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COLLEGE FILES

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Shields, Randolph T.  
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CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

齊山  
魯東  
學大濟  
院學南

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN"

TRANS  
SHANTUNG

January 11th, 1933.

*Feb 2/20/33/1933*

Mr. B.A. Garside,  
150 Fifth Avenue,  
NEW YORK.

INDEXED

Dear Garside,

Since writing you on December 15th, we have had several meetings in regard to building the hospital. The Executive Committee decided to call the whole Faculty together for three different meetings, (1) merely to announce the facts as they were at the time, (2) for a Prayer Meeting purely, no discussion to take place, (3) for business discussion. Last night we had the third meeting, and I enclose the resolution which was passed after two hours discussion.

After going over all of the pros and cons, and discussing with various people, Mr. Wolfe and I had both previously come to the conclusion that there were two alternatives before us:-  
1) To build three storeys of the proposed hospital, leaving the roof of the third storey to be made into the floor of the fourth, if there should later be the need of, and finances for expansion, and, at the same time, convert the present hospital into an O.P.D.

2) The other proposition would be to build an entirely new O.P.D. on the new land, and expand the present hospital up to 170 or 180 beds, by adding another storey to each wing, and also building out from the north of the hospital, practically in accordance with the northern projection as planned for the new hospital by Black & Wilson.

Neither of these plans is ideal, but either one will furnish us with a well-built and modern building, either hospital or O.P.D. Personally, I incline to the building of three storeys of the new hospital and making the old hospital into an O.P.D., as economically as possible, hoping that, in the distant future, we may be able to build an entirely new O.P.D., in which case the hospital can be used for Medical School and other purposes.

Our plan of building the west wing did not meet with the approval of the majority of the faculty, so we dropped it. I am trying to compromise between the two extremes.

You will, no doubt, be surprised that we are not willing to go ahead with what you authorized us to do. The figures which we made out last year were not accurately checked up. They were put down mainly for purposes of comparing the various

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plans submitted. As I wrote you on Dec. 15th, we had submitted estimates to various people, Sam Dean of Peking, whom you know, and Wilson of Shanghai, one of the architects of the original hospital plans. Both of these men have had very wide experience in building. We also consulted Dr. J. H. Liu, who is putting up a new Central Hospital in Nanking, and Dr. Paterson, who has just completed the new Lester Hospital in Shanghai. Taking into consideration the large difference in cost between Tsinan and Shanghai, all of these men told us that they felt that Wolfe's estimate for the complete new hospital, 900,000 cubic feet at 32 cents = \$288,000 for the general contract, and \$150,000 for all of the immovable equipment, plumbing, heating, etc. = \$438,000, was a low estimate. This is very different from the very rough estimate of \$350,000 on which you in New York were basing your calculations. In your estimates you have left out entirely the fact that we must have a new nurses' home, for additional nurses, at least, a laundry building, if not equipment. Also, the present power plant, with 25 kilowatt engine and two Babcock & Wilcox boilers (I think they are 30 Horse power each) would probably not be sufficient to carry the load if we built the complete hospital. We also feel that it is very necessary to have an auxiliary, say 20 kw., engine, and we must have an auxiliary pump for the ~~whole plant~~. It is too risky to depend only on one engine, with the Electric Light Company in the condition that it is at present. Whether we shall add a gas plant, ice and refrigeration, and/or telephone will depend on the amount of money that we have.

There is another matter about which some of us feel very strongly. I think I wrote you that we are using our rental money as a means of gradually building small houses for our staff. We should have a number of small residences.

Taking all these things into consideration, you will see that it is impossible to build a new hospital and a new O.P.D. and do anything else. The present power plant will cost about Mex. \$60,000, which will leave approximately \$100,000 Mex. in Shanghai.

I enclose a copy of a comparative estimate which was submitted to the faculty some weeks ago.

As soon as the Building Committee is ready to report more specifically to the faculty, we shall have another meeting, and, at this time, I expect that one of these alternative plans will be adopted and you will get a cable and letter. It will be impossible to explain everything by cable, so I am writing this letter in advance. I am going to take up with the Executive Committee in the next few days, the question of

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whether we should not, in view of the present exchange, cable you to send out as soon as possible at least G. \$80,000. If we had this in Shanghai to-day, we could get \$5 to \$1 or more. We shall know then more definitely where we are. We all take it that, as we are under the Board in New York, we can only do what you have authorized, or ordered, us to do, build the hospital and a new O.P.D. within \$606,000. This is impossible, if we add the absolutely necessary adjuncts to the outlay. Therefore we can do nothing but write and cable, which will mean that we shall postpone the building of the hospital another year. I am thoroughly tired of this annual discussion. I am trying to do the right thing, but we have so many diametrically opposite opinions here and our united opinion does not seem to agree with that of the people in New York, so we have an impossible triangle. What is the solution of the problem? I know that you are doing all that you possibly can, and I am not blaming anybody, but, under the circumstances, I feel very much like saying that you should send us all of the negotiable investments that you have, and let us do the best that we can with them, or that you send a committee out here to take charge of the whole business and build it. Why not send Sam Cochran? I suppose if this sort of a letter got into the hands of the Appraisal Commission or Pearl Buck, they would write another report or magazine article on missionaries!

There is another matter which I think the Board at home should take into consideration. In all of our planning, we have taken it for granted that the School of Medicine of the University, which has already spent \$10,000, in addition to the women's contribution of \$10,000 for the present small power plant outside the wall, is also to bear the whole financial burden of the lighting and pumping, with any necessary stand-by equipment, in the new plant. There has never been a suggestion that the general University or the School of Arts and Science should contribute one cent towards this, and they get as much good out of it as the School of Medicine does. Of course, the obvious answer is that they have no money. As our plant expands and people use water more freely, I fear that it will not be long until it is necessary to put up another water tank. Wolfe thinks it can be put in the same building, but it will cost several thousand dollars. We are using the new well, but I believe the other one can be easily reopened and, if we had an auxiliary pump and another tank, a constant water supply would be practically certain.

I hope this letter, in addition to the one that I wrote on December 15th, will give you a pretty good idea of the situation as it is on the field. I hope, whatever we do, we shall build a substantial building, but equip it as economically and simply as is compatible with efficiency. I do not like a good deal of the internal arrangement of the original plan,

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as drawn by Black & Wilson. There are too many little rooms to be used for various specific purposes.

There is no use saying much more about the financial situation as I have seen no change since December 15th, except that we have just heard that the Canadian Mission have paid half of their annual grant which works out at a cut of 56% on the local currency. My own mission is promising at least 43% cut and you know that the A.P.M. has announced a 10% cut. On the other hand, the Methodist Women have paid half of their annual grant ~~in gold~~, though I have heard that they are going to cut 15% on the other half. ~~However, the exchange will more than make up the difference.~~ The B.M.S. have paid their total annual grant, being even a little more than we had budgeted for, and the Wesleyans have paid half of their annual grant in gold, and, presumably, will pay the rest in the same way. The British missions, so far, are playing the game, as the British government is doing. We have not heard from the L.M.S. or the S.P.G., nor from the Canadian women. The making of the budget this year involves more guess work than ever. In the first place, we have not heard whether the Rockefeller Foundation are going to continue their annual grant, though, presumably, they will; in the second place, we have no idea what cuts the missions will be giving us twelve months from now, nor can we hazard a guess as to what exchange may be at that time. I am proposing that we make out the budget practically exactly as last year, and submit it to the Board of Directors, to be rubber stamped, and to the Board in New York, to be dittoed. As I said before, I am not blaming you or anybody, but you know that the sections of the boards in New York and London have absolutely no authority over the funds which they receive. They simply take what is given them by the various missions, the Hall Estate and the Rockefeller Foundation. Lair told me of your letter to him in regard to Hall Estate. In spite of the cuts, and because of the phenomenal exchange and the Rockefeller Foundation grant, I feel perfectly sure that the Medical School is going to close the fiscal year without a deficit and probably with a small surplus. No doubt Lair or Mr. Davies has written you in regard to the rest of the University.

You know about as much about the war situation as we do. There does not seem to be any panic about the situation among the students here, though I understand that students and others are excited in Peking and Tientsin. The government schools in those areas have all closed early, to enable the students to carry on patriotic propaganda, or to run home and hide. Leighton Stuart was in Shanghai and was called back before the meeting of the Council on Higher Education. The Yenching students demanded that they be allowed to close early, without examinations, and the faculty refused. Groups of students are picketing the place and not allowing any others to go to examinations. This is the first time the Yenching students have done this. I am interested to see how Leighton Stuart

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Mr. B.A. Garside

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will work it out. I saw him last night as he went north. He told me that all of the responsible Chinese whom he had seen in the south, as well as in Peking, were of the opinion that China was going to fight Japan, no matter what happened, but to-day's paper says there is nothing doing at present.

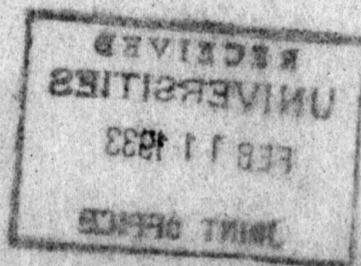
It may seem foolish to you, but I am preparing to leave next Monday, to take my winter vacation hunting pig in Shansi. I have not been there for eight years. There is always some war or bandits or meeting to prevent, but I hope I am going to make it this time. Therefore, what I do in regard to the hospital must be done within the next few days or wait for two weeks.

I hope your wife is improving.

Yours sincerely,

*R. T. Shields*

RTS:MMS.



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Minutes of Medical Faculty Meeting

January 10th, 1933

*(Sent with Dr. Shields' letter of Jan. 11, 1933)*

Present:- Drs. Shields, Chang Hai Han, Ch'en Yen Ping, Evans, Gault, Heimbürger, Hou, Hsu, King, Kiang, Lang, Mr. Li T'san Wen, Drs. Lin, McAll, McClure, Morgan, Mosse, Pa, Peh, Smyly, Stearns, Struthers, Mr. Wolfe.

New Hospital

Resolved- That we instruct the Building Committee to go ahead with the plans for building three storeys of the four-storey hospital originally planned, with the necessary accessories, (such as new Nurses' Home, laundry, remodeling the present hospital as O.P.D., additional power House and Water supply, etc.), provided that G.\$40,000 of the sum in New York be considered as endowment for the present, and that the estimates do not exceed 90% of the remaining building funds.

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Resolved further - That the committee be also asked to draw up an alternative plan (at a cost not exceeding the above figure) for a new O.P.D. and enlargement of the present hospital, to hold 180 beds, and that both the above plans when completed be reported to the Faculty.

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Minutes of Medical Faculty Meeting  
January 10th, 1933

(Saw Mr. Wolfe's letter of Jan. 11, 1933)

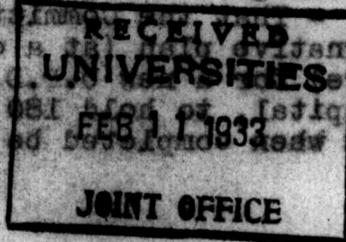
Present: - Drs. Shields, Cheng Hai Han, Dr. Yen Ping, Evans,  
Genit, Heimberger, Hou, Han, King, Lang, M. Li, Tan  
Wen, Dr. Lin, McAll, McGuire, Morgan, Morse, Pa, Poh, Smily,  
Stearns, Struthers, Mr. Wolfe.

New Hospital

Resolved - That we instruct the Building Committee to go ahead  
with the plans for building three stories of the four-  
storey hospital originally planned, with the necessary  
accessories (such as new Nurses' Home, Laundry, remodel-  
ling the present hospital as O.P.D., additional power  
House and Water supply, etc.), provided that \$40,000  
of the sum in New York be considered as endowment for  
the present, and that the estimates do not exceed 20%

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Resolved further that the Building Committee be also asked to draw  
up an alternative plan if the cost of the above plan exceeds the  
above figure. The plan should include the management of the  
present hospital to be built, and that both the  
above plans when considered be reported to the Faculty.



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Whole Hospital built - two-thirds used for patients. 160 beds.

160 beds x 365 days = 58,400 possible days care.

58,400 x 83.4% = 48,705 days estimated actual day's care.

48,705 ÷ 17 days (average stay in Hosp.) = 2865 patients or

2865 - (1749 admission + 339 admission denied) = 777 more admissions than total admission requests in 1931-32.

48,705 x \$3.44 = \$167,545.20 Total estimated expenditures I.P.D.

95,000 x \$0.20 = 19,000.00 " " " O.P.D.

\$186,545.20 Grand total expenditures.

48,705 x \$1.04 x 90% = \$45,587.78 receipts from ward patients  
48,705 x \$6.43 x 5% = 15,577.05 " " pay "  
\* 95,000 x \$0.66 62,700.00 " " out-patients

\$123,864.83 Total receipts.

\$186,545 - \$123,865 = \$62,680 total deficit per year.

In building program the following may be excluded for present:

New O.P.D.	\$130,000	Using old Hosp. for O.P.D.
Staff residences	26,000	
Telephone	5,000	
Laundry equipment	55,000	
	<u>\$216,000</u>	

\$854,000 - 216,000 - 638,000 - 606,440 = \$21,560 building deficit

\$21,560 + \$4.50 = G.\$7000 G.\$ 40000 - 7,000 = endowment

G.\$33,000 @ 5% = G.\$1650 @ \$4.50 = M.\$7,425 income per year.

\$62,680 - 7,425 = \$55,255 net deficit.

This would give us a partially equipped plant with only G\$33,000 left over for further expansion.

\* 1/3 more out-patients than 1931-32.

Present Hospital with the new West Wing of Future Plant - 171 beds.

171 beds x 365 days = 62,415 possible days care.

62,415 x 83.4% = 52,054 estimated days of care.

52,054 ÷ 17 days = 3062 patients or

3062 - (1749 + 339) = 974 more admissions than total admission requests for 1931-32.

52,054 x \$3.44 = \$179,085.76 Total estimated expenses, I.P.D.

\* 95,000 x \$0.20 = 19,000.00 " " " O.P.D.

\$198,085.76 Grand total expenditures.

52,054 x \$1.04 x 90% = \$48,722.54 estimated receipts from ward

52,054 x \$6.43 x 5% = 16,730.86 " " " pay

95,000 x 0.66 = 62,700.00 " " " O.P.D.

\$128,153.40 Total estimated receipts

\$198,085 - \$128,153 = \$69,932.00 Total deficit per year.

In the building program NAS 310 allows us Mex.\$606,440.

\$606,550 - \$436,00 (cost of building) = Mex.\$170,440 surplus.

\$170,440 @ 5% = Mex.\$8522. G.\$40,000 @ 5% = G.\$2000 @ Mex.\$4.50  
= \$9000.

Mex.\$8522 ÷ 9000 = Mex.\$17,522.

\$69,932 - \$17,522 = \$52,410 net deficit per year.

But we shall have a modern fully equipped plant capable of taking care of at least 1000 more patients per year than asked for during the year 1931-32 and there will be G.\$78,785 left for future expansion.

\* <sup>1</sup>/<sub>3</sub> more out-patients than 1931-32.

*Estimate for discussion only -  
 These figures not yet checked  
 by Faculty. Table New Hospital*

**CONSTRUCTION** Present Hospital  
Plus West Wing

Complete Hospital Using 2/3 Hospital

	<u>250 beds</u>	<u>160 beds</u>	<u>171 beds</u> (300,000 sq. ft. @ 32 cts.)
<b>CONSTRUCTION COSTS</b>			
Gen. Contract 900,000 sq. ft. @ 32 cts.	\$288,000	\$288,000	96,000
<b>Equipment</b>			
Med. Equip. 32,000			
Wiring, etc. 16,000			
Hardware 8,000			
Plumbing 30,000			
Heating 54,000			
(180,000 sq. ft. @ 3.00)			
Margin 10,000	150,000	150,000	50,000
	438,000	438,000	146,000
<b>New O. P. D.</b>			
Twice old O.P.D. cubage 312,000 cu. ft. @ 32 cts.	100,000	100,000	
Gen. Contract			
Med. Equipment 50,000	50,000	30,000	
	130,000	130,000	
<b>Nurses' Home</b>			
(60 additional nurses) 2000 cu. ft. to 1 nurse		(20 nurses live in Hospital)	(30 nurses)
132,000 cu. ft. @ 32 cts.	42,240		
Med. Equipment 10,000	10,000		
	52,240		35,000
<b>Laundry Building</b>	10,000	10,000	2,000
<b>Conversion of present Hospital to Med. School Use</b>	20,000	20,000	old O.P.D. 5,000
<b>Staff Residences</b> 10 Res. @ \$4,000	40,000	5 res. 20,000	5 res. 20,000
<b>Staff Residences</b> 2 Res. @ \$5,000	12,000	1 res. 6,000	1 res. 6,000
	52,240	624,000	212,000
<b>II EQUIPMENT</b>			
New Hosp. 120 beds @ \$1000	120,000	(51 beds) 51,000	(62 beds) 62,000
New O.P.D. equipment 12,000	12,000	12,000	12,000
Old Hosp. alt. labs. classrooms, etc. 10,000	10,000	10,000	2,000
	142,000		
<b>Power Plant</b>			
Present Plant 60,000	60,000	60,000	60,000
<b>ADDITIONS-</b>			
1-80 H.P. Boiler 14,000		14,000	
1-60 K.W. Engine 10,000		10,000	(30 K.W.) 7,000
Aux. Well & Pump 5,000		5,000	5,000
Gas Plant 6,000			6,000
" Inst. 2,000			1,000
Ice & Refrig. 10,000		8,000	8,000
Telephone 7,000	54,000	5,000	4,000
	114,000	102,000	91,000
<b>Laundry @ \$17,000 @ 5.00</b>	85,000	85,000	85,000
<b>Total</b>		\$854,000	\$854,000

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Present Hospital  
 Complete Hospital Using 2 1/2 Hospital Plus West Wing  
 New Hospital  
 Construction

CONSTRUCTION COSTS	250 beds	150 beds	100 beds	75 beds
Gen. Contract	\$288,000	\$180,000	\$120,000	\$80,000
Equipment	32,000	10,000	8,000	5,000
Med. Equip.	16,000	5,000	4,000	3,000
Wiring, etc.	8,000	3,000	2,000	1,000
Hardware	30,000	10,000	8,000	5,000
Pumbing	24,000	8,000	6,000	4,000
Heating	10,000	3,000	2,000	1,000
(120,000 sq. ft. @ 2.00)				
Margin	10,000	150,000	438,000	146,000
New O. P. D.				
Twice old O. P. D. expense				
312,000 sq. ft. @ 22 cts.	100,000	100,000	100,000	100,000
Gen. Contract	30,000	30,000	30,000	30,000
Med. Equipment	130,000	130,000	130,000	130,000
Nurses' Home				
(20 additional nurses)				
2000 sq. ft. to 1 nurse				
132,000 sq. ft. @ 22 cts.	10,000	10,000	10,000	10,000
Med. Equipment	42,240	42,240	42,240	42,240
Laundry Building				
Conversion of present Hospital to Med. School Use				
Staff Residences				
10 Res. @ \$4,000	40,000	40,000	40,000	40,000
2 Res. @ \$2,000	4,000	4,000	4,000	4,000
Staff Residences	12,000	12,000	12,000	12,000
1 Res. @ \$6,000	6,000	6,000	6,000	6,000
II EQUIPMENT				
New Hosp. 120 beds @ \$1000	120,000	120,000	120,000	120,000
New O. P. D. equipment	12,000	12,000	12,000	12,000
Old Hosp. alt. labs. classrooms, etc.	10,000	10,000	10,000	10,000
Power plant				
Present Plant	60,000	60,000	60,000	60,000
Additional				
1-80 H.P. Boiler	14,000	14,000	14,000	14,000
1-60 K.W. Engine	10,000	10,000	10,000	10,000
Aux. Well & Pump	2,000	2,000	2,000	2,000
Gas Plant	6,000	6,000	6,000	6,000
"	2,000	2,000	2,000	2,000
Ice & Refrig.	10,000	10,000	10,000	10,000
Telephone	7,000	7,000	7,000	7,000
Laundry \$17,000 @ 2.00	34,000	34,000	34,000	34,000
Total	\$884,000	\$584,000	\$484,000	\$384,000

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# SHANTUNG

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# TRANSFER

Shantung Christian University

January 17, 1955 No. 1

Dr. Randolph F. Shields  
Cheeloo University  
Tsinan, Shantung, China

My dear Dr. Shields:

Let us acknowledge receipt of your letter of December 15th, and also your cablegram of January 14th.

I am glad to learn from your letter that the power plant was practically completed at the time you wrote. I know that this new plant will be a great benefit to the work of the Medical School and Hospital.

I am very much interested in what you say with regard to the matter of going forward with the new hospital, not only for the facts you give, but also for the way in which the trends of thinking and discussion on the field are revealed. Apparently the action of the North American Section in approving the request of the field authorities for authorization to go forward at the field's discretion has accentuated, rather than allayed, the differences of opinion which have prevailed for some time.

I am greatly disturbed to note at several points in your letter that there seems to be an impression on the field that the North American Section wants to take the initiative in this matter. For example, you say in one place, commenting on NAS-SLO "your new authorization, which can be construed as an order". I have read over several times, since I received your letter, both the Minutes of the October 23rd meeting of the North American Section, and also my covering letters and cablegrams, in an effort to discover how anybody on the field can twist the action of the Section ~~in~~ permitting the field to go ahead in accordance with its own judgment, in such a way as to think that the Governors were ordering you to do something that was against your better judgment. I have not been able to find just where you gained the idea. At any event, let me hasten to say as emphatically as I can, that this is an absolute misconception of both the letter and the spirit of the action of the Section.

Ever since I have had any relation with the North American Section of our Cheeloo Governors, there have been periodic requests from the field for authorization from the Governors to permit the field to go ahead with the construction of the hospital at any time and in any way that seems to you who are on the ground to be desirable. In our Cheeloo files are at least one-half dozen letters from yourself, in which you express the hope that the Governors will soon give this authorization, so as to leave the field clear to go ahead without the

January 17, 1953

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necessity of long delays, whenever the situation is right to do so. During last year these requests were renewed by all the official bodies on the field, and transmitted by both yourself and Mr. Davies. Last spring the North American Section gave a brief consideration to these requests, and delayed action on the matter with the request that fuller information be received from the field. At the time this postponement was made, it was understood that the matter would come up again and would be dealt with in a definite way at the autumn meeting of the Section. When I was preparing the docket for the October 28th meeting of this Section, I gathered together such information as had come in from the field, together with some additional facts I secured from Dr. Price, and presented the item to the Section as they had instructed me to do last spring.

In approving these oft-repeated requests from the field, the Section had no other intention than simply to remove this barrier to the field's initiative in the matter. The phraseology of Action NAS-510 was worked out with quite a bit of care, in an attempt to say just that thing. It tries to say that the Section is now willing to leave the entire ~~matter~~ and the entire responsibility with the field on all these questions of when and how the hospital is to be built. You can either put it all up immediately, or you can delay construction indefinitely, or you can put up certain sections now and other sections later. In adding the concluding provision that the cost should not to exceed L.C. \$606,440.32, the Section was merely quoting the latest estimates that have come from the field, feeling that if these estimates are found seriously in error, the field would quite naturally report in detail as to the amount and reason for any substantial increase in cost, so as to allow the Governors to review the new financial situation, which such an increase would create.

All the letters I have received during recent weeks regarding the new hospital indicate such a serious division of opinion, that obviously we must arrive at some closer unity of opinion before it would be safe to proceed. I received a letter from Dr. Heimbarger under date of November 25th, on which I will not comment at this time any further than to say that it will inevitably make our North American Section feel pretty conservative about everything related to hospital work at Ghealoo. In writing your own letter of December 15th, you are trying to see the proposition from all sides, but obviously you have had ~~no~~ *no desire* one to go ahead with the building plan as a whole.

With all this as a background, I have been somewhat surprised, and greatly troubled by your cablegram of January 14th. Undoubtedly the alterations and plans which you suggest are in the nature of reductions for the sake of reducing the total cost.

This is in line with the recommendations of both the North American Section and the British Section, so approval has already been given to the general principle. If, however, we are to keep the interest and support of the Governors, we should allow them to study and to pass upon the details of any substantial modifications, and for that reason we should, if time permits, supply them with detailed information, rather than ask them to endorse a blanket proposal without knowing just what is involved.

If this were the only request in the cable, we would probably ask the Section for action without waiting the arrival of letters with fuller details. But your second request is much more serious. It is that we transmit to the field as soon as possible G. \$80,000. of hospital funds. Personally, I could not recommend to the North American Section that we transmit a single dollar of hospital building funds to the field, until we have definite assurances that

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necessity of long delays, whenever the situation is right to do so. During last year these requests were renewed by all the official bodies on the field, and transmitted by both yourself and Mr. Davies. Last Spring the North American Section gave a brief consideration to these requests, and delayed action on the matter with the request that fuller information be received from the field. At the time this postponement was made, it was understood that the matter would come up again and would be dealt with in a definite way at the autumn meeting of the Section. When I was preparing the docket for the October 28th meeting of the Section, I gathered together such information as had come in from the field, together with some additional facts I secured from Dr. Price, and presented the item to the Section as they had instructed me to do last spring.

In approving these oft-repeated requests from the field, the Section had no other intention than simply to remove this barrier to the field's initiative in the matter. The phraseology of Action NAS-510 was worked out with quite a bit of care, in an attempt to say just that. It tries to say that the Section is now willing to leave the entire initiative and the entire responsibility with the field on all these questions of when and how the hospital is to be built. You can either put it all up immediate, or you can delay construction indefinitely, or you can put up certain sections now and other sections later. In adding the concluding provision that the cost should not exceed L.C. \$606,440.32, the Section was merely quoting the latest estimates that have come from the field, feeling that if these estimates are found seriously in error, the field would quite naturally report in detail as to the amount of and reason for any substantial increase in cost, so as to allow the Governors to review the new financial situation which such an increase would create.

All the letters I have received during recent weeks regarding the new hospital indicate such a serious division of opinion, that obviously we must arrive at some closer unity of opinion before it would be safe to proceed. I received a letter from Dr. Heimburger under date of November 25th, on which I will not comment at this time any further than to say that it will inevitably make our North American Section feel pretty conservative about everything related to hospital work at Chealoo. In writing your own letter of December 15th, you are trying to see the proposition from all sides, but obviously you have no great enthusiasm for going ahead with the building plan as a whole.

With all this as a background, I have been somewhat surprised and troubled by your cablegram of January 14th.

Undoubtedly the alterations in plans which you suggest are in the nature of reductions for the sake of reducing the total cost. This is in line with the recommendations of both the North American Section and the British Section, so approval has already been given to the general principle. If, however, we are to keep the interest and support of the Governors, we should allow them to study and to pass upon the details of any substantial modifications, and for that reason we should, if time permits, supply them with detailed information, rather than ask them to endorse a blanket proposal without knowing just what is involved.

If this were the only request in the matter, we would probably ask the Section for action without waiting the arrival of letters with fuller details. But your second request is much more serious. It is that we transmit to the field as soon as possible G. \$80,000. of hospital funds. Personally, I could not recommend to the North American Section that we transmit a single dollar of hospital building funds to the field, until we have definite assurances that

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the field is far more united in its views of the proposed hospital construction, and is able and willing to go forward in a cooperative and enthusiastic way. It would be far better to leave these funds invested here in New York at a satisfactory rate of interest, than to have them lying in Shanghai while a disunited group tried ineffectually to reach some decision - or worse still, spent the money in some way that would not be to the best interests of the work.

I am quite sure that, in the light of the letters referred to in the cablegram, our North American Section is going to take a very conservative attitude, and will have a tendency to sit tight and leave the next moves up to the field.

Very cordially yours,  
B. A. Yacobi

In approving these off-repeated requests from the field, the Section had no other intention than simply to remove this barrier to the field's initiative in the matter. It is not to be understood that the Section is in any way unwilling to share the entire responsibility with the field in all these matters, or to refuse to take any part in all up to date, or to see that up to date certain sections now and other sections later. In doing the work, the Section should not exceed U.S. \$500,000. The Section was merely quoting the latest estimates that have come from the field, feeling that if these estimates are found seriously in error, the field would naturally report in detail as to the amount of and reasons for any substantial increase in cost, so as to allow the Government to review the new financial situation which such an increase would create.

All the letters I have received during recent weeks regarding the new hospital indicate such a serious division of opinion, that obviously we must arrive at some closer unity of opinion before it would be safe to proceed. I received a letter from Mr. Haininger under date of November 28th, on which I will not comment at this time, but which I will eventually make our North American Section feel pretty conservative about everything related to hospital work at Chefoo. In writing your own letter of December 18th, you are trying to see the proposition from Mr. Haininger's point of view, but obviously you have no great enthusiasm for going ahead with the building plan as a whole.

With all this as a background, I have been somewhat surprised and troubled by your cablegram of January 15th.

Essentially the situation in place which you suggest are in the nature of reductions for the sake of reducing the total cost. This is in line with the recommendations of both the North American Section and the British Section, so approval has already been given to the general principle. It is, however, one to keep the interest and support of the Government, we should allow them to study and to pass upon the details of any substantial modifications, and for that reason to submit, if time permits, supply them with detailed information rather than ask them to endorse a blanket proposal without knowing just what is involved.

If this were the only request in the cable, we would probably ask the Section for action without waiting the arrival of letters with further details. But your second request is much more serious. It is that we transmit to the field as soon as possible \$500,000 of hospital funds. Personally, I could not recommend to the North American Section that we transmit a single dollar of hospital building funds to the field, until we have definite assurances that

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I have no real objection for or against the building of the hospital. But I am becoming increasingly convinced that only the field can decide. But I am becoming increasingly convinced over the whole financial future of the University. I hope that through the Associated Boards we will have a more active agency for securing any desired additional resources for the hospital. For the Associated Boards now any other consideration is secondary. I have a strong feeling that the Associated Boards should be given a voice in the matter. I have a strong feeling that the Associated Boards should be given a voice in the matter. I have a strong feeling that the Associated Boards should be given a voice in the matter.

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*ack. 2/23*

In the letter atop of this, I have tried to say the things which I presume a Board of Governors Secretary ought to say. For this present I screened only I am to blame.

Recent Chee-lee letters remind me of the Southern daisy maid who used to pray devoutly every night, "Oh Lawd, make me a white gal!"

Finally her nanny became aggrieved. And one night when Mandy was sleeping away at a great rate after a day of chopping cotton, her nanny took a bottle of white "Tan-no-more", and went over Mandy's face, neck, hands and arms.

