

Authority in the Halls of Science

Women of the Wards

Of course the material conditions [in the hospital where I worked] were very bitter; for example, I remember when two male volunteer orderlies worked for less than a day before they tried to run away, and when they were caught and brought back they spent the entire day crying in the hospital. This story illustrates just how hard the life was. Yet we women were willing to eat some bitterness for the war effort, and we've never cried or run away.

—ANONYMOUS FEMALE NURSE, NOVEMBER 1939

As the epigraph to this chapter suggests, women who entered the previously masculine spaces of the hospital and the battlefield worked hard to challenge expectations that they would fail and did so by calling attention to the ways in which they proved more capable than men. In openly speaking about this, as did this woman in a nurses' discussion group reported in the pages of the magazine *Funü shenghuo* (Women's lives), such women claimed authority not only over the bodies of the people they treated, but also over definitions of womanhood itself. Nursing "offered [women of] the new generation a route to emancipation."¹ Many of the women who volunteered to provide medical care for soldiers did so in part to escape arranged marriages and the control of their families.² Women who studied in state-run and missionary nursing schools lived in dormitories and gained professional skills that allowed them financial independence. This gave them the necessary autonomy to redefine women's role in public life, most explicitly in specific spaces of medical work: hospitals, clinics, and nursing schools. In these spaces infused with the authority of science, women expanded their own powers to heal and to make themselves anew. Through calling attention to the distinctive work that they did as healers who dared to look death in the eye and accept personal suffering in order to help others, these women claimed superiority over men whose courage faltered.

While the development of public and military health infrastructures gave women the *physical* space in which to perform new professions, restrictive social rules still prevailed. Women had to work within the patriarchal structure of the masculinist, necropolitical state. Previous chapters showed how this structure often worked to reify certain forms of femininity; this chapter analyzes the means that women employed to affirm their own rights and freedoms within this restrictive environment. The figure of the woman who used her power to heal bodies to support the state's power to kill and to build the relationships that comprised the national community did not just emerge whole cloth when the war changed social conditions. Actual women had to work very hard to change their own and others' perceptions of women's position in public life, in the nation, and in medicine in order to create and occupy this role.

The authority of science proved to be one of the most useful tools to expand cultural assumptions about what women could and should do. In China's encounter with western medicine—first as a distinctly foreign import in the early nineteenth century, then as an indigenized system of healing by the mid-twentieth century—scientific medicine “became symbolic of a shared striving towards the ideals of modernity.”³ Especially because Japanese pretense to medical superiority played a central role in Japan's imperial expansion, the translation of scientific medicine into China had tremendous significance for the country during the war.⁴ It was also a matter of great consequence for women, for whom the growth of institutions of scientific medicine meant greater access to careers outside the home. The authority of science also helped women to challenge the cultural disdain for “manual operations” in medical care, rooted in the tradition of literate Chinese-medicine physicians who limited their physical contact with patients to pulse diagnosis and demonstrated their “skills in managing patients through words.” In contrast, medical missionaries had distinguished themselves from this tradition and presented touch as a skill rooted in “the superior, advanced Western culture of medicine,” not the “plebeian technique” as elite Chinese physicians would have it.⁵ This granted women trained in mission institutions the ability to claim authority even though their close contact with patients' decaying, damaged, and putrid bodies could just as easily suggest otherwise. Yet merely occupying the spaces of scientific medicine—hospitals, clinics, laboratories, medical and nursing schools, and so on—did not automatically guarantee women respect therein, as the story of PUMC School of Nursing dean Vera Y. C. Nieh illustrates. Dean Nieh received steadfast support from her female colleagues, and interminable challenges to her authority from male colleagues.⁶

Most nurses assumed the normative gender role of the female caretaker, but also hitched their emotional labor to the creation of a national community as a means of escaping the alienation inherent to selling that labor. Just as with physical labor the worker can become alienated from the product of her labor, in emotional

labor “the worker can become estranged or alienated from an aspect of self . . . that is *used* to do the work.”⁷ Even if the move were unconscious, the realization that they were producing something important for the whole country allowed at least some women to feel that their work mattered. In other words, even when they were paid low wages, worked near the bottom of a hierarchical profession, suffered through difficult working conditions, risked their reputations as “proper” women, and even risked their lives to help others, nurses got an emotional payback through asserting that their work had a high moral value. This, too, is encapsulated in the statement “We women were willing to eat some bitterness for the war effort, and we’ve never cried or run away.” This nurse, who claimed to speak for her female coworkers, asserted that she and they had the necessary stamina and fortitude to perform lifesaving work that the nation desperately needed. In contradistinction to the assumption that women have less control over their emotions, these women performed the emotional labor of *not* crying even while working under extreme duress so as to demonstrate their fitness for the task.

