment at the hands of the Japanese was an additional factor and gave rise to concerns that history might repeat itself and work against them.

My research shows that the CMS missionaries in Hangzhou decided to go without any suggestion by the local church that they should do so. There is also no evidence of pressure from either the authorities or mission headquarters to go, as did occur in many other parts of the country. In fact, both the local church and authorities tried to persuade them to stay. It does call into question the view of Chatterton and Ling that missionaries were no longer considered useful by local Chinese after 1945. The door of opportunity for medical missionary work in Hangzhou had perhaps not yet been closed. However, greater research of localities is needed to determine if this was a relatively unique case or part of a wider and more complex pattern involving the circumstances of local missionary departures.

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