Next morning Mandy awoke, gave a prodigious yawn, and discovered that her face and hands didn't feel quite right. She took one look at her hands - gave a startled squawk - grabbed her mirror and glanced at her face - and uttered a terrified howl. Then she fell on her knees, wrung her hands, and cried, "Oh Lawd! Ah didn't mean it! Ah didn't mean it!"

Heavens, man, the Chee-lee hospital doesn't have to be a white gal if it doesn't want to! Nobody has told you you've got to build the hospital or any part of it. So far as I can see, nobody is ever going to say that, unless you folks say it to yourselves.

I'm still a bit dazed trying to figure out what all these petitions from the field have meant during the last five or six years. I thought their main was that the field wanted the Governors to step out of the path and leave the way clear for the field to go ahead any time it got ready. And I've had a sort of righteous feeling that I was laboring to bring about an answer to prayer in the various efforts I have made from year to year trying to encourage the Governors to take that step. Some time when you have a bit of leisure, will you sit down and tell me just what the field did mean?

Before your letter and cablegram arrived, I had written a couple of letters to Hai Tai Fu commenting on his philippic of November 25th. Since in these letters I cover about all the angles of the hospital proposition as they appear from the home end, I am attaching copies of the letters herewith to add to your other afflictions. I'm not such an optimist as to think that these letters or anything else will budge the honorable Hai. He has taken his stand Armageddon to do battle for the Lord, and is resolved that the new hospital will be built only over his martyred body. But, though all that I have said in these letters to Hai is old stuff to you, these are things that the field must keep in mind.

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I have no zeal either for or against the building of the hospital. That's a matter that only the field can decide. But I am becoming tremendously disturbed over the whole financial future of the University. We are slipping downhill at an increasing pace, and something must be done to check the decline. I hope that through the Associated Boards we will have a more effective agency for securing any deserved additional resources for the University - but neither the Associated Boards nor any other conceivable agency can get a dollar for a China college unless it has a vigorous, challenging appeal and makes its case known to the world through vigorous work by representatives coming from the institution itself.

From the promotional standpoint, Cheelee has two possibilities for a forceful appeal. The first is for support for the carrying on of a rural program. Whether Carson and the other folks there can build up a case that will catch hold is yet to be determined. The second is for increased support for the medical work. There we have an appeal of unlimited possibilities, if we can only make the most of them.

Our Cheelee medical and hospital work has heretofore enjoyed a clear-cut reputation for efficiency, economy, and progressiveness. But now this hospital proposition is creating a widespread feeling of lack of confidence - an impression that the whole medical program is slipping backward. As I say in one of the letters to Dee Hai, there is an inference that "if Cheelee is content in 1933 with a hospital plant that is twelve years older and more obsolete now than it was when we found it inadequate back in 1921, then the hospital work has gone backward just a little faster than the plant has deteriorated." You on the field may be able to answer that to your own satisfaction by erudite discussion and formidable statistics, but it is almost impossible to rid Western friends of a paralyzing feeling of doubt.

There are two things that Cheelee must recapture before it can go ahead, or even maintain its present position. Those things are unity and enthusiasm.

So long as we have the spectacle of an institution officially asking for something and unofficially opposing it violently, we are in a bad plight. I happen to know that the thing which most greatly disturbed and upset the British Section at its meeting of December 2nd, as it dealt with the hospital proposition, was that personal letters from the field opposed everything that official actions requested. This is reflected in BS-368 (c), and in all the correspondence that went out from London. Our North American Section has been similarly disturbed on many occasions. We'll never even get to first base as long as all the players try to bat at the same time, and each one swings in a different direction.

But the other thing Cheelee needs even more urgently is conviction and enthusiasm. I am entirely convinced, for example, that if Cheelee unitedly and enthusiastically turned to with the intention of erecting, financing, and operating the new hospital it could do so successfully. It wouldn't be an easy job. It would involve risks, it would mean a terrific amount of work. But

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it could be done, and somewhat after this fashion:-

At the present time nobody could get a dollar for Chee-loc or any other China college, aside from keeping up on a declining basis support already enlisted. A person who tried to make new appeals would probably be hanged by a Vigilance Committee of ragged and indignant citizens. This situation will certainly continue some months longer, and may continue much beyond that. No doubt the possibilities of any gifts in China are even more remote, with the Japanese trouble coming on top of existing depression.

Also, the Rockefeller Foundation is feeling the pinch of reduced income, and is very conservative in spirit and policy. It would be difficult to get any new promises out of them at this time, or for some time to come.

On the other hand, the present offers an unparalleled opportunity to lay the foundations for future support. People in America have a sympathetic interest in China greater than ever before. Almost any person who normally has money to give will say in effect, "I can't give a red cent now. But I do wish I could give. And if you'll only come back later on when I get back on my feet again." Since everybody recognizes that folks have practically nothing to give, most appeals aside from urgent demands for local needs have been discontinued, and it is easier to get people's ear and attention for telling about a worthy piece of work in China if it is made clear that an immediate gift is not expected.

This, then, is the unique opportunity to begin a campaign of informing people what we are doing and what we need, and enlisting their interest and future support. If we wait until more prosperous times have returned and people are again able to give, our opportunity will have been lost, for we'll be drowned in the flood of demands that will go out from innumerable very worthy and very voracious enterprises.

Concretely, this will involve the following steps:-

- (1) Determination by the field of a very concrete statement of what is needed, and approximately when it will be required, including the new hospital's required additional support, or not, as you may decide.
- (2) Action by the North American Section in organizing for promotional work, under the leadership of men who will largely be supplied by the field.
- (3) Setting apart of the time of some individual - yourself if possible - to carry the burden of disseminating information, arousing interest, laying the basis for gifts as soon as the situation permits.

(4) Continued cultivation by promotional organization of the Chee-loc Governors (probably through the Associated Boards) to build up and strengthen the interest and support thus created, with expectation that field representatives, such as yourself or Mr. Davies, or possibly in future our Chinese president, will from time to time be available to give force and decisiveness to appeals for support.

As to the date when anyone should come from China to take the lead as suggested in step (3), two factors have to be kept in mind - the situation

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both on the field and here, and the normal dates of furlough.

As to the first factor, things are decidedly less favorable now than they were at the end of last October. China is more disturbed, and threatens to become still worse. While underlying business conditions here have shown a slight improvement here, the psychological attitude has become a bit more pessimistic again - and psychology is more important to giving than balance sheets. But if things ~~ever~~ prove a bit by next fall, or even if they grow no worse, there would be a good opportunity for a Cheeloo representative to begin the educational process which must in any case go on for a good many months before we can hope to do any reaping.

As to the matter of furloughs, I'm not sure just how that stands. I have understood that there was a possibility of your being at home next year (or rather this year now, starting in the summer of 1933), and have been thinking tentatively with that as a basis. Mr. Davies' furlough seems long over-due. He ought to be worth a great deal in this field - though probably he could help best on the general university appeal for the ruralized program. An excellent combination might be for you to spend a year building up the foundation for medical support, and then have Mr. Davies follow the next year with a general promotional program, which would retain and develop the beginnings of medical support as well as emphasizing the other aspects of the University work.

I recognize, as I have often said in the past, the force of your two conditions for coming to America for promotional work - that we first enlist substantial support from Cheeloo alumni and other Chinese donors, and that we go as far as we can in enlisting the Rockefeller Foundation support for a medical endowment. But even here, we have to look at all sides of the proposition. While agreeing to the desirability and importance of getting support from Chinese sources, if this should continue to prove entirely impossible, it hardly seems right to delay all other efforts to secure support for an indefinite period on that account alone. Most of the money thus far secured for our China colleges was obtained without any very large support from China; and while American donors are asking more and more insistently what the Chinese are doing to help along, not many of them would be so unreasonable as to demand evidences of large support from China while flood and famine and Japanese are abroad in the land. As to Rockefeller Foundation backing from the field, that too is necessary. But even more urgent is the repair of our fences here. Year by year the old dynasty is passing away down at 61 Broadway, and we are gradually coming to have a Pharaoh that knows not Joseph. It's going to take the presence of somebody from the field to rekindle the old fires of friendly warmth down there, and you seem the logical one to do it.

In all these matters the initiative must rest with the field. You are the ones who are giving your lives to Cheeloo, and it would be illogical to expect the men and women who give only a few hours of their busy lives to any thoughts of the University, and know it only vaguely at best, to have the profound interest and sense of urgency which you on the field possess. A Board of Governors chief functions are to step on the brake (which they do enthusiastically) and to supply the machine with oil and gas (which they do only when driven to do it), with occasionally the addition of a bit of back seat driving. The field must keep the machine going down the road and must do the steering. If you don't, we stay in the middle of the road until

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we lose all our cargo and all our passengers, and until the machine is consumed with rust.

Situated as I am here in New York, I can't do anything except take the conservative side until the field demonstrates that it really wants to get somewhere, and knows where that place is. You may either choose to go left or right, but if we have folks pulling the wheel in both directions at once, we are due for a grand smash. I can only urge the Governors to continue clamping down on the brake as tight as they can before we hit a downgrade with nobody quite sure whether we are taking the left fork or the right fork at the bottom of the hill.

Cordially,

*B. A. Garside*

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February 20, 1933

Dear Dr. Shields,

I have your letter of January 11th.

During the six and a half years since I left the Cheeloo campus you have certainly found yourself in the center of a good many storms which I know you would have given a lot to steer around. Some of the problems of student strikes and internal divisions and outside interference and attempts at registration were quite lively while they lasted. But apparently this hospital proposition threatens to take the blue ribbon both for intensity and duration. Sorry that New York has helped to make the argument more pointed by giving the field permission to do as it has been requesting. It is always a great relief when a missionary group can unite in knocking some Board in New York or London instead of each other.

Even so, the field seems to have argued itself into thinking that the scornful North American Section, in finally voicing a sleepy "yes" in response to the requests with which you have been so impolitely disturbing its slumbers during recent years, thereby transformed itself into an autocratic tyrant commanding the field to go dashing ahead with a building project nobody on the campus really wanted after all. The Section begs leave to disclaim the role.

There is really nothing more to add to what I have already written, and to what is being said again in the letter covering the minutes of the meeting of the Governors held on February 17th, copies enclosed herewith. You will note that this time we snubbed our three present members of staff and did not invite them to sit in at the business meeting of the Section. The field got entirely too much stirred up over the fact that they quite innocently and harmlessly sat in on the meeting of October 28th.

Hope that you got on well with the Shansi pigs, and that you brought home enough of them to supply the family larder for awhile in these days of depression.

Warmest regards from mid-winter in New York.

Cordially,

*B. A. Garside*

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CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

醫齊山  
魯東  
學大濟  
院學南

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN".

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*ack 3/29*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

Dear Garside,

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I had intended waiting until we had had at least one meeting of the faculty in regard to the new hospital plans, but, as it seems to be very difficult to get even the Committee to bring in a unanimous proposition, I am going to write this now and hope before long to follow it up with another letter. There is no use taking up matters on which I touched in my letters of December 15th and January 11th. The latter crossed yours of January 17th. There are several questions that you raise in these letters to me and Heimbürger that require answers.

You say that there are two items on which we should be able to make a strong appeal at home, (1) the rural and (2) the medical. I presume that Carson is keeping you in touch with the rural situation. I do not think he is very hopeful that he will be able to put across what he wants.

As to the medical, I am sorry that you seem to think we are losing the confidence of our constituency in America. I hope that a list of graduates, with some statistics as to what they are doing, which is now being printed, will show that we, at least, are holding our own in China, and I think that we have the confidence of the medical and other people in China, including government authorities and the Rockefeller Foundation. I have said before that, with our present cumbersome organisation, I do not see how we can expect to make any further progress in building up a first class medical school. (I think you are a little beyond the mark when you say that we are evidently going backwards because we have not built the new hospital which was asked for years ago). We on the field, and, as far as that is concerned, the British and American sections of the Board, have no real authority as to personnel or funds. I could give examples to prove this in both cases. For example, my own mission, which is put down on the budget for a grant of \$1000, has sent something over \$300 this year, and that is all we are going to get. The fact that the budget was passed on the field and in New York and London does not count for anything. The London Mission were expected to give £100 as usual. They have decided in England that £100 equals

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\$1333.33 and the secretary of the London Mission Committee on the field does not know why they have set this as a rate of exchange. We should get about \$1700 at the present rate. Dr. Brown and Dr. Armstrong in New York, as members of the Cheeloo Board, have to pass the budget and tell us to go ahead, whereas their mission grants are cut down 10 and 15 per cent respectively. I think that the remarks of the Appraisal Commission regarding the organisation at Cheeloo are just about correct. Until we get some sort of regular endowment, I do not know how our finances are to be put on a better basis. The annual grant from the Rockefeller Foundation is what allows us to exist, and the remarkable exchange on their money has enabled us to pass our budget and keep going the last two years, without making any drastic cuts.

You say we should have "conviction and enthusiasm". If you had tried to work with our faculty and get them to support unanimously any one proposition for the hospital, you would see why we do not have any unanimous conviction and why some of us are rather losing our enthusiasm. If and when we ever start on the hospital, I expect to propose that we send Dr. Hou as a member of the Alumni Association on our faculty, to various points in China to try to raise funds from the alumni, but, unless this hospital is started, there is no use in trying to do this. Dr. Gregg's attitude was entirely non-committal. Mr. Gunn's is also, but gives me a good deal of anxiety as to what he will finally recommend in regard to Rockefeller support, not to mention endowment.

In looking over the action of both the sections of the Board of Governors, I still do not see how you can say that we were given authority to go ahead and build the hospital as we saw best on the field. The wording of N.A.S.310 says that "authorisation is given to the field authorities of the University to proceed at their discretion, in accordance with the revised plans (whatever they are) of the entire new hospital plant, including the new power plant, outpatient dispensary and conversion of the present hospital, at a total cost for construction and equipment not to exceed \$606,440.32." I pointed out, in my letter of January 11th, that it would be impossible to build the entire hospital plant, power plant and O.P.D. at such a cost, therefore we felt that, unless we could do what we were authorized to do, the only thing was to have further meetings out here and correspondence with the home boards. Unless something can be done very soon, so that we shall be able to begin building before June, it will not be wise to build until 1934, - in other words, the whole scheme will be held up for another year. You will say that we are holding it up and not you!

If I can sense the feeling of the members of the faculty who have expressed themselves informally on the matter, I feel that the general opinion is that we should use the present hospital as a basis for our extension and remodel it, with certain extensions, so that it would accommodate 160-170 beds, and that,

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in addition to this, a new O.P.D. should be built on the site where it was proposed to put the west wing of the new hospital, according to Black & Wilson's plan.

*almost* I am trying to fit in my own ideas to conform to those of the majority, and, as I see it now, I believe that it would be better to do this than to take the other alternative of putting up the new hospital for three storeys rather than four, and re-modelling the old hospital as an O.P.D. I am firmly convinced that the only way in which we can carry out any plan is to get the faculty by majority (I have no hopes of a unanimous vote) to agree in general to some such plan and leave the minor details to be worked out by a small committee which shall have the power to go ahead and put up the new plant. The principle of our organisation is such that all members of the faculty, especially the missionary members, feel that it is their duty, as soon as a committee gets to work on plans, to come in and throw a monkey wrench in the machinery, in order to carry out some detail in which they are specially interested. We went through this same process several times when Black & Wilson were on the job, and the same situation has occurred every time that we take up the discussion again.

What we actually need is adequate hospital facilities to care for 150 or more patients, with a reasonable number of beds to be assigned to private patients, and, in addition, we badly need a new O.P.D. The present building is terribly overcrowded, and the number of O.P.D. patients is increasing. This is not true of the in-patients, and Hai thinks that we could not fill a 200 bed hospital, if we had it. I think he is right, as far as the immediate present is concerned, but I think also that one reason why we do not have more applications for our beds is because we have had to raise the price for ward patients. They are now paying 70 cents per day. It is, I think, economically, a sound statement that, when charges are raised up to a certain point, the income from an institution is increased, but, beyond that point, the high cost reduces the number of patients or students, or whatever they may be. No doubt we could get more money if we had attractive rooms for private patients and allowed them more liberal hospital rules, and certainly we could fill our wards if we could afford to take in more charity, or practically charity, patients. We take as many as we can possibly do now. I think their percentage, however, is under 10%.

In regard to keeping up interest at home, I am sending out, as you know, more or less regularly, a general letter. In the last six months, out of a mailing list of about 200, I have had over 80 direct answers and I have gotten indirect answers of appreciation from others. On this list are all of the people with whom I was in contact when I was home, and most of them are keeping up the correspondence. I note that, in your last letter, you do not seem so optimistic in regard to the financial future of the U.S. as you were in your earlier letter, and I must say I do not see that there would be any use in my going home this year

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to raise money. Of course, I see the force of your argument that merely to go home and talk to people, without making any requests, might be worth something, and would let people know that we are still on the map and if and when their financial situation improves, we should be in a better position to expect something from them. You may be interested to know that one of my regular correspondents now is Mr. McBrier. I had a very nice letter also from Mr. Boyd not long ago.

As to furloughs, according to my own mission rules, I am due to go in 1935, but I rather think that furloughs have all been deferred at least a year. Of course, if there were a strong reason for my going before that time, either for health or for financial reasons, I suppose I could get permission to do so, though I might have to pay my travel out of school funds.

Dr. Annie Scott, in a recent letter, stresses the point that we should have a regular Cheeloo person in America to work up interest in the University. I know that you are doing all that you can, and I am not blaming you one bit. You are obligated to other institutions as well as Cheeloo, and you are perfectly right in the attitude that you take in regard to this. I do not see, however, how we can afford to have a man, like Mr. Gee, for instance, to give his whole time to this work. To do this, a person should be familiar with the actual conditions on the field and that would mean one of our staff. I do not know of any individual who could go home and do effective work along this line for the whole university, that is, for the Schools of Arts and Science and also the School of Medicine. In regard to this, the work that Mrs. Carr is doing in England is, no doubt, of great value there. You know something of how she goes round and stirs up interest and tries to enlist support. Is there anyone in America who could do this, without great cost to the institution? The School of Medicine has, I think, a rather unique position amongst the China institutions and, from all that I hear from our friends outside of Cheeloo, I think we could present our case in a way that would excite interest and, in normal times, probably get financial support. I do feel very strongly, though, on the two points which I have mentioned before, that we must have something from the Chinese, even if it is not large, and we must have the endorsement of the Rockefeller Foundation, in the shape of a tentative promise of an endowment. Incidentally, I am reminded that Leighton Stuart told me he had written a monograph on "Education in China", I think he called it, which is printed in the year-book of the Institute of International Education, Teachers College, Columbia, 1933. I wish you would get this book for the Medical School. I can pay for it out of office funds. What Leighton Stuart, as the head of another institution, says about Cheeloo in this article should carry great weight with possible donors. Get the book, read it and then send it to me. Incidentally, also, we have one student from Yenching in the second year of the Medical School and I have had inquiries regarding four other Yenching pre-medicals who may possibly come to us next fall. We also have

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a Foochow College man this year in Medicine and a graduate of Soochow University, as well as one graduate from Wheaton College, America. I hope that we are going to be able to get more students from other institutions in the future, but until we have a larger number of beds for teaching purposes, I do not see how we can afford to admit more than 20 students in any one class.

The reason for asking you to send out \$80,000 as soon as possible was that we are constantly talking about the amount of money which we have, and this depends so much on how much you will be able to sell your securities for, and on what the exchange will be when the gold is put into Mexican, so that we may be off \$100,000 or more when we are talking money. The reason we did not ask for more was that some of the securities at present are not worth anything, and we should leave several tens of thousands in the U.S., to be used for purchasing foreign materials. At the present rate of exchange, of course, we should try to buy everything from England or Germany and not from America.

I am enclosing a copy of a tentative estimate which Mr. Wolfe has given me, which may be of interest to you. This shows that, according to his estimates, we can get a larger hospital, by remodelling the present one, and a new O.P.D. for much less than it would cost us to build a new hospital and remodel the present one for O.P.D. The Building Committee is working on these two propositions and I hope, before long, we shall be able to have a meeting of the Executive Committee and then of the whole faculty, and write you at once what is recommended.

I hope to get out an article before long on the work of our graduates, which will be for propaganda purposes, and, of course, I will send copies to you.

Don't get too fed up with us! We think we are trying to do our best, and we do appreciate what you are doing and see the difficulties of your position.

In regard to the M.D. Degree, I do not see why this question is worrying people at home. We give a Chinese degree, written in Chinese, by authority of the Chinese government, to all of our graduates. Since we were granted the charter by Canada, we have the right to give a Canadian degree, written in the English language and, according to the new terminology, called an M.D. I think this is exactly what the P.U.M.C. does and I see no reason why, if we want to, we should not give two degrees. Otherwise, let us do away with the Canadian charter and consider only our Chinese registration. The students are constantly after me about this, and I have been after the Board of Directors for years.

0028

Mr.B.A.Garside

- 6 -

Feb.23rd, 1933.

You will see Leighton Stuart before you get this letter, no doubt, though I am not sure whether he is going straight to New York or making his tour through the west en route there.

I hope you are going to hear something definite in regard to the Aluminum Company and the Hall Estate funds before long.

The new dormitory for women is being put up on the campus, near the other dormitory. This is to accommodate 50 students. It is being built on a more simple plan than the old building, with money from the Women's Capital Account, that is money that they brought down here when they came from Peking.

I think I mentioned in one of my other letters the matter of Dr.Drace, the dentist. Of course, we should like him if he is a suitable man, but you know as well as I how little hope there is of getting support for him. There is a dentist of sorts here in town now who has moved up from Hankow, and we are writing to find out about him. It may be that we can get him to come over for part time to do the necessary work for our patients and also take care of our Cheeloo community. Dr.Yoh, our previous dentist, is practising in town and doing very well, I understand, so well, in fact, that I fear he will remain here. Of course, he is getting pretty much the same clientele as he had when he was at Cheeloo.

From to-day's papers, it looks as if the real war were starting in Jehol. The recent actions of the League will, no doubt, stiffen the attitude of the Chinese. Apparently, they are determined to fight.

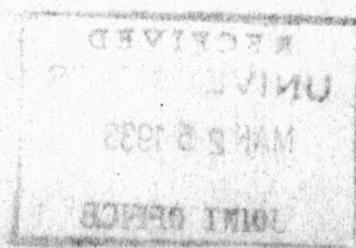
As it turned out, I was perfectly safe in making a trip to Shansi. I was out there for two weeks and had a good time, though I, personally, did not kill a pig. The eight pig and one deer were killed by three men of the party and the other three did not get anything except some birds. I got part of a pig to bring home, however. I expect to go to Peking in April again, when Loucks returns, to have further examination and, if there is anything suspicious, I may have to have radium again, but I hope not.

I think I have taken up all the questions that need answering at present. I hope I shall hear from you again even before I write. An American mail is due any day. I hope we shall get better news in regard to your wife.

Yours sincerely,

*R. J. Shields*

RTS:MMS.



0029

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I think I mentioned in one of my other letters the matter of Dr. Grace, the dentist. Of course, we should like him if he is a suitable man, but you know as well as I how little hope there is of getting support for him. There is a dentist of sorts here in town now who has moved up from Hankow, and we are writing to find out about him. It may be that we can get him to come over for part time to do the necessary work for our patients and also take care of our Chinese community. Dr. Yeh, our previous dentist, is practicing in town and doing very well. I understand, so well, in fact, that I fear he will remain here. Of course, he is getting pretty much the same clientele as he had when he was at Cheshoo.

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Yours sincerely,

*R. V. ...*

RECEIVED  
UNIVERSITIES  
MAR 25 1933  
JOINT OFFICE

ETS:AMS.

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*Tentative estimate not passed*

HOSPITAL ESTIMATE *by Com. agent*

*R.V.S.*

NEW HOSPITAL  
3 Stories  
155 Beds

OLD HOSPITAL  
Enlarged  
167 Beds

Gen. Contract 728000 cu.ft. @32 \$233,000			4th Story Added 50000 cu. ft. @20	10,000	
Equipment	110,000	\$343,000			
O. P. D. Old Hosp. Made ov.	10,000		Concrete Floor 5 Wards @ 60	10,000	
Equipment	10,000	20,000	Equipment	10,000	\$30,000
			Operation Pavillion 45x36x48 77000 cu. ft. @32	25,000	
			Equipment	10,000	35,000
Nurses Home 30 Nurses		35,000	Nurses Home 30 Nurses		35,000
			New O.P.D. Gen. Contract	100,000	
			Equipment	30,000	130,000
			Isolation Bldg. & Equip.	10,000	
			Hosp. Equipment 12 Beds	12,000	
Laundry Bldg.	10,000		Laundry Bldg.	10,000	
Laundry Equipment	20,000	35,000	Laundry Equipment	25,000	35,000
			Kitchen		5,000
Staff Residence 5 Res. @ 4000	20,000		Staff Residence 5 Res. @ 4000	20,000	
1 Res. @ 6000	6,000	26,000	1 Res. @ 6000	6,000	26,000
Power Plant Present Plant	60,000		Power Plant Present Plant	60,000	
1 60 KW Engine	10,000		1 60 KW Engine	10,000	
Aux. Well & Pump	5,000		Aux. Well & Pump	5,000	
Gas Plant	6,000		Gas Plant	6,000	
Gas Instal.	2,000		Gas Instal.	2,000	
Ice & Refrig.	10,000	23,000	Ice & Refrig.	10,000	93,000
Telephone		7,000	Telephone		7,000
Hosp. Equipment 45 Beds @ 1000		45,000	Hospital Equipment 45 Beds @ 1000		45,000

*below here some items could be omitted or cut down if necessary*

RECEIVED  
EXTENSION OVER STREET  
30 Beds  
75000 cu. ft. @ 32  
24,000  
Equipment 10,000  
30 Beds @ 1000 30,000  
64,000  
*future*

Total Beds 155

Total Beds 197

\$527,000

1 E 00



TRANSFER  
SHANTUNG

INDEXED

March 22, 1955.

Dr. Randolph T. Shields  
Chee-oo University  
Tainan, Shantung, China

My dear Dr. Shields:

You will be glad to learn that the Rockefeller Foundation has just taken action continuing for 1955-56 their appropriation to the Chee-oo School of Medicine on the same basis as for the present year - G. \$10,000 plus Mex. \$80,000.

Very cordially yours,

*B. A. Garside*

BAG:PW

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0033

Encl.: Statement re Hosp. Estimates.

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

醫齊山  
魯東  
學大濟  
院學南

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN".

TRANSFER

SHANTUNG

March 24th, 1933.

*R. S. Shield*

*ack 5/24*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

Dear Garside,

I will follow up my letter of February 24th and tell you what happened at the meeting of the Executive Committee. I am sending blue prints as soon as they can be printed of two plans, Nos. 1 and 2. Plan No. 2 was unanimously recommended by the Building Committee, consisting of Heimbürger, Wolfe, Stearns and myself (ex officio). This committee had been working on the plans for several weeks and all members of the faculty interested were requested to go in and make suggestions to Mr. Wolfe. Also Sam Dean was invited to come here to give some expert advice in certain matters of construction. At the meeting of the Executive Committee, there was such strong opposition expressed by certain members that the mover and seconder of the motion in regard to plan No. 2 withdrew their motion and we adjourned the meeting. I do not intend to call any further meetings in regard to this hospital unless I am definitely requested to do so by several members of the staff. I feel very much in the position of Chang Hsueh Liang when he resigned his job, saying he had made a failure of it and wanted a better man appointed to carry on. There are certain irreconcilable elements in the faculty, in regard to the new hospital plans, and our situation is such that I see no hope of getting even a decent majority vote on any proposition that may be made. There are certain members who have always opposed on principle the building of the new hospital, which I will hereafter refer to as the B. & W. hospital. There are members who are out for all or none of the B. & W. hospital. Some members of the faculty take a reasonable attitude that, whereas they prefer one plan or another, they are willing to fall in with the opinion of the majority. The attitude of some advocates of their own pet schemes reminds me of the attitude of certain of our theological brethren on the subject of union. The Catholic and the Anglican churches both advocate union, which means that all the dissenters should agree to join their particular denomination. I think it is true to state that, in the past discussions in regard to the Black & Wilson hospital plans, certain members of the faculty have insisted as strongly on some minor detail of construction or of allocation of space, according to their own ideas, as they have on some of the bigger

0034

Mar. 24, 1933.

questions involved in the construction of a new plant.

I am trying to write this letter from a judicial attitude and tell you the facts, without stressing any of my own ideas too much. It is not necessary to repeat certain statements and arguments that I have made in my past correspondence. I have just looked over my letters of December 15th, 1932 and of January 11th and February 23rd, 1933. The real difficulties that we are facing arise from two factors which can be stated in two words, finance and organisation. In order to be a little clearer as to where we stand financially, I sent you a cablegram, with the full approval of the Executive Committee, asking that you send G.\$80,000 to the field as soon as practicable. If this had been done, we should at least know exactly how much local currency we had in Shanghai. As it is now, we do not know, and, if the gold dollar decreases in value, which, from news that we get from the U.S. and the world, is highly probable, our actual building funds will be diminished, whether by tens of thousands or hundreds of thousands, we do not know. Also, we have no idea now as to whether our investments in the U.S. stocks can be sold and at what price. The situation is not the same as it was in October 1932, when you gave us a financial statement as to our investments. At the last meeting of our Executive Committee, it was pointed out as being a positive fact that the money raised by the women of the Presbyterian and Methodist Committees, to which was added a contribution of the Rockefeller Foundation, for building the hospital, could be used only for the construction of a hospital and that no part of it could be set aside as endowment for running expenses. I have not the correspondence before me which makes this matter clear. No doubt you or the Women's Committees at home have this. You had better look this up. If true, then the N.A.S. has been wrong in suggesting the allocation of G.\$40,000 for endowment. This also will make a considerable change in the amount of money available for building purposes. Certain members of the faculty have opposed the building of an institution, the running expenses for which would greatly increase our expenses. I am glad to say that we have just heard that the Rockefeller Foundation have made an annual grant to the Medical School, on the present terms, for one more year. Whether this means one more year only, we do not know. Of the nine contributing missionary societies, we have definitely heard from seven that they are making cuts this year, and the cuts will be greater for the next year. I think it is hardly reasonable that we can expect to raise enough money in China at present even to make up the deficit on the cuts that are coming from the missionary societies, much less increase our income. With exchange as it is at present, I hope that the Medical School is going to be able to balance the budget this year without a deficit. As to whether it can do it in the coming financial year is more or less guess work.

