


# Activities of Public Health Education Launched by John B. Grant in His Early Years in China (1921-1923)

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**Abstract:** The concept of modern public health was introduced to China in the mid-19<sup>th</sup> century with the spread of Western medicine. In the early 1920s, dreaming to develop public health undertakings, John B. Grant came to China where he made public health education his top priority. In his early years in China, with great dedication, John Grant began to carry out various activities. He tried to influence government officials, spread public health knowledge among educational administrators, and created a public health program in the Peking Union Medical College (PUMC). Not only did these efforts effectively promote the circulation of public health knowledge in China, but they also laid a solid foundation and trained qualified personnel for the field's sustainable development.

**Key Words:** John B. Grant, Public Health, Education

“Public Health is field of medicine and hygiene dealing with the prevention of disease and the promotion of health. It encompasses different fields primarily epidemiology, hygiene, biostatistics and social medicine.”<sup>1</sup> Modern public health concepts originated in the United Kingdom and developed during the industrialization process. The British parliament passed the Poor Law Amendment Act in 1834, calling on the central government to assume responsibility for health and social welfare of the poor by establishing specialized governing agencies. This marked a new age of modern public health in which public health undertakings became organized and followed government lead<sup>2</sup>. The second half of the 19<sup>th</sup> century witnessed significant developments in sciences including microbiology, parasitology, bacteriology, and immunology that contributed to the development of the field of public health. Beginning in the second half of the 19<sup>th</sup> century, westerners started to practice modern medicine and carry out public health activities in trading port areas of China, especially in places such as Shanghai and Tianjin. The Rockefeller Foundation (RF), having

been dedicated to the promotion of modern medical science and public health since its founding in 1913, funded the Peking Union Medical College (PUMC).

## I. The Rockefeller Foundation and Its Endeavors to Promote Public Health in China

John D. Rockefeller, president of Standard Oil Co. Inc., was well known for his enthusiasm for philanthropy. Encouraged by Frederick T. Gates, Rockefeller funded the University of Chicago in 1890 and the first medical institute in the United States—the Rockefeller Institute for Medical Research in 1901.<sup>1</sup> Gates then convinced Rockefeller to invest in the Far East, as he envisioned China to be a crucial stop on the RF's journey towards becoming a philanthropic organization with international recognition.

Aiming to promote the well-being of humanity throughout the world, as well as to spread and develop modern medicine and public health, the RF was officially registered in the State of New York on May 14, 1913. Ever since its establishment, the RF was deeply interested in the Far East, and China in particular. In early 1914, a two-day “China Conference” took place, during which participants unanimously agreed that medical education was the most suitable investment the RF could make in China. In March 1914, the RF sent the “China Medical Commission” to investigate China's sanitation, hygiene, healthcare, and medical education conditions. Based on the reports of the commission, the China Medical Board (CMB)<sup>2</sup> was founded to invest in and oversee the PUMC for training talent in modern medicine. In addition, the International Health Board/Division (IHB/IHD), another component of the RF dedicated to investigating and promoting global public health, was deeply involved with healthcare

undertakings of China, and contributed a great deal to developing public health in China<sup>3</sup>.

The Second China Medical Commission was sent to China by the CMB in 1915 in order to investigate and decide on issues related to education in the PUMC. Reports written by both commissions in 1914 and 1915 suggested that the social environment of China would not be suitable for public health activities on a large scale<sup>4</sup>. Based on this recommendation, the CMB did not give careful consideration to public health education when the PUMC was first established. However in 1919, after RF president George Vincent visited China, the Foundation started to believe that public health education was necessary in the PUMC<sup>3</sup>.

Dr. Richard M. Pearce, Director of the Rockefeller Foundation's Division of Medical Education, sailed for China in September 1920 to spend a year at the PUMC in an advisory capacity, and was later appointed interim Acting Director. He suggested to George Vincent, in a letter written on November 11, 1920, that the PUMC should carry out health activities as soon as possible and the person in charge should meet several requirements. He believed that:

*“Despite the general attitude here and in New York that the time has not yet come for the government cooperation in hygiene, I feel strongly that preparation should be made as soon as possible for such eventual cooperation. Hygiene must become one of the most important fields of PUMC work and the individual eventually in charge must spend at least two years in study of the language and in becoming familiar with the point of view of the Chinese and with the problems of public health in China.”<sup>4</sup>*

Pearce also believed that the person “should give whatever instruction was necessary to undergraduates, in order to relieve the staff of the department of pathology”<sup>4</sup>.

