

The Peking Union Medical College and Beiping Psychopathic Hospital

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I visited the Rockefeller Archive Center (RAC) in September 2012 in order to research the founding and institutional development of the Beiping¹ Psychopathic Hospital. The Hospital, which was managed and funded by the Peking Union Medical College (PUMC) in conjunction with the Beiping municipal authorities, was established in 1933 and continued to be jointly run by the PUMC until 1939. The research that I conducted at the Archive Center will be incorporated into my doctoral dissertation, “Spit, Chains, and Hospital Beds: A History of Insanity in Republican Beijing, 1912-1937,” which documents institutional and phenomenological perspectives on what it meant to be “mad” in early twentieth century China.

The main sources I consulted included the China Medical Board, Inc. (CMB) records from the PUMC’s department of neurology, Rockefeller Foundation (RF) records on PUMC administration, and a CMB video entitled “An Eight Month Experiment,” which documented the transfer of the police-run municipal asylum to the control of the PUMC in 1933. Although I had previously spent time researching this topic in Mainland China, my understanding of the institutional development of the PUMC—as well as its outreach efforts to the larger Beijing community—was cursory at best. These records helped to fill in fundamental gaps in my knowledge, as well as provide insights into the goals of the PUMC in taking over the responsibility of managing the Beiping Psychopathic Hospital.

Suspicious Confirmed

The first half of my dissertation, which delineates a chronological, institutional history of madness in Republican Beijing, shows that Western medical professionals and philanthropic organizations generally asserted a Whiggish view of medical and institutional progress; that is to say, the vast majority of Western medical practitioners believed that the advent of the Western hospital and the growth in Western medical practice in China constituted an undeniable progress and advancement over so-called traditional Chinese medicine. With this in mind, one of my main goals in consulting these collections was to determine the scale, scope, and goals of the PUMC and CMB in involving itself in medical education in China (and particularly in Beijing).

As I suspected, medical relief efforts that were sponsored by the RF and CMB were extremely widespread. Prior to even taking over the PUMC, the RF sent an exploratory mission throughout north, south, and western China in 1914 to determine where to focus its efforts. The RF ultimately settled on Beijing, since a preexistent hospital (then known simply as the Union Medical College) had already been erected there by Catholic missionaries, and the simultaneous medical-cum-religious efforts of the hospital corresponded well to the RF's mission statement.² The goals of the CMB were lofty. In a historical record of the CMB (prior to becoming incorporated), the author noted that two of the CMB's main objectives in establishing teaching hospitals in China was to "create public confidence in scientifically trained doctors" so as to "educate the people in the nature and methods of Western medicine," and to provide models for other hospitals, "especially for imitation by the Chinese."³ In other words, the purpose of establishing the PUMC was not simply to treat Chinese patients, but to spread the gospel of Western medicine throughout Asia.

The American practitioners on the 1914 China Medical Commission were generally dismissive of traditional Chinese medical practices. Noting that the Chinese knew nothing of sanitation, public health or preventive care, they wrote back to the RF that “health conditions in China are bad beyond anything which the members of the Commission had anticipated,” and that traditional medical doctors “know nothing of western medical science” and employed “such absurd methods as acupuncture.”⁴ The denigration of Chinese medical practice continued throughout the early existence of the PUMC, particularly as it concerned the welfare of the mentally ill. In correspondence between Dr. Richard Lyman, who assumed control over the department of neurology in 1933, and Roger Greene of the RF, Lyman noted that the incidence and etiology of mental diseases in China could not be known due to the fact that the majority of mentally ill patients “are kept under the cover of the home and never come into our hands for observations.”⁵ Since many Chinese of the time did not consider insanity to be a medical condition, it did not occur to them to bring the mentally ill to a hospital or clinic for treatment.

Indeed, one of the main reasons that the PUMC agreed to undertake the project of administering the Psychopathic Hospital was due to the fact that no other institution of its kind existed in Beijing at the time. Although the municipal police had been running an asylum in the city since 1912, the institution was “really a prison for insane criminals” and not a place of rehabilitation.⁶ Thus, the PUMC believed that it could provide a great service to the community by agreeing to assume the responsibility of overseeing the city’s first psychopathic hospital. There, they would not only take on insane patients for treatment purposes, but additionally use these patients as examples for instructional training for medical students. By introducing Chinese doctors to the current theories and practices of Western psychiatry, the doctors at the PUMC

hoped that the Chinese would adopt Western techniques so as to tackle the problem of mental illness on their own.

Suspicious Refuted

It was at the Beijing Municipal Archives that I first learned of the collaborative effort between the PUMC and the Beiping authorities (first the Social Affairs Bureau and later the Ministry of Hygiene) to fund, manage, and oversee treatment at the Psychopathic Hospital. I originally suspected that the PUMC was enthusiastic about the prospect, since it would enable them to become more involved in the welfare of the community. However, upon reading a number of administrative documents pertaining to the handover, it soon became clear that the PUMC had entered into the agreement as a last resort, and was quite relieved to be cleared of its responsibility when the hospital was moved outside of the city walls in 1939.