0035

Mar. 24, 1933.

I have wandered away from the discussion of the plans. If you will refer to my letter of December 2nd, 1931, you will see that there was another plan suggested at that time, that is, the building of the west wing only of the B. & W. hospital, which would serve as an O.P.D. temporarily, or permanently, and to which could be added the rest of the B. & W. hospital, if financial conditions justified it. The Dean of the Medical School was rather severely criticised for the contents of this letter and it was even intimated by some that he had taken an unfair advantage of his position in trying to put across the scheme before it had been passed by the Medical Faculty and the University Executive Council. This plan, as you know, was discarded. The next suggestion was that plan No. 1, as per blue print sent herewith, should be adopted. The arguments for this were that the three storeys would represent three-quarters of the B. & W. hospital and that, if circumstances justified it, another storey could be added in the future. The advocates of this plan stated that the original cost of construction would be less than that of the whole hospital and that a part of the building fund could be used as endowment to help run the increased bed space until such time as the whole hospital could be built and a permanent endowment obtained. This plan was discussed and discarded.

As I am sending you on a separate sheet the arguments brought forward by the advocates of plan No. 2, I will not re-consider them here. This plan, as I stated at the beginning of the letter, received so much opposition from certain members of the Executive Committee that it has not yet been taken before the faculty as a whole. It is not necessary to mention the various modifications of plan No. 1 and plan No. 2. You will see that the ultimate completion of plan No. 2 would allow for a very large expansion, but would also involve the purchasing of a small piece of land between two sections which we now own. Whether this could be done or not without great expense, of course, is a question, but doubtless it could be done. Every piece of land can be bought if one will pay the money demanded for it. I am taking for granted that you have the blue prints before you and so can follow my statements.

The greatest needs calling for expansion of our plant are:-  
1) A great enlargement of the O.P.D. You will remember that, five years ago, the O.P.D. was cut up into smaller rooms and made much more efficient for carrying on the work at that time. As I remember, we were taking care of about 40,000 visits per annum then. During the present year, we shall probably have more than 70,000, and the O.P.D. is crowded until it is really disgraceful. The greatest increase, I think, has been in the number of Obstetrics and Gynecology patients.

0036

Mr. B. A. Garside

- 4 -

Mar. 24, 1933.

2) Increased bed space, specially for the Obstetrics and Gynecology cases. As long as we have to charge patients what we do, in order to balance the budget, there will probably not be a great increase in the other departments. As has been pointed out to you before, we can fill any sized wards if we take in all patients on a charity or nearly charity basis. Of course, there is the need of more private and semi-private patients' rooms which would, it is confidently expected, bring in a larger income. This would be, in the long run, an asset rather than a liability. I think it is perfectly true that the O.P.D. is also an asset and not a liability.

In order to get yourself a little more confused, you might refer back to the correspondence of 1931-32 and the five or six plans for enlargement which were mentioned at that time and which are, of course, still open for discussion. Incidentally, we shall need more space for Medical School use, specially as the School of Science is urging us to move the Department of Physiology into our own building. It is now occupying a large part of the first floor of the Physics Building.

I have asked one member of the faculty who opposed strongly plan No. 2, as advocated by the Building Committee, to write to you in full all the objections to this. Whether this letter will be written or not I cannot guarantee, or whether it will be signed by one or more persons, I do not know. I do not blame you and the Board in New York for thinking we are rather muddle-headed. I fully agree with you. The more I have to do with administration, the more I believe in the theories of Mussolini and Hitler, and until we have some person of some body that really has authority to go ahead and do something, I fear we are not going to get very far. Our group consists of a lot of fine, self-sacrificing people who, naturally, are strongminded, or they would not be on the mission field. Under ordinary conditions, the organisation carries on very well, with no serious clashes, but we seem to be up against a proposition now in which this organisation will not function as a unit, and, unless we have an overwhelming majority, I do not see how we are going to get anywhere. I may call a meeting of the faculty before long, if I am requested to do so, and we may be able to reach some near unanimity of opinion, but I doubt it.

We are interested to know what is happening to Cheeloo investments. I hope you will keep us posted. The Treasurer was authorised by the Executive Council to reconsider the budgets with the different Deans, in the light of what has recently happened in financial circles.

RECEIVED

Yours sincerely,

*P. J. Shields*

RTS:MMS.

P.S. I am not sending blue print of plan No. 1 after all as it is practically identical with the original B. & W. plan, with the 4th storey omitted.

*P. J. S.*

0037

Mar. 24, 1933

- 4 -

Mr. B.A. Carstairs

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We are interested in the plan happening to Chicago Investments. I hope you will be posted. The Treasurer was authorized by the Board to reconsider the budgets with the different Deans, in the light of what has recently happened in Chicago.

**RECEIVED  
UNIVERSITIES  
APR 21 1933  
JOINT OFFICE**

Yours sincerely,

*R.T. ...*

Mr. B.A. Carstairs, I am not sending blue print of plan No. 1 after all as it is practically identical with the original B.A. W. plan, with the 4th story omitted.

*R.T. ...*

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(1)  
HOSPITAL ESTIMATES

March 27, 1933.

PLAN NO. I  
NEW HOSPITAL  
3 stories of revised plan of 1925  
155 beds

PLAN NO. II  
OLD HOSPITAL  
Enlarged and extended  
167 beds

<p><u>Gen. Contract</u> 728000 cu.ft. @ .32 \$233,000 Equipment <u>110,000</u> \$343,000</p> <p><u>O.P.D.</u> Old Hosp. made over 10,000 Equipment <u>10,000</u> 20,000</p> <p><u>Nurses Home</u> 30 Nurses 35,000</p> <p><u>Laundry Bldg.</u> 10,000 35,000 x <u>Laundry Equipment</u> <u>25,000</u> 35,000</p> <p>x <u>Staff Residences</u> 5 Res. @ 4000 20,000 1 Res. @ 6000 <u>6,000</u> 26,000</p> <p><u>Power Plant</u> Present Plant 60,000 1 60 KW Engine 10,000 Aux. Well &amp; Pump 5,000 x Gas Plant 6,000 x Gas Instal. 2,000 x Ice &amp; Refrig. <u>10,000</u> 23,000</p> <p>x <u>Telephone</u> 7,000</p> <p><u>Hosp. Equipment</u> 45 beds @ 1000 45,000</p> <p style="text-align: right;"><u>\$604,000</u></p>	<p><u>4th Story Added</u> 50000 cu.ft. @ .20 \$10,000</p> <p><u>Concrete Floor</u> to replace wooden floor 6 wards @ .60 10,000 Equipment <u>10,000</u> \$30,000</p> <p><u>Operation Pavilion</u> to present street 45x36x48 77000 cu.ft. @ .32 25,000 Equipment <u>10,000</u> 35,000</p> <p><u>Nurses Home</u> 30 Nurses 35,000</p> <p><u>New O.P.D.</u> on new hospital ground Gen. Contract 100,000 Equipment <u>30,000</u> 130,000</p> <p><u>Isolation Bldg. &amp; Equipment</u> on new hospital ground 10,000 10,000 Hosp. Equipment 12 beds 12,000</p> <p><u>Laundry Bldg.</u> 10,000 <u>Laundry Equipment</u> <u>25,000</u> 35,000</p> <p><u>Kitchen</u> 5,000</p> <p><u>Staff Residence</u> 5 Res. \$4000 20,000 1 Res. \$6000 <u>6,000</u> 26,000</p> <p><u>Power Plant</u> Present Plant 60,000 1 60 KW Engine 10,000 Aux. Well &amp; Pump 5,000 Gas Plant 6,000 Gas Instal. 2,000 Ice &amp; Refrig. <u>10,000</u> 93,000</p> <p><u>Telephone</u> 7,000</p> <p><u>Hosp. Equipment</u> 45 beds @ 1000 45,000</p> <p style="text-align: right;"><u>\$463,000</u></p> <p><u>IF EXTENSION OVER PRESENT STREET</u> <u>30 beds</u> 75000 cu.ft. @ .32 24,000 Equipment 10,000 30 beds @ 1000 <u>30,000</u> 64,000 <u>\$527,000</u></p> <p style="text-align: center;"><u>Total Beds 197</u> 6 additional beds available on 4th floor Solarium.</p>
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x Certain items are not of course absolutely necessary. Personally I think beds

Total Beds 155

could be increased *P.V.H.*

0039

MINIMUM REQUIREMENT FOR HOSPITAL PLANT

1. Eventual bed capacity for 250 beds.
2. Adequate Out-patient Dispensary.
3. Endowment Fund of at least G.\$40,000 nucleus.
4. 10 per cent Reserve on Building Funds available.

DESIRABLE FEATURES IN HOSPITAL PLANT

1. Centralized Administration.
2. Centralized Patients' Registration.
3. Gradual Expansion as needed.
4. Gradual increase in Running Expenses.
5. Simplicity in Construction and Equipment.
6. Best possible access for doctors, nurses, etc., as well as patients.

OLD HOSPITAL ENLARGED. Reasons supporting:-

1. Lay-out provides for future expansion of Hospital to 300 beds, or more, also adequate expansion of Medical School and Nurses School.
2. Provides for gradual expansion as needed to a completed plant.
3. Expansion to 200 or more beds fully provided within building money available.
4. Plan provides for nucleus of endowment of G.\$40,000 or more, plus a reserve of 10 per cent and more of building funds.
5. Makes a minimum increase of Operation Costs.
6. Gives nearest and most direct access to Hospital from the University Grounds.
7. Gives most efficient use of present Hospital.
8. Centralizes Administration.
9. Centralizes both Out-patient and In-patient Registration.
10. Follows simplest possible construction lines.

FOURTH FLOOR WARDS ADDED.

1. Cheapest possible way to provide same amount of bed space.
2. No construction difficulties in addition of 4th floor.
3. Gives two Surgical Wards of 40 beds on same floor with Operating Pavilion.
4. Gives possibility of providing storage space in attic.
5. Gives adequate accommodation for Obstetrics on 3rd floor.

CONCRETE FLOORS FOR WARDS, STAIRS, ETC. OF OLD HOSPITAL.

1. No constructional difficulties.
2. Gives better fire protection than wood floors.
3. Present wood floors poor and not permanent, places now needing replacement.
4. Save cost of wood floor up-keep. (\$125.00 per ward per year for re-varnishing alone)

March 27, 1933.

OPERATING PAVILION (4 floors)

1. Construction not contingent on land purchase.
2. Could proceed with construction at once.
3. Gives Model Operating Pavilion with three operating rooms.
4. Operating Pavilion is centrally located for present uses and also for future expansion.
5. Gives north light to Operating Rooms.
6. Provides accommodation for Obstetrics on 3rd floor.

EXPANSION OVER STREET TO THE NORTH ( 3 floors)

1. Can be added when needed at minimum costs.
2. Can provide future expansion when needed for general wards (30 beds) semi-private or private wards.
3. This expansion not necessary to provide up to 167 beds.

Future expansion possible to the east, joining up with the Out-patient Building, to provide for 60 or more beds. Expansion possible to the west to provide for 60 or more beds - all possible future expansion. Total over 300 beds.

OUT-PATIENT BUILDING ( 2 floors)

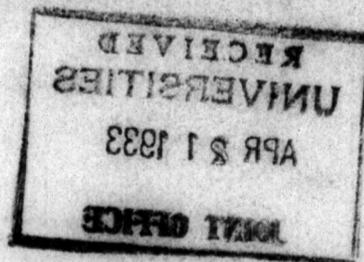
1. Based on Out-patient Building of the Teaching Hospital of Texas University, Galveston, Texas.
2. Corridor Type with 10' corridor, built upon units 13'-6" x 22', which allows for a 4' Service Passage and 3-7' x 9' Examining Rooms with window light in each room.
3. This type of O.P.D. has been successfully used; also the Corridor Type of O.P.D. is widely used.
4. Each unit, by the use of removable partitions, is adaptable for Examining Rooms, Teaching Room, Waiting Room, or Laboratory, etc. Two or more units can be thrown into one large room.
5. X-Ray and Electrotherapy are to be convenient to both the Hospital and the Out-patient Service.
6. Possibility of a T.B. department in 3rd floor addition.

ISOLATION BUILDING.

1. 12 Beds provided, with extension possible when necessary.
2. Separate building provides best isolation.
3. Individual bed isolation possible.

CONSTRUCTION.

1. Build O.P.D. first.
2. Move patients to new O.P.D. while old hospital is remodelled.
3. Remodelling old hospital will take 4 to 5 months.



0041

OPERATING PAVILION (4 floors)

- 1. Construction not contingent on land purchase.
- 2. Could proceed with construction at once.
- 3. Gives Model Operating Pavilion with three operating rooms.
- 4. Operating Pavilion is centrally located for present uses and also for future expansion.
- 5. Gives north light to operating rooms.
- 6. Provides accommodation for Obstetrics on 3rd floor.

EXPANSION OVER STREET TO THE NORTH (3 floors)

- 1. Can be added when needed at minimum costs.
  - 2. Can provide future expansion when needed for general wards (30 beds) semi-private or private wards.
  - 3. This expansion not necessary to provide up to 167 beds.
- Future expansion possible to the east, joining up with the Out-patient Building, to provide for 60 or more beds. Expansion possible to the west to provide for 60 or more beds - all possible future expansion. Total over 300 beds.

OUT-PATIENT BUILDING (2 floors)

- 1. Based on Out-patient Building of the Teaching Hospital of Texas University, Galveston, Texas.
- 2. Corridor Type with 10' corridor, built upon units 13'-8" x 22', which allows for a service passage and 2-7' x 9' examining rooms with window light in each room.
- 3. This type of O.P.D. has been successfully used; also the Corridor Type of O.P.D. is widely used.
- 4. Each unit, by the use of removable partitions, is adaptable for Examining Rooms, Teaching Room, Waiting Room, or Laboratory, etc. Two or more units can be thrown into one large room.
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TRANSFER  
SHANTUNG

*over*

...the associated boards...  
...the field...  
...March 29, 1938.

Dr. Randolph T. Shields  
Cheeloo University  
Tainan, Shantung, China

My dear Dr. Shields:

Let me acknowledge receipt of your letter of February 23rd. In this you discuss in detail many of the problems which have filled our correspondence during recent months.

Most of these comments have now been so thoroughly discussed by us both, that few comments need be added at this time.

*Letter* New Hospital. Undoubtedly the field will be sending us concrete proposals within the near future. Until these proposals arrive, there is not much more to be said. Our North American Section is anxious to cooperate with the field in every possible way, but does not wish to prepare or to urge any course of action that does not coincide with your best judgment.

Organization. Many recent letters from the field refer, either directly or indirectly, to the difficulties arising from our very cumbersome organization. For many years our administrative officers have had to spend entirely too much of their energy simply trying to set our unwieldy and complex machinery in motion. This situation seems to have grown worse during the last few years, probably due to our constant changes in administrative leadership, with the resultant tendency toward disunion.

We had an interesting meeting last week between the Executive Committee of our Associated Boards and a group of educational leaders both within and without the Appraisal Commission of the Laymen's Inquiry. Dr. Houghton had some very pointed things to say about the unwieldy organization with which Cheeloo is struggling. I hope that we may discover some means by which our missionary bodies and our University Boards can arrive at a much more simplified course of action, and can agree to a far larger degree of centralization of authority in the administrative officers of the University.

Cheeloo Promotion at the Home Base. Personally I think that the root of many of the evils at Cheeloo is lack of adequate funds. We will not be able to find any permanent solution until we secure such larger support than is now available. And that support cannot be secured until we go out after it in a very aggressive way. We hope the Associated

Dr. Randolph T. Shields

March 29, 1935.

TRANSFER  
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SHANTUNG

Boards may help us in this field, but no institution will get anything, either individually or as a member of a group, until it goes out and works for it. Even though we cannot harvest any cash at present, we ought to be doing our plowing and sowing for the future. In addition to what the Associated Boards may be able to do for Chee-lee as a member of the group, it will certainly be necessary for us to have a definite representation here much of the time. Cultivation from the field is necessary and valuable - you have been rendering a particularly fine service in that regard. But remote control will not suffice when it is time to do some actual harvesting.

The M. D. Degree. We have not yet heard from the British Section since they received the Minutes of the meeting of our North American Section on February 17th, but we trust that they will concur with Actions NAB-520 and 521. Unless our British friends hold up the matter, you should be able to confer your M. D. degrees at commencement this June.

In General. While the Japanese have been raising hob in Jehol, Old Man Depression has been doing the same thing here in the West. Just a few days ago the Aluminum Company announced that its Aluminum dividends are again being cut in half beginning with the April 1st dividend. This means that we will now get only \$7.50 a share per quarter, one-fourth of the regular quarterly dividend of \$30.00. Mission Boards are also scaling down their appropriations for the future, and have been notifying us that they must cut down still more on appropriations already made.

Glad you had a good vacation in Shansi, though it is too bad that you failed to bag a pig. Hope that your trip to Peking next month will indicate that you are still quite fit, and in no further need of radium.

Margaret seems to have made some encouraged improvement during the last few months, though her doctor still seems a bit pessimistic as to the future.

The Chee-lee campus will be brightening up in its spring clothes by the time this letter arrives. We trust that you will be able to go on through commencement without any serious interruptions, military or otherwise.

Very cordially yours,

B.A. Farside

BAG:PW

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Tsinan,

April 22nd, 1933.

Dear Dr. Shields,

You very kindly showed me the proposed plans for the enlarging and development of the Hospital accommodation which is so sadly needed at the present time in Tsinan. And you also asked me to give you my considered opinion in writing.

First: Whilst it is no doubt an excellent thing to get an ideal and grand new building, one has to consider three things:-

- (a) The upkeep of such a building, the increased expense which will be incurred in personnel, and the question of running expenses for light, heat and water supply.
- (b) The present economic condition both of China and the home lands and the effect of this both on local contributions and on the funds available for Missionary work.
- (c) The psychological effect of a new great building on the estimate by the people of the financial backing of those who are running the school.

Second: Giving these their due weight it seems to me that the question becomes a very plain one. Is it possible without serious diminution of efficiency to so modify and add to the present buildings as to make them more up-to-date and able to fill the present need for increased accommodation?

I am strongly in favour of the proposed plan for alteration, that is, the addition of a fourth floor to the Hospital, the erection of a new O.P.D. and an isolation block.

There are certain modifications which I would put forward as definite suggestions:

I think that the plan of a fourth floor on the present Hospital block with the extension outward to the north to the limits of the present Hospital ground is an excellent one and would provide good accommodation for Obstetrics and Gynecology; and Surgery.

0045

But it does not provide for new accommodation for Pediatrics, which is much needed.

The plan which is proposed for the new Outpatient Department, however, could be modified to include a third floor given up to Pediatrics, connected with the main Hospital building by a flying bridge, and it is possible that the roof of this third floor might be made a flat one and used as an open air area for the children and also for the open air treatment of cases of obstetric sepsis. I cannot say how far this latter suggestion is possible, but I believe it could be managed without much extra expense and would be a great boon both to obstetrics and to the children.

It may be pointed out in criticism that this leaves a large space of open ground unoccupied.

But there is still to be built an isolation pavilion for infectious diseases and in the future it is practically certain that the school will need a small separate pavilion for psychiatry. Neither of these can be satisfactorily housed in the proposal for a great new building and would have in any case to be separate units.

I believe that this plan would give the medical school a thoroughly satisfactory Hospital with less expense for building and less expense for upkeep.

The economic side has to be considered. A huge new building portions of which have to be shut up for want of money to run it, needing a large power plant for heating and light, is a very doubtful proposition at the present time in view both of the world depression and the political condition of China.

Whereas the modified plan could be put in hand at once, and the Hospital is crying out for want of proper accommodation, whilst a new Outpatient Department is an urgent necessity.

And so my opinion is very strongly in favour of the modified plan and I think in view of the present urgent need it should be pressed on those who have the final decision.

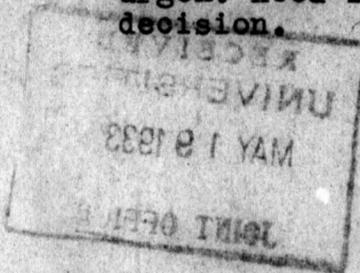
With kindest regards,

I am,

Yours very sincerely,

*J. Preston Maxwell*

JPM:EMP.



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With kindest regards,

I am,

Yours very sincerely,

*Walter Marshall*

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*R.S. Shield*  
SCHOOL OF MEDICINE

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

**TRANSFER**  
**SHANTUNG**

醫齊山  
學魯東  
院大濟  
學南

24th April, 1933.

*ack 5/24*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

**INDEXED**

Dear Garside,

Before you get this letter you may have some interesting news from China, either in regard to Japanese occupation or the overthrow of the Nanking Government by the Communists. This latter is what many of the Chinese are now fearing.

I wrote to Phil Price a few days ago, but I suppose you will not see the letter. In regard to the Hospital, I will say that there are two points that must be settled before we can make any plans or talk business to contractors. Is it or is it not true that the total amount of money given was to be solely for building and equipment? Mr. Davies has been looking into the literature of the past 12 years and I think he has enough facts to sustain the contention that these funds can be used only for building and equipment. If this is true the Board in New York were wrong in suggesting that we might retain G.\$40,000 as a nest egg for endowment. You will no doubt be hearing from Mr. Davies on this subject in a few days.

From the women donors I think it would be impossible to get the consent to use the money for any other purposes than building. They are too scattered and many of them are no doubt dead. If the old group were still in power at 61 Broadway I would not hesitate to ask them to agree to part of this money being used for endowment, but I do not feel sure at all of the present authorities. I have a very slight acquaintance with Mr. Gunn and have not even met Dr. Mason.

The other, and to my mind, much more important point is that we have no idea what the Gold investments in New York will realise if and when they are sold in New York, and much more important, if and when they are changed into silver in Shanghai. It is not necessary to repeat what I

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Mr. B. A. Garside, New York.

24/4/33.

said in my last two letters, and the fact that we backed up these two letters by a cablegram. We have been very uneasy about what may happen if the United States begins to monkey with the ratio of gold to silver. Apparently the experts do not understand what it is all about, but to us in the East the practical result of the last few days' discussions in the U.S. Congress has been that the Shanghai exchange of silver dropped from approximately 5 to 1 down to 4.40 in a few days. Is it going to continue downward, or is it going to return to 5 to 1? I don't think anybody out here is willing to make a guess at it. No doubt speculators are gambling on this, hoping it will go either one way or the other. You wise heads in New York refused to send out any money because we did not have a definite plan - now I am going to say that until we get the money in Shanghai and know how much money we have to talk about we are not going to have any definite plan. You have produced a vicious circle - you say "no plan, no money", we shall have to say "no money, no plan". We have lost theoretically \$50,000 to \$60,000 in the last week. If you hold the money until we go to 2 to 1 we shall lose about \$200,000. I remember that years ago I got a call down from the New York office because I suggested that they send money out when exchange was for those days very high. The reason given was that they did not wish us to speculate on exchange.

We have recently had visits from Dr. Forkner of the P.U.M.C., who gave us several lectures on Blood Diseases, and from Dr. Maxwell, who gave us lectures on Obstetrics and Gynecology. These visits are paid for by the Armitage Fund, but as a matter of fact neither man would accept the money and turned it back to be used for the Library.

While Dr. Maxwell was here I took him over the grounds and also showed him the different plans that had been suggested for the hospital. He was very emphatic in his opinion as to what we ought to do, so I asked him to write me a letter in order for me to show it to other people here and also to you people in New York. You of course know who Maxwell is and his standing in Missionary and medical circles in this country.

I was interested to get a reaction from Dr. Y.L. Mei, the man whom we have invited to come here for public health. He is still talking about this, but I doubt if he will ever arrive. However when I saw him at the Railway Station not long ago he asked me about plans of the hospital and I told him that we had reached a deadlock because of the two strongly opposed factions. His only reaction was "Well if I were doing it I should not put up anything under the present conditions

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Mr. B. A. Garside, New York.

24/4/33.

in China". I said that we must have an O.P.D. but he was not even keen about doing that. I think I am going to get a request to have a meeting of the Faculty before long to re-discuss this hospital question. As I have said before, there are two things that we badly need - one, the O.P.D., and the other, more beds for Obstetrics and Gynecology.

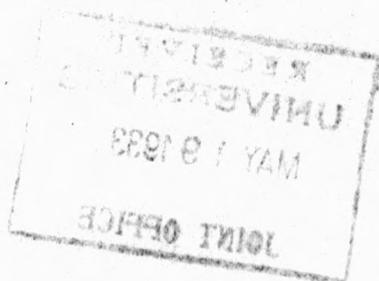
You will forgive me for being a little sore about the money question. If the unexpected happens and gold goes back to its former place you can call me names, but if it does not then you must excuse me for calling you something.

With kindest regards,

Yours sincerely,

*R. J. Shields*

RTS:EMP.



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24/4/33.

Mr. B. A. Garside, New York.

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With kindest regards,

Yours sincerely,

*R. T. ...*

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A FIVE YEAR PLAN FOR THE REORGANIZATION AND EXPANSION OF TRAINING  
AND RESEARCH IN THE DEPARTMENT OF PUBLIC HEALTH OF CHEELOO UNIVERSITY,  
TO MAKE POSSIBLE A MORE EFFECTIVE RURAL HEALTH PROGRAM,  
WITH A REQUEST TO THE MILBANK FUND FOR FINANCIAL SUPPORT.

A request for a grant of a total sum of \$68,000.00 U.S. from the Milbank Fund, to be paid in five yearly instalments, as follows:- first year, \$10,000.00, second year, \$13,000.00, third, fourth and fifth years, \$15,000.00 each, is herewith made. This money is to be expended as herein detailed for the purpose of:

1. Making possible the stabilization and further development of the work of the Department of Public Health of Cheeloo Medical College, in its central organization and activities within the University, so as to organize more completely the various groups of specialists now on the staff for more effective work, training and research in the field of Public Health.

2. Making possible the development of the program of training medical students in all phases of Public Health theory and practice as it is applied to conditions in China, with special emphasis on providing facilities for field practice in Rural Health work.

3. Making possible the expansion of the health program now being carried on at Lungshan by the University, to provide a center for research and training in the operation of a rural program under private auspices.

4. Supplementing research and routine work in the Tsouping Experimental Health District, with the special purpose of making it possible for Cheeloo Medical students to get regular field practice in rural health work, as carried out under the auspices

of a governmental agency, and to make possible the extensive investigation of specific Rural Health problems. The problems to be specially studied as a part of this program to be (1) Maternity, child welfare and birth control; (2) Venereal disease control; (3) Environmental sanitation and the control of fecal-borne diseases; (4) Vital statistics; (5) Tuberculosis.

I. CHEELOO UNIVERSITY DEPARTMENT OF PUBLIC HEALTH.

History. The center of the program being proposed is the Department of Public Health in the Cheeloo Medical College. One of the four main objectives listed above is the stabilization and expansion of this department. In order to understand the present situation here, it is necessary to give certain facts about the history of public health work in this institution in the past. Since its organization, the Cheeloo Medical College has emphasized the training of the highest type of scientific medical men for service to the community. This institution has also felt it to be one of its major tasks to supply men for the many mission-supported hospitals in all parts of China. A very fine type of student has therefore been attracted here, and a large percentage of our graduates are now in positions of real service in hospitals all over the country. Many of them are serving in rural or semi-rural positions.

From the first, there has been a great deal of Public Health material presented through all of the courses given in the curriculum. This has been particularly true of the work in the Department of Internal Medicine. A number of graduates from this institution have gone into Public Health work and, at present, two of the four provincial health departments, run by the National Economic Council, are headed by Cheeloo alumni, and, of the four

or five big municipalities that have Health Departments, the head of one is a Cheeloo alumnus. National Public Health work has begun to take shape only since the organization of the National Health Administration in 1929. Since that time, the demand for specialists in this field has been far greater than the Medical colleges can supply. At the same time, while the Department of Public Health in this institution has tried to expand and advance its program, to keep pace with the newly developing trends in the country, it has been decidedly handicapped by the lack of adequate stable financial support. In spite of this fact, however, a great deal of sound public health teaching has consistently been done and a certain amount of field experience given to all of our graduates in recent years. A good example of the way in which public health work has been done here is given by the work for flood refugees just now being finished.

Work for Flood Refugees. In October 1935, the International Famine Relief Commission, the National Health Administration and the local authorities requested the Cheeloo Medical College and Hospital staff to take over the medical care of over 19500 flood refugees quartered in buildings in and around Tsinan.

Under the direction of Dr.E.B.Struthers, the staff and students were organized into 11 groups, each of which assumed responsibility for prophylactic and medical care for approximately 1800 refugees.

The camps were visited at least twice a week; infectious cases being sent to an isolation hospital or isolated in the camp, and undiagnosed fevers, including two cases of relapsing fever, being sent to Cheeloo hospital. Those requiring careful examina-

tion were sent to Cheeloo Out-patient Department, and minor conditions, eye diseases, etc., were treated in the camps.

There was smallpox in 16 camps, and only 30 per cent of the refugees had been vaccinated. All students were taught an approved method of vaccination, and vaccinations began in all the camps. In many camps there was stolid opposition to vaccination in what was considered the wrong time of year. In spite of this, the staff succeeded in vaccinating 9910 persons, in addition to 1000 who had previously been done by Government doctors. In the end, practically all susceptible persons were protected.

As the Government had no facilities for delousing women refugees, a bathing-delousing unit was set up at Cheeloo, and practically all the women and children were deloused.

Dietary diseases were feared from the beginning of the work, with the result that every effort was made to protect against them. Due to lack of funds for supplying vitamins, scurvy did develop and was treated successfully with a diet to which cabbage was added. As much cabbage as could be bought with the funds available was supplied and undoubtedly seemed to check the disease in many of the refugees.

This undertaking was carried through with a very small expenditure of funds, since all the work of staff and students was done voluntarily. It proved a rather strenuous extra-curricular activity, but the experience gained was of great value.

A STATEMENT OF RELIEF WORK BY CHEELOO UNIVERSITY  
MEDICAL SCHOOL AND HOSPITAL.