Pearce found that the real difficulty was in having someone familiar with problems of hygiene on hand in order to give the professor of medicine relief from matters of quarantine, student and staff health, and control of sanitation for the college’s large number of employees. These difficulties placed a great burden on the professor of medicine, preventing him from carrying out his own work to a great extent. He also noticed that the PUMC was losing valuable opportunities to impress upon the community its usefulness in the field of public health, and that it was losing contact with government and other authorities that might easily have been made if there was a man in the PUMC devoted full time to such work.

At the same time, the IHB, which carried out some investigations and general health surveys on hookworm disease in China, also realized the importance of public health work in the PUMC. When receiving a job application in February 1919, Wickliffe Rose, President of the IHB, provided several positions and suggested that they urgently needed someone to go to the PUMC to conduct public health work<sup>5</sup>.

## II. John B. Grant’s Return to China

There were a few nominees for public health professor at the PUMC, among whom was Dr. John Grant, nominated by CMB Resident Director Roger S. Greene. President Vincent, who had met John Grant in China in 1919 when Grant was conducting hookworm disease surveys there, was impressed by his ties with China. On December 17, 1920, President Vincent wrote to William H. Welch, a professor in the John Hopkins School of Hygiene and Public Health and one of

the most eminent pioneers in the field of scientific medicine in the U.S., asking him whether he could give his impressions of John Grant after an inquiry of the men working with him<sup>6</sup>. Welch spoke highly of Grant. He held that Grant

*“has ability, enthusiasm, industry and an interesting and attractive personality and character.... I am inclined to believe that he will be stronger on the administrative and organizing side than on the investigative. ...His familiarity with China and desire to make his career there is a great asset and I think our experience already with the Staff in Peking indicates that this kind of qualification should be given great weight. In this regard it is unlikely that anyone in the sanitary field will be found to excel John Grant.”<sup>7</sup>*

Although there was someone who found that John Grant's laboratory work “lacks somewhat in accuracy”, and that he was “a little too cock-sure in his judgments of some sanitary problems”, Welch insisted that “this is a common fault of youth and inexperience”, and he “do[es] not attach too much importance to it”<sup>7</sup>. In a letter from Vincent to Rose on March 29, 1921, he expressed his hope that John Grant could go and preside over public health work at the PUMC<sup>8</sup>, which was later approved and supported by Rose.

John Grant was born in Ningbo, China in 1890 where he spent his childhood. The son of a Canadian medical missionary, he became familiar with China and Chinese patients. He then left China to attend Acadia high school and later Acadia University in Canada. He enrolled in Michigan Medical School in 1913. After graduation in 1917, he was recommended to the IHB by Professor Victor Vaughan from Michigan Medical School. He was hired after being approved by the IHB's Director of the East Victor G. Heiser, and interviewed by IHB President Wickliffe Rose. John Grant was then asked to investigate hookworm disease and carry out public health activities in Pitt County (North Carolina), Mississippi,

Guam, Pingshiang Colliery (Hunan Province, China), Puerto Rico and Santo Domingo from 1917 to 1920. Arranged by the IHB, John Grant studied public health in John Hopkins School of Hygiene and Public Health under the supervision of Welch and Sir Arthur Newsholme beginning in the second half of 1920.