Women also performed the emotional labor of making a new emotional community, which male leftist intellectuals, who decried their compatriots’ inability to sever their emotional ties to their families in favor of the national family, failed to interpret as the potential backbone of patriotism.⁸ The famous writer and mobilizer of volunteer military nurses Xie Bingying wrote in her memoir, “[W]e looked upon the battlefield as if it were our own home.”⁹ One of Xie’s friends took to calling her “uncle,” employing a gender-bending kinship term of endearment to manufacture a sense of home in the alien space of the front lines.¹⁰ Zhou Meiyu likened the camaraderie within the Chinese Red Cross to the warmth of a family.¹¹ Yao Aihua recalled that the volunteer nurses she worked with during both the War of Resistance and the Civil War came from all over the country, but they all became close friends. Nurses and soldiers also crossed regional and ethnic differences in order to build trust with one another, and sometimes even behaved like kin. Yao Aihua got along very well with a group of wounded soldiers from Guangxi, in southern China. Even though they could not understand one another’s dialects when they first met (Yao was from Hubei Province, in northern China), Yao tenderly changed the soldiers’ dressings each day, and the soldiers took to playing with her son Fuxing while she worked.¹² Yao served as a surrogate mother/wife for lonely men who suffered the pain of being ill while away from home, and they in turn served as surrogate fathers to the young son of an overworked woman whose husband’s unit was often stationed elsewhere. In a similar fashion, female military nurses in the American Civil War justified their public role on the battlefield by referring to the soldiers in kinship terms.¹³ This phenomenon suggests that the making of a new form of womanhood rested in part on the construction of a new emotional community whose members employed the language of family to define themselves as a group adhering “to the same norms of emotional expression and value.”¹⁴

Nurses also transformed local conceptions of the female gender through performing actions, in public and on behalf of the state, typically reserved for men. Even as military nurses described their work as innately feminine caregiving and fulfilled the heteronormative role of the seductress who manipulated men into returning to battle, their actual duties required performing tasks conceived as men's work. Nurses put themselves in the line of fire, rode on horseback into the battlefield, inured themselves to blood and gore, carried wounded soldiers on stretchers, worked endless hours with no rest, and developed emotional resistance to the constant strains of warfare.¹⁵ Just as public health nurses in Chongqing regularly transgressed gender norms, working on the streets during vaccination drives and after air raids, female military nurses also occupied spaces of male sociality and learned to interpret this not so much as transgression, but as transformation. The ability of wartime nurses to invoke "a concept of the woman on other than normative terms" alerts us to the potential analytical limitations of the gender category as currently employed.¹⁶ While female military nurses described their work as entering into the masculine space of army life, they also learned how to make it their own while celebrating rather than retreating from their female gender.

Words can deceive and obfuscate as surely as they can clarify. Women whose behavior simultaneously reified and transcended the heteronormative system of the war years defied language itself, forcing people to resort to linguistic play. Journalists, authors, and fellow colleagues described female doctors and military nurses as "manly" in order to convey what they felt about their behavior and bravery. Their semantic inventiveness exposed the gap between practice and prescription. Histories that include "women's own view of their worlds" demonstrate the ways in which, for centuries, Chinese women maneuvered around social limitations and arranged their lives to include unorthodox actions, even if speaking about them in orthodox terminology.¹⁷ Chinese women's actions in war, often articulated in masculine terms, challenged the idea that femininity equated docility, helplessness, and passivity. Rather than wait for men to save them, these women went out of their way to save men. They donned soldiers' uniforms and worked day and night in blood-spattered hospital gowns.

These actions placed women in a new relationship to their gender identity, one in which they both accepted and challenged its strictures. It may therefore be possible to consider that the "historical site of [female] heterosexual subject formation" in wartime China was a "site of contestation . . . [of] binary analytics itself."¹⁸ Women who took up the mantle of medical service during the war accepted that as women they had a distinct role to play, and even frequently defined it in gendered terms, but they rejected the idea that their femininity rendered their contributions any less important than or distinct from the fundamental goal of men: to serve the country. That the moment of stretching the boundaries of gender occurred in an era of heightened nationalism and militarism when most aspects of civilian life

were hitched to the nation produced a flavor of modern womanhood quite specific to China. Questioning the applicability of the gender binary as currently applied in scholarship to the Chinese experience pushes analysis outside the dominant paradigms built by generations of scholars whose primary examples came from modern Europe, and even more specifically from modern France (scholars such as Simone de Beauvoir, Michel Foucault, Julia Kristeva, and Joan Wallach Scott). Such a move could inform an understanding of non-European gender systems on their own terms; call it a means of provincializing Europe in gender studies.¹⁹