October 15, 1935- March 31, 1936

Camps, Preventive and Curative Work

Group Visits to Camps .....	819	
Visits of individual doctors (inspections, emergency calls, etc.) .....	about 430	
Smallpox vaccinations .....	9910	
Diphtheria Toxoid inoculations.....	1230	
Typhoid inoculations .....	72	
Women and girls bathed and deloused .....	7467)	8518
Men and boys " " .....	1051)	
Cod Liver Oil given to children .....	37	gallons
Treatments in the camps .....	25717	

Out-patient Department

Treatment of more serious cases	
Total visits....	8771

Hospital

Admitted .....	503
Discharged relieved .....	443
Died .....	48
Total hospital days care .....	5690

Government Grant for Public Health Work. For the past two years Cheeloo has received grants from the Ministry of Education to provide equipment and personnel for the Public Health Department. This money, because of the detailed designation as to its expenditure, and because it is subject to a good deal of political uncertainty, has not seemed to stabilize the Public Health Department to the degree which it was first hoped. The urgent need of the department is a small sum of money that is not designated to a minute degree nor contingent on yearly renewals from an organization subject to political changes, ~~to~~

to make possible the best use of this Government money and to ensure the stability necessary for moving ahead in Public Health training and research work.

The Medical Faculty have, therefore, felt the need for a further reorganization of Public Health work in Cheeloo, with considerable more emphasis on actual field work on the training side, and more attention to research and the development and adaptation of procedures to local conditions. This reorganization will make possible definite advances in rural health work, and the Milbank Fund is requested to give the necessary financial support to permit at least five years of stability to the program.

Activities to be carried on by Public Health Department.

I. Teaching.

- (a) Correlation of the work bearing on public health that is now being taught in nearly all departments of the Medical College. It is proposed that this work shall continue to be given in this way and that the Department of Public Health simply serve as a clearing house to make sure that nothing is overlooked.
- (b) Conducting the formal course in Public Health, which is to present the specialized phases of Public Health work, such as Public Health Administration, Vital Statistics, etc. etc., which are to be covered by lectures, labs., demonstrations and field work.
- (c) Supervision of the field practice of all students in public health work.

## II. University Community Health Program.

It is proposed to develop the University community, including students, staff, workers and their families, as a demonstration Health Community, and to carry out in this community the most complete health program that it is possible to develop and execute. The running of this program will give opportunity for demonstration work in the most advanced types of public health procedure. The actual program would include such items as:

1. Medical care for the entire community on an insurance basis.
2. Regular physical examinations, including fluoroscopic examination for T.B. diagnosis.  
(Tuberculosis)
3. Health Education program for all sections of the community, including a course in Hygiene for the University students.
4. Community communicable disease control.
5. Environmental Sanitation.
6. Tuberculosis control.
7. Maternity and child welfare work.
8. Vital statistics.

This work to be carried on by the Assistant and a nurse, with the aid of the specialized departments of the Medical College and Hospital.

## III. City Health Work.

In co-operation with the city educational and health authorities, it is proposed to continue and develop the following types of city health work:

1. School Health
2. City Health Center for education and propaganda.
3. Tsinan Institute, education and propaganda.
4. Maternity and child welfare work.
5. Tuberculosis Control.
6. Environmental Sanitation work (with co-operation of Biology Department).
7. Industrial Hygiene (preliminary investigations)

IV. Rural Health Work.

The greatest interest in the whole field of Public Health work in China centers in Rural Health work. It is proposed, therefore, that major emphasis be placed on practical rural health work and on the carrying out of specific studies directed toward the solution of definite rural health problems. For that purpose, it is proposed to correlate and expand the work that is now going on in the University Village Service Center, at Lungshan, so as to develop there an experimental area for studying the approaches to rural health work that are open to the private group or institution that desires to carry forward such work; this program to be directly under the Department of Public Health.

It is also proposed to extend the degree of co-operation that already exists between Cheeloo and the Shantung Institute of Rural Reconstruction at Tsoup'ing, which includes the Government's program for rural health. This co-operation is to be directed toward two ends: (1) The use of Tsoup'ing as a place where all Cheeloo medical students go for one month's work as a Rural Health Interne during

their fourth year; (2) The investigation of specific public health problems in the Tsoup'ing area, on a basis of co-operation between Cheeloo and the Health Service of the Tsoup'ing Experimental District. The specific work to be undertaken at these two centers would be as follows:

A. Lungshan University Center Health Program

1. Medical Relief, through the expansion of the work of the dispensary.
2. Communicable Disease Control.
3. Maternity and Child Welfare work.
4. Environmental Sanitation and control of fecal-borne disease.
5. School Health.
6. Health Education.
7. Vital Statistics of special groups.

B. Work to be carried on in co-operation with Tsouping

1. Training of medical students by sending to Tsouping for one month's internship during 4th year.
2. Special co-operation with and strengthening of the Tsoup'ing staff in carrying on the following specific studies:
  - a. Maternity, Child Welfare and Birth Control work
  - b. Venereal Disease Control.
  - c. Environmental Sanitation and Fecal-borne Disease Control.
  - d. Vital Statistics.
  - e. Tuberculosis.

Major emphasis in this whole program will be given to the investigation of certain of the groups of problems being handled in the different areas in which work is being carried on, in such a way as to make a real contribution to knowledge of the extent, importance and special methods of control that are available for solving these problems. Major emphasis will be given to Maternity, Child Welfare and Birth Control; Environmental Sanitation and the control of Fecal-borne Diseases; Tuberculosis; Venereal Disease Control and Vital Statistics.

C. Budget.

The budget necessary for stabilizing the Public Health Department and making this whole program possible for the five years of the proposed grant would not be less than L.C. \$9,000.00 (U.S. \$3,000.00) per year. In the later years of the five-year period, it might be advisable for an increase in this amount to be made within the general budget, to permit of the addition of men to head special phases of the work, such as School Health, Venereal Disease Control, etc. This increase could easily be made in the fourth year, after the building work for the Lungshan center is completed. (See below)

Annual Budget First Year

	L.C.
Salaries	
Associate @ \$250 per month .....	\$3,000
Assistant @ \$150 .....	1,800
Clerks .....	900
3 Nurses @ \$50 .....	1,800
Running Expenses .....	1,500
	<hr/>
	9,000

II. THE LUNGSHAN VILLAGE SERVICE CENTER HEALTH PROGRAM.

The program of the Public Health Department of Cheeloo Medical College, as outlined above, places major emphasis on the investigation of problems of rural health and the training of students in rural health work. To do this training and carry on this research, two rural centers are to be used. The first of these is the area surrounding the market town of Lungshan, where the University Village Service Center is located. This area is to be used to provide a place for the working out of the methods available to a private organization, in its approach to the problem of Rural Health in China. The results gained from such an approach should be of very great significance because there are many centers all over China where private organizations are engaging in Rural Health work. Many of these places are eager to get trained men and to make use of any accurate information that may be collected from other privately-run health centers. At Lungshan, the University has available an easily accessible center where a well-rounded community program, including health work, is under way, and where the contacts with the people make possible the rapid but sound expansion of the health work. A brief sketch of the situation will make clear the part that this center plays in the whole program.

Lungshan. Lungshan is a market town of 446 households, or about 2,500 persons, located on the Kiao-tsi Railroad, 23 miles east of Tsinan. It is the natural trading center of a rather typical farming region. Within the five-mile radius, which has come to be regarded as the service area, there are some 140 villages with an estimated population of approximately 68,000. The region is fairly prosperous, although both

agriculture and local industries are in need of organization, as well as of technical improvement. There is, however, the natural base to support, within a reasonable time, the facilities for health and education demanded by a modern community.

Village Service Center. The Lungshan Village Service Center was established in 1927 and is now administered under the Cheeloo University Rural Institute, which corresponds to a rural extension department. The Service Center at Lungshan can best be compared to one of the settlement houses which have made so large a contribution to welfare movements in other lands, although it is in no sense a transplanted institution. Rather the present stage has been reached through some years of experience in attempting to meet the most pressing needs of the environment. The activities of the center are now carried on under four departments: (1) Agriculture and Economic Organization, (2) Education, (3) Home-making, (4) Health.

Health Program. The health program of the Service Center is carried on by two resident nurses and a doctor who comes from Cheeloo Medical College twice each week to hold clinics. The dispensary gave a total of 3,564 treatments in 1934. The reputation of the clinic has been well established and the attendance has steadily increased. A midwife service, mothers' clubs, well-baby clinics and various types of health education are carried on. School health work is done in Lungshan and in the surrounding villages, with the co-operation of the local educational authorities. About

600 pupils are reached in this way every year. Use of this center has already been made in carrying out the preliminary studies on Environmental Sanitation and control of Fecal-borne Diseases that have formed the base on which an extensive research program, supported by the Rockefeller Foundation, is now being carried out by the Department of Biology of Cheeloo University. This piece of health research work has demonstrated the usefulness of the Lungshan area, for the detailed study of health problems.

Proposed Expansion of the Lungshan Health Program. In order to make the Lungshan center serve more adequately as a research and training center and to make it an effective demonstration of what health work carried on by a private institution may accomplish, a plan for the expansion of this work is proposed. In drawing up this plan, the following principles have been kept in mind.

1. All plant and equipment should be adequate for efficient work and should be in accord with modern standards for hygiene and convenience.

2. It should be as simple as possible; and so close to local materials and methods of construction that country people will feel at home with it, and also that it may be readily copied or adapted in other rural districts.

3. The plan should begin with immediate needs but should provide for expansion.

4. Provision should be made for men, women and children, with special attention to maternity and child welfare.

5. The program should include both curative and preventive medicine, The latter would emphasize health teaching in the

surrounding villages, with special attention given to rural schools.

6. The health work should be connected with a larger professional center, in this case, Cheeloo Medical College.

7. The health program should be carried on as part of a general program of community welfare.

The plan calls for the erection of a simple dispensary and hospital, with residences for staff, and for the employment of a doctor and two nurses. The doctor would be in charge of the hospital and would head the public health work. One nurse would give full time to maternity and child welfare work. The proposed budget for this project, for the five years, would be about as follows:-

1st year .....	\$12,000.00 L.C.*	\$4,000.00 U.S.
2nd year .....	14,000.00	4,666.00
3rd year .....	14,000.00	4,666.00
4th year .....	8,000.00	2,666.00
5th year .....	8,000.00	2,666.00

Details of 1st year's Budget

<b>Salaries</b>		
1 doctor, \$110.00 per month .....	\$1,320.00	
1 nurse @ \$80.00 " " .....	960.00	
1 nurse @ \$30.00 " " .....	360.00	
1 Business Manager @ \$45 " " ...	540.00	
2 workmen @ \$11 per month .....	264.00	
1 workman @ \$15 " " .....	180.00	
Hospital light and heat .....	400.00	
" repairs and alterations..	200.00	
General expenses .....	500.00	
		\$4,724.00
Building .....	7,276.00	
		<u>\$12,000.00</u>

\* Exchange figured at \$3 to \$1

Details of Non-recurring Expenses to be met during the first 3 years of the Program.

Land - 9 mou .....	\$2,000.00 L.C.
Buildings:	
Hospital & Dispensary (23 chien @ \$200)	4,600.00
Service quarters .....	
Staff residences (46 chien @ \$200) ..	8,000.00
Wall and gates .....	2,000.00
Paths and grounds .....	300.00
Well .....	200.00
Pump and water system .....	400.00
Furniture for residences .....	500.00
Furniture and equipment for hospital....	2,000.00
Screening .....	400.00
	<u>20,400.00</u>

The total budget presented above would permit the completion of the plant within the first three years of the program and would, at the same time, permit an increase in the technical staff, if the work demanded it. At the end of the first three years, with the completion of the plant, the budget for this part of the program could be reduced by almost half and still provide enough money for continued expansion. The dispensary and clinic that is now being run at Lungshan is self-supporting, as far as drugs and other expenses of treatment go.

III. SHANTUNG INSTITUTE OF RURAL RECONSTRUCTION, HEALTH PROGRAM.

1. History of the Shantung Institute of Rural Reconstruction

The Shantung Institute of Rural Reconstruction is one of the important centers of the rural movement in China. It was founded in Tsoup'ing in 1931, under the leadership of Professor Liang Shu-ming, a well-known thinker, writer and authority on Chinese philosophy. As a result of years of study, Prof. Liang came to the conclusion that the solution of China's problems

is to be found in Rural Reconstruction. Dominated by this idea, he has worked out the principles according to which the work of the Institute has been carried on. The Institute is entirely supported by the Shantung Provincial Government, its budget for the current year is \$100,000.00, about 10% of which is being spent for the health program. Realizing the importance of the rural movement and the achievements that it has made, Governor Han Fu-chu, the Chairman of the Shantung Provincial Government, has taken an active personal interest in developing the work of the Institute. It has been decided that the program carried on at Tsouping shall be adapted for large-scale use throughout the province. This expansion of the program is to begin in the fall of 1936.

2. Tsouping, the experimental district of the Shantung Institute of Rural Reconstruction.

The center of the actual work of the Shantung Institute of Rural Reconstruction is located at Tsouping County, about 40 miles north-east of Tsinan. The county measures 18 x 20 miles and supports a population of 165,725 persons, as revealed by a careful census taken by the Institute in 1935. It is a purely rural district consisting of 336 villages. The government of the county is under the direct control of the Institute of Rural Reconstruction.

3. Program of the Institute of Rural Reconstruction that is being carried out in Tsouping.

a. Training of the fundamental workers needed for rural reconstruction.

b. Peasant Schools. There are now 317 primary and higher peasant schools located in the 336 villages of Tsouping

county. These schools are under the direct control of the Institute. Their organization includes three elements, the village elders, the adult farmers and the rural worker. The purpose of the peasant schools is two-fold: first, its purpose is to unite the people of a village into a self-conscious, organized group, and, second, it is to give all elements in the population an opportunity to obtain education. In the actual program of the Institute, these schools serve as the link between the people and the Institute in carrying out all phases of the program. This is particularly true of the Health program.

c. Agricultural Reconstruction. For this purpose, an experimental farm is run by the Institute.

d. Co-operatives. The Institute is actively organizing a number of types of co-operative societies. In 1935, 14,755 farmers belonged to the various kinds of co-operative societies.

e. Military Training of the Village People. All adult males between 18 and 40 years of age must take a three months' course in military training.

f. Health Work.

#### 4. Health Work at Tsouping.

a. History. Public Health is one of the most important elements in any rural reconstruction program. The Health Program now being carried on at Tsouping was started in 1934, under the joint auspices of the National Health Administration and Central Field Health Station of Nanking and the School of Medicine of Cheeloo University. The initial expense of \$4,800, for providing buildings for offices and a dispensary, was appropriated by the Shantung Provincial Government and a maintenance

budget of \$1,185.00 provided. The following year, the work of the Health Administration of the Tsouping Experimental District was further expanded by the erection of a 20-bed hospital and a well-equipped operating room, at a cost of \$3,800.00 to the Provincial Government. The objectives of the work have been not only to prevent and cure disease, but it has also been recognized from the first that one of the most important objectives is to study scientifically the actual health needs of the rural community and to develop means of solving the urgent problems of rural health in China as a whole.

b. Program of the Health Administration of the Tsouping Experimental District.

1. Medical Relief through Clinical Service. A clinic and a 20 bed hospital are maintained and run in Tsouping town, the county seat of the county. Curative medicine is an integral part of the whole health program. In order to promote respect, and to hasten the time when local support may be more fully given to the local health program, small fees are charged for the services of the clinic.

2. Maternity and Child Welfare. High maternal and infant mortality is one of the most serious problems of the rural population. Attempts are being made to improve these conditions by the organization of mothers' clubs, training and supervision of native midwives, home visits by public health nurses, ante-natal care, free delivery service, post-natal care and health education for mothers.

3. School Health. At the present time, one normal and eight primary schools of the county are co-operating in carrying

on an active school health program. A plan for school health work for the 317 peasant schools is now in the process of development and introduction.

4. Communicable Disease Control. An active immunization program is being carried on continually. Cholera and Typhoid inoculations and two anti-smallpox campaigns are carried out each year. In the spring of 1935, 10,505 children from 240 villages were vaccinated.

5. Vital Statistics. A plan of complete birth and death reporting is being carried on with the aid of the County Government census office and the special "census rooms" of the peasant schools. This work is of the greatest importance in providing the basis for working out a complete health program, and it is hoped that it may be considerably expanded and improved in the near future.

6. Training of auxiliary rural health workers. Perhaps the most difficult problem that confronts rural health work is the development of a suitable personnel. Under present economic conditions, it seems impossible to expect that a large enough body of college trained persons to meet the health needs of the people can be expected to establish itself in the villages. In fact, the great majority of medical and nursing school graduates are unwilling to go to the country. To meet present needs, a special class of auxiliary personnel must be trained and put to work, under properly supervised conditions, to carry out certain simple basic work in the villages. In the spring of 1935, the training of a class of special rural health workers was begun. All of them are graduates of Junior Middle School and are natives of Tscoup'ing County. After completing a one-year's

training course, they are now (March 1936) being sent to the special village health centers throughout the county to begin actual work. They receive \$15.00 per month.

7. Co-operation with Cheeloo University Medical College in the training of A-grade Rural Health Workers.

During the past year, Cheeloo University Medical College and the Health Administration at Choup'ing have been co-operating in stimulating interest on the part of Cheeloo Medical students in rural health work. At present, a definite plan for sending all medical students to Tsoup'ing for a Rural Internship of one month during their fourth year, after the didactic part of the medical training is finished, is being developed. To make this work possible and to provide funds for the special investigation of problems in rural health at Tsoup'ing, the following budget is being proposed:

Detail of 1st Year's Budget

	L.C.
Salaries:	
1 doctor @ \$110.00 per month	\$1,320
1 woman doctor @ \$110 " "	1,320
1 midwife @ \$50 " "	600
1 public health nurse @ \$50 " "	600
1 laboratory technician @ \$40 " "	480
14 district statistical investigators	3,360
2 workmen	360
Running expenses	<u>1,800</u>
	9,840

The workers provided by this budget, together with the persons connected with the Public Health Department of Cheeloo Medical College and others who have a special interest or contribution to make, would make it possible to expand or inaugurate work on the following specific health problems at Tsoup'ing.

1. Maternity, Child Welfare and Birth Control.

The infant death-rate of rural China is surprisingly high.

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According to statistics gathered in the fall of 1934 at Tsouping, the rate of infant mortality was 35 per cent. It is proposed that this problem be specially attacked, making use of the following procedures:- (a) Marriage registration, (b) Home visits to the newly-married women, (c) Special ante-natal care, (d) Free delivery service, (e) Post-natal care, (f) Home visits for the baby for 1 year, (g) Training of midwives.

Birth Control. In view of the high fecundity and the state of great poverty of the farmers, overpopulation has become an unbearable pressure on the rural people of China. It is proposed to attack this problem by investigating and introducing methods of birth control that might prove practical for village people to use. For this purpose, it is planned to carry on a special clinic and to make a special statistical study of the birth rate.

2. Venereal Disease Control. The problem of venereal disease has been recognized as being acute in China for a number of years. So far, no very extensive efforts have been made to attack this problem in rural areas. It is proposed to begin an attack on this problem by first carrying out a survey and then, growing out of the knowledge gained by two or three years' work along this line, to plan an educational and treatment program, to be introduced during the fourth and fifth years of this five-year program. During the survey stage, it is proposed to attempt to determine the extent and nature of prostitution in the Tsouping area, and to try to get incidence data on the prevalence of venereal diseases by making use of the following procedures:

- 1) <sup>Do</sup> De Kahn or Wassermann tests on the blood of as many persons as possible. Sources of blood for these tests could be dis-

pensary out- and in-patients, women who come for ante-natal examination, umbilical blood of all infants delivered by the free delivery service, children of syphilitic parents, and all well people who are willing to have their blood tested.

2) Vaginal smears of all women that opportunity permits to be examined. It would be expected that the additions in personnel, planned for in the first year's budget, given above, would permit the carrying on of the first year's work. This work should, however, be considered to be an expanding part of the work and would expect to use larger sums of money in the coming years of the program.

### 3. Environmental Sanitation and Control of Fecal-borne Disease.

One of the most urgent and important pieces of health work that needs to be done in China is the development of an economically feasible system of environmental sanitation for rural areas. The Department of Biology of Cheeloo University, under the direction of Dr. Winfield, is now carrying on an extensive research program of research, that is supported by the Rockefeller Foundation, in an attempt to get a solution to this problem. The phases of the problems being attacked are (i) Epidemiology of fecal-borne diseases in city and country areas (the first part of this work was done at Lungshan); (ii) Composting, as a farm method for disposing of fecal material and increasing fertilizer; (iii) Fly populations, fly breeding and fly control; (iv) Design of suitable sanitary latrines.

It is proposed that certain phases of this problem be attacked at Tsoup'ing, with the co-operation of the Public Health and Biology Departments of Cheeloo University. The first year's

work would be survey work and special studies in epidemiology.

4. Vital Statistics. The ultimate make-up of a comprehensive and adequate health program must be based on the knowledge supplied by a reliable system of gathering, analyzing and using vital statistics. The framework of a system of statistics-gathering is now in operation. It is proposed that one of the major emphases of this five-year program be the expanding and perfecting of this system of statistical study. For that purpose, it is proposed to train 14 statistical investigators, with a fairly high degree of educational background, and place them in charge of the 14 districts of Tsoup'ing county, to have oversight of the collection and handling of all the necessary data of vital statistics that it is possible to collect under present conditions. It is possible to have expert help in the setting up of this program that should ensure its being sound and useful. During the coming years of the five-year program, this work would be expanded when and where experience indicated expansion was needed. It is easily within the range of the attainable to make this one of the most significant pieces of vital statistics work yet done in China.

5. Tuberculosis. Tuberculosis is another of the extremely important problems that must be tackled in the country in China. It is proposed to include work along this line in the general program of work at Tsoup'ing. Provision is made for the expansion of this work during the later years of the program.

IV. SUMMARY. As has been emphasized in discussing the different component parts of this program, the chief purpose for which this grant is being asked is to facilitate an attack on the program outlined in its entirety. This can be accomplished

by the unified program which has been proposed in such a way as to make the best use of present personnel and to promote both training and investigation. The sums asked for and the approximate way in which they will be spent are summarized below.

BUDGETS

The general grant to be divided among the three parts of the program as follows:-

Year	\$U.S.	\$L.C.	Cheeloo	Lungshan	Tsouping
1st	10,000	30,000	9,000	12,000	9,000
2nd	13,000	39,000	10,000	14,000	15,000
3rd	15,000	45,000	11,000	14,000	20,000
4th	15,000	45,000	12,000	8,000	26,000
5th	15,000	45,000	12,000	8,000	26,000

Note:- The budget for Lungshan shows a sharp drop after the third year. This is made possible because the \$20,000 to be spent on permanent plant will be provided during the first three years, together with a gradually expanding running expense budget. The Tsouping budget is a steadily expanding one, since it is at Tsouping that most of the field work and research will be carried on.

DETAIL OF FIRST YEAR'S BUDGET

A. CHEELOO DEPARTMENT OF PUBLIC HEALTH

Salaries:	L.C.
Associate @ \$250 per month .....	\$3,000
Assistant @ \$150 " " .....	1,800
Clerks .....	900
3 Nurses @ \$50 .....	1,800
Running expenses .....	1,500
	<u>\$9,000</u>

B. LUNGSHAN HEALTH WORK PROGRAM

Salaries:	
Resident doctor @ \$110 .....	\$1,320
Head Nurse @ \$80 .....	960
Nurse @ \$30 .....	360
Business Manager @ \$45 .....	540
2 Workmen @ \$11 .....	264
1 Workman @ \$15 .....	180
Hospital light and heat .....	400
Repairs and alterations .....	200
General expenses .....	500
Building .....	7,276
	<u>12,000</u>

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C. TSOUPING EXPERIMENTAL HEALTH DISTRICT

Salaries:	
Doctor @ \$110 .....	\$1320
Woman doctor @ \$110 .....	1320
Midwife @ \$50 .....	600
Public Health Nurse @ \$50 .....	600
Laboratory Technician @ \$40 .....	480
14 District Statistical Investigators	3360
12 Workmen .....	360
Running Expenses .....	<u>1800</u>
	<u>9,840</u>

It will be noted, by studying these budgets, that the major part of the money is to be used in Tsouping in actual rural health work, and that only such sums as are needed to supply the necessary technical and administrative support for this program are to be spent elsewhere. The Lungshan work stands on its own feet as a place where a private approach to the problem of rural health is to be continued and expanded. It will also be noted that the budgets provide for expansion in all three of the centers where work is to be carried on. The chief question involved in regard to the success of this expansion is that of procuring and training adequate personnel, and it is mainly to give time for this process that the program is planned to expand in the way outlined. We now have at work a number of persons who are actually carrying out parts of this total program. The personnel now available and that which it is proposed to add during the first year of the project are as follows:-

Cheeloo College of Medicine Department of Public Health

A. Staff Now Working

- Dr. E. B. Struthers, M.D., (Toronto) D.T.M.H. (Eng.)
- Dr. Gerald F. Winfield, Sc.D. (Johns Hopkins School of Hygiene & Public Health)
- Dr. Lois Witham, M.S. (Kansas State Agric. Coll.) D.Sc. (Johns Hopkins School of Hyg. & Pub. Health) (To

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arrive in fall).

Dr.H.Y.Yao, M.D.(PUMC),C.P.H.(Johns Hopkins School  
of Hyg.& Pub.Health) (Advisor)  
Dr.C.H.Ch'en, M.D.(Nanyang) Special course in P.H.(PUMC)  
Miss C.H.Kuo, R.N.  
Mr.L.P.Wang, R.N.

**B. Staff to be Added**

Associate  
Assistant  
2 Clerks  
2 Nurses

**Lungshan Village Health Center**

**A. Staff Now Working**

Miss Margaret Shih, B.S.(Yenching), R.N.(PUMC),C.M.B.  
(Hospital for Mothers & Babies, Woolwich,Eng.)  
Miss M.Y.Wang, R.N.  
Miss C.L.Chang

**B. Additional Staff**

Resident Doctor  
Business Manager

**Tsoup'ing Experimental Health Station**

**A. Staff now Working**

Dr.Y.J.Li  
Dr.P.C.Jen  
2 Nurses  
4 Assistants

**B. Additional Staff**

1 Resident doctor (man)  
1 Resident doctor (woman)  
1 Midwife  
1 Public Health Nurse  
1 Laboratory Technician  
14 District Statistical Investigators

With the support herewith asked for, it is believed that a very sound piece of work can be carried through to successful conclusion. The significance for Public Health in China, at this stage in its development, of such a program needs no laboring. The relatively great returns that may be expected for the use of rather small sums of money in China

is a further advantage of such work. The Milbank Fund is strongly urged , therefore, to give favorable consideration to this request.

Respectfully submitted,

*Peter C. Kiang*

Dean, School of Medicine  
Cheeloo University.

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D.R.T. Shields.

No thoughtful human being living in this New Era in the history of man's civilization on this planet can view the international situation without a feeling of doubt and uncertainty. The discoveries of Science, with the resultant tremendous material advancement, have brought into being problems for the whole human race which former generations could not even imagine. ~~Nationalism~~ Nationalism cannot solve these problems. The nations are being brought into a progressive intimacy and interrelation which make it impossible for any nation to live unto itself. Are nations going to live together in a spirit of mutual helpfulness and goodwill, or are they going to selfishly battle among themselves until they destroy the civilization of the present age? Scientists, economists and politicians seem unable to find a solution of the world's problems. It is only by some system which will produce a mutual understanding, and a spirit of "live and let live" that a world catastrophe can be avoided.

The Christian Church, going forth activated with the ideal of the Fatherhood of God and the Brotherhood of Man is the one institution which can bring about an era of international friendship among men of goodwill. The Church has not yet measured up to its responsibility and taken advantage of its wonderful opportunity, but real progress has been made and there is still hope that the desired result may be achieved before it is too late. Christians must strive more for interdenominational cooperation if not union. Those of each nation must try to set its own house in order and at the same time carry to the less favored nations the message of the Gospel.

One way in which this can be accomplished is through the foreign missions organisations throughout the world. What has been already done gives a reasonable hope of what can be accomplished. Through evangelism, through education, and through medicine, the people of whole sections of the world have been changed as to their present status and future outlook. For the more favored peoples of the world to stop at this stage would be a calamity. But on one individual or group can attempt to attend to all the various forms of Christian

propaganda. The leaders of each department, while working in full sympathy and cooperation with every other department must concentrate their energies upon their own specific task.

To be more definite, the missionaries must do the bit for which they are responsible, each in the section of the world to which he is giving his life service. To be still more specific, shall we confine our attention to the country of China and the one phase of medical missions.

One hundred years ago, the first medical missionary went out from America to China. The ignorance, superstition and therefore opposition which he and his successors encountered was tremendous. But it was not long before the ministry of healing was recognized for its real worth by the people of China. The spread of this new doctrine was necessarily slow, but the results accomplished have more than justified the lives and the money devoted to this service. At present, there are 235 missionary hospitals most of them well equipped. They are staffed by 300 American and British doctors and 200 nurses with over 500 Chinese doctors, most of whom have been graduated from efficient medical schools. There are \_\_\_\_\_ Chinese graduate nurses and more than 3000 pupil nurses. \_\_\_\_\_ treatments were given in 1934 in the dispensaries of these hospitals and \_\_\_\_\_ inpatients were admitted.

While this is a direct achievement for which we may be thankful yet the indirect results of medical missionaries have produced an effect which is increasingly of greater importance than the direct results. There are several thousand Chinese doctors more or less well trained and capable, and serving their people throughout the land. There is a corresponding number of nurses. Naturally there have been developed in recent years a number of purely Chinese hospitals, organized privately or by government. In place of the former C.M.M.A. (organized in 1886) and the National Medical Association (1915), there is now only one, China Medical Association in which there is no racial



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distinction recognized for membership, the only required qualification being the professional and ethical qualifications recognized by such medical societies. From many small beginnings there have, by cooperation and concentration, been formed six missionary medical colleges. In the last few years there have been established numerous government medical schools, a few of which are already very efficient and lack of sufficient well trained teachers is temporarily retarding the proper development of the other schools.

An efficient public health department has recently been set up by the National Government and great progress has been made in urban, rural and school public health and sanitation. It is in the field of public health, especially, that the missionary hospitals and medical schools can work in full cooperation with the government authorities.

The Chealoo School of Medicine - origin, growth, graduates, staff, present and future usefulness - is vital in this development of medical work in China and especially in medical education.

RANDOLPH T. SHIELDS

At least thirty colleges in the U.S.A. are now affiliated with the China Colleges.

Washington & Lee - advantages to both.-----

Do its bit towards new world for men of goodwill.