In a letter from Vincent to John Grant on April 2, 1921, Vincent expressed his desire to discuss Grant's work possibilities in the coming year<sup>9</sup>. On April 21, Vincent and some others had a discussion with John Grant on this matter. Grant yearned to continue his study in the United States, but after hearing that some teachers in PUMC were infected with contagious diseases, he fully understood that an important part of his work would be the organization of an intramural health service for the care of the PUMC's staff. He went with a desire to meet the needs of the College<sup>11</sup>. Vincent noticed that the revised budget did not include a salary for an appointee in Hygiene and Public Health. He said that "it was supposed that the IHB would supply the salary for such a man"<sup>10</sup>. Further, he believed that a dual relationship would probably be worked out, so that when Grant was conducting fieldwork and making surveys and studies, he would be working under the IHB; when he was in Peking he would be responsible to the College. Grant was also informed that there would likely be an opportunity to develop public health projects of interest to the IHB, using Peking as a base<sup>3</sup>. In August 1921, John Grant sailed to China with the title of Associate Professor of Hygiene and Public Health in the PUMC.

### III. Convince Government Officials to Attach Importance to Modern Public Health

John Grant understood China and was sensitive about the country's turbulent political changes. He knew that with power reshuffling frequently, the government was weak and poor, giving very little space for the healthy development of public health. While making contact with public health practitioners, he found that professional qualities were missing in some Chinese public health organizations and that some practitioners were taking their public health initiatives in the wrong direction. John Grant, however, was optimistic about conducting public health work in China. In a letter to Sir Arthur Newsholme on March 25, 1922, he wrote in a straightforward manner that:

*“One’s first judgment would be that of despair and hopelessness at the whole situation. This indeed was the view at first held by both Chinese interested in public health and such foreign organizations as the one I represent....The result is that we find education and industry developing continuously----true, not as well as one might desire, still a very healthy growth, which eventually will result in the development of enough strength to get rid of the present parasitic disease.”<sup>11</sup>*

John Grant had been considering how to efficiently conduct public health work in China ever since he finished his investigation in Pingshiang Colliery, and he concluded that national public health education was highly necessary and training of leaders should be the top priority<sup>12</sup>. On his return to China in 1921, he suggested to his superior Victor Heiser that the RF must fund one- to two-year studies on public health in the US<sup>13</sup>. Dr. Greene strongly supported the suggestion<sup>14</sup>. Grant eventually persuaded the RF to provide a total of 75 public health scholarship positions in the US for Chinese students between 1922 and 1949<sup>15</sup>.



John Grant also realized the need to build up recognition of public health among important political figures. He advised the RF to influence government officials when they were visiting the United States. John Grant strongly urged Professor Welch to invite Yen Hui-Ch'ing (Yen, W. W.), the Chinese Minister of Diplomacy, and Shih Chao-chi (Alfred Sao-ke Sze), the Chinese Ambassador to the United States, for a visit to John Hopkins School of Hygiene and Public Health in 1922. John Grant believed that direct exposure would have a profound influence on these officers<sup>16</sup>. Fan Yuan-lien, the Minister of Education, also visited the United States in 1922. Grant believed that Fan could be taken in hand for two weeks during his stay in the U.S. and be shown the health activities of a city, such as New York, laying special emphasis on the Horace Mann School and health education in schools, with a day or two at Hopkins and Harvard. Upon his return to China, it would be much simpler for John Grant and relevant people to secure more than polite support in any plans that they might submit for educational hygiene<sup>17</sup>.

It was clear that John Grant's real purpose to invite these officials for visits was, beyond simply raising their awareness of public health, somewhat utilitarian. He explained to Heiser that:

*“If I may state my opinion on this matter, I believe that much more benefit may be derived from giving men, who may hold high administrative position in the national government, some firsthand knowledge of public health activities where previously they had none, than in giving inadequately trained medical men the same opportunity.... For in the first instance we have a group of men upon whose support much of the success of the possibility and the initiation of public health work depends, but whose public health perspective is in most instances, in China, nearly zero. In a case as Mr. Fan's even two weeks will bring that up to around 30% at least, which is infinitely greater than 0%. On the*

*other hand with, even inadequately trained, medical men they already have from reading or through other experiences a perspective of ----say---- around 50% and a tour of inspection only will not bring that up to much more than 70%and will be proportionately less in increasing the degree of their enthusiasm or desire for public health work.”<sup>17</sup>*

After they returned to China, these government officials became active advocates of western medicine and public health. Yen Hui-Ch'ing and Shih Chao-chi even became trustees of the PUMC in April 1929. Dr. Greene appreciated John Grant's visionary acts. In one letter he sent to L. Carrington Goodrich, the vice Director of the CMB, he expressed his relief and appreciation for such an employee as John Grant<sup>18</sup>.