For centuries, late imperial Chinese gender ideology characterized a stable empire as one in which “men plow and women weave” (*nangeng nüzhì*)—that is, both men and women performed productive labor that anchored family income year-round. Once women achieved access to institutionalized education in the early twentieth century and, as school graduates, developed specialized professions, they employed this logic to link their respective *métiers* to the urgent task of building the modern nation-state. They characterized social stability as the joint product of men’s and women’s productive work and asserted that women’s domestic labors were neither confined to domestic space nor solely important to their own families.²⁰ As explained in the preceding two chapters, this expansion of the *physical* space and ideological significance of women’s work predated the war and was furthered by it when the country experienced a sudden, dire need for medical workers that women were poised to fill. As they fulfilled their duties, these women expanded the *cultural* space of medicine to include women as authoritative figures within its ranks.

In so doing they both operated within and challenged the logic of the “Sick Woman of East Asia”—the idea that women’s weakness was the primary source of national weakness, and therefore all work that empowered women both physically and socially should be done for the nation. Many women accepted that their work had national importance, but also insisted that it have personal value to them. Taken together, the rapid changes in women’s professional opportunities and social perceptions of women in medicine set the stage for greater cultural change in the 1950s and 1960s. When peace finally returned to China, and the new Communist government had an ideological commitment to gender equality as well as an economic imperative to mobilize women for agricultural and industrial production, phenomena such as the “Iron Women” (*Tiennü*) built upon the legacy that had begun in the making of the Republic and become a widely recognized norm during the War of Resistance: women working as equal partners with men to serve the nation.²¹ Slogans about women “holding up half the sky” (*funü neng dīng bānbiantian*) and contributing to national reconstruction described not what the new government wished would come to pass, but what had already existed for decades. During the war, millions of civilians and soldiers received medical care from trained and competent women who bore the mark of their education and



FIGURE 16. Doctor and nurse in a Chongqing Mission Hospital ward. The nurse's pristine white uniform, face mask, nurse's cap, and stack of patient records all indicate her status as a medical authority. 2000.017P/120 N, United Church of Canada Archives, Toronto, Ontario.

status as representatives of scientific medicine in their clothing, medical equipment, and posture.²² (See figure 16.) In numerous encounters between patient and professional, Chinese people learned to recognize women as leaders in the spaces of scientific authority.

WOMEN AND SCIENTIFIC MEDICINE

Analysis of women's medical work during the war draws attention to a pivotal era in the history of indigenizing scientific medicine in China. Both the rise of the female nurse and the social phenomenon of the woman empowered with medical

authority originated in the growing emphasis on scientific medicine during the war. Although women had long played key roles in medical care in China—chiefly in home-based care and midwifery—the most lucrative and socially prominent roles in Chinese medicine remained the near-exclusive domain of men.²³ Therefore, the growth of scientific-medicine institutions directly benefited Chinese women, who had been encouraged to work in these spaces from the early days of mission hospitals and during the war had even more reason and opportunity to study and practice scientific medicine.

Three factors spurred a tremendous growth in the influence of scientific medicine during the war: foreign charitable donations and volunteers, the predominance of Chinese with scientific-medicine education in leadership positions, and the labor of women, principally in the nursing profession—which both military and civilian medical organizations prioritized.²⁴ The War of Resistance inspired a global philanthropic network that helped China survive the war's predations, but also steered it ever closer to a health system exclusively founded on scientific medicine. During the global spread of total warfare, "the technology of destruction moved decisively ahead of the science of healing."²⁵ Medical professionals around the world watched thousands die and worked under a constant pressure to race against time and stanch a never-ending flow of blood. China, whose large population had profound health needs, also faced a formidable foe whose combined strength and determination struck fear into the hearts of all who encountered its soldiers. These combined factors allowed Chinese civilian and military health organizations to attract a large amount of foreign aid from many different countries. Zhou Meiyu recalled that "the medical supplies donated from overseas piled up like a mountain in our warehouse; we measured our quinine pills in tonnage."²⁶

This aid could not have come at a better time. Just prior to the war the Nationalist state had expressed interest in developing a nationwide state medicine system, but the war threw the state into disarray and robbed it of a large amount of its tax income, curtailing plans that would have been lofty even in peacetime.²⁷ It fell to individuals working in a now skeletal health structure to carry the torch forward, and they faced crushing financial stress.²⁸ Luckily, they could call on foreign friends for help. In Nationalist-controlled areas the most active organizations included the Rockefeller Foundation's China Medical Board (CMB), the Chinese-American-founded American Bureau for Medical Aid to China (ABMAC), the American Red Cross (ARC), United China Relief (UCR, a conglomeration of seven American charitable organizations), the British United Aid to China Fund (BUAC), and the Friends Ambulance Unit (FAU). The China Defence League (CDL) and the China Aid Council (CAC) focused on Communist-controlled areas in North China.