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TRANSEER  
SHANTUNG

INDEXED

May 1, 1933.

Dr. Randolph T. Shields  
Cheelee University  
Tsinan, Shantung, China

My dear Dr. Shields:

I am enclosing herewith a copy of the Minutes of the North American Section of our Cheelee Governors held on April 21st. I have already written long covering letters to Dr. Chu, Mr. Davies, and Dr. Lair, so in this note I will comment only on medical matters.

You will already have received from the British Section the Minutes of the meeting they held on March 31st, and will know that by Action BS-375, they concurred in Actions MAS-320 and MAS-321. This seems to give final approval to the recommendation of the Directors that the degree of Doctor of Medicine be granted to the graduates of the Cheelee School of Medicine. I hope that it will be possible for the University to confer these degrees at the commencement this year. No doubt we will be having some word from you soon as to the policy the University plans to follow in making these degrees retroactive.

At the time of our meeting of April 21st, nothing further had come in regarding the plans for the new hospital, so the Section did not attempt to take any further action at this time.

Just after the meeting I received letters and copies of the revised hospital plans, which as yet I have not had time to study very carefully. We will try to bring this material to the attention of the Executive Committee in the near future.

Hoping that this will find you at the beginning of a very pleasant and peaceful summer, I am

Very cordially yours,

*B. A. Garside*

BAG:PW  
Enc.

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SHANTUNG

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

齊山  
魯東  
學大  
濟南  
院學

SCHOOL OF MEDICINE

TRANSFER

19th May, 1933.

Mr. B. A. Garside,  
150 fifth Avenue,  
NEW YORK.

INDEXED

ack. 6/24

Dear Garside,

*See  
Mr. Garside's  
bundle*

I am writing the same letter to both Weir and Garside and enclosing copies of the Minutes of the last Faculty Meeting. As you will see, we held a number of meetings over a period of two weeks. The recommendation of the Building Committee, which was lost, was that the present Hospital be enlarged and connected with a new O.P.D. to be built to the east etc. At the last meeting I proposed a compromise that we should proceed to build what might be called a west wing of the hospital, to serve as a temporary or permanent O.P.D. and to accommodate about 60 beds etc. This plan has been discussed before. I urged this as a compromise which was economically fairly sound and would meet our crying needs. It might be considered as the first step of almost any other plan which had been proposed and the completion of which would depend on more money than we have at present.

I hoped that it would be possible to use part of the building funds temporarily as an endowment. This has been suggested by the N.A.S. but there is no definite evidence that such could be done without the consent of the donors. I think it possible that we could get the consent of the Rockefeller Foundation for at least part of their grant to be used in this way.

All of those present who had first favoured the plan for the expansion of the present hospital voted for my substitute motion, which was lost by 16 to 12. Then Dr. Stearns' motion was put and carried, as you will see.

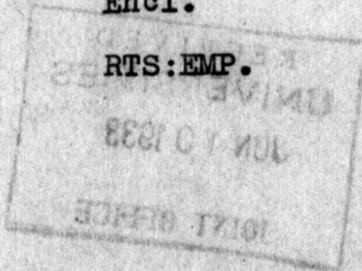
I have no further comments to make at present.

Yours sincerely,

*R. T. Shields*  
R. T. Shields.

Encl.

RTS:EMP.



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TRANSFER

Dr. Randolph T. Shields

INDEXED

SHANTUNG

Shantung Christian University

May 24, 1953.

Dr. Randolph T. Shields  
Cheeloo University  
Tsinan, Shantung, China

My dear Dr. Shields:

Let me acknowledge receipt of your letters of March 24th and April 24th. Both these deal with the problem of the University Hospital.

Your letter of March 24th arrived just a little too late to bring it before the meeting of the North American Section on April 21st. However, the Section has empowered our Executive Committee to deal with these hospital problems, so we can act through that Committee whenever we have anything constructive to lay before it. It may be helpful if we discuss this problem by specific detail:-

Hospital Plans. We seem to be as far as ever from any consensus of judgment as to whether we should build a new hospital, build part of a new hospital, add to the existing hospital, or devise some entirely different arrangement. We presume, therefore, that the field has no expectation that the Governors can take action until specific recommendations come to us from the University.

Reserve for Endowment. In nearly all the recent letters we have received from the field, I find statements which indicate there is a general belief and demand that our North American Section was taking the initiative, and making an entirely original proposal when they suggested holding in reserve as a nucleus of an endowment, the \$40,000 which we then understood would be available after constructing the hospital. Such is not the case. This proposal came to us at various times from the field, and in a number of ways. For example, in your letter of March 26, 1952 page 4, we find this suggestion:- "More than enough capital funds are in hand to build and equip the entire plant..... If our estimates are correct, there will be considerable surplus of capital funds. It may be that the donors will allow this money to be used to supplement running expenses during this abnormal period of financial depression." We are very anxious that our friends on the field will not erroneously hold the North American Section responsible for initiating a proposal which was at variance with the wishes of the field and was not in accordance with your plans and estimates. We had your letter of March 26, 1952 before the Section, when action was taken on October 28, 1952, and thought we were following in line with the policy which had met with approval on the field.

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It is now clear that we should have the Governors, through the Executive Committee of the North American Section, restudy this whole question of whether we can, in fairness to the donors, and in line with the requirements for construction, set aside any portion of these building funds as a nucleus of an endowment. Both aspects of the matter are important. Even though it might be found legally possible to hold some of the building funds in reserve, it might be deemed inadvisable to do so.

Forwarding of Funds at Shanghai. As you know, it is a general rule in practically all the Mission Boards cooperating in Cheeloo, that building funds will be forwarded to the field only as they are actually required for construction. The overwhelming evidence of past experience has been that boards and organizations lose far more than they gain in sending funds out to the field to take advantage of seemingly favorable rates of exchange, long in advance of the actual need of such funds for construction purposes. Several years ago we thought it was to Cheeloo's best interests to send out a substantial portion of these hospital building funds when exchange was around 2.75. Now we wish we had kept the funds in New York and invested in stable securities. Of course, the University would have been in a better position, for the time being, if we had sent out the G. \$80,000 when you cabled us a few months ago. There is a possibility that the American dollar may go to still lower levels before our present process of inflation is completed. But on the other hand, I believe our North American Section would much prefer to keep these funds invested here than to send them out to Shanghai, when no one has the least idea when or how these funds will be used. There is just as much likelihood that silver will be cheaper when we are ready to build the hospital, as there is that it will be higher in value.

We will urge the Executive Committee to give this request from the field their careful and sympathetic consideration, but I doubt very much whether any support at all can be found for sending further hospital funds to China at this time.

The Value of Investments in New York. The market value of building funds invested here in New York have not altered very greatly since our statement was prepared on October 21, 1952. At that time the market value of our securities in cash was \$125,125.50. At the close of the market yesterday, the value was \$127,188.78, which is a gain of \$4,065.28. The details of our investments at the present time are as follows:-

		Book Value	Market Value May 23, 1955
65,000	U.S. Treasury 8 1/2%, 1956	\$66,637.50	\$66,545.75
5,000	Georgia Power Company 5 1/2%, 1967	4,375.00	3,750.00
10,000	International Tel. & Tel. 4 1/2%, 1952	9,787.50	3,650.00
10,000	St. Louis & San Francisco 4 1/2%, 1978	9,675.00	1,500.00
10,000	Texas Power & Light 5 1/2%, 1956	8,375.00	8,000.00
2,500	Baltimore & Ohio R.R. Ref. 5 1/2%, 1996	2,506.25	1,545.75
		\$101,306.25	\$84,787.50
	Cash in Bank	42,401.28	42,401.28
		\$143,707.53	\$127,188.78

General Attitude of Governors. Last October our North American Section was in a mood to go ahead along any constructive lines that met with

May 24, 1953.

with favor on the field, and even took the courageous step of agreeing that they would try to find new support for carrying on the new hospital when it was completed. In taking Action NAS-310 and 311, the Section tried to follow both the sense and the phraseology of the recommendations coming from the field. I have already pointed out this fact in connection with the financial aspects of these actions. It should also be noted that the phrase which both you and Dr. Heimburger have criticized the Section for using in authorizing the field to proceed at its discretion "with the erection in accordance with the revised plans, of the entire new hospital", is an exact quotation from Minute #1000, of the Chee-lee Board of Directors, set forth on page 5 of your letter of March 26, 1952.

Now the attitude of the North American Section is one of bewilderment, with an under-current of impatience. Aside from giving a new ruling on the question of whether the portion of the building funds might be set aside for endowment, there seems nothing constructive which the Section can add at the present time. I still hope that the section will go ahead with its plans to seek additional support for hospital work, so as to provide at least a partial answer to the very practical question of where the hospital is to secure adequate funds for new developments, or even for your present program of work. But I am afraid that this will be an extremely difficult undertaking, even if the economic situation improves somewhat, for it is almost impossible to succeed any attempt of this sort without more conviction and enthusiasm than the Section can be expected to handle under the circumstances.

*tried* During recent weeks there has been a mild but very wide spread center toward a more optimistic viewpoint. If this really marks the turn toward better times, it is high time for us to begin our efforts to enlist new support for Chee-lee.

Immediate Steps. As soon as we can get our Executive Committee together, we will ask them to study the question of whether the entire amount of our building funds should be used for construction, without reserving anything for endowment. I will summarize the recent correspondence from the field, and will call attention again to the request for sending our U.S.\$80,000 to Shanghai, though I doubt whether there is any possibility of the Committee approving this request at present.

Our Executive Committee has also been asked to make a study of possible ways of simplifying the complex organization of the University. This is a long and difficult job, in connection with which we must have very full consultation with the field. As a general rule, I am very much against commissions and conferences, but there is a possibility that the best means of finding a solution for some of these knotty problems at Chee-lee would be for representatives of the Board of Governors to go to Tsinan and consult with the field authorities of the University in an effort to find some simpler method of University organization, which would meet with support both on the field and at the home base. Such a group might, at the same time, reach some decision as to the hospital problem.

We hope that in spite of the Jap menace from the North and possibly from the East, Chee-lee will be able to finish its semester in peaceful fashion. I hope too, that you will manage to have a restful and pleasant summer.

Very cordially yours,

*B. A. Garside*

BAG:PW

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**INDEXED**

Cheeloo University

June 24, 1933

Dr. R. T. Shields  
Cheeloo University  
Tainan, Shantung, China

Dear Shields

I have your letter of May 19, with the attached copy of the minutes of meetings of the Medical Faculty held on May 2, 3, 5, and 16.

It is easy to read between the lines of these minutes that we are still far from unanimity of opinion as to the proper course to follow.

We have not been able to secure a meeting of the North American Section of the Governors, or its Executive Committee, during the short time since these minutes reached us. I have, however, shown them to several of the medical members and have asked their judgment as to the best course to pursue. Dr. Dodd is seeking to arrange a conference of the medical members of the Section within the next week or so to decide the policy they recommend to the Governors.

I can do no more at this time than make a purely personal guess as to what this medical group and the North American Section will decide. I suspect, however, from the comments various individuals have made, that the attitude of practically every one in the Section will be pretty cautious. Last October the Section was all set to go ahead vigorously - now the psychological trend is strongly in the direction of sitting tight and waiting for convincing evidences of a united and vigorous disposition on the part of the field to go ahead on some constructive program. The Governors are not likely to be as much concerned over the details of the program as they are over the unity and vigor behind it.

Much the same thing might be said with regard to the request that the building fund investments be disposed of and the proceeds transferred to Shanghai. The Section would have been willing to do this, possibly with some reservation, early last winter when the exchange ratio was around 5 to 1. At present, with no clear evidences of any strong conviction behind the latest action of the Medical Faculty and with exchange down nearly to 3.50 to 1, it is very unlikely that the Section will favor the sale of securities and the transfer of funds to Shanghai at this time.



Dr. R. T. Shields

June 24, 1933

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I hope that my pessimistic predictions are not justified, and that the medical members of the group will be able to propose and to carry through some constructive measures. It seems to me that the one thing above all else which our Board of Governors should undertake at the earliest possible date is that of raising increased income for maintaining the work of the Medical School and the Hospital plant.

Very cordially yours

B.A. Caside

Dr. R. T. Shields  
Chicago University  
Tientsin, China

BAG:MS

I have your letter of May 13, with the attached copy of the minutes of meeting of the Medical Faculty held on May 11, 1933. It is easy to read between the lines of these minutes and to still far from unanimity of opinion as to the proper course to follow.

We have not been able to make a study of the minutes of the meeting of the Faculty, or the Board of Governors, held on May 11, 1933. I have, however, seen the minutes of the meeting of the Medical Faculty held on May 11, 1933, and I have been struck by the fact that the Board of Governors has not yet taken any action on the report of the Medical Faculty of May 11, 1933.

I can do no more at this time than to say that I am sure that the Board of Governors will do its duty and that the Medical Faculty will do its duty. I suggest, however, that the Board of Governors should take some action on the report of the Medical Faculty of May 11, 1933, and that the Medical Faculty should take some action on the report of the Board of Governors of May 11, 1933. The psychological trend is strongly in the direction of a strong feeling for convincing evidence of a better and vigorous hospital on the part of the Faculty to go ahead on some constructive program. The Board of Governors are not likely to be so much concerned over the details of the program as they are over the end and vigor behind it.

Such the same thing might be said with regard to the report of the Board of Governors of May 11, 1933, and the report of the Medical Faculty of May 11, 1933. The Board of Governors would have been willing to do this, possibly with some reservation, if they had not been so much concerned over the details of the program as they are over the end and vigor behind it. It is very unlikely that the Board of Governors will favor the idea of securing and the transfer of funds to Shanghai at this time.

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SHANTUNG  
MEDICAL MISSIONS.

JUL 1933

INDEXED

R. T. SHIELDS, M.D.,  
Dean, School of Medicine,  
Geelece University.

INTRODUCTION: The writer has been asked to write, within a limited time, a brief outline of Medical Missions as that work exists in China today. To adequately present the subject of medical missionary work in this country in the relation to other mission work, to the church, to the growing medical profession, and to all the various and changing phases of the life of the vast population of China, would require an amount of time and labour entirely beyond the scope of this article. Also no reference will be made to the history of the growth of medical missions, though this is necessary to a proper understanding of certain situations now existing. The amalgamation in 1932 of the China Medical Association and the National Medical Association to form the Chinese Medical Association, should be noted, as it is an outstanding example of a real cooperation and union between a Mission and a National body.

For necessary statistics the writer has relied on the data collected by Dr. Lennax of the Fact Finding Commission, published in the C.M.A. Journal, May 1932, Vol. 46, and on the figures given in the Prayer Cycle published by the missionary division of the C.M.A. for 1932-33. But in order to obtain opinions and not merely statistics, a list of suggestive questions has been sent to 50 doctors, several of them being Chinese colleagues located in various parts of China. They were asked to give facts and opinions not only in regard to their own, but also other hospitals, in their

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locality. 44 replies have been received and as these come from representative men and women, from large and small hospitals, from Shansi to Kwantung, from Kiangsu to Szechwan, the letters can be considered as giving a fairly accurate idea of what medical missionaries think of their own work. The large majority of writers have been in China many years, but a few were purposely chosen as being "youngsters". Their opinions as regards the present value of medical missions were unanimous; on the future development, however, different opinions were held. One's viewpoint must necessarily be influenced to a certain extent by one's experience and environment. The situation must seem different to the doctor in a large well-equipped hospital in a port city and to the one in a small hospital in a bandit infested region. There is a difference between being a doctor in one of several hospitals in a city, to being one in the only hospital in a province.

Please note that owing to difficulty in communications no attempt was made to get opinions from "Manchukuo". The latest figures give 18 hospitals, 27 foreign doctors, over 8000 inpatients 200,000 outpatients treatments in the three provinces.

STATISTICS: Absolutely accurate figures are not available as some hospitals may not have reported, and some are temporarily closed, but the number of mission hospitals (not including "Manchukuo") is between 230 and 250.

(The number of so-called private hospitals is literally legion. There are probably a score of more or less well-equipped non-mission hospitals, conspicuous among them being the P.U.M.C., Central Hospital, Nanking, Central Hospital, Peiping,

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National Medical College Hospital, Shanghai, Hunan-Yale, Hongkong University Hospital).

Of 190 hospitals reporting in Prayer List, there were:

<u>Number of Hospitals.</u>	<u>Number of Inpatients.</u>
66	less than 500
67	from 500-1000
57	more than 1000
33	less than 5000
42	from 5000-10,000
1113	from 10,000-100,000
2	more than 100,000

These facts, though interesting, are not of great significance unless the individual location, age of hospital, and other conditions are studied.

The number of foreign doctors is about 275 and the number of foreign nurses slightly less. There are at least 400 qualified Chinese doctors now working in mission hospitals. The large majority of these are recent graduates, and naturally not members of any Missionary Society. The graduate Chinese nurses number about 700. Nearly all hospitals have training schools for nurses.

The following statistics are taken from Dr. Lennex's report: "The proportion of Chinese to foreign doctors in all mission hospitals was in 1920, 55%, in 1925, 57%, and in 1930, 67%." "On the average each of the doctors (including nationals) has 24 beds in his charge. Each day, not allowing for furlough, vacation or other duties (and counting 15 days as the average stay of inpatient) he treats 10 hospital and 14 dispensary patients."

The number of inpatients in 1930 was 178,467 and dispensary visits 3,111,467. "

In the U.S. in 1930, 64 per cent of the beds in general

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hospitals were constantly occupied. In 82 mission hospitals reporting (with 68,441 inpatients) the average bed occupancy was 51%."

"Costs of mission hospitals are probably not more than ten per cent of hospital costs in America".

"As we have seen, only 26% of the current expenses come from abroad. However, 83 per cent of the funds for building and equipment and 100 per cent of the foreign salaries are from this source, so that really 55 per cent (instead of 26 per cent) of the total cost of medical work is covered by gifts from abroad."

"In almost every respect the present day hospitals are better equipped to render effective medical service. There is double the amount of screening against insects. Central heat is more general."

"In practically all hospitals urine and faeces can be examined. A surprisingly large proportion, 62 per cent, have facilities for testing the blood for syphilis."

"The urine examinations were 21.7 per cent of the total number of patients seen and faecal examinations 13.1 per cent. This is in striking contrast to hospitals in America where urine examination is almost routine, and faecal examination almost entirely neglected."

Records: Eighty-eight per cent of 111 reporting hospitals stated that records are kept of in-patients."

Evangelistic Aspects: Most doctors believe that in their medical service they are fulfilling an essential portion of their mission. Of 126 doctors who answered the question, "In your

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work as medical missionary , which do you regard as most important, the proper medical care of the patient or efforts towards his evangelization?". The largest proportion, 69 per cent, replied that both were equally important and could not be separated. Twenty-eight per cent replied in favour of the medical care of the patient, and only three percent for evangelization.

"Proportion of Christian Staff: In 120 hospitals, 84 per cent of 322 Chinese doctors and of 1792 nurses are Christian."

We can now try to draw some generalizations from answers to questionnaire received. Lack of space prevents a fuller representation of some of the interesting facts and thoughtful opinions given.

PHYSICAL EQUIPMENT: There is no question but that there has been a general improvement in buildings, screening, lighting, water, plumbing, etc. Some of these mechanical innovations involve an added responsibility for management which will be referred to again. Equipment for scientific work seems to be keeping pace with the other physical improvement. Operating rooms, X-ray outfits, modern laboratory facilities are being added, or made more nearly complete. There is a tendency to add some books and magazines for the use of the staff, but with the exception of those of medical schools, there are probably no hospital libraries.

PROFESSIONAL WORK: Almost all correspondents report that the work in hospitals with which they are familiar is done more efficiently than formerly. A reading of the reports of these

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Hospitals which print them will serve to show that the quality of work done is apparently improved. Certainly there is a great improvement in keeping the records. This improvement is due not only to better equipment, but mainly because of the increase in quantity and quality of the Chinese members of the staff, doctors, nurses and technicians. This factor enables the routine work to be done more efficiently, more accurate diagnoses to be made, and allows for greater specialization for those especially adapted or trained for it. A business manager is a great asset in a few hospitals. There is a growing opinion that only women nurses should be employed, orderlies working under them. This feature was introduced in a few hospitals 10 years ago and was at that time a rather radical departure from old customs.

But there is one point where custom and superstition holds up the progress of modern medicine. Practically no hospitals outside of those in the large treaty ports and those connected with medical schools, report autopsies.

The opinion of correspondents is practically unanimous that except in the case of a few conspicuous non-missionary or Government institutions, the missionary hospital in general is doing much better work than other hospitals.

But there are some mission hospitals, which owing to poor location, proximity to better hospitals, lack of adequate staff or equipment, are not doing efficient work and are not a credit to western medicine or to Christianity.

EVANGELISTIC WORK: The large majority of medical missionaries consider that the healing of the body is one part of the Gospel of Christ. They do not hold the view that medicine is to be used only as a means to the end of getting people into some church. While all mission hospitals conduct some sort of evangelistic propaganda, either in the form of ward services or

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personal conversation, yet one is sure that most of them would repudiate any attempt to force the Gospel on unwilling patients' ears.

RESEARCH: Though very little research work is being done directly, yet valuable contributions to the knowledge of the diseases of China have been, and are now being made, by medical missionaries.

PREVENTIVE MEDICINE: Many hospitals are giving routine physical examinations to students of mission schools, and in some cases to those of Government schools. Vaccinations are carried on sometimes on a large scale. Some hospitals have motor cars for conducting clinics in different out-stations. Posters and booklets are often used to disseminate ideas of prevention. However, all recognise that in the past preventive medicine has been rather neglected by most mission hospitals. The reasons for this are readily seen - the lack of time to organise and to do such work after the more pressing work of the hospital is performed, the lack of personnel and funds; and the ignorance, if not opposition of the people. We must remember, however, that Preventive Medicine is a very recent development in Western lands and was made possible only after there was an intelligent and co-operative general medical profession, a fairly well educated people, and a legal system to give authority to responsible officials. General Public Health and Sanitation activities belong essentially to the Government, but mission hospitals can assist by example and through education in their several localities; and in time of emergencies created by flood, famine or war, by plague, typhus or cholera,

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medical missionaries and nurses have always done their bit.

FINANCES: There has been a gradual proportional increase of local funds compared with mission appropriation, which tendency has been greatly accelerated recently due to the heavy cuts in mission grants. Most hospitals now seem to be almost on a self-supporting basis, except for the salaries of the doctors and nurses supported by missions. But in most cases the increase in local funds is obtained by raising of hospital fees and not from contributions. This fact necessarily tends to make a hospital care for the well-to-do, rather than for the poor, thus getting away from the ideal of Christian charity. This point was strongly criticised a few years ago in the Report of the Medical Secretary of one of the large Mission Boards. In some selected localities it may be possible to make the fees collected from private patients make up the deficit incurred in running the general wards, but this practice evidently does not obtain in most hospitals, either due to the poverty of the constituency, or to the fact that the hospitals are not equipped and staffed to properly care for private patients. This condition should be remedied. The extent to which local contributions could be increased depends upon various factors geographic, economic, political and personal. Many examples could be cited on both sides of the question. But the fact that contributions from local constituencies are not as great as one might expect, remains as a point to be considered in discussing the future of the work.

PERSONNEL: Most correspondents while noting and welcoming the relative increase of young Chinese colleagues, yet

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declare that foreign doctors are still needed. There are good reasons given for this attitude. The Western doctor who comes out as a missionary should bring with him ideas and ideals which will act as spiritual and professional stimuli to his colleagues. He comes as a gift from the Western Church to the Chinese. The hospitals were built by foreign funds, and even if <sup>in</sup> the future, the support be largely or wholly Chinese, it is but appropriate that the West should be represented in the management. The Western doctor is presumably a missionary, i.e. one sent out with definite ideals. Therefore his presence in the hospital makes for continuity of the missionary character of the work. The young Chinese doctors, while most of them are Christians, and many are actuated by high ideals, are from the necessity of the case, not missionaries. It is not to be expected or desired that the majority of Chinese graduates, even from mission schools, should spend their whole lives in mission hospitals. Practically all of them spend a few years in these hospitals, to the mutual benefit of both parties. They then leave for Government work or private practice and make way for younger graduates to receive the training they have had. Many remain permanently and some are already in charge of mission hospitals.

DEVOLUTION: This topic is apparently not so much discussed as it was a few years ago. That mission hospitals will be turned over ultimately to the Chinese to assume full administrative and financial responsibility is taken for granted. But as to when and how, opinions differ. Some say indefinitely that the Chinese church will take over the hospitals. Most would say that the church as such cannot even take over the smaller hospitals and

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keep them as they are i.e. at least partly charity institutions. There is a possible danger also in giving to a local church an institution which by increasing fees, lowering standards, and selling drugs could easily become a source of income, and be considered primarily as such.

In some places local Boards of control, consisting of the gentry and church leaders, have been formed. Some of these are successful, some not. If such a Body be responsible for the management of an institution, it must be ipso facto responsible for the paying out of funds. Therefore this body is equally responsible for the raising of funds. When the mission ceases to make a grant the local Boards' difficulties may begin. The solution of the difficulty seems to depend largely on local conditions

Besides the question of money, is that of personnel. We have said that it is better to have Western doctors still come to the hospitals. But should they continue to be the superintendents? Most medical missionaries would probably readily agree that it is advisable to appoint Chinese as superintendents as soon as practicable. The question of when depends on several factors such as the size of the hospital, the relative experience of the doctors on the staff, and not important, the right man. In many hospitals this plan has been adopted with apparently great success. But we must always bear in mind the social and family customs which obtain in China, which make the maintaining of authority and discipline oftentimes so difficult. The foreign superintendent, simply because he is a foreigner, is removed from the influence of these customs, and is therefore relieved from many difficult responsibilities which his Chinese colleague would have been forced to bear.

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THE FUTURE: Looking backward over its history and viewing the present facts of medical missions, one can say that the work has been eminently successful. It has paid from the evangelistic standpoint, it has paid in the healing brought to millions, it has paid in that it introduced Western Medicine to the Chinese, began the translation of medical literature, and the training of students in scientific medicine. At present, with few exceptions, Mission hospitals and schools in general are considered the best in the country and the majority of these institutions are making satisfactory progress, but many are not ~~a credit to the Christian cause.~~ In view of the foregoing facts and remembering that the Missionary Societies of Great Britain and the U.S.A. are attempting through various organisations to bring about a closer co-operation and consideration of their work, it is evident that there must be a change of policy in regard to the medical work of these Societies. In general the better and more useful hospitals, taking into consideration size, equipment, and geographical location, should be made more efficient, at least by increasing the staff, and, where necessary, by making financial grants. The latter may be needed if the Hospitals are to care for the poor of the community as well as the well-to-do. As to staff there should be a sufficient number of doctors, nurses and technicians, foreign and Chinese, all actuated by Christian ideals, and professionally prepared to do efficient work along their special lines. It should also be borne in mind that the more modernised and mechanized a hospital becomes, the more necessary it becomes to have a business manager and engineer on

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the staff. Except in very large institutions one man can fill both positions. There are some doctors who have enough engineering and business ability to carry on this work; but where this is done, the doctor must perforce take time away from his professional duties for which he was especially trained. It is undoubtedly true that there has been a great waste of time, of effort, and of money, because most mission institutions have not had competent men to care for the physical plants. Such strategically located and well equipped hospitals should have a number of outstations, either dispensaries, or small hospitals connected with them, such stations being in city or country or in both; these outstations should be manned by less highly specialized doctors who would care for the ordinary cases, sending the more important cases to the central hospital. This scheme with modifications has been tried and it should be practised more widely. One important modification is by friendly co-operation with the local practitioners, to win their confidence and get them to consider the large mission hospitals as their friend and their central hospital. There is ~~constantly~~ <sup>certainly</sup> going to be an increasing opportunity for helpful co-operation along this line. It is up to those in charge to see that mission hospitals should be regarded as friends and not as rivals.

Rather drastic action should be taken in regard to those hospitals in non-strategic location which can show no good reason why they should be further supported by missionary societies. These hospitals should be closed; or turned over to responsible local Boards, either as outright gifts, or as loan under certain conditions. They could in many cases be efficiently run by competent young graduates of medical schools as outstations.

JUL 1983

No new hospitals should be established as far as the eastern part of China is concerned. In certain areas, it will make for economy and efficiency if two institutions should be combined into one. With a very few exceptions there is no reason for trying to maintain two mission hospitals in the same locality. The difficult question is: how can this policy of co-operation, consolidation and elimination be carried out? Already the suggestion has been made to have all the medical work (in China?) put into the hands of a Medical Bureau, set up by the Mission Boards. It is high time that some definite action be taken. Quality not quantity is our aim and quality must be preserved by the sacrifice of quantity. Medical missions occupy a position of influence today. World financial conditions and local circumstances do not justify us in hoping for increased funds. In order to maintain progress, not for ourselves, but to aid the future medical profession, there must be careful pruning, and consolidation. It would be possible to carry out this plan by having a fairly large Council appointed, representing the Home Boards and the C.M.A., to make recommendations to the Boards, provided such a Council were given practically mandatory power by the Boards concerned. Otherwise the results achieved might be as negative as those of other bodies which have come and gone in the past, and our opportunity for great helpfulness would be largely lost. As another is to write the article on Medical Education, to appear in this volume, the present article is not concerned with this subject. But owing to the important part medical missionaries have had in the work of translation and education; and the increasingly important part the graduates of mission medical schools are playing at present, this subject deserves mention. It

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is a great opportunity to be able to train many of those who will naturally be the leaders and the teachers of the coming generation of medical men and women in China. There is no more important work before us; the continuity and permanency of medical missions depends largely on how well we do this. Standards of instruction and quality of personnel must be maintained to the highest point of efficiency practicable. The financial outlay will be comparatively great. Much has been done by co-operation and union, but more must be done along this line if we are to attain the greatest success. ~~As pointed out above,~~ We cannot hope to adequately maintain the medical schools at present existing; more amalgamation should be effected. Missionary Societies must be prepared to sacrifice other work if necessary in order to maintain a very few efficient medical schools. The establishing of large numbers of lower grade medical schools may be undertaken by the Government, but that is not our concern.

Well equipped hospitals are of the greatest importance as accessories to schools in the training of doctors. Not only can graduates of the better medical schools receive valuable further training, but such hospitals can also give postgraduate training to the graduates of the poorer schools.