## IV. Training of Teachers and Education Administrators

John Grant was inclined to start public health education in the PUMC or even nationally as soon as possible, to help produce a large number of public health experts. Shortly after his arrival in Beijing in 1921, Grant wrote to Dr. Meyer, an RF staff member, requesting an outline of how normal schools taught courses in hygiene in the U.S. However, he did not think it was wise at that time to have such teaching in China. He revealed some of his insights in a letter to his superior:

*“Of course it is in no wise [sic] an attempt at a normal course as probably none of those that will take the work are personally engaged in actual teaching. That somewhere in China there should be a normal course for teachers in public health education is without question and is one of the valuable contributions to*

*preventive medicine.... It may possible lead to a demand of wider scope and more direct application to the educational system of the country.”<sup>19</sup>*

In the United States, the importance of education for public health teachers had only been appreciated within the past four years.. It was one of the most pressing problems at that time in the US. John Grant believed that China shared the same challenge<sup>20</sup>. He noted that, in the October Journal of Public Health, Dr. Howe described some of the relevant work launched in normal schools, where 180 hours of class work were given over three years; he mentioned specifically the work at the New York State College for Teachers and the Oswego Normal College. On the January 4, 1922, John Grant wrote to Ernst Meyer, hoping he could secure an outline of the detailed work making up those 180 hours<sup>21</sup>. Obviously, Grant wanted to draw experience from the US.

Grant also wanted to train public health teachers in normal colleges; his original proposal was to create a public health program in the Teachers College of Southeastern University, not the PUMC, for he believed that it would be far more effective than programs in other places:

*“If you wanted to bring together a number of educators, to suggest extension and inclusion of health procedures in everyday education, the only way to do it effectively was to do it where they could see demonstrations of its practice. And the normal colleges all had practice schools, and one could introduce them there.”<sup>3</sup>*

Grant believed that another pressing health issue in China was the importance of educating educators about the need to include educational hygiene in the national educational system<sup>22</sup>. On arriving in Peking, he noted “the single group who lent themselves best to the extension of their responsibilities were the people

in physical education in the normal schools”<sup>3</sup>. Having made some attempts to carry out public health activities with these teachers, John Grant became aware of their limitations as physical educators as those activities became more frequent. Gradually, these physical educators in turn found that they were hindered in expanding their work to include more community health because the administrators did not realize what was involved in the recommendations. Therefore, Grant thought that it was necessary and desirable to put on a special workshop or institute to help administrators (upon whom the physical educators were dependent for support) appreciate the importance of these recommendations<sup>4</sup>. On January 3, 1922, John Grant handed a tentative schedule of a course in Public Health Education to Henry S. Houghton, the Director of the PUMC, which he planned to teach in September of the same year.

John Grant borrowed from schedules of American schools, including the 1922 spring schedule of the Bureau of Education of Pennsylvania, to compile the tentative schedule of educational hygiene. Knowing that Harvard had recently launched an intensive course on hygiene for educationalists, he wrote to Meyer asking him to find its exact teaching schedule<sup>23</sup>. C. C. Williamson, the RF's Director of Information Service, who Meyer asked to assist Grant, was later able to find Dr. C. E. Turner<sup>5</sup>, the instructor of the intensive course and persuaded him to give the teaching schedule to Grant. Grant later turned to Williamson for help several times, and thanks to his assistance, gained access to the State of New York teaching schedule on hygiene, teachers' brochures published by state education departments, and public health-related American literature. However, John Grant did not copy the western teaching model word for word. Knowing that educational hygiene must fit Chinese sensibilities, he divided the course into three parts: Health and Disease; Science of Public Health; and Questions of Public Health Education<sup>20</sup>.