Throughout the 1920s, Andrew H. Woods, head of the department of neurology at the PUMC, continually strove to expand his division into a department of neurology *and* psychiatry. The plan received a welcome response from Roger Greene, resident director of the CMB and later acting director of the PUMC. Throughout the 1920s, Greene and Woods proposed to the CMB that the Board grant sufficient funding for a psychiatry ward and neuro-psychiatric building. Although the CMB resolved to furnish the recommended funds, numerous unforeseen problems caused the CMB to stall on its delivery.

First, the PUMC had an exceedingly difficult time recruiting competent neurologists and psychiatrists to the hospital. Since the field of neurology was relatively new at the time, the best-trained men were consistently offered better paying and higher-ranking positions at medical institutions in the United States, and very few entertained the option to travel to a remote location in order to work at a relatively young institution. Second, in order to induce foreigners

to join the PUMC, the board of directors opted to give them a much higher pay grade than their Chinese counterparts, which prompted certain well-respected Chinese neurologists to seek employment elsewhere.⁷ Third, although the department of neurology was already floundering, Woods decided to submit his resignation at the end of the decade, which left the nascent neurology ward without a director. During the next few years, Ernst de Vries took over the reins of the operation, but did not show a proclivity toward psychiatric work.⁸ It was not until 1932, when Richard Lyman was installed as chief of the department of neurology, that the option to expand outward into psychiatry was again entertained.

By this point, however, the CMB was not in a financial position to supply the necessary funds. Despite the fact that numerous physicians pointed out the dire need for a psychiatric ward at the hospital, financial support was not forthcoming, and the plan was scrapped.⁹ Instead, Lyman proposed to cooperate with the municipal authorities to take over the administration of the local asylum. The measure, Lyman insisted, was merely a stopgap until the hospital could afford to build its own teaching facilities. Although the PUMC saw certain benefits to working with the municipality—they could avoid the burden of housing chronic cases, and the municipality would fund half of the effort—they were not completely enthusiastic about the joint venture. As Greene wrote in a letter to the CMB, the asylum venture was a means of “temporarily” providing some “less expensive way for at least practical teaching of mental disease to our students.” The PUMC would provide funds “on an extremely modest basis” in order to keep the asylum running, and when they received their own psychiatric pavilion, would make plans for the “entire support of the municipal asylum” to be assumed by the city.¹⁰

Throughout the 1930s, the PUMC continued to petition the CMB to grant them the necessary capital to establish a separate department of neurology and psychiatry within the

college, yet the funding never materialized.¹¹ Lyman, Greene, and other high-ranking members of the College never failed to make it clear, however, that the primary reason they wished to establish the new department was not for the purpose better treatment of patients, but for training new medical students. In fact, the staff of the PUMC did not ever show a willingness or desire to treat the Chinese mentally ill on a large scale, particularly if they showed signs of becoming chronic patients. This attitude became even more evident when the Psychopathic Hospital was moved outside the northern walls of the city in 1939.

For reasons unknown—though it most likely had to do with major budget cuts within the Ministry of Hygiene¹²—the Beiping municipality decided to uproot the Psychopathic Hospital to the north of the city at the end of the decade. The new location proved inconvenient for the PUMC, and they decided to discontinue their work at the asylum. Nevertheless, the PUMC staff was not displeased at the change of events. As H.S. Houghton wrote in a letter to the chairman of the CMB, E.C. Lobenstine, the PUMC had decided to pull out of their agreement with the municipal government due to the distance and extra costs involved in transport to the asylum. So as not to leave the municipality empty-handed, they worked out an agreement in which PUMC neurologist Wei Yulin would continue his work as head of the asylum, and in return, the city would furnish the PUMC with fifteen specially selected patients to be used for teaching and study purposes at the College itself. The nine males and six females would be installed in a small ward in Lockhart Hall, and could be transferred back to the asylum at any point. “The College will have therefore a stream of carefully selected clinical psychiatric material, and will not be faced with an accumulation of hopeless cases which cannot be discharged,” Houghton wrote. The set-up, he continued, proved to be “an excellent solution of a difficult and long-standing problem.”¹³

Through an unexpected series of events, the PUMC finally solved the problem of how to train neurological and psychiatric specialists while avoiding the burden of chronic cases and the ever-present problem of insufficient funding. My original assumption—that the PUMC became involved with the municipal asylum for purely curative reasons—turned out to be false. Instead, the PUMC was more concerned with the question of how to train a future class of Chinese practitioners, so that the Chinese themselves could take over the reins of the hospital or establish their own clinical practices. In other words, for the PUMC, educating the Chinese to become psychiatrists and neurologists was more pressing than treating existing cases of mental illness.