Gradually the responsibility for maintenance administration and personnel will be turned over to our younger Chinese colleagues. It can be expected that most of the hospitals will retain their Christian character, thus fulfilling the aim of the founders. For many decades to come the larger hospitals and the Medical Schools should continue to have westerners on their staff,

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their salaries being contributed by foreign missionary societies; this will be to the mutual benefit professionally of China and the West.

The future outlook for medical missions is full of possibilities of usefulness. Working in full co-operation with the C.M.A. and the Government, the hospitals will continue to care for the sick in their communities, and assist the medical schools in maintaining high ethical and professional standards in the rising medical profession of China.

R. T. SHIELDS.

July, 1933.

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R. T. Shields

# SHANTUNG TRANSFER

CHINESE MEDICAL ASSOCIATION

ac 9/22/33

"Tai Shan", July 22, 1933.

My dear Friends:

It has been many months since I wrote a letter to you. I had a most gratifying response to my letter telling of my cancer treatment - am glad to say that after one year there is as yet no sign of recurrence, but there are still some unusual sensations in my neck due to the radon gold "seed". As a family we can report that all is going well with us. Ran has finished his first year at Harvard Medical, and is greatly interested in his work; he is making some money this summer by working for four months as night switchboard boy, in the joint office of 10 Boston doctors - it does not seem to interfere much with his sleep however. We are spending the month of July on Tai Shan, the sacred mountain about forty miles south of Tsinan. Years ago a dozen stone and mud cottages were built here by missionaries, and though no more are allowed to be built, these old ones are very satisfactory. We have two rooms, a veranda and a kitchen. There are 8 other households near us, but we do not bother each other socially - we are here for rest and quiet. There are bathing pools, and a tennis court of sorts, and the weather is much cooler than in the plain.

Tai Shan is one of the most famous places in China. It is formed of igneous rock, 5000 feet above sea level. Its connection with the history of man goes back into the myths of the past, but it is probably authentic that the Emperor Shun (about 2300 B.C.) worshipped the Deity from the top of this mountain. Lao Tze the founder of the Taoist religion visited the place and so did Confucius (550 B.C.); Buddhism later added temples and idols, and many ancient emperors came here annually for worship: whether they worshipped God, or the god of the mountain, or some other idol is not clear, and probably depended on the age and the individual. So the history of the place is a mixture of myths and legends and facts. We spent one night at the top (our cottage is about half-way up) and slept out in the open near the temple of the "Jade Emperor" which besides the idols has a wireless station installed in it! Those who think that there is much of spirituality in the Taoism and Buddhism of China today, should visit this most sacred spot, and see the temples, and the priests and other parasites who live in them and make their living by preying on the superstitious fears of the pilgrims who visit the shrines. For there are thousands every year who make this pilgrimage, old men and women, in chairs or on foot, climbing the steep steps to the top, to bow and burn incense and paper money.

Evy was with us for a week but she has left to join a friend and go to Japan for five weeks. She has given up her position as teacher in the "foreign" school in Tsinan, but I think she will get another job, as jobs are not so hard to get out here as in U. S.

The past school year was an uneventful one, except for the fact that 20 of our young teachers and senior students went to Peiping for a month's Red Cross work for the soldiers wounded by the Japanese. We graduated a class of 28 in June which brings up our total for 18 years to 299. You know of course of the visit and report of the Commission of the League, and of Japan's withdrawal from the League, and practical annexation of Manchuria. The Chinese were helpless to prevent this; and the discouraging part of the situation is that they do not seem to be able to get together even now. The Nanking Government has been unable to put down the Communists in the South, and evidently fears an attack by the Canton group; and as usual there is civil war in Szechuan. General Feng has taken upon himself to defend Chahar Province against the Japanese, in spite of the efforts of the Central Government to get him to quit, and accept some other position. The latest news is that the Japs are preparing to attack him and that the Central

0105

TRANSFER

CHINESE MEDICAL ASSOCIATION

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Government is sending a punitive expedition against him. Does this mean that we shall see a joint Jap-Chinese attack against the man who is posing as the real Patriot? There is a rumor too that Russia is backing him. It is remarkable that progress is being made along certain lines in spite of all the uncertainty and confusion.

As far as Mission work is concerned the increasing cuts in salaries and appropriations for work have affected all of us. And along with the cuts has come a big drop in gold exchange. An American dollar which was worth about \$5.00 local currency in January is now worth about \$3.15.

Most of you have heard of, and some may have read the Report of the Layman's Commission, "Rethinking Missions". There is a great deal of thought stimulating matter in it, but the Authors have not been clear in stating the fundamental reason for the beginning and continuation of Christian Missions - taking the Gospel of Christ with all its attending benefits to those who do not have it. Most of us would fully agree with what is said about denominational narrowness (which is being broken down out here much more rapidly than at Home), and the wastefulness and inefficiency of overlapping and reduplication of work etc. (considerable progress but not enough, has been made along this line). But in the effort to concentrate their material, and make generalizations they have not been fair to medical missions in China. Except in one or two, instances, I do not think it is true to say that Government hospitals are doing better work than neighboring mission ones. There may be a doctor in some mission field who sees regularly 1000 patients a day; but the Fact Finders report on which the book is based says that on the average the Doctor in a mission hospital in China "treats 10 hospital and 14 dispensary patients daily". I believe that this Report will be of value to missions. We need criticism to make us see our shortcomings more clearly. I furnished some ammunition to the Commission. I am writing an article now on Medical Missions to be published in the Year Book. In view of the financial and other conditions, we must have more cooperation, union, and elimination. But it is difficult to generalize; two of the members of our Cheeloo staff have written articles for the next edition of one of the most popular medical Textbooks in America, but it would be manifestly untrue for me to state that medical missionaries are being called on to write text books for America. A popular speaker has made the impression that most missionaries are mediocre, - a lot of them are - but if we consider only those sent out by the well known Mission Boards, and if we attach any importance to college degrees and honors, we should hardly consider them intellectually mediocre. There are all sorts of missionaries, as there are all sorts of churches in the West - there is no protective tariff to keep them out. But on the whole they are more broad minded, internationally minded, than many of the provincially minded people I have run across in America.

I have looked over the mailing list and cut out a number who evidently do not care to get this letter. I have thought of you all and send you my best regards with this. I am always glad to get letters or reprints from you. Have recently seen some very poor photos in our daily paper of one of you.

Yours sincerely,

*R. T. Shields*

Received at Nashville, Tennessee, August 17, 1933.  
Address: Dr. R. T. Shields, Cheeloo University, Tsinan, Sung, China.  
Postage: Letters five cents, postcards three cents.

JUL 22

1933

-2-

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Received at Nashville, Tennessee, August 17, 1933.  
Address: Dr. R. T. Shields, Cheeloo University, Tsinan, Sung, China.  
Postage: Letters five cents, postcards three cents.

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As far as Mission work is concerned the increasing cuts in salaries and appropriations for work have affected all of us. And along with the cuts has come a big drop in gold exchange. An American dollar which was worth about \$3.00 local currency in January is now worth about \$2.15.

Most of you have heard of, and some may have read the Report of the Layman's Commission, "Rethinking Missions". There is a great deal of thought stimulus and matter in it, but the Authors have not been clear in stating the fundamental reason for the beginning and continuation of Christian Missions - taking the Gospel of Christ with all its attending benefits to those who do not have it. Most of us would fully agree with what is said about denominational narrowness (which is being broken down and more missionaries rapidly being sent) and the wastefulness and inefficiency of overlapping and duplication of work etc. (denominational programs) but not enough has been made along this line. But in the effort to concentrate their material, and make generalizations they have not been fair to medical missions in China. Except in one or two instances, I do not think it is fair to say that Government hospitals are doing better work than neighboring mission ones. There may be a doctor in some mission field who sees roughly 1000 patients a day; but the fact that a report on which the book is based says that on the average the doctor in a mission hospital in China "sees 10 hospital and 14 dispensary patients daily". I believe that this report will be of value to missions. We need criticism to make us see our shortcomings more clearly. A finished work manual - I am writing an article now on Medical Missions to be published in the Year Book. In view of the financial and other conditions we must have more cooperation, union and elimination. But it is difficult to generalize; two of the members of our Chinese staff have written articles for the next edition of one of the most popular medical textbooks in America, but it would be manifestly unfair for me to state that medical missionaries are being called on to write text books for America. A popular speaker has made the suggestion that most missionaries are mediocre - a lot of them are - but it is a matter only those sent out by the well known Mission Boards, and it is a matter of importance to college degrees and honors, we should hardly consider them as inferiorly sent out. There are all sorts of misadventures, as there are all sorts of churches in the West - there is no protective tariff to keep them out. But on the whole they are more broad minded, intelligent and helpful than many of the missionaries sent out by people I have met here in America.

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*R. T. ...*

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JOINT OFFICE

Received at ... August 14, 1933.  
Address: Dr. R. T. ... Chioo University, Tainan, Siam, China.  
Postage: Letters five cents, postcards three cents.

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*R. T. Shields*

**SHANTUNG**  
REPORT OF THE DEAN

*Rec'd 6/14/33*

SCHOOL OF MEDICINE

1932

1932 - 1933

INDEXED

**TRANSFER**

We are glad to report that there has been no interruption in the routine work of the School of Medicine during the past session. There were enrolled during the year 98 regular medical students - 82 men and 16 women, besides 3 special students. The Graduating Class in Medicine numbers 28, 3 of them being women. Fortunately for all concerned, the P.U.M.C. had a small class this year and wanted more internes, so we arranged for 7 of our internes to go to them and thus we were relieved of the difficulty of giving clinical instruction to so many internes in our small hospital.

The regular class in Pharmacy taught by Mr. Pailing and Mr. Chu will finish their two years' work and graduate in June. There are 17 in this class, three of them being women. It is expected to take a new class in Pharmacy in September 1933 and there are already a great many applicants.

The second class in Massage and Electro-therapeutics, after taking a six months' course, was graduated in March 1933. There were 5 in the class, 4 nurses and 1 doctor. There was also another doctor who came for a short period. It is planned to take 6 nurses in September for another 6 months' course. There is a growing appreciation of this training of nurses in Electro-therapeutics and Massage.

Another class of 3 technicians was graduated in the spring after one year's course. There is now a class of four in training.

**EXTRA CURRICULAR ACTIVITIES** - The Students' Medical Society has continued to function and has invited members of the staff and others to give special lectures at intervals during the session. The Staff Journal Club has met fortnightly, and besides this there is an Internes' Journal Club which meets at regular intervals.

**VISITING LECTURERS:** - During the spring Dr. Maxwell of the P.U.M.C. paid his annual visit to us and gave 5 lectures on Obstetrics and related subjects, which were well attended by the staff and students. During the past two years arrangements have been made whereby Dr. Maxwell visits us in the spring and in return Dr. Gordon King goes to the P.U.M.C. in the autumn to give special lectures. Through the courtesy of the P.U.M.C. we were also enabled during the spring to have Dr. C. E. Forkner of their Department of Internal Medicine visit us and give a number of interesting lectures. The expenses for the visits of these two specialists were met by the Armitage Fund.

1932-1933

Bible Classes have been conducted by certain members of the staff during the year.

During March and April 9 doctors of our staff, 2 nurses and 10 internes volunteered to go as 2 Red Cross Units to Peiping, where they did service in one of the temporary hospitals, caring for several hundred wounded during the month that they were away.

**STAFF** - There has been no increase in the number of teachers during the year. Drs. Evans, Smyly, Gault, Waddell and Mr. Pailing returned from furlough. Drs. Scott, Price and Chang are expected to return in the autumn. Drs. Mosse and Stearns with their families left on furlough during the spring. Special arrangements have been made to allow Dr. Gell to remain at the Union Hospital in Hankow until the spring of 1934, when she will return to the Department of Obstetrics and Gynecology.

The School of Medicine suffered a great loss in April by the death of Mr. Yen Pin. As a technician and teacher for many years he has done his work most efficiently. Because of this and his personal characteristics he was held in high esteem by staff and students alike and it will be difficult to get anyone to carry on his work in the spirit in which he did it.

I am sorry to report that Cheeloo is again without a regular dentist, Dr. Yoh having resigned at the beginning of the fiscal year. However arrangements are being made whereby we hope to have a dentist for at least part time.

**HOU TSAI MEN** - As noted in last year's report, an outside Maternity Clinic has been conducted in the City, Miss Madelaire and Miss Liu being the resident Midwives, and Dr. Peh being in professional charge. From December 1st 1931 to November 30th 1932 there were 48 deliveries. From December to the end of April this year there were 32. This shows a very encouraging increase. Besides this there have been many visits and treatments.

As the Medical Director of the Hospital is to make a separate Report, I will not mention it here.

**THE COUNCIL ON PUBLICATION OF THE CHINESE MEDICAL ASSOCIATION** - The Council has continued to operate from the Cheeloo Medical School. Apart from Dr. McAll and the Chinese staff of the Translation Bureau, who give their whole time to the work, several other members of the Medical School have been giving part time. Work on the following books has been carried on:-

1932-1933

Delafield & Prudden's Pathology	Dr. Hou
Pathological Histology	Drs. Hou & Mosse
Rose & Carless' Surgery (Retranslation)	Dr. Ingle
Useful Drugs (New Edition)	Dr. Kiang
Stitt's Practical Blood Work (New Ed.)	Dr. Kiang
Eden & Holland's Obstetrics	Mr. Leo
Gunningham's Practical Anatomy	Mr. Leo
English-Chinese Lexicon Appendix	Mr. Leo & Dr. McAll
Cameron's Biochemistry	Mr. Li
Holt's Diseases of Children (Retrans.)	Drs. McAll & Gillison
May's Eye Diseases (Revision)	Dr. McAll

Other work on hand includes a revision of Sturton's X-Ray Handbook, a new edition of Bruce & Dilling's Materia Medica, and the preparation of articles for the National Medical Journal, which is issued bi-monthly.

**PHYSICAL PLANT** - During the year the new Power House has been completed and is now in working order. We would invite the members of the Board to inspect this plant.

We have also erected a small bungalow on the London Mission property by special arrangement with this Mission.

This is not the place to take up the question of the building of the new Hospital, as it will be brought in separately.

**FINANCES** - The Treasurer's report will give you a detailed account of finances. The Board can readily appreciate the difficulties involved in trying to balance a Budget when it is not known what the amount of the cuts is going to be or what the exchange will be in the next year. Fortunately the Rockefeller Foundation have renewed their grant for 1933-34.

**NEEDS** - There is an increasing need for enlargement of the O.P.D. and also an increase of Hospital beds, especially for Obstetrics and Gynecology and for teaching purposes. The long-felt need for endowment is obvious.

Respectfully submitted

R. T. SHIELDS

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*Dr. R. F. Shields*

SHANTUNG

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

齊山  
魯東  
學大濟  
院學南

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN"

TRANSFER

25th August, 1933.

*ack 10/2*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

INDEXED

Dear Garside,

Your letter of June 24th was received while we were spending a month at Tai Shan, which we thoroughly enjoyed, as it was fairly cool and quiet and we had very little social and other business to interfere with us.

I hardly knew how to write you, as you can imagine from my letter of May 19th that I was pretty discouraged and sore over the whole situation. I think if you and Sam Cochran had been here you would be able to appreciate the feelings of many of us better than you apparently do. I have been trying to make some sort of a compromise that the extreme lefts and rights would agree to. As you can see from the faculty minutes, the group who were strongly advocating utilising the old hospital and putting on another storey etc., when they saw the situation were willing to fall in line with the compromise, that is build a part of the future new hospital, which could be used at once for O.P.D. and to take care of an overflow of patients; and whenever we had the money to justify putting up the whole building this west wing would fit into the completed plan. I think it was in December 1931 that I wrote you that this plan was probably going to be approved by the Executive Committee of the School of Medicine. Some members of this Committee changed their minds and this plan was not approved, though in the meantime the Committee in New York had agreed to it. I was accused by one or two at the time of having used my position to influence the people in New York contrary to the wishes of the Faculty. I do not think many people agreed with this insinuation.

There is no use in going over the rest of the history but I wish you and the people in New York would not forget that before the beginning of 1933 not only myself but the Executive Committee urged by letter and telegram that you send out at least G.\$30,000 while exchange was approximately 5 to 1. You could have held that money in Shanghai as well as you could hold it in New York. One of the difficult questions that the Faculty have had to discuss was how much money we had,

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Mr. B. A. Garside, New York.

25/8/33.

and both sides in the recent controversy agreed to the sending out of at least G.\$80,000 so that we might know where we were at. The wise heads in New York refused to do this and you can imagine what I felt like saying to you and them when I read in your letter of June 24th the following expression: "With exchange down nearly to 3.50 to 1 it is very unlikely that the Section will favour the sale of securities and the transfer of funds to Shanghai at this time". I want to know why you waited until exchange went down to 3.50. In July it was nearly down to 3, but fortunately for us has gone back to about 3.50 again. Maybe the action of the Board of Directors in urging you to send out this money will produce some result. The Board of Directors did the best they could at their meeting in June but they were tired out and had to finish up late one night; and the appointment of the Committee for the building of the hospital was an 11 p.m. appointment. It will be almost impossible to get that Committee together as there are so many, and they are too scattered.

Heimbürger and Kiang, after the Board meeting, reconsidered their resignations and are still acting as Medical Director of the Hospital, and Director of Studies of the School. I tried to reason with the illogical and irresponsible majority of the Faculty, but I was hopelessly voted down. I very seriously considered resigning from the Deanship soon after this, as I felt that I was losing influence in the Faculty and that I had lost influence in New York. When a man reaches the time when he loses his influence and usefulness the proper thing is to quit. I have however received assurances from my most violent opponents on the hospital question that they really wish me to remain and therefore I am still Dean. In the meantime what many of us told the Faculty was going to happen is happening; that is there is nothing doing towards building a hospital. Out-patients have increased from 40,000 visits a year five years ago to, I think, over 70,000 the past year (I have not the final figures before me). Obstetrics has increased from 168 the previous year to 248 this year. I do not remember the figures for Gynecology. We have had more applicants from outside of Cheelee for the School of Medicine this year than we have had in all the other 15 years of our experience. Actually 15 stood examinations and a number applied too late. The probabilities are that we shall be able more carefully to pick our students in the coming years and therefore raise their standard. We have limited the class this year to 25 and that is really more than I personally like to see enter the first year.

The O.P.D. and Hospital need to be expanded to take care of the growing number of patients and from the standpoint of the Medical School I do not think we can attempt to

0115

Mr. E. A. Garabide, New York.

25/8/33

and both sides in the recent controversy agreed to the sending out of at least \$80,000 so that we might know where we were at. The wise heads in New York refused to do this and you can imagine what I felt like saying to you and them when I read in your letter of June 24th the following expression: "With exchange down nearly to 3.50 so I it is very unlikely that the Section will favour the sale of securities and the transfer of funds to Shanghai at this time". I want to know why you waited until exchange went down to 3.50. In July it was nearly down to 3, but fortunately for us has gone back to about 3.50 again. Maybe the action of the Board of Directors in urging you to send out this money will produce some result. The Board of Directors did the best they could at their meeting in June but they were tired out and had to finish up late one night and the appointment of the Committee for the building of the hospital was an 11 p.m. appointment. It will be almost impossible to get that Committee together as there are so many and they are too scattered.

Heimburger and Kiang, after the Board meeting, reconsidered their resignation and are still acting as Medical Director of the Hospital, and Director of Studies of the School. I tried to reason with the illogical and irresponsible majority of the Faculty, but I was hopelessly voted down. I very seriously considered resigning from the Deanship soon after this, as I felt that I was losing influence in the Faculty and that I had lost influence in New York. When a man reaches the time when he loses his influence and usefulness the proper thing is to quit. I have however received assurances from my most violent opponents on the hospital question that they really wish me to remain and therefore I am still Dean. In the meantime what many of us told the Faculty was going to happen is happening; that is there is nothing doing towards building a hospital. Out-patients have increased from 40,000 visits a year five years ago to, I think, over 70,000 the past year (I have not the final figures before me). Obstetrics has increased from 168 the previous year to 248 this year. I do not remember the figures for Gynecology. We have had more applicants from outside of Chicago for the School of Medicine this year than we have had in all the other 13 years of our experience. Actually 15 stood examinations and a number applied too late. The probabilities are that we shall be able more carefully to pick our students in the coming years and therefore raise their standard. We have limited the class this year to 25 and that is really more than I personally like to see enter the first year.

*Handwritten signature*

and Hospital need to be expanded to take care of the number of patients and from the standpoint of the Medical School I do not think we can attempt to

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Mr. B. A. Garside, New York.

25/8/33.

have a larger student body than 100 until we have more beds for clinical teaching, and also are able to expand our laboratories and, above all, increase the number of teachers. I am absolutely opposed to Sam Cochran in this respect, and you can tell him so. The small staff such as we have, cannot properly care for more than 100 students and yet we are getting more applications from better students, and more calls from mission hospitals for our graduates. The fundamental difficulty of course is money and until we get some kind of an endowment we cannot care for an increased physical plant.

60 H.P.  
and 40 H.P.

To offset some of this pessimism, I am glad to say that we have now actually working our \$60,000 power plant. Wolfe put up the building and assembled the two Babcock & Wilcox boilers and also the ~~30~~ kilowatt engine. Our power house is going to heat all the common buildings, run the sterilisers and furnish electricity for the School of Medicine and part of the electricity for the whole University, as well as do its share of pumping the water. We are getting a new contract with the Electric Light Company whereby we will be able to get part of our electricity from them at a lower cost than we can manufacture ourselves. We have just completed a new block of dormitories to house 12 young doctors. These are erected in the School dormitory lot. This building and two necessary outhouses were put up with the remains of \$3000 *Sold* given to us in 1928 from the interest of the Building Fund. The plan of using a little of the interest in this way has been one of the most successful ventures I think we have attempted. The money has pulled us out of the hole again and again, but there will be only a few thousand left when this year's bills are paid.

We are also running another financial scheme - by keeping a separate account of rentals, whether they are in actual money or only paper transactions, we are able to have a useable fund for rent and building, and we have already put up two small houses which are being paid for from this fund.

As to the future, I am tryign not to worry too much. With a deadlock in the Faculty here and another deadlock between us and New York, it is hard to see how any progress can be made. Davies and Stearns and the *ladies* have faith, I am afraid I have not. In a few days Price and Scott will be back, probably full of American enthusiasm, and they may be able to put across something.

I do not remember whether I told you anything about my opinion in regard to the President. I have felt for many months that there was no chance of his returning here and now I am positive of it. His formal resignation has not

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25/8/33

Mr. B. A. Garabide, New York.

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25/8/33

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Mr. B. A. Garside, New York.

25/8/33.

gone in yet but there is no question but that it will be sent in, so long before you get this King Chu will have returned to Hunan to take up the big job of Education Commissioner: and no doubt the Administrative Council will meet before long and appoint a Committee to look for a President. We can have an Executive Council of course, but I do not know whom we can have as an Acting President. This officer must be a Chinese.

I do not know if you got a copy of my report to the Board of Directors. Among other recommendations I said that "in the light of the report of the Associated Boards of Christian Colleges for China of March 24th, 1933, I would urge that this Board give careful consideration to the matter of the policy of the University in its relation to the correlated program." Does your ABCC have any teeth? Are they going to be able to do something along correlation and co-operation? Unless something is done from the home end you can never get these well-meaning, but because human, naturally narrow people, to look at things in a broad way. I fully agree with "Re Thinking Missions" on the matter of co-operation and consolidation, and steps must be taken from the home end. The NCC has made a new Council on program and co-operation, there are about 25 people on it, I am the only doctor. I do not know what it is going to amount to.

I wrote an article for the China Year Book on Medical Missions, may send you a copy before it is printed. I am now working on my report.

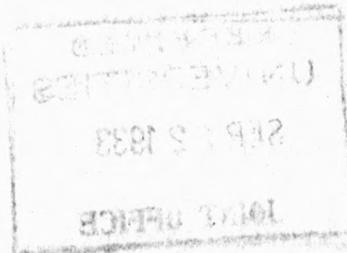
Dr. Spies examined me this summer at Tai Shan and wants me to go to Peiping early in the winter for further examination. I had a letter from Weir the other day, he said he was sending you a copy. Some reaction we got from him!

I think I have told you enough, even too much. I hope your wife is improving.

Yours sincerely,

RTS:EMP.

*R. T. Shields*



25/8/33

Mr. B. A. Garabide, New York.

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Yours sincerely,

*R. T. ...*

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Mile in 4' 7" & 4' 8" in one race - going  
some! you saw *git gone.*

*R. E. Shields*  
SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

齊魯大學  
濟南  
醫院

SHANTUNG TRANSFER

Personal. Aug. 27th., 1933.

*over*  
Dear Garside,

I am writing this myself. I have not told you that Maida Morton Smith is on furlough since April, and I have Miss Poulsen taking her place. She is not very well (that is the reason I could get her for \$150. per mo.) and thinks about her self too much, but is on the whole very pleasant and efficient. But she is not the help that Maida is, and I feel it at times - not as accurate in writing letters either.

Gordon King has gone to P.U.M.C. to help Maxwell in giving his P.G. course, and as Peh is still away, I am in charge of Obs. for six days - first time in years. I rather like it as it is much more interesting and satisfactory to be doing something, and teaching Drs. and students, than to be carrying on Dean work.

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AUG 27 1933

But I had too abnormal cases before King had been gone one night. Have been to the train this A.M. to see King Chu and his family off. Linn has resigned as Acting President "for outside affairs" and I am glad of it. But what Chinese can we get to fill the bill? We are calling the Adm. Council to meet at once, but we cannot think of any suitable person to recommend. They might get Kan Kung to act as a nominal President, but that would be only temporizing. If all the little funds and influence that Cheeloo has could be used for some real Rural program, in education, industry, agriculture (with Nanking), medicine, and chiefly for the maintenance of the Sch. of Med., including, pharmacy, Nursing, technical training, dentistry! We could make a very great contribution to this country. If a large part of the funds are used to try to imitate and rival such places as Yenching, Shanghai, Soochow, Nanking etc. I for one consider it impracticable, if not impossible; and a misuse of money to train so many half-baked, half-cultured, white collar birds! And what do they do? Imitate returned students largely. This is heterodoxy, so tear up the letter, but do not forget that there are many people here and elsewhere who would agree with what I have said.

Evy is going to teach in Peiping Amer. Sch. next year- she is returning from Jap. now. Ran has a job as night switchboard boy in Boston. Hope your wife is better. Yours as ever P. J. H.

0122

*Randolph S. Shields*

*ac 11/14/33*

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

醫 齊 山  
學 魯 東  
院 大 濟  
學 南

SHANTUNG TRANSFER

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN"

25th September, 1933.

INDEXED

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

Dear Garside,

I am enclosing copy of a letter I have just sent to Dr. Alan Gregg. I think I have given him sufficient information about the finances. I am sure you have a copy of the receipts for the six years from 1925/32. I am sending you an additional sheet making a comparison between 1932 and 1933.

I see that I did not mention to Dr. Gregg the fact of the contribution of the Women's Societies. I suppose I should have done this, but you will correspond with him and you can give him the facts in regard to that.

I had a visit recently from Lobenstine, he came to see several of us in regard to the proposal that has been made for the Christian Church to help the Bandit sufferers in Kiangsi Province. Incidentally we discussed the new Council on Program and Co-operation which the N.C.C. has recently appointed. I hope this Council may be able to get some facts and recommendations which will get the Boards at home to really do something in regard to correlation and co-operation, which of course implies elimination. The move must come from the home end, that is from the people who have the money. If we had a strong commission of people interested in medical missions I feel sure that we could so distribute the personnel and funds available that we would be able to help this country much more than we are now doing, and this applies not so much to the present as to the future.

I have recently written a paper for the year book in the writing of which I received a number of very interesting letters from doctors in various parts of China.

If something is not done to help us before long I feel very much concerned about the future of this institution. We are marking time now and until we get more funds and more men I do not see how we can make any progress. The question is from what source are we to get our funds. If and when we ever start on the new hospital, provided New York will send us

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CHINESE UNIVERSITY  
TAINAN BRANCH  
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DEPARTMENT OF MEDICINE  
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Mr. B. A. Garside, New York.

25/9/33.

the little money that we have left, my idea would be to put Dr. Hou into the field to go after the Alumni, and not so much from them, but through them raise something in this country. I am sure it would not be much but it would help us in making appeals in England and America. If we had a public health man right now we could do something more than we are doing in country work, and just at present we could co-operate with the Government who are sending a commission to the Yellow River area to carry on medical relief work. Dr. Liu Jui Heng flew from Nanking here a week ago and saw us for a short visit. Today one of our 1926 graduates came to see me, saying that he had been sent to do the medical relief work, and he was asking what assistance we could give and what men I could recommend to him to get for his work. There are constant calls for our graduates of medicine and the other departments. I do not think we ought to plan on any extravagant expansion but we ought to be able to take 150 medical students and admit regularly and annually a class in Pharmacy, and also train more technicians. As we think of the probable cuts that are coming to us during the winter and watch the gold dollar going down, we cannot rightly plan for any increased expenditures, and we shall do well if we balance our budget. I was interested in what Sam Cochran had to say about a possible source of money in the United States. He also said that I might come home for the purpose of raising money.

Ran passed through New York the latter part of August, sorry you were not there or he would surely have looked you up. He told me he had written you.

Dr. Morgan is in Peiping where she went for an operation at the P.U.M.C. She has attempted to keep the whole matter secret so I can give you no more details except that she is not doing very well from what I hear.

Scott and Price are on the job again. The large Building Committee appointed by the Administrative Council appointed these two with Han as a Committee to bring in plans for the new hospital. They also asked that the President's office try to get the money sent out from New York. As this is not in my hands I do not know what correspondence you have had on the subject.

You will have got the minutes of the Administrative Council so you will know what was done to Mr. Chu. He was a first-class man and I should have been glad to work under him according to the new regulations which put all the authority practically in the hands of the President. Whether these

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Mr. J. G. ... New York

Faint, illegible text, likely a letter or document body.

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Mr. B. A. Garside, New York.

25/9/33.

regulations will work or not depends, I think, entirely on personnel, and with certain other persons the result would be a split. You have probably seen a letter that Carson wrote to Reisner. I did not see the letter but he told me about it, as he talks very often to me about the discouraging side of his work.

Lobenstine, after going to Peiping and discussing with a good many people there the rural situation, wrote me that if Cheeloo did not do something soon he feared she would "sin away her opportunity".

I hope you had a good vacation this summer and that your wife is better.

Yours sincerely,

*R. T. Shields*

Encl.  
RTS:EMP.