As originally designed, the course's success would depend on the extent to which students promoted public health education in schools in their jurisdiction. The course was primarily designed to give those in administrative and supervisory educational positions a knowledge of public health teaching as seen in modern pedagogy. Such persons would presumably be possessed of greater than average educational qualifications. John Grant limited attendance of the annual one-month course to 25 people. Taught in English, the course focused on modern preventive medicine and public health, and the theoretical bases as well as practical skills necessary for public health work. It aimed to familiarize students with fundamental public health principles, provide knowledge on health and disease by teaching biology, anatomy, bacteriology, parasitology and pathology, and inculcate the significance of public health concepts and education in modern pedagogy.

Some constructive suggestions were made amid discussions and students agreed upon a few issues. They all decided to carry out activities to promote health and hygiene in the schools that they were responsible for, and would try to gain support from publishers to eliminate the use of faulty textbooks. Students also talked about ways to localize health and hygiene education by designing curriculums according to China's characteristics. The course gained recognition from the PUMC and was included as a "Special Group Training Program" and was continued in the following year<sup>246</sup>.

## V. Creation of a College Public Health Program

John Grant was sent by the RF to the PUMC as the Associate Professor in Public Health, but his first task was to organize a health service for the college staff. Many years later, John Grant said: "I was in a rather anomalous position, except

for the college health service, as to any other responsibilities.”<sup>3</sup> On his arrival in PUMC, Grant found that there was no course relevant to public health. In early 1922, he and his superior, Victor Heiser, requested that the Resident Director of CMB and the Director of PUMC build a Department of Hygiene and Public Health. Greene and Houghton did not adopt their suggestions, on the grounds that this matter was not included in the college budget<sup>25 26</sup>. Nevertheless, John Grant never stopped working to make public health courses available to undergraduate students. If a student intended to practice in private clinics after graduation, Grant believed, they must know the social environment they were about to face, and that they would face communities lacking public health support. He hoped to familiarize students with public health concepts before they started their careers, and prepared them with information on the national conditions.

For John Grant, 1923 was a memorable year. In September 1923, the PUMC launched a public health program for undergraduate students for the first time following his propositions. He gave a detailed and careful analysis of the advantages and disadvantages of public health education in the PUMC:

*“In attempting to produce such a graduate under existing conditions of medical teaching here there is a fortunate and an unfortunate phase. The fortunate phase is that the instruction in the fundamental medical knowledge is being given elsewhere in the curriculum than in hygiene. Time is utilized in the hygiene course, even to-day, at schools as Harvard to instruct students regarding the use of the Schick test and in the bacteriological examination of water, etc., knowledge that is entirely a part of bacteriology whereas this is unnecessary at the P.U.M.C., as stated above. The unfortunate factor in the teaching is the lack of clinical opportunities to demonstrate the application of the principles of public health in respect to community disease prevention.”<sup>27</sup>*

Public health practice would be the inevitable result of the development of public health education. Grant explained with analogies:

*“This is merely the phase in the development of hygiene pedagogy similar to the era in curative medicine when anatomy was taught without dissection and obstetrics without participation in deliveries.”<sup>27</sup>*

Grant designed an undergraduate course in Hygiene consisting of 120 hours, divided between the first trimester of the third and fourth years. Its objective was to give students an understanding of the modern field of hygiene, to enable them to cope with the demands likely to be made on a general practitioner of medicine in China within the next two decades<sup>27</sup>. The third year work included History of Medicine, Personal Hygiene, Biometry and Epidemiology, and Public Health Organization. The fourth year work included Communicable Disease Control, Health Center Activities, School Health, and Public Health Expenditure. Grant introduced the fundamental principle of urban health and public health regulations; students were encouraged to discuss community-based public health management methods that fit the national conditions for protecting people's health. He also gave lectures on public health expenditures<sup>7</sup>, asking students to make community-based health and hygiene plans based on local economic situations<sup>4</sup>. He further required students to undertake a public health survey of a town in the summer preceding their fourth year, which was equivalent to 20 hours. Through the survey, by learning about the country's health environment, students could realize that health should be one a community's responsibility, and they could further make pertinent suggestions for the community.