This funding connected China to the world, largely through the networks of the Chinese diaspora. Prior to Japan's conquests in Southeast Asia, which

blocked donations from overseas Chinese communities in the region, Chinese in Java supplied nearly the entire budget of the Chinese Red Cross (CRC). Dr. Lim Kho Seng then asked the American Red Cross to support his military medical services, responsible for the care of roughly three million soldiers at the time.²⁹ After this point the American Red Cross accounted for 70 percent of all foreign donations to the CRC.³⁰ The CRC used ambulances donated from India, Java, Sumatra, the Philippines, England, and the United States, the funds for most of which came from overseas Chinese fund-raising events.³¹ In its five years of operation, the Friends Ambulance Unit China Convoy (*Gongyi jiuहुदुи* in Chinese) attracted two hundred foreign volunteers—hailing primarily from England but also the United States, Canada, New Zealand, and elsewhere—as well as sixty Chinese, mostly Christian students from WCUU.³² In the Communist guerilla base in Yan'an, foreign volunteers including Drs. Norman Bethune (Bai Qiu'en), Shafick George Hatem (Ma Haide), Dwarkanath Shantaram Kotnis (Ke Dihua), Bang Wooyong (Fang Yuyong), Andrei Orlov (Aluofu), and Hans Müller (Mile) helped to build a military medicine system anchored by the Norman Bethune International Peace Hospital (IPH). Hailing from Canada, the United States, India, Korea, the Soviet Union, and Germany, this international group saved thousands of soldiers' and civilians' lives across North China.³³

American dollars dominated. Over the course of the eight-year war, ABMAC gave nearly \$10 million in medical aid and supplies to all the major institutions of both civilian and military health, while only 1 percent of total donations went to overhead.³⁴ Having originally aimed to raise \$5 million, eventually UCR contributed more than \$36 million in aid to China between its founding in early 1941 and late 1945. (This included over \$70,000 from the personal fortune of Henry R. Luce, the publisher of *Time*, *Life*, and *Fortune* magazines.) Medical aid for both civilian and military organizations accounted for over \$12.5 million of this sum. Though the bulk of UCR funds supported refugees and war orphans, by 1945 it had sponsored surgeries, hospitalizations, and other medical care for well over thirteen million soldiers and three million civilians.³⁵

ABMAC, the sole organization founded by Chinese-Americans, funded virtually every medical project, civilian or military. For example, in 1941 ABMAC supported two first aid stations in Chongqing that serviced 120,000 air raid wounded; an NHA program that provided epidemic prevention services to over two million people; and the vaccine production plant of the Chinese Red Cross in Guiyang, which supplied cholera vaccine to ten million people—yielding an annual total of three million soldiers and well over twelve million civilians served.³⁶ ABMAC also created a penicillin project in late 1943 to develop penicillin within China as soon as facilities and supplies could be secured, sent many ambulances and automobile chassis into China, sponsored the evacuation of medical school faculty and

students from occupied territories, and shipped medical textbooks and journals to schools taking refuge in the interior.³⁷

ABMAC's gender politics reflected contemporary culture. As with other organizations, in its promotional materials women served to sanitize the violence from military medicine but could play that role only by embodying essentialist narratives. Figure 17 illustrates this very well. Only women appear in this promotional photograph created to advertise American medical donations to China and incite others to donate. Clearly instructed to smile either openly or subtly, the women all wear placid expressions that belie the bloodshed that the donation in fact represents: according to the photo's caption, these supplies will be smuggled at night across enemy lines into "Free China" and used to treat wounded soldiers, who will then return to killing. The two Chinese women legitimize the kindly American donation by sartorially representing their country in a dress—the modern, close-fitting adaptation of the high-necked Manchu *qipao*—notable for its attractiveness to "foreign friends" well into the 1950s.³⁸ The women were selected for their good looks and infantilized in the caption, which began, "Under the inquisitive eyes of two pretty Chinese *girls*, a group of nurses sort and catalog surgical instruments collected by the Medical and Surgical Relief Committee of America for rush shipment today from New York to Hong Kong."³⁹

As noted below, ABMAC had progressive racial politics and accepted blood donations from African-Americans. It also included ethnic Chinese in its leadership structure. Yet even this racially integrated organization harbored Orientalists. Cofounder Dr. Frank Co Tui applied Hegelian notions of Oriental time to understand the country of his birth, writing in 1943:

To understand the reason for China's technological backwardness, of which her medical backwardness is but one aspect, one has to remember that up to 1912 China was almost hermetically sealed to outside influences. . . . But while she remained in this stage of frozen culture, of "splendid isolation," the western world had experienced the industrial revolution and discovered scientific medicine.⁴⁰

Falsely depicting Chinese culture as "frozen" in time and existing in "splendid isolation," Tui painted previous practices as thoroughly antimodern and antiscientific, and therefore denied their legitimacy so as to highlight his own role as heroic savior.