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(Sent by Dr. Shields)  
letter 9/25/33

23rd September, 1933.

Dr. Alan Gregg,  
Director of Medical Science,  
The Rockefeller Foundation,  
49 West 49th Street,  
NEW YORK.

Dear Dr. Gregg,

It has been a long time since I wrote you. The time has come round again when I should write you a formal letter requesting a renewal of the Rockefeller Foundation annual grant. I have written a long letter to Mr. Gunn as I think that is the proper procedure, and he will no doubt pass it on to you. I sent him a report of the receipts for the Medical School and Hospital for the last eight years. As you have the report I sent you last year I will only add the year 1932/33 to that.

You can see that our total receipts, and therefore total expenditures, have been reduced by, in round numbers, \$11,000. We saw that the receipts were going to be less and so we used all the economies that we could. The big difference was in the Hospital expenditures, and is due to Dr. Heimburger's careful supervision.

The difference between foreign mission receipts for 1931 and 1932 appears greater because we got a bonus from the American Presbyterian Mission which I added to the receipts for last year. This year we had no bonus and we have had cuts from practically all missions. In many cases the exchange rate more than offset the cuts. We have the same number of people on the Mission pay roll so that I have put down a round sum as usual. It is almost impossible to get the exact amount of money that is being paid these missionaries owing to the various ways in which payments are made and the different amounts in cuts.

I am enclosing a copy of a list of the distribution of our graduates, which I think shows pretty well the kind of work we are doing. On the whole we get very encouraging reports of the work of these men and women. I have added the class of 1933.

0129

Dr. Alan Gregg, New York.

23/9/33.

You may have heard something of our difficulty about the Hospital plans last spring. There was a wide difference of opinion, due to the financial condition of the world, as to whether we should build part of the Hospital and go cautiously, or whether we should build the whole and hope to get money to run it. I am conservative in this matter. There was such disagreement that the Board of Directors appointed a large Building Committee and that Committee has recently appointed a small Committee to bring in plans and specifications. The result has been the holding up of any building for at least another year. I hope that some plan will be agreed upon this winter and that we can start the work next spring. We badly need more beds and more space in the O.P.D. to care for the increasing number of patients, and also we need more beds and more laboratory space for teaching students. We ought to take more students than approximately 100, as at present. More students are applying for medicine, and pre-medicine especially, and the numbers will increase as our facilities for teaching them properly are made more adequate.

The new power house is completed and is a great addition. It can carry our electric light, do our pumping and this winter we expect it to heat all our Medical School, Hospital, and dormitory buildings. To care for the electric needs of the whole University, however, this plant is not sufficient and we are using our little Diesel engine to help out, and also getting some electric current from the city plant.

I am sending you a copy of an article which I have written for publication, as I think you would be interested in it. The fact that I received 44 replies out of a possible 48 shows that my correspondents were well picked and were interested in the subject. I was interested in getting this data, not only for the article itself, but for the fact that I have been put on a Council on Program and Co-operation appointed by the National Christian Council. I think this is one of the results of "Re Thinking Missions". Most of us realize that some changes must be made and that more real co-operation must be accomplished. Co-operation, to my mind, implies the correlary of elimination. I think that a well chosen Committee of doctors such as Dodd and Vaughan of New York, Maxwell, Thompson of the Lester Institute, and others who are not actually running mission hospitals, should look over the field and strengthen certain institutions while closing others, and thereby increase the efficiency of the medical missionary work. I am sure there are men in hospitals in China who could render a much greater service to this country if they were detached from their

Dr. Alan Gregg, New York.

23/9/33.

present positions and put in an institution such as ours or one of the larger hospitals where they could carry out a program of rural preventive medicine and public health education. But of course we have no authority to bring about such changes. I hope however that we are going to be able to get across some recommendations which will make the Boards at home sit up and take notice.

I hope that you will use your influence to get the Rockefeller Foundation to vote for another annual grant on the basis as adopted for the last few years. I really do not know what we should do if we did not have this. We should have to so drastically curtail our work that it would be a calamity to us.

I was surprised in a recent letter from New York from a friend (not Garside) to read the statement that he thought there was a possibility of getting some money for the Medical School. I had not thought of even suggesting at present that we take up the old question of whether the Rockefeller Foundation would consider giving us a contingent endowment. In the first place, what you and Mr. Gunn said to me about the Rockefeller Foundation's funds made me think that it was impracticable, and also what I know of the general financial conditions in America made me feel that it would be impossible to get any money to match a possible Rockefeller gift at the present time. Hence my surprise at the statement in this New York letter. I have no idea what the source of the possible money is.

I was sorry not to see Mr. Greene before he left. I should have seen him if he had come south, but he went across to Japan instead. There were some aspects of the situation here that I wanted to talk to him personally about.

I am glad to say that so far I seem to be cured though Spies wants me to go up to Peiping in November to look me over again. I have not yet recovered, however, from the effects of radium. I have peculiar sensations in my neck at times.

Do you ever get up to Harvard? If you do I wish you would look my son up. He is always delighted to see anybody who has seen his people in China. He is in the second year class now. He has been working as night switchboard boy for a group of Doctors all summer, with the exception of two weeks' vacation.

With kindest regards,

Yours sincerely,

Encl.  
RTS:EMP.

*R. T. Shields*

*Sent by Dr. Shields  
letter 9/10/33*

October 1933.

RECEIPTS, SCHOOL OF MEDICINE AND HOSPITAL.  
CHEELOO UNIVERSITY.

	<u>1931/32.</u>	<u>1932/33.</u>
Medical School	118,000	110,000
Hospital (excluding grant from Medical School)	89,000	86,000
<b>Total</b>	<b>207,000</b>	<b>196,000</b>
Local Receipts	96,000	96,000
Rockefeller Foundation Grant	62,000	65,000
Foreign Mission Receipts	49,000	35,000
<b>Total (excluding Missionary Salaries)</b>	<b>207,000</b>	<b>196,000</b>
Missionary Salaries	100,000	100,000
<b>Grand Total</b>	<b>307,000</b>	<b>296,000</b>
Local Receipts Percentage	31	32
Rockefeller Foundation Grant Percentage	20	22
Foreign Mission Receipts Percentage (including Missionary Salaries)	49	46

Missionary salaries estimated at G.\$3000 for a married man, @ \$2 to \$1  
G.\$1500 " " single person " " "

This estimate is given for purposes of comparison only. There is great variation in the amounts for salaries granted by Mission Boards. The total amount for the last three years has actually been much greater than formerly, owing to rates of exchange.

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## SHANTUNG

Cheeloo

September 22, 1933

Dr. R. T. Shields  
Cheeloo University  
Tsinan Sung  
China

Dear Dr. Shields:

Just a note to tell you how much I enjoyed your general letter sent out from Tai Shan on July 22. Your description of your vacation on the mountain reminds me of the month Margaret and I spent there in the summer of 1925. I suppose Tai Shan has changed less than any of us during these last eight years.

Much to my regret I missed seeing Han last month when he was passing through New York. At that time, Margaret and I were spending a few weeks up on Lake Champlain. I hope that I will have the opportunity of seeing him during the coming months.

The autumn grind here in the office is just now getting up to its normal speed. It appears that we will be forced to speed up the old machine somewhat more than usual this fall, and the increased activity of the Associated Boards and the decreased income in these times of depression mean that we have quite a bit more to do, and fewer people to help do it. The first major task ahead of us is the preparation for the annual meeting of the Cheeloo Conference on October 17. I certainly wish you were here to help along with that meeting.

BAG:F

Very cordially yours,  
*B. A. Carside*

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**TRANSFER  
SHANTUNG**

**Shantung Christian University**

October 2, 1955.

**Dr. Randolph T. Shields**  
**Chealoo University**  
**Tainan, Shantung, China**

**Dear Shields:**

Let me acknowledge receipt of your letter of August 25th.

We are grateful to you for giving us the latest developments in the hospital problem. This whole matter has been such a difficult one that it is easy to see why everyone has gotten more or less discouraged and irritated. I am sorry that the unfavorable trend in exchange has further complicated the problem for us. I do believe, however, that we could not have expected the North American Section to send out U.S.\$80,000 last February when the field requested it. With all the objections in regard to the construction of the hospital that were being received both from Tainan and London, and with the underlined conservatism one always finds in such a Board as our Chealoo Governors, it would have been too much to expect that they would hope to sell high grade securities that were yielding a good rate of income and were steadily appreciating in value, to transfer such a large amount of money to Shanghai where it would produce much less income and would be subject to additional risks of many kinds.

It is a pretty definite rule among Mission Boards not to transmit building funds to the field until they are really needed to go forward with the construction. Experience has shown that in at least 75% of the cases this is the wisest course, both from a financial standpoint and as a matter of general policy. On half a dozen different occasions, our boards of trustees of different China colleges have been persuaded to send building funds to the field before they were actually needed for construction, and almost every time this has been done, it has meant a serious loss. Luck happens to be against us in this particular instance, but by all the laws of averages, we followed the better course.

We are sorry to learn that Dr. King Ohs has decided to remain in Hman, and quite probably Dean Lim will also be leaving the University. In some ways, however, it may be beneficial to have this opportunity to line up new leaders who will staunchly support the program Chealoo is being asked to undertake.

-2-

You state that it will be necessary for our home boards to apply pressure before much can be accomplished in the direction of cooperation and correlation. Substantially this is true, but it is extremely difficult for groups like at home to get very far unless they have the cooperation and verbal support of the faculty and administration, and particularly of our Chinese Deans of Directors and Presidents and Deans. You ask "does the ABMS have any teeth?" When this same question was asked at a meeting in February, Dr. E. W. Williams made a comment which deserves to go down as a classic. He said, "the teeth needed by the Associated Boards are a set of gold teeth."

Ultimately we will find the solutions to the problems of cooperation and correlation which now prove so vexatious, but it will probably take more time and patience than our friends of the Appraisal Commission contemplated. I have conferred and corresponded with most of the distinguished gentlemen in the Appraisal group, and I doubt whether any individual among them, or the group as a whole, has even the slightest notion of any practical steps by which visionary organizations might actually achieve the goals which they have set up. We will simply have to keep plugging away, making progress wherever we can, and not be discouraged when some of our idealistic friends want to walk out on us if all their fine dreams cannot be attained over night and without any hard work.

I wish you could be with us at the Annual Meeting on October 17th. The probabilities are that we will have both Dr. Stearns and Dr. Hoops present. I think we had better ask both of them to withdraw when the Board takes up the discussion of the hospital. The presence of some of the members of the medical staff last October stirred up too many unfortunate reactions on the field. We do not wish to risk any repetition of that.

Very cordially yours,

B. A. Carside

BAG:PW

*R. G. Shield*

**TRANSFER**

CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

山東  
魯東  
學大濟  
院學南

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN"

**TRANSFER**

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

**SHANTUNG**

28th October, 1933.

*ack 12/7/33*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

INDEXED

Dear Garside,

I was glad to get your letter of October 2nd with the personal one of October 4th. As to the first, I was glad to get your explanation regarding the failure to transfer \$80,000, but I still do not agree with the people in New York. Your intimation in this letter that Dean Linn may be leaving the University was the first I had received.

I agree with Dr. Wallace that the teeth needed by the ABCCC are a set of gold teeth. The only way pressure can be put on institutions out here is for those who hold the funds to threaten withdrawal in case their orders are not carried out. You will be interested in knowing what the reaction of our Faculty of Medicine was when they discovered what was the meaning of the Bye Laws drawn up by the Board of Directors about two years ago, and also the additional Bye Laws drawn up last June. Many urged me to call a meeting of the Faculty, which I did, and the Faculty decided that they would recommend to the Board of Directors that the Faculty of Medicine at least wished to change the Bye Laws as related to the School of Medicine. There is a pretty unanimous opinion that we want more autonomy in this School.

In spite of the fact that it was considered by some to be out of order under the present regulations, the Faculty proceeded to elect their Executive Committee as usual and the Executive Committee met yesterday and drew up a set of resolutions to present to the next meeting of the Board through the Executive Council of the University, asking that the Dean be nominated by the Faculty before he is appointed by the President, and that the Superintendent of the Hospital and all other members of staff be first nominated by the Faculty (which really means the Executive Committee), recommended by the Dean, and then appointed by the President. I think it is just as well that this question has been brought

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CHINESE UNIVERSITY  
SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

CHINESE UNIVERSITY  
SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

TRANSFER

TELEGRAPHIC ADDRESS  
CHINESE UNIVERSITY

28th October, 1933.

150 Fifth Avenue,  
New York

Dear Sir,

I was glad to get your letter of October 24th with the personal one of October 27th. As to the latter I was glad to get your explanation regarding the failure to transfer \$50,000, but I still do not agree with the people in New York. Your information in this letter that your name may be leaving the University was the first I had received.

I agree with Dr. Wallace that the tests needed by the ASCCC are a set of gold teeth. The only way pressure can be put on the University is for those who hold the funds to threaten withdrawal in case their orders are not carried out. You will be interested in knowing that the receipt of our faculty of medicine was when they discovered that the meaning of the By-Laws drawn up by the Board of Directors about two years ago, and also the additional By-Laws drawn up last June. Many would not call a meeting of the faculty, which I did, and the faculty decided that they would recommend to the Board of Directors that the faculty of medicine at least should be allowed to elect its own representatives to the School of Medicine. There is a unanimous opinion that we were more anxious in this regard.

In spite of the fact that it was not necessary to come to an order under the present conditions, the faculty proceeded to elect their Executive Committee and the Executive Committee met yesterday afternoon at the residence of the President to present to the next meeting through the Executive Council of the University the Board be nominated by the faculty. The President, and the Executive Council, and all other members of staff will be asked to resign which really means the Executive Council by the Board, and then appointed by the Board, and then appointed by the Board. I think it is just as well that this question

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Mr. B. A. Garside, New York.

28/10/33.

into the open. There were rumours, with a certain amount of foundation I think, that there might be appointed a President whom those of us who knew him would not approve of, and also that there might be appointed a superintendent of the Hospital to succeed Hai of whom none of us would approve.

I think I wrote you before that, though it is not ideal, yet if we are going to continue with the kind of human beings that we have had in the past, I think this institution would get along better and with less friction if the School of Medicine was practically autonomous and only had a close and friendly cooperation with the School of Arts and Science. As an organic union I do not think the experience of the past justifies us in hoping that in the future there will be the close and sincere cooperation which is desirable.

I am interested in what you say about your correspondence with the "distinguished gentlemen in the Appraisal Group." It is very easy to criticise our organisation, but more difficult to think out a better plan. I do not like the organisation and I do not see how we are going to make any great progress in this School of Medicine until we have a sufficient endowment outside of the annual grants from missions and the Rockefeller Foundation. This would make us more or less independent of the fluctuations in grants and to a certain extent of the cuts that may occur in personnel.

I have been thinking along certain lines in regard to our Commission on Program and Cooperation. If we could get a strong commission, with men like Dodd and Vaughan at home, and certain outstanding men in China, both within and without the mission ranks, to study the medical situation out here and make recommendations to the Boards, I believe we could get somewhere; provided, of course, the Boards would listen. I have my eye now on several young men in this country of whom I think it would probably be considered by such an impartial committee that they could render the greatest usefulness to this country by moving from their present location into other places. I am thinking especially of medical schools. We shall no doubt be calling for some of these men and be turned down flatly by the Boards.

I am glad that you will see, or have seen by this time, Stearns and Mosse. Davies has just sent me a note saying that he has received a cable that the Board authorise the construction of a new hospital in so far as it can be operated, etc. I fully approve, in general, of the plans that Price and Scott are working out. They advocate the addition of 50% only of beds and the building of one wing

Mr. B. A. Garside, New York.

28/10/33.

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that these and 2000 are working out. The  
operated, etc. I think probably in the  
the construction of a new hospital in  
the time that we have received a copy that  
time, possibly and more. Please see the  
I am glad that you will see...

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and we believe from the fact that the Board  
agrees. We want to know the situation of these men  
from into other places. I am thinking especially of medical  
agencies to this country and working from their present pos-  
sible hospital committee that they could handle the present  
and of whom I think it would be desirable to consider the  
plans. I have had the men on several other men in this coun-  
try for some time. Probably of course, the Board would  
like and make recommendations to the Board. I believe we  
should be the mission to go to the medical attention and  
some and certain organizations in this country and  
for a certain committee, with men like Wood and others to  
be our organization on the Board and cooperation. If we could  
I have been thinking about certain things in regard

certain extent of the fact that we could in Belmont  
of less independent of the organization in Belmont and to a  
state and the Rockefeller Foundation. This would make us more  
independent and more independent of the present Belmont  
Board probably in this country of medicine and I have a  
situation and I do not see how we are going to make any  
more progress to think out a better plan. I do not like the  
idea, it is a very good to criticize our organization, but  
because when the organization is in the hospital  
I am interested in what you will do about your colleg-

close and sincere cooperation must be continued.  
I believe we in the future there will be the  
the in certain things I do not think the independence of the Board  
and financial cooperation with the Board of Arts and Science.  
of medicine and I believe that we should have a close  
more and more better and with less friction if the Board  
regards that we have had in the past. I think this organization  
great, but if we are going to continue with the kind of plan  
I think I would like to see that, though it is not

hospital to succeed but of whom none of us would approve.  
I believe that there will be appointed a subcommittee of the  
Board from those of us who know that would not approve of  
foundation I think that there will be appointed a sub-  
into the plan. There will be a certain amount of

W. B. ... College, New York.

23/10/33

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Mr. B. A. Garside, New York.

28/10/33.

of the future hospital, with the O.P.D. attached to it. It would give us an O.P.D. at once, and take care of the overflow from the hospital until such time as we could get money to finish the whole of the hospital and move all the patients from the present old hospital into the future new one. Financially, the plan is identical with what some of us advocated and of which I wrote you in December 1931. I do think however that if one wing is to be built it had better be the west wing, which is a great deal nearer to the present hospital than the east wing would be, which is the one they advocate. However, I am not taking any active part in this. When it is all passed I shall copy excerpts from letters and minutes, which may be an interesting commentary on the way we have wasted time and money.

Now to your personal note. I appreciated very much what you have to say. I am surprised at your comment on "one amazing letter King Chu wrote". So far as I have heard him speak in public and private, I thought he was thoroughly in favour of a rural program, whatever that may mean. I think the Committee which is looking for a president is casting about for some young alumnus. In many ways this is a practicable plan, because I doubt very much if we can get any outstanding man in China to take the presidency of this institution. I fear that any alumnus of the School of Arts and Science would be set on building up a cultural college to rival the others, and also it would be very difficult to find one of them who did not have the jealousy of the Medical School, which has been a permanent characteristic of many of the administrators outside the wall. A medical graduate, I think, would be out of the question, and if obtainable he would also be biassed against the School of Arts and Science.

I am going to Peiping on Monday for further examination. I am sure that a small operation and the removal of a lymph gland is going to be necessary. What is done further will depend entirely on what the microscope shows. I hope to be back in a few days, it may be a few weeks. If the latter, I will write you from Peiping.

Yours sincerely,

RTS:EMP.

*R. T. Shields*

*We do not need a Sec. Maaida will be back thank goodness! in April. And Miss Hickson is most efficient on her job. I am off to Moscow. Sorry Ray missed seeing you. Glad to hear better news from your wife. Regards to both from R. T. S.*

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*[Faint, illegible handwritten text at the top of the page]*

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JOINT OFFICE

Dear Sir:

London, England

I am writing you from London. I hope to be back in a few days, it will be a few weeks. I understand that you are interested in the microscope. Let me know if you are interested. I am sure that a small organization and the help of the microscope will be of great value to you.

and please. I am sure that you will be interested in the microscope. I am sure that you will be interested in the microscope. I am sure that you will be interested in the microscope. I am sure that you will be interested in the microscope.

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Yours faithfully,  
H. B. ...

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TRANSFER

*Over*

You will note that the North American section on November 3 gave its approval to all the essential features of the recommendations made by the Committee on Promotion on October 23. We have now completed our arrangements with Kiang and Hsueh, and have plans for the initial building work which we hope to accomplish during the next eight months. We are in correspondence with Mr. L. J. ... and hope that we may be able to give as a certain amount of assistance to ...

SHANTUNG

Cheelee

November 14, 1933

Dr. Randolph T. Shields  
Cheelee University  
Tsinan, Shantung, China

INDEXED

My dear Dr. Shields:

In this letter I will discuss a number of important promotional matters, relating primarily to the School of Medicine.

I enclose herewith copies of the minutes of the meeting of the Committee on Promotion held October 23, and of the North American section held on November 3. These will give you the general background of our discussion. I assume that you have already seen the minutes of the annual meeting of the Cheelee Governors held on November 17 and also of the brief meeting of the North American section held that same day.

General Attitude and Plans of the North American Section. We are all aware that at the present time it is almost impossible to secure any new money for any philanthropic undertaking of any sort, and that it is particularly difficult to secure gifts for work outside the United States. All we can hope to accomplish at present is to maintain the interest and good will of those who are already interested in our China Colleges, and to cultivate the interest of others who may be able to give later on.

The present is, however, an unusually favorable time to carry on this general cultivation work. And since it will require most of the year at best to carry on this preparatory work before we make any effort to ask for any substantial gifts, the present is probably as good a time as we could choose to begin this work. If there is any ground whatever for the hope that we are past the worst of the depression, and are now starting on the up-grade toward more normal times, it is quite probable that by the time we have finished this preparatory work, we may have a situation favorable for more definite financial solicitation. We may as well admit quite frankly that all this is simply a guess. We may be much worse off a year hence than we are today. Just at the time I am writing, the general morale throughout the United States is suffering from a tremendous slump, which has come upon us swiftly during the last few weeks chiefly as a result of the Government's attempts to manage the currency. Even our economists and financiers admit frankly that they don't know which way the Government is headed, and most of us are afraid that the Government does not have any clear ideas on the subject either. But between the time this letter gets to Tsinan, the situation may have taken a much more optimistic turn. One thing is sure - that at some time we must make a definite start, and that time must be well in advance of the date when we hope that we will actually secure some substantial harvest from our efforts. If we go ahead, it is quite possible that we will fail; but if we do not go ahead, it is absolutely certain that we will fail.

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November 14, 1933

You will note that the North American section on November 3 gave its approval to all the essential features of the recommendations made by the Committee on Promotion on October 28. We have now completed our arrangements with Pierce and Hedrick, and they are making plans for the initial publicity work which we hope to accomplish during the next eight months. We are in correspondence with Mr. Lautenschlager and hope that he may be able to give us a certain amount of assistance this year, though with his plans for study he will not be able to do much.

The Question of Your Return for Promotional Work. The question of your return to help out with definite efforts to secure new support depends on several factors. We must first of all consult you on your wishes and views on the subject. We must find whether the field is willing to release you for the time necessary to do this work. And we must lay the necessary foundations and have reasonable grounds for hoping that new support can be secured before we could ask you to leave your work on the field to help out here.

All these factors entered in to the thinking of the section in the discussion which led to action NAS358. In that action, we request you to hold yourself in readiness for a return to America for promotional work at any time after the beginning of 1934 that your presence here can be used to the best advantage. When such a time will come is still quite uncertain. If the situation improves very rapidly, and our plans go forward in a satisfactory way, we might need you in the spring of 1934, but it seems rather unlikely now that you would call upon you before the autumn of 1934. In any event, we would try to notify you as far in advance as possible as to just when we would need you.

Negotiations with the Rockefeller Foundation. We all agree that the present is not a very propitious time to go to the Rockefeller Foundation with any requests for capital grants. Like everyone else, the Foundation has suffered a decrease in both capital and income, and is beset by an unusually large number of urgent requests.

But on the other hand it is becoming painfully obvious that Cheele's opportunity of securing any capital grant from the Foundation, or even obtaining a renewal of the Foundation's annual contribution, is rapidly decreasing and will soon vanish altogether.

Last week, Dr. Cochran and I had a long talk with Dr. Gregg and Dr. Carter. This followed about a week after an informal conference between Dr. Cochran and Dr. Carter. In both these conferences, Dr. Carter and Dr. Gregg were very friendly and sympathetic, but far from encouraging.

Your letter of September 25, with the enclosed copy of your letter to Dr. Gregg reached us about a fortnight ago. Both Dr. Cochran and I had gone over this material carefully, and had it in mind when we talked with the men from the Foundation. We were also glad that you had written Dr. Gregg at this time, for it brought the work and needs of Cheele before him in a very advantageous way.

At our conference last week, Dr. Cochran began by summarizing the history of Cheele during the last sixteen years, and its relationships with the Rockefeller Foundation. He told of the conferences between himself and Dr. Houghton and Mr. Greene back in 1925 with a reference to a conditional capital grant from the

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November 14, 1933

You will note that the North American section on November 3 gave its approval to all the essential features of the recommendations made by the Committee on Promotion on October 26. We have now completed our arrangements with Pierce and Hedrick, and they are making plans for the initial publicity work which we hope to accomplish during the next eight months. We are in correspondence with Mr. Lautenschlager and hope that he may be able to give us a certain amount of assistance this year, though with his plans for study he will not be able to do much.

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Rockefeller Foundation to replace its present annual contribution. He pointed out the very fine service Cheelee is continuing to render, and emphasized the urgency of the financial problems which now confront it, both as regards the Medical School, itself, and as regards the construction and operation of the new hospital.

Dr. Gregg spoke of his visit to Cheelee last year and of his friendly interest in the work going on there. He pointed out, however, that the Rockefeller Foundation has been making very radical changes in its organization and policies in the eight years since Dr. Cochran talked with Dr. Houghton and Mr. Greene. The most radical change was made in 1929 when the Laura Spellman Rockefeller Memorial and the China Medical Board were merged with the Foundation. At the present time, according to Dr. Gregg, the Rockefeller Foundation has a much wider range of obligations than it had a few years ago, and much more limited resources to meet them. It is placing less and less emphasis upon the encouragement of teaching, and more and more emphasis upon research. It is giving less and less attention to medical education, and increasing emphasis to natural sciences and other allied fields. And it is following a pretty definite policy of terminating the support it has heretofore given to a large number of institutions in the conviction that it has now done its full share and these institutions should henceforth seek their support elsewhere. So far as the field of medical education in China is concerned, the Foundation feels a special sense of responsibility for the Peking Union Medical College, and at least a substantial number of the men in the Foundation are convinced that the PUMC is the only medical institution in China which the Foundation can continue to support in the future.

In the beginning of our conferences with him, Dr. Gregg apparently had the idea that we were coming primarily to urge the continuation of the present annual grant for one more year. He stated that he doubted very seriously whether the Foundation would be willing to continue its contribution beyond the present year.

We countered by saying that we had long appreciated the fact that we could not expect an indefinite continuation of this annual contribution, but we did hope that the Foundation would dismiss us with its blessing in the form of a substantial capital grant which would enable us to continue the work which could not have been built up without this support from the Foundation. We then went on to discuss (very briefly, for the time was short) the details of such a conditional capital grant. Dr. Gregg said frankly that he feared the prospects for securing such a capital grant are not too bright. He did give as his personal and unofficial opinion that it would be better for the University to present such a request than to let the matter go entirely by default. He agreed very emphatically that with the passage of each succeeding year, our hope of securing such a capital grant has diminished, and that probably in another year or two it will have vanished entirely.

We asked him whether suggestions as to when such a request could best be presented to the Foundation. He stated that one meeting will be held early in December at which such a request could be considered, and the next meeting will be held next April. He thought that the matter could be considered with equal facility at either of these two meetings.

I have not yet had an opportunity to consult fully with our Cheelee Governors as to the date when such a request should be presented. I believe, however, that they will agree that it would be wiser to bring the matter before the meeting of the Foundation next April. While that will keep us in suspense four months longer, and will make it difficult for us to lay plans for our pre-

November 14, 1933

motional work, on the other hand it will give us an opportunity to consult with the field, and to bring a much stronger appeal than we could make to the meeting next month.

I am now attempting to draft a rough outline of the appeal we will present. I will not have it ready to enclose in this letter, but will send it to you in the regular mail closing at the end of this week. Meantime, we hope you will be giving very careful consideration to the way in which we can most effectively marshal all the friends and influences we can rightly bring to bear on the Foundation, both from the field and from the home base. Of course our request will have to ask for a conditional grant which we will be given as much time to match as the Foundation will allow. We might ask them to make a conditional grant to be matched within five years, the Foundation continuing its present grant until the capital grant has been paid over or has lapsed through our failure to match it.

Promotional Efforts in China. In your letter of September 25, you mention again the desirability of securing in China financial assistance for the Medical School and hospital. It would of course be a tremendous incentive to progress here, as well as a helpful step toward our goal, if such assistance could be secured in China. We hope that in spite of all the present difficulties some definite move in that direction can be made during the coming months. We do feel, however, that it would not be wise to make some measure of new support from Chinese sources the sine qua non to promotional efforts in the west. If we are to have any hope whatever of securing support from the Rockefeller Foundation, we must go ahead promptly and vigorously, and any further delay will almost certainly mean that this avenue will be definitely closed.

The New Hospital. As far as we can see, two serious barriers stand in the way of making any substantial progress in the construction of the new hospital just at this time:- the unfavorable and extremely unstable exchange situation, and the uncertainty of being able to maintain and operate the hospital when it is completed. The field has been authorized to go ahead with the construction of any part of the hospital that can be operated with funds which are now available or which can be secured on the field. We do not know whether or not this will permit any construction whatever at the present time, and await word from the field on that point.

I am afraid that it will be very difficult to persuade our North American section to send out any of the building funds now invested here in New York. We missed the flood tide last winter by squabbling over which direction we would sail, and the ebb in exchange has now left us high and dry. It looks as though we may have to wait for some future tide to set us afloat again.

Other matters in Your Letter of September 25. Various other matters are touched on in your letter of September 25, such as the very serious question of the rural program at Cheelee. I will not attempt, however, to deal with these topics at this time, but will write you later. I will send the Rockefeller Foundation a corrected financial statement for the year 1932-33, since they will not make any payments on this year until last year is cleared. We have been asking for a number of years that the field prepare these statements, since you can do it much more completely and accurately than can our New York office. Anyway, we have the cheerful prospect that we may not have to present any more reports after the year 1933-34. Let us hope that it is one report we will still have to continue for a while longer.

BAG:F

Enc.