Information Clarified

The RF and CMB records of the PUMC operations at the Psychopathic Hospital were particularly useful in terms of the detail they provided about expenses, salaries, and hiring policies. For example, a statement of asylum accounts, copied in a letter from Greene to M.K. Eggleston, secretary for the CMB, detailed the income and expenditures that accrued to both the PUMC and the municipal government over a four-month period in 1933. The account shows that although the costs of the maintenance and upkeep of the asylum were roughly equal for both parties during this time, the PUMC ended up assuming a larger proportion of the total cost than the municipality (close to \$1,000 more out of a grand total of \$9,000). Such an imbalance likely did not endear the PUMC to its co-managers.

The records also demonstrate where funds were being spent and in what proportions. The largest amount of spending went toward food and fuel; salaries and wages came second, and improvements to the facility came third.¹⁴ Indeed, the amount of money spent on the facility itself soon proved to be insufficient. In 1935, the PUMC put a proposal toward the board of the CMB to allot \$7,000 for the construction of better facilities for the insane; having found that

there was no proper way to deal with the violently insane within the existent asylum, the PUMC desired to have the present facility expanded (or moved elsewhere) so as to more effectively, and more humanely, care for destructive patients.¹⁵ The funds were never furnished.

Records within these files reveal interesting information about the staff of the PUMC. For example, Andrew H. Woods, who led the department of neurology for close to a decade, was not actually the first choice of the PUMC board of directors; they desired, instead, to hire a Dr. Hamilton, who turned down the offer.¹⁶ Finally, the materials offer a look inside the discrepancies in pay between foreign staff and Chinese staff. Dr. Wei Yulin, who was promoted to rank of associate professor in 1930, was only paid \$3,300 a year; at the height of his career, and upon his reappointment in 1933, he still only earned \$4,000 annually. On the other hand, Dr. Woods was given an entry salary in 1919 starting at \$4,700 (including an annual housing allowance); upon his reappointment four years later, his salary was increased to \$11,500.¹⁷ It was no wonder, then, that the College often had trouble retaining its Chinese staff—in spite of the fact that the ultimate goal of the PUMC was to eventually turn over the institution to the Chinese.

The Rockefeller Archive Center was an invaluable source of information. Files on the PUMC, Psychopathic Hospital, and CMB provided critical information about the history and institutional evolution of the College, as well as its role in the greater Beijing community and its goals for continued expansion. By discovering that the PUMC only involved itself in the routine operation of the municipal Psychopathic Hospital as a last resort—and freed itself from its obligations in the endeavor as soon as it was given the chance—I will be better able to position the asylum in its correct historical context.

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The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

ENDNOTES:

¹ In this report, I will alternate between "Beijing" and "Beiping" depending upon which time period I am referencing. Upon the Guomindang (Nationalist government) reunification of China in 1927-1928, the capital was moved south to Nanjing, and the former "northern capital" (Beijing) was renamed the "northern peace" (Beiping). Since the PUMC psychopathic hospital was founded in 1933, I refer to it as the Beiping Psychopathic Hospital. "Peking," as in the Peking Union Medical College, uses a transliteration of Beijing that was common at the time of the hospital's founding. Outside of referring to the PUMC, I do not employ the spelling of "Peking" elsewhere in this report. Nevertheless, all three names refer to the same geographical location.

² Record Group (RG) 1 Projects, Box 24, Series 601, Folder 233A, "China Medical Board Historical Record," July 5, 1929.

³ RG 1 Projects, Box 25, Series 601, Folder 234, "China Medical Board Historical Record, Volume 1A: History of the China Medical Board."

⁴ RG 1 Projects, Box 26, Series 601, Folder 240, "Preliminary Report of the China Medical Commission to the Rockefeller Foundation," September 24, 1914.

⁵ China Medical Board, Inc., (CMB) Box 96, Folder 690, Lyman to Greene, May 14, 1934.

⁶ CMB, Box 96, Folder 689, "Peking Union Medical College and the Problem of Insanity in China," December 27, 1920.

⁷ CMB, Box 96, Folder 689, letter from Andrew Woods to H.S. Houghton, June 1, 1926.

⁸ CMB, Box 96, Folder 689, Letter from Greene to Eggleston, January 20, 1932.

⁹ CMB, Box 96, Folder 690, Board of Trustees, executive committee report, June 8, 1933.

¹⁰ *Ibid.*, Greene to Eggleston, June 9, 1933.

¹¹ *Ibid.*, Minutes of PUMC Committee of Professors, January 9, 1936.

¹² *Ibid.*, H.S. Houghton to E.C. Lobenstine, January 25, 1938.

¹³ *Ibid.*, Houghton to Lobenstine, August 9, 1939.

¹⁴ *Ibid.*, "Statement of Insane Asylum Accounts," attached to letter from Greene to Eggleston, March 16, 1934.

¹⁵ *Ibid.*, Minutes of PUMC Board of Trustees, June 29, 1935.

¹⁶ *Ibid.*, Thomas Salmon to Dr. Wallace Butterick, September 5, 1919.

¹⁷ CMB, Box 97, Files 697 and 698.