This illustration of the attitude of a hygienic modernist serves less to impugn the staff and volunteers of ABMAC than to illustrate the ardent love affair with science that gripped many health professionals in the war years. In the era of sulfa drugs and penicillin, many people engaged in saving lives had an unchallenged faith in scientific medicine. Many Chinese nationals applied the aid that they received from abroad to the project of promoting scientific medicine in their country. Indeed, they did much more than did or could foreigners to promote scientific medicine over and above indigenous medical practices.⁴¹ According to ABMAC



UNITED CHINA RELIEF
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THIS KIND OF STEEL FOR CHINA TOO.

UNDER THE INQUISITIVE EYES OF TWO PRETTY CHINESE GIRLS, A GROUP OF NURSES SORT AND CATALOG SURGICAL INSTRUMENTS COLLECTED BY THE MEDICAL AND SURGICAL RELIEF COMMITTEE OF AMERICA FOR RUSH SHIPMENT TODAY FROM NEW YORK TO HONGKONG. THIS EQUIPMENT IS BEING SENT TO CHINA BY THE AMERICAN FRIENDS SERVICE COMMITTEE AND THE CHINA AID COUNCIL, MEMBER AGENCIES OF UNITED CHINA RELIEF, FOR USE IN THE TREATMENT OF WOUNDED IN GUERRILLA FIGHTING ALONG CHINA'S 2,800-MILE BATTLEFRONT. FROM HONGKONG THESE SUPPLIES WILL BE SMUGGLED AT NIGHT THROUGH THE JAPANESE LINES INTO THE INTERIOR OF FREE CHINA.

FIGURE 17. Six Caucasian women sort donated medical supplies for shipment to China while two Chinese women supervise. Dressed in *qipao*, they represent Chinese tradition, ca. 1938–1939. Box 85, folder “Surgical Relief Supplies.” ABMAC Records. Rare Book and Manuscript Library. Columbia University.

president Dr. Donald Van Slyke, “complete and frank cooperation” characterized all dealings with China.⁴² While foreign donations provided a crucial source of funding, it was the efforts of Chinese health workers that augmented the institutional and cultural power of scientific medicine and promoted its indigenization in China.

Among American donors, none had more power than the Rockefeller Foundation, whose total donations to China topped \$44 million from 1914 to 1951, with nearly \$33 million going to medical projects.⁴³ Much of this money supported the PUMC and the PUMC School of Nursing, whose graduates had the most power to spread scientific medicine. Virtually everyone who occupied a position of authority in wartime medicine and public health had either been trained at PUMC or served on its faculty.⁴⁴ Countless other graduates worked in health organizations in nonleadership positions. One alumnus estimated that roughly 80 percent of his fellow students went into public service or health education.⁴⁵

The PUMC trained generations of Chinese who promoted scientific medicine in their own country as recipients of a benevolent imperialism. Indeed, “no other American institution’s intellectual reach better exemplifies ‘cultural imperialism’ than that of the Rockefeller Foundation,” which utilized “the ideologies of American science and medicine as a template” for its global philanthropy.⁴⁶ The Rockefeller patriarchs, from the ardent Baptist JDR Sr. through JDR III, all fashioned themselves as “missionaries of science.”⁴⁷ In this role, the Rockefellers extended the influence of scientific medicine beyond missionary institutions and into secular life through an imposition of soft power, backed with millions of dollars. Their money disseminated the American model of nursing and public health around the world.⁴⁸ Within China, they had a deep impact on wartime Sichuan when a star PUMC graduate, Chen Zhiqian, served as director of the newly established Sichuan Provincial Health Administration (*Sichuan sheng weishengchu*) (SPHA) from May 1939 to November 1945. Headquartered in Chengdu, the SPHA gathered enough staff and money (principally from the Rockefellers) to establish county health centers (*xian weishengyuan*), based on the Dingxian model, in 131 of the province’s 139 counties.⁴⁹ With this rate of activity, Sichuan alone accounted for nearly 19 percent of the total wartime growth in county health centers (from 242 centers countrywide to 938).⁵⁰