Very cordially yours,

*B. A. Caside*

0148

**TRANSFER  
SHANTUNG**

West China Union  
Cheeloo

November 25, 1933

Pres. Linclon Dsang  
Dr. E. T. Shields

My dear Pres. Dsang and Dr. Shields:

I enclose herewith copies of correspondence I have just exchanged with a young doctor who is interested in securing a position in bacteriology or parasitology. (See letter fr. V.H. McFarlane - 11/15/33)

The prospects of any appointment seem to be so remote that I have not taken the trouble necessary to investigate Dr. McFarlane's qualifications in any thoroughgoing way. If you think you might be interested, I will be glad to pursue the matter further. But if you are not interested you need not take the trouble to acknowledge this communication.

Very cordially yours,

*B. A. Garside*

BAG:MP

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0149

COPY

2104 E. 45th Street  
Seattle, Washington  
November 15, 1933

Mr. B. A. Garside  
Associated Universities  
150 Fifth Avenue  
New York City, N.Y.

Dear Sir:

I am seeking work in bacteriology and parasitology in the Orient and understand that you consider applications for West China Union Medical College. I would like to make application for a position as a teaching or research assistant in bacteriology or parasitology. Full time work is desired but part time work will be gladly considered if the remuneration is sufficient to cover living and traveling expenses and providing any spare time may be used for study and research. I am a graduate of Whitman College, a congregational college in the state of Washington and have completed over two years graduate work at the University of Washington. As for the practical application of my training I have had two years high school teaching experience and over two years experience as a medical technician. Graduate curricular training includes work in analytical, organic and physiological chemistry, in serology, infectious diseases, clinical diagnosis, media preparation, sanitary bacteriology, public hygiene, parasitology, general anatomy, histology, gross dissection and in addition work in applied bacteriology and research in tuberculosis and in milk sanitation.

In 1927, I received a Bachelor of Science degree in Biology from Whitman College, in 1930, a Master of Science degree in Bacteriology from the University of Washington. At present I am doing part time work at the University of Washington towards the degree of Doctor of Philosophy in Bacteriology, and part time work in a medical laboratory.

The writer is twenty-nine years old, single and independent. Credentials, including transcripts of college work and references will be furnished if application for a position may be made. I shall very much appreciate your keeping my letter on file for future reference if nothing is available at present. Also I shall be deeply obliged if not being able to consider my application, you will find it possible to refer my name to any University, hospital, or industrial concern in the Orient which may desire one with my training in bacteriology, parasitology and chemistry.

Very truly yours,

(signed) Vernon H. McFarlane

Vernon H. McFarlane  
2104 E. 45th Street  
Seattle, Washington

0150

SHANTUNG

## TRANSFER

Cheeloo

November 27, 1935

Dr. A. T. Shields  
Cheeloo University  
Tsinan, Shantung, China

My dear Dr. Shields:

I am attaching hereto, a tentative draft of our proposed request to the Rockefeller Foundation, asking them for a conditional capital grant to take the place of their current annual grants to the School of Medicine. I earnestly hope that you on the field will go over this draft very carefully, that you will revise it thoroughly, and that you will rewrite completely at least some of the Sections. Much of the detailed information we need in order to make the most favorable impression on the Foundation will have to be supplied by the field.

We want you to feel free also to revise the whole set-up of this request in any way that you think would make it more effective.

Let me discuss some of the specific items on which we are particularly anxious to have your assistance.

The Background. Have we given the most essential historic information here? Can we make the statement more impressive and yet keep it as concise as possible?

Cooperation with Peking Medical College. It seems to me that one of the strongest arguments in favor of this conditional grant from the Rockefeller Foundation is that Cheeloo and the P.S.M.C. have a close relationship with each other, and that each would be incomplete without the other. The big objection to our request which the Rockefeller Foundation is likely to raise is that the Foundation's special responsibility for medical education in China is the P.S.M.C., and that they have neither resources nor responsibility for any other medical work. If Cheeloo can present convincing arguments at this point, it will go a long way toward securing favorable consideration of our request.

As this topic is handled in the enclosed draft, we have not succeeded in presenting a very forceful and convincing case. I hope that the field will be able to re-write this section in a much more forceful manner. You have facts there which I do not possess.

Work of the School. In this initial draft, we do practically nothing except submit four different pamphlets as appendices. Should we let these printed statements tell the story? Would it not be better to add at least a paragraph or two giving the essential facts as to staff, student enrollment and general scope of work done?

0151

As yet we have not received any printed report for the School of Medicine for 1952-55. Since these reports have been printed regularly each year, I assume that a supply will be reaching us in the near future. If the report is not being printed this year, please send us a copy of whatever written report you wish us to present to the Foundation (either that which you submitted at the Annual meeting of the Board of Directors, or any modification of that report you may desire.

Finances of the School. The financial summary covering the last five years (or any other financial statement you believe should be presented) should, I believe, be prepared on the field. You have the information necessary to prepare an accurate, clear-cut summary. We, here in New York do not have all the facts. If there are any details we could supply here, Dr. Lair could at least prepare the main body of the summary and we could send that along too, indicating any details still to be supplied.

Cheeloo's Place in a China-wide Program. I believe it is desirable to emphasize the fact that all our Colleges are endeavoring to cooperate and that Cheeloo School of Medicine is one of the fundamental parts of a comprehensive program for Christian Higher Education in China. The Rockefeller interests have been placing special emphasis upon unification and condensation since the report of the laymen's inquiry last year and I believe that they would be more inclined to give to an integral part of a cooperative undertaking than to an individualistic piece of work, no matter how deserving it might be.

Cheeloo's Immediate and Urgent Needs. This is a place where we must look to the field to supply the essential facts. I have listed what I understand to be the most urgent items totalling US\$50,000 per year, but I have done this in a very general and rather indefinite manner. It would be much more convincing if this statement could be set down more explicitly, and in greater detail particularly as regards the first two items totalling \$30,000. We must also keep in mind the amount we are going to set as the goal which we desire the Rockefeller Foundation to help us meet. I discuss this further on.

Plans to Provide these requirements. I believe that this section should be expressed as strongly as possible, to assure the Rockefeller Foundation that we are making careful plans to provide the funds that Cheeloo needs, and are willing to undertake some serious work to that end.

Request to the Rockefeller Foundation for Assistance. This is, of course, the climax toward which we have been building up. The most vital question of all is the amount we should request from the Foundation, and the terms under which we hope they will make their grant. If we place our figure too high, we run a double danger - the Foundation may turn it down as excessive or even if they make their conditional grant we may not be able to match it within the time limit allowed. On the other hand, if we place our figure below our requirements, even if the conditional grant is made and is matched, we will still not have the School of Medicine in a stable position and will probably have closed the door to any further grants from the Foundation.

Discussing the amount we will ask from the Foundation, we have mentioned at one time or another figures ranging all the way from \$250,000 to

Dr. R. T. Shields

- 3 -

11/27/33

\$500,000. I had tentatively set down the largest of these figures, though frankly I am not at all sure in my own mind that this is the amount we should ask for. It might be wiser for us to seek \$250,000 now with a tacit understanding with our friends in the Foundation that if and when this gift is matched, we would come back with a request for a second \$250,000 to place the School of Medicine on a more permanent basis. Or we might take some intermediate figure such as \$350,000 or \$400,000 which might be easier to secure from the foundation and to match from other sources, and which would be reasonably adequate for our needs. All these are points which we trust that you on the field will discuss very carefully, and will send us your judgment.

As to the length of time we should ask the Foundation to allow us, of course the University would wish as long a period as possible. Perhaps it would not prejudice our case with the Foundation to ask for five years of grace, even though the Foundation, in taking action on our request, might reduce this term.

Certainly we should ask the Foundation to continue some annual grant until the capital grant has been obtained and I suppose that a continuation of the present grant is the logical thing to ask for.

We hope that you on the field will give all these matters very prompt and careful study and will send us your revised draft of this request with all supporting material, so it will reach us not later than the end of February. The middle of February would be definitely better. We will then go forward immediately with having the request put in final form and submitted to the Foundation.

Meantime, we know that you will be doing everything possible to secure support for this request, either through endorsements by representatives of the Foundation in China, or by getting in touch with the men here in America who are either members of the Foundation, or would be influential.

In all that I have written above, I am assuming that the field will favor our going forward at this time with the presentation of our appeal to the Rockefeller Foundation. Of course, if you seriously disapprove this proposal, the whole picture will be radically changed.

Very cordially yours,

BAG:MP

Copy to

Dr. Samuel Cochran

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# SHANTUNG

11/7/33

## Cheeloo

### Draft of Letter in re Medical Endowment

The Rockefeller Foundation  
49 West 49th Street  
New York, New York

Gentlemen:

The Board of Governors of Shantung Christian University presents to you herewith a request for a conditional capital grant for medical work, this to replace the annual contributions which you have generously made during the last seventeen years.

In taking this step we recognize both the problems the Foundation would face in considering such a grant, and also the difficulties we would inevitably confront in undertaking to meet the conditions proposed. But we believe that the past achievements, present work, and future potentialities of the Cheeloo School of Medicine merit this support both by the Foundation and by the Board of Governors.

The Background. The School of Medicine of Shantung Christian University began its work in 1884, and is today the oldest Christian medical school in China. During the half-century of its existence the School has had an important share in the development of modern medical science in China.

From the beginning, the School has developed through both inter-denominational and international cooperation. The School was founded by combining the medical work of two important missionary groups, one American and the other British. Other organizations have one by one added their resources until now nine such groups, representing most of the leading missionary bodies in the United States, Great Britain, and Canada, are sharing actively in the support of the School. These bodies are:-

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Board of Foreign Missions of the Presbyterian Church in the U.S.A.  
Women's Foreign Missionary Society of the Methodist Episcopal Church.  
Executive Committee of Foreign Missions of the Presbyterian Church in the U.S.  
London Missionary Society  
Society for the Propagation of the Gospel  
Baptist Missionary Society (British)  
Wesleyan Methodist Missionary Society (British)  
Board of Foreign Missions of the United Church of Canada  
Woman's Missionary Society of the United Church of Canada

From time to time other Christian medical schools, or medical departments of other Christian colleges and universities, have been merged with the Cheeloo School of Medicine. Between 1917 and 1923 three important units of medical work were thus transferred to Tsinan:- the Medical Department of the University of Hanking, the Union Medical College of Hankow, and the North China Union Medical College for Women.

Cooperation with Peking Union Medical College. In 1916 at the request of the China Medical Board, the Cheeloo School of Medicine took over three of the classes of the Peking Union Medical College. From that time onward these two medical colleges have cooperated with each other in every possible way. Through this cooperation they have been able not only to assist each other materially but have also been able to render a far larger service to the advancement of modern medical science in China than would have been possible without this relationship.

This cooperation has been chiefly along the following lines:-

(a) Linguistic Medium. Cheeloo has emphasized the use of the Chinese language as its medium of instruction, and has undertaken to provide a complete course in modern medicine through the use of that medium. It has also taken the lead in producing an adequate medical literature in the Chinese language. Peking has given greater emphasis to the use of the English language both as a medium of

instruction and for study and research.

(b) Scope of Work. Cheeloo has emphasized the training of physicians and surgeons for general practice in mission and government hospitals and in private practice, with special emphasis on the needs and problems of institutions and practitioners in the smaller cities and the towns. Peking has given more attention to advanced work, research, and the training of specialists.

(c) Exchange of Staff. A number of the staff members at the Peking Union Medical College have from time to time come to Cheeloo to give instruction and demonstrations in their own special lines of work. And to a less extent staff members from Cheeloo have gone to Peking. Many of the Cheeloo graduates go to Peking for a year or more of postgraduate medical work.

Work of the School. We submit herewith the following bulletins, which will show what work is actually being done by the School of Medicine at the present time:-

- \* Bulletin of the School of Medicine, 1932 (Appendix A)
- \* Report of the School of Medicine, 1932-33 (Appendix B)
- Report of the University Hospital, 1932-33 (Appendix C)

We submit also an interesting study (Appendix D) showing the wide distribution and the excellent service being rendered by the men and women who have graduated from the Cheeloo School of Medicine since 1915.

Finances of the School. We submit herewith\* (Appendix E) a summary of the income and expenditures of the School of Medicine and the Hospital for the past five years. This summary shows, we believe, that the medical work at Cheeloo has a broad basis of support, and that in spite of some inevitable decrease during the present economic depression all the supporting agencies are maintaining their contributions at the highest possible levels.

*\* Send us a dozen of each of these pamphlets to forward with our request.*

Cheeloo's Place in a China-wide Program. In the Correlated Program for Christian Higher Education in China, the Cheeloo School of Medicine is accorded a place of outstanding leadership in the field of medical education. The Correlated Program has been gradually evolved during the last twelve years as the result of the united efforts of practically all the Christian higher educational institutions in China and their directing boards in the West, together with the assistance and advice of many competent and impartial educational leaders both in China and in the West. While the Program is not fully in operation as yet, it is the goal toward which Christian higher education in China is rapidly progressing.

This Correlated Program gives its heartiest endorsement to the Cheeloo School of Medicine as the one existing center of medical education under mission auspices in all of China (except for one center in the special area of West China) which is most deserving of recognition and support, and urges that this institution be strengthened and developed as fully as possible.

Cheeloo's Immediate and Urgent Needs. The time has now come when it is absolutely essential to the future of the Cheeloo School of Medicine that its basis of support shall be strengthened and increased. For several years the costs of maintaining the work already undertaken have been rising steadily. Certain very greatly needed developments, such as the building up of work in Public Health, have had to be postponed. The present hospital facilities are becoming increasingly inadequate to meet the needs of the School, and yet, though funds are in hand to build an excellent new hospital plant, it has been impossible to go forward with construction because as yet there is not in sight sufficient income to operate and maintain the new plant.

Moreover, it is recognized as essential to the stability of the work

that income from annual grants must be supplemented by the more permanent income which endowment funds would furnish.

The following are the needs which must be met in the near future if the Cheelee School of Medicine is to go forward with the service it is being asked to render to the cause of modern medical education in China:-

additional assured annual income to meet rising costs, to permit the development of work in Public Health, to secure the services of more highly trained men in a number of departments	US\$15,000.00
additional assured annual income, above increased fees which the new hospital may be expected to produce, required to maintain and operate the new hospital plant	15,000.00
assured annual income to replace the present annual grants from the Rockefeller Foundation	20,000.00
Total assured annual income required	US\$50,000.00

Plans to Provide these Requirements. The Board of Governors of Shantung Christian University has recorded its profound sense of the urgency of meeting these needs, and has resolved that it will make every possible effort to secure the funds that are required, preferably through the building up of an endowment fund of US\$1,000,000.00. The Governors have every reason to believe that in these efforts they will have the support and assistance in North America of the Associated Boards for Christian Colleges in China, and in Great Britain of the United Committee for Christian Universities of China. They are confident, too, that every possible assistance will be given in China by the Board of Directors of the University, by the Alumni Association, and by the many Chinese friends of the institution.

Draft of Letter to  
Rockefeller Foundation

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Plans are now being formulated for undertaking an appeal for support in North America, Great Britain, and China as soon as economic conditions will permit such a step.

Request to the Rockefeller Foundation for Assistance. As the first and most essential step in all our plans for the future support of the School of Medicine, the University comes to the Rockefeller Foundation with these specific requests:-

1. That the Rockefeller Foundation make a conditional capital grant to the School of Medicine of Shantung Christian University in the amount of \$5,000,000, this grant to be matched within a period of five years by cash or acceptable pledges from other sources for an equal amount.
2. That during this period the Rockefeller Foundation continue its present annual grant to the School of Medicine on the same conditions as now exist, this annual grant to terminate upon the payment of the capital grant described above.

Without such aid from the Rockefeller Foundation, the University would find it almost impossible to obtain the additional support required, and the effectiveness, if not the very existence, of the Chealsee School of Medicine would seriously be jeopardized. But with this final act of assistance to complete the generous support which the Foundation has provided during the last two decades, the University would be in a position to go forward aggressively with the task of providing for the permanent support of this important piece of Christian medical education.

Very respectfully yours,

Chairman, North American  
Section  
Board of Governors  
Shantung Christian University

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*over*

12/7/53

SHANTUNG

Dr. R. F. Shields

# TRANSFER

I am very glad to discover that I was quite mistaken in thinking that Dean Linn might be leaving the University. My misunderstanding is an apt illustration of how easy it is for false rumors to get started. In your personal note of August 27th after telling of Dr. King Chu's department you add "Linn has resigned as acting President for outside affairs". I took this to mean that Dean Linn was leaving the University but I now see that you meant simply that he was planning to give up the acting Presidency so as to devote himself entirely to his duties as Dean in the Colleges of Arts and Science. I believe, however, that I was careful not to make any reference to the matter in any of my other letters to the field, so I trust that we did not set any wild rumors flying. I did, however, mention the rumor to Dr. War but I am hastening to correct the impression I gave him.

Cheeloo

December 7, 1953

My dear Dr. Shields:  
Let me acknowledge receipt of your letter of October 28th. On the matter of the transfer of U.S. \$80,000, I have always tried to be the spokesman for the field in presenting these hospital questions before the Board of Governors. I thought we were doing the field a service last October when we urged the Governors to give the field a free hand to build the hospital at their own discretion. At that time the Governors were already to go forward with the sale of securities and the transfer of funds to the field. It was the field itself that spoiled the show, and there was nothing that I or anyone else could do to persuade the Governors to sell securities and send out funds to Shanghai after we received the broadsides the field fired at us as soon as the news of the action here in New York reached you. Now there is nothing to do except wait and see when the next flood tide will float us off the mud bank where we are now stuck.

My dear Dr. Shields:

I am very glad to discover that I was quite mistaken in thinking that Dean Linn might be leaving the University. My misunderstanding is an apt illustration of how easy it is for false rumors to get started. In your personal note of August 27th after telling of Dr. King Chu's department you add "Linn has resigned as acting President for outside affairs". I took this to mean that Dean Linn was leaving the University but I now see that you meant simply that he was planning to give up the acting Presidency so as to devote himself entirely to his duties as Dean in the Colleges of Arts and Science. I believe, however, that I was careful not to make any reference to the matter in any of my other letters to the field, so I trust that we did not set any wild rumors flying. I did, however, mention the rumor to Dr. War but I am hastening to correct the impression I gave him.

I am greatly interested in your comments on the organization at Cheeloo. The question of greater autonomy in the School of Medicine, and related topics. There is now on the way to China a letter I wrote Mr. Davies at the command of the Board of Governors asking the field for recommendations as to possible changes in the organization of the University which would make for greater ease and simplicity in administration but would not endanger the support and cooperation of the participating groups.

I am greatly interested in your comments on the organization at Cheeloo. The question of greater autonomy in the School of Medicine, and related topics. There is now on the way to China a letter I wrote Mr. Davies at the command of the Board of Governors asking the field for recommendations as to possible changes in the organization of the University which would make for greater ease and simplicity in administration but would not endanger the support and cooperation of the participating groups.

Dr. R. T. Shields

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12/7/55

I am also very much interested in your comments on hospital building plans and the search for a new President. Within a few weeks after you wrote, the field must have received by mail fuller information as to the action of the Governors on October 17th, and no doubt, both you and Mr. Davies have written us since this material reached the field.

We certainly hope and trust that the trip you made to Peiping about the end of October showed that you were in satisfactory condition. Dr. Samuel Cochran was quite concerned over the news of the lymph gland, and he feared that it might possibly be an unfavorable sign. But since we have had no later information we assume that "no news is good news."

We trust that by the time this reaches Feinan, you will be getting off to a good start on a very happy and prosperous new year.

Very sincerely yours,  
*B. A. Garvie*

BAG:MP

I am very glad to discover that I was quite mistaken in thinking that you might be leaving the University. My number one hope is an apt illustration of how easy it is for false rumors to get started. In your personal note of August 27th after failing to find your resignation you said "I have decided to leave the University." I took this to mean that you were leaving the University and I was very disappointed. I had been planning to give up the position of President of the University to you and to devote myself entirely to my duties as Dean in the College of Arts and Sciences. I believe, however, that I was wrong in not making my reference to the matter in any of my other letters to the field, as I trust that you did not see any need for it. I did, however, mention the rumor to Dr. Bell but I am hesitating to correct the impression I gave you.

I am greatly interested in your comments on the organization of the School of Medicine. The question of greater autonomy in the School of Medicine is now on the way to China. I wrote you in the field of the Board of Governors asking the field for recommendations as to possible changes in the organization of the University which would make for greater ease and efficiency in administration but would not endanger the support and cooperation of the participating groups.

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**TRANSFER**  
CHEELOO UNIVERSITY  
TSINAN, SHANTUNG  
CHINA

醫齊山  
學魯東  
院大濟  
學南

TELEGRAPHIC ADDRESS:  
"CHEELOO, TSINAN"

**SHANTUNG**

SCHOOL OF MEDICINE  
OFFICE OF THE DEAN

27th November, 1933.

*Ack 12/26/33*

Mr. B. A. Garside,  
150 Fifth Avenue,  
NEW YORK.

Dear Garside,

This is more or less a personal letter. I went to Peiping, as I wrote you in my letter of 28th October. I did not have an operation done at the time, as it was thought best to give me treatment with deep x-ray, which took more than two weeks' time. The treatment is a very simple matter for the patient and the reaction is nothing compared with that from radium, so I am back on the job again, practically no worse for the trip. But the difficulty is that I must return to Peiping, as soon as the skin reaction is passed, for an operation. We have planned on December 16th as the day. Incidentally, this will interfere with Christmas plans and we may stay with Evy in Peiping instead of having her come here. My wife will go to Peiping with me. Neither Spies nor Loucks think that the growth in my axilla is malignant but it is suspicious and they are taking all precautions. The operation, of course, may be a trifling affair and I may be able to return in a few days. If the frozen section shows malignancy the operation, of course, will be a radical one followed by radon, which means that I will be crippled for some time at the best.

I am writing you so that you can tell Sloan and Sam Cochran. I will not write them now. I have written to my aunt and to Ran about the situation and I want you to do something for me. I have looked over the Mission Code Book and there are a number of words which will suit the case. There is the word cancer and also various forms of operation and "inform family". The cable may be signed as I usually do - Shlds. You will probably get the cable before you get this letter, but no doubt will understand it, and when you get the letter please write to R.T.S. Junior, 472 Commonwealth Avenue, Boston, and also to Miss M.W. Shields, 5528 Loyola Avenue, New Orleans, Louisiana. This will relieve their minds, I am sure, or confirm their fears.

I hear that a letter has been received from you in which my name is mentioned in regard to going home in 1934. This letter, I believe, came about 10 days ago, but I have not

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NOV 27 1933

seen it. I suggest that if you want me to get information promptly from your office you write to me or send me copies of your letters to others. Until after my operation there is no use considering this matter. If I am put out of action by radium for a while it may be just as well to go to the States. I do not think that seasickness added to radium would make much difference one way or the other! However, I will write you later about this when I have got information from you.

I am still keeping in touch with home friends as well as possible. I do not know what has become of my good friends the Alexanders, but have written recently to others to find out about them.

From what I hear about the Hospital they are getting along very well. As I wrote you before, the plans are financially, and as far as expansion is concerned, practically the same as those which were proposed two years ago.

Heimbürger is going home in April. The Medical Faculty have asked Price to be Superintendent during his absence. I have written to Mr. Davies, the Acting President, requesting that he ask Price. This is according to the Government regulations. Dr. Waddell is marrying one of the 1933 graduates and severing her connection with this institution at the end of June. Does this count as a vacancy? Also I do not know what Heimbürger is going to do. If he does not return that would certainly be considered as leaving a vacancy.

There is a wide awake young doctor - T.C. Greene - at Douw Hospital in Peiping. We have had him down here recently and have been sizing him up pretty carefully. We have not yet officially asked him to come here to take charge of X-ray and Neurology, but we intend to do so. I have written to Dr. Bash of the Douw Hospital and to John Hayes telling them what we expect to do, as they are the people most concerned. Of course there will be a fight on the part of the Station and the Mission, but Greene will do more good in the long run in this institution than he will in Douw Hospital. And I feel that especially with the diminishing appropriations at home we must concentrate and conserve our forces on the field and put the few people that we have in the positions where they count the most.

I hope that the Committee on Program and Co-operation is going to give me a chance to collect some facts in regard to Mission Hospitals and make a report. I feel sure that many hospitals should be turned over to Chinese Boards of control or close, and that other hospitals should be strengthened to make them more efficient.

I hope you and yours will have a pleasant if not merry Christmas.

I am sending you under separate folder two copies

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of a paper I have written for the Year Book. I do not know when that will come out so am sending these now. When you have read it please give one of them to Dodd and one to John Reiser and tell Dodd what I have written you in regard to Greene.

Yours sincerely,

*R. J. Shields.*

*I see that Creighton is here asked to come by Fair of Hosp. Bldg. Com. I am not taking any active part in this.*

RTS:EMP.

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*over*

**TRANSFER  
SHANTUNG**

Cheeloo

December 26, 1933

**INDEXED**

Dr. Randolph T. Shields  
Cheeloo University  
Tsinan, Shantung, China

My dear Dr. Shields:

Let me acknowledge receipt of your letter of November 27th, which arrived just this morning. We were very much relieved to receive your cablegram last week saying "No cancer. Inform family." I sent this message off to Ran immediately, and asked him to supply me with the names and addresses of others who should receive it. He has today given me, in addition to the name of Miss Maria W. Shields, a few other names to whom he thinks we should send the news. I have also telephoned the cablegram to Dr. Cochran and will send your letter to him to read and return for our files.

On the morning of December 23rd I received from the Rockefeller Foundation, Miss Thompson's letter quoting the action taken by the Trustees of the Foundation regarding the Cheeloo appropriation for next year and also the copy of the letter Dr. Gregg wrote you under date of December 22nd. Copies of these letters should be reaching you in this same mail. But to be sure that this reaches you, I am enclosing copies herewith.

I was tremendously surprised that the Rockefeller Foundation took this matter up at its December meeting for I thought that I had a clear understanding with Dr. Gregg that the question would not be brought up until their meeting next March or April. As a matter of fact, it was not in regular order for the Foundation to take action at its December meeting, for they had not as yet received any formal request from the Board of Governors asking for a continuation of the Foundation's appropriation for the year 1934-35. While the Foundation has always been influenced by the communications they have received from the field each year, they have heretofore made it a pretty definite rule that their action is based on a formal request received from the Board of Governors, which is the corporate body of the University. So even though Dr. Gregg had forgotten our informal conversations, and our agreement that this question would come up next spring rather than at the December meeting, it is surprising that the Foundation should go ahead without having received any formal communications from the Governors.

I got in touch with Dr. Gregg's office immediately after I received his letter, and asked if I might have a conference with him. He states that he is very busy this week, but has granted an interview on the afternoon of January 3rd. At that time I will try to find out more clearly just what has happened, why it happened and what further steps, if any, we can take.

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As the matter now stands, the Rockefeller Foundation has not only taken the action we have all been fearing for so long, but has done it out of a clear sky, and without giving Cheeloo any chance whatever to state its case. If this was merely a slip on the part of one of the officers of the Foundation, our case may not be entirely hopeless, even though it is pretty badly spoiled. But if this was a deliberate move by the Foundation to close the matter and to forestall the request which Dr. Gregg and Dr. Carter both know we are making, then the case is pretty hopeless. The way in which Dr. Gregg has put off my conference with him for ten days does not look at all encouraging, ~~but~~ even though he is unusually busy this week, he would probably be able to find a little time to discuss a matter of this importance.

One thing at least is obvious. The day has arrived which we have foreseen for a number of years. Within the Rockefeller Foundation there has grown up a new dynasty that knows nothing of Joseph. Practically all of our old friends are gone, and the few that are left have less influence than they once had. The Foundation has shifted its interests, and one by one has plucked out the projects which do not fit into their new scheme of things.

During recent weeks we have been considering a concerted move on the part of all our China Colleges within the Associated Boards to lay before the April meeting of the Rockefeller Foundation a comprehensive statement of the Correlated Program for Christian Higher education in China so far as it is of direct interest to the Foundation, and to ask the Foundation for a conditional grant toward the support of a unified group of financial objectives which we hope the Foundation might be willing to support. Within such a list, the medical work at Cheeloo would have a very definite place. Possibly the only way now in which we can ask the Foundation to take any further action in regard to the medical work at Cheeloo is within such a combined group of requests. This is a point I am trying to clear with Dr. Gregg next week.

We will continue to use every effort to keep the support of the Foundation. But until the matter is finally disposed of we will simply have to sit tight and prepare for the worst, even while we continue to hope for the best.

Very cordially yours,

*B. A. Garnde*

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## SHANTUNG

THE ROCKEFELLER FOUNDATION  
49 West 49th Street,  
New York

December 19, 1955

My dear Mr. Garside:

I have the honor to inform you that at a meeting of the Trustees of the Rockefeller Foundation held December 15, 1955, the following action was taken:

**RESOLVED** that the sum of Eight thousand six hundred dollars (\$8,600), or as much thereof as may be necessary, be, and it is hereby, appropriated to purchase Ten thousand dollars Chinese silver currency (Mex. 10,000) and also to provide Five thousand dollars (U.S. \$5,000) for maintenance of the School of Medicine of Shantung Christian University during the year 1954-1955, with the understanding that with this appropriation any obligation of the Rockefeller Foundation to the support of the School of Medicine of Shantung Christian University shall cease.

If this meets with your convenience, payments will be made upon request as in connection with earlier grants of the Foundation.

Very truly yours,

Secretary

Mr. B. A. Garside  
Shantung Christian University  
250 Fifth Avenue  
New York City

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SHANTUNG

December 22, 1955

Dear Doctor Shields:

In connection with your request of September 23 for a renewal of the annual grant, we reviewed with care the relationships between the Foundation and the Shantung Christian University since the grant of March 7, 1916. It was interesting to see that excluding the last grant of March 17, 1953 the amount of money spent from these grants is recorded as \$534,754.13.

At the time of my visit last year the amount of work done on the support provided by the various missionary organizations showed that extremely effective use has been made of the support received. I want you to know of this feeling on our part since in essence the action taken by the Trustees at this annual meeting on December 13 might be open to misinterpretation. The copy of the official notification from the Foundation's Secretary to Mr. Garside which is enclosed, indicates the action taken.

The clause indicating that this grant will mark the termination of support derives from the decision to narrow down the Foundation's interest more specifically to research projects in limited fields and to discontinue programs of general support to medical education. It is not a singling out of any one institution but a matter of general policy. I greatly regret the disappointment and difficulty that will be caused.

With best personal greetings,

Yours sincerely,

Alan Gregg

Doctor R. T. Shields  
Cheeloo University  
Tsinan, Shantung  
China  
AG:GER

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