John Grant, on the other hand, was very anxious because he believed that preventive medicine could not be limited to several "dead" classes<sup>15</sup>. Hoping the students could master knowledge related to public health, he intended to build a

Department of Hygiene and its affiliated teaching institution as soon as possible. Owing to Grant and Heiser's joint efforts, the Department of Hygiene was eventually opened in June 1924. Its teaching institution, the Public Health Experimental Station of the Metropolitan Police Department, was established in September 1925<sup>8</sup>. From 1926 on, all students of the PUMC were required to finish a four-week internship in the Beijing First Health Station.

Upholding the "combining preventive with curative medicine, education with practice" principle proposed by John Grant, the PUMC continue to grow as the training base of talent for the cause of public health in China. In the PUMC, there were 116 graduates between 1924 and 1933; students in the public health department ranked second, surpassing that of the surgery, gynecology, and pediatrics departments. About 20% of these graduates were later engaged in public health work<sup>15</sup>. Many, including Yao Hsun-yuan, Li T'sing-an, Fang I-chi and Ch'en-Chih-ch'ien, became government administrators in health and hygiene on provincial or city level<sup>9</sup> and played major roles in building healthcare systems, as well as urban and rural medical stations.

## VI. Conclusion

Chosen and appointed by the RF's CMB and IHB, John Grant devoted himself to developing medicine in China, and public health in particular. Driven by his belief in modern public health concepts based on scientific medicine, not only did he strive to instill the public with a new outlook on public health, making them fully understand the importance of the government in promoting public health, he also made significant efforts to influence people in higher government administration positions. Undertaking health education from two angles--training public health teachers in normal colleges and organizing training courses for education administrators and supervisors--he was quite successful in



integrating western concepts of public health into the national conditions of China.

While government support is crucial for modern public health undertakings, there was unrest in China in the early 1920s and its government was not powerful enough. Despite the political turbulence, John Grant still believed that, with the advantages of the PUMC, elite education was feasible and would be of great significance in developing public health undertakings in China. As a result of his efforts in public health education in the PUMC, a Department of Hygiene was created, and later, the Beijing First Health Station was established. His contribution in introducing the public health discipline to China was immeasurable.

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<sup>1</sup> The Rockefeller Institute for Medical Research was the predecessor of the Rockefeller University

<sup>2</sup> Originally known as the China Medical Commission of the Rockefeller Foundation, it became independent in 1928 and is now known as China Medical Board of New York, Inc.. It will be referred to hereafter as CMB.

<sup>3</sup> IHB was renamed three times. In 1913 when the RF was founded, the International Health Commission was established as a successor to the Rockefeller Sanitary Commission (RSC). It was later renamed the International Health Board in 1916, and the International Health Division in 1927 because of internal adjustments at the RF.

<sup>4</sup> The first China Medical Commission in 1914 suggested that due to negligence of the government and absence of trained personnel, it was not yet appropriate for launching public health activities on a large scale in China. The second commission in 1915 pointed out that China had not yet built a stable and efficient government organization to train more qualified physicians and to improve the overall environment. The commission also anticipated great difficulties in conducting effective public health activities in China. As a matter of fact, it even questioned the necessity of public health courses in the PUMC.

<sup>5</sup> Dr. C. E. Turner was an employee of M.I.T.

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<sup>6</sup> The "Special Group Training Program" was composed of training courses designed for graduated doctors, including pharmacology, surgery, gynecology, and midwifery in addition to Grant's public health course.

<sup>7</sup> Saul Benison who interviewed John Grant believed that it was not until 1947 that the US opened this course.

<sup>8</sup> Public Health Experimental Station, Metropolitan Police Department was established in 1925. After it showed some satisfactory results, the word "experimental" was dropped in 1926. Then in 1928, as the city's name was changed to Beiping and the work was taken over by the Health Department, the station's name was changed to Health Station of the First Health Area, Special Municipality of Beiping. Scholars usually call it the Beijing First Health Station.

<sup>9</sup> For instance, Ch'en-Chih-ch'ien successfully applied the three-tier primary healthcare system in the public health activities that took place in Ding Xian. Another example was the important role PUMC alumni played in the 1928 establishment of the Ministry of Health by the Republic of China government, such as Liu jui-heng who was appointed vice minister of health.