Chinese students at PUMC had to adapt to multiple foreign cultures. Students who came from southern provinces had first to adapt to northern Chinese culture, including a distinctive cuisine and more-brusque mannerisms. Both Yang Wenda, from Jiangsu, and Chen Zhiqian, from Sichuan, had strong memories of this culture shock when they composed their memoirs many years later.⁵¹ In the case of Lei Ting On, from Guangdong, he felt such pressure to conform to the intense nationalism of Beijing that he adopted the Mandarin pronunciation

of his Cantonese name and became Li Ting'an for the rest of his life.⁵² The use of English as the exclusive language of instruction and administration, coupled with the luxurious facilities, made PUMC feel like "a foreign country" to many students. It also made the school very elite; a 1935 survey revealed that every single PUMC student had come from a private university or mission college, since no others could pass the English-language portion of the entrance exam. Even then, roughly one-third of the students failed each year.⁵³ This new field of study—which included courses in anatomy, physiology, histology, biochemistry, and parasitology—not only constituted just one part of the foreign environment to which students had to adapt but was also the least shocking aspect of PUMC life for the students, who had deliberately chosen to study medicine. In other words, to these students, scientific medicine seemed less foreign than the English language used to describe it, the direct speech of northerners, the crisp new uniforms they wore each day of the week, and their two-person dorm rooms that were professionally cleaned each morning.

Having adapted to this environment, alumni of PUMC and mission colleges enjoyed two crucial assets: fluency in English, and the ability to develop personal relations with overseas funders. They signaled their cultural and linguistic competence by writing English-language letters in gorgeous calligraphy, signed with westernized sobriquets (such as P.Z. King, C.C. Chen, and C.K. Chu) or Anglicized names (such as Vera Nieh, Marion Yang, and James Yen; Yen had received a large personal donation from J.D. Rockefeller in 1928 after spending a week with the family in their summer home).⁵⁴ Other influential leaders such as Robert Lim (Lim Kho Seng) came from overseas Chinese communities and, as colonial subjects, spoke a non-Chinese tongue (in this case, English) as a native language; Lim had to brush up on Chinese in order to work in his ancestral homeland.⁵⁵ Once these individuals occupied positions of power within the Nationalist state, their comfort with foreign cultures became a crucial asset at a moment when China teetered on the brink of disaster.

This framework of mutual benefits contextualizes Chinese people's agency in their reception of the Rockefeller Foundation's cultural imperialism. With the conscious motive of using the medical technologies of the Western and Japanese imperial powers to resist these very nations' political and economic dominance, Chinese who indigenized biomedicine, as well as those who reformed Chinese medicine to conform to European scientific principles, carefully considered which aspects to accept, which to translate, and which to reject. As human beings they could believe in the therapeutic superiority of biomedicine, but as Chinese they could never forget its embeddedness in the cultures of white Western Europe and North America. Rather than adopt a "faith in science as the unmediated discovery of reality," Chinese adopters in this period knew that they must figure out how to effectively blend biomedicine with their own cultures of healing.⁵⁶ At the

same time, all of the people involved in this project, both Chinese and foreign, deemed biomedicine a necessary component of modernity, public health, and political sovereignty. PUMC advisers wanted Chinese in positions of power, but they wanted those influential Chinese to eschew folk medicine practices in favor of biomedicine. This is somewhat ironic given that JDR Sr. himself preferred homeopathic to scientific medicine.⁵⁷ Nonetheless, PUMC graduates and their colleagues ultimately transformed scientific biomedicine into a central component of Chinese medical practice.

This transformation under conditions of war put high-quality education at the disposal of those who may never have had such an opportunity in peacetime. Yao Aihua, who at age sixteen had volunteered to serve soldiers on the front, had received only a single week of first aid training until her military hospital was stationed near the third Emergency Medical Service Training School (EMSTS) training center in northwestern Hubei. Despite the fact that the war had interrupted her middle school education, in 1943 she passed the EMSTS entrance exam, which trainers had repeatedly adjusted in order to accommodate students' low education levels.⁵⁸ Yao recalled that "because the principal of the school, Ma Ji [*sic*, Ma Jiaji], was a doctor from PUMC, and all the teachers were from PUMC, the quality of teaching was very high. The main class had over one hundred students."⁵⁹ Although Yao had the unique opportunity to learn from these faculty in her native language, she did not enjoy the luxurious PUMC facilities at its Beijing campus, but rather the inventive tactics with which people worked around the privations of war: "We had no desks or textbooks, but just took notes on our laps. The male students would go out to find corpses; we would cook off the flesh for our osteology classes. For clinical training we would study classic cases of wounded soldiers in the hospital."⁶⁰

Nursing students in wartime Chongqing had access to better equipment. In 1937 the Canadian Mission Hospital Nursing School completed construction of a new, four-story building that could accommodate 120 nursing students, just in time for the spike in demand for its graduates. (See figure 21 later in the chapter.) Its students learned anatomy with the aid of posters displaying the anatomical body—the foundation of scientific biomedicine and a force for displacing "[t]raditional views of the body."⁶¹ Anatomy and physiology occupied the greatest number of hours in the nursing curriculum—sixty classroom hours and sixty laboratory hours.⁶² By the war years, Chinese women had come to occupy positions of power in settings legitimated by anatomical knowledge, and had therefore adopted a measure of its authority. As seen in figure 18, nursing students in the Canadian Mission Hospital Nursing School learned from Chinese women, not Canadians, and they all wore the white nurse's gown and hat that distinguished them from other women and marked them as possessing—or on their way to possessing—the authority of medical knowledge.



FIGURE 18. Classroom of the Chongqing Canadian Mission Hospital Nursing School, 1941. Box 77, folder “AMA no. 3.” ABMAC Records. Rare Book and Manuscript Library. Columbia University.

Nursing students also studied chemistry, spending, in schools that followed the Nurses' Association of China (NAC) guidelines, twenty classroom hours studying the subject and forty hours in the laboratory.⁶³ (See figure 19). Other scientific subjects that the NAC required of nursing students included bacteriology and parasitology, *materia medica*, surgery, medicine, pathology, psychology, first aid, pediatrics, gynecology, obstetrics, nutritional sciences, communicable diseases, “mental nursing,” physiotherapy, otolaryngology, advanced nursing arts, and public health nursing. Social studies rounded out the curriculum, with course work including nursing history and ethics, sociology, home economics, personal hygiene, Chinese, English, and citizenship. This curriculum, which combined the traditionally masculine subjects of laboratory sciences with the traditionally feminine subjects of social studies, reflected the way that nursing simultaneously reified traditional gender roles for women and granted them access to scientific authority. Yet nursing education was foremost a practical degree; the curriculum included over twenty-six hundred hours of clinical practice in the wards.⁶⁴



FIGURE 19. Nursing students studying chemistry. Box 83, folder “NHA and Nursing.” ABMAC Records. Rare Book and Manuscript Library. Columbia University.

Clinical practice could also be an arena in which women occupied positions of authority, as seen in figure 20, a photograph of a woman demonstrating clinical techniques of bedside care in a classroom. With the exception of one male student, women occupy the front-row seats and appear to have equal status in this mixed-gender classroom. All of the students, male and female, are learning not only the content of the day's lesson but also to recognize women as medical authorities. The instructor employs the method of establishing her scientific authority that medical missionaries had created to propagate their teachings among women: the embodied knowledge of “concrete daily practice, [expressed] in observing, diagnosing, and treating patients.”⁶⁵ The war helped to create such scenes of women in the spaces of scientific authority, not only by heightening the demand for their labor, but also by enhancing the social power of scientific medicine through increased availability of foreign funding and the movement of elite medical school graduates into wartime health institutions. Many people celebrated these accomplishments, not least the foreign missionary community that had first initiated embodied clinical practice as the foundation of women's medical expertise. A pamphlet promoting the work of West China Union University (a mission college in Chengdu) proclaimed, “[S]cience may be said to have permeated the world when it has become an integral part of higher learning in as remote a spot as Chengdu, Sichuan.”⁶⁶



FIGURE 20. Woman demonstrating medical techniques to a mixed-gender classroom. Box 82, folder 2. ABMAC Records. Rare Book and Manuscript Library. Columbia University.

WOMEN AT THE FOREFRONT: NURSES IN THE SICHUAN HOMELAND

One of the most challenging social norms that remained even after women gained access to nursing education was the idea that once a woman married, regardless of her level of education or previous career, she should stay at home to take care of the children and clean the house. In 1937, only 575 nurses were registered with the government, even though thousands had graduated from accredited nursing schools.⁶⁷ Though insufficient government registration certainly accounted for some of the discrepancy, the first major drop-off occurred when nursing school graduates faced pressure from their husbands and in-laws to become housewives and mothers rather than pursue a career in nursing. Even graduates of the country's best nursing school, the PUMC School of Nursing, faced tremendous pressure to abandon their professional ambitions. The school's dean, Nieh Yuchan, wrote a report claiming that the school's graduates not working professional jobs in the field were "rendering invaluable service in their homes, and are to be credited for the successes of their husbands." Nieh included a quote from one of the graduate's husbands to reinforce this claim—to wit: "I will always strongly support the PUMC Nursing School, because she produces good house-wives."⁶⁸ As

further evidence that this attitude enjoyed cultural currency, it also emerged from the mouth of a hospitalized male character in Ba Jin's novel *Ward Four*.

As had been the case for Florence Nightingale during the Crimean War, for white nurses during the American Civil War, and for Japanese Red Cross nurses during Japan's early-twentieth-century wars in Asia, the War of Resistance gave Chinese women an opportunity to challenge the belief that nursing education found its best outlet in homemaking rather than in professional work.⁶⁹ The war therefore also gave women the *cultural* space in which to create a new definition of femininity. In a time of national emergency, this new womanhood hinged on national contributions as before, but now required that women perform physically strenuous and dangerous work in public spaces. No longer a mere extension of domestic duties and demure demeanor, nursing became a valiant and honorable means of contributing to the war effort. This shift occurred when many female nurses willingly accepted personal sacrifice and crafted a self-image centered on their ability to shoulder a *greater* burden than men in the same role, refusing to cry or "run away."⁷⁰

The country in wartime required many more nurses than in peacetime. A 1942 report estimated the need for civilian public health nurses at twenty thousand and noted that the country had only twenty nursing schools capable of graduating more than one hundred nurses per year, suggesting an annual graduation rate of roughly one-tenth the actual need. Members of the NAC leadership committee, which included Zhou Meiyu, recommended the provision of scholarships that would cover "board, uniforms, books, and even pocket money" to increase the number of students.⁷¹ Nursing schools in Chongqing worked to increase their capacity and establish agreements with nearby clinics and hospitals to secure clinical training spaces for a larger number of students. The concentration of refugees in the southwest gave them a much larger pool of potential students. At the same time, recognizing that China needed to increase its medical capacity, many missionaries renewed their commitment to putting Chinese staff in charge. By the war years, foreign staff constituted a decided minority in missionary institutions, and many Chinese occupied positions of authority. For example, by the end of the war in 1945 Chongqing's Canadian Mission Hospital (*Kuanren yiyuan*) had an entirely Chinese staff (see figure 21) supervised by a single Canadian working as superintendent and chief physician: Dr. Alexander Stewart Allen.

The transition to Chinese staff had a gendered component. Whereas foreign male doctors consistently complained in letters and reports to the mission board about their male Chinese colleagues' incompetence and unsuitability for leadership positions, foreign women generally celebrated their Chinese nursing colleagues' assumption of leadership roles and lauded their professional competence. Canadian missionary nurse Irene Harris wrote from Chongqing that, between returning from furlough in 1941 and 1943, "I have filled a more or less nonentity



FIGURE 21. Chongqing Canadian Mission Hospital nursing staff, ca. 1930s. 2000.017P/96, United Church of Canada Archives, Toronto, Ontario.

position, the Chinese nurses having risen to the place where they can be heads of departments, Superintendent of Nurses, Principal, Dean of School of Nursing, etc., etc., and . . . I have simply filled in, acting in an advisory capacity, standing behind them, making suggestions but letting them carry through."⁷² In October 1937 the Canadian Mission Hospital hired its first Chinese superintendent of nurses, Tang Chi Yuan.⁷³ In 1950, Gladys Cunningham wrote from Chengdu's West China Union University Women's Hospital:

Later this month my senior Chinese colleague, Dr. Helen Yoh, will be back from London England. She will then assume Leadership of the Department. With another senior woman and two who will come back next year (all Sichuanese, I am glad to

say, so they will stay in this country) this department is in good shape. My work is really done. I can leave in peace. Not only for these am I thankful but for all OB-Gyn women all over this land, in whose training we have had a hand.⁷⁴

A 1942–43 report from the China Inland Mission in Baoning, in northeastern Sichuan, stated that “the happy time has come when Chinese nurses are entirely responsible for that important department, the Operating Theatre.”⁷⁵ All of these foreign nurses celebrated the creation of competence in their Chinese colleagues and eagerly handed control to them. By contrast, when Dr. Alexander Stuart Allen reviewed current medical facilities around the country in 1946, he wrote that one mission hospital in Changde, Hunan, had sufficient staff to open a nursing school “as soon as a missionary nurse arrives,” evincing lack of confidence in Chinese leadership.⁷⁶ It makes little sense to assume that in every case male missionaries knew only incompetent Chinese medical workers, so it appears that women, unaccustomed to holding unchallenged authority, were more willing to share professional responsibilities with their Chinese colleagues.

Irene Harris’s 1943 report also included a description of the work of then-current graduates of the Canadian Mission Hospital Nursing School that affirmed her opinion about her Chinese colleagues’ abilities. Twenty-eight graduates served on the three-hundred-bed hospital’s staff, and three were in charge of the nursing school. Three worked full-time in the mission’s outpatient clinic in downtown Chongqing, including one woman who also took charge of home-based obstetrical care and childbirth. One of the graduates directed the health center for a local cement factory with three hundred employees. One had launched an entrepreneurial public health organization that employed student nurses to conduct immunizations in twenty-six firms as well as in two nearby schools with a combined total of twelve hundred students, for each of whom the nurses had also compiled complete physical examination and vaccination records.⁷⁷ Harris mentioned a total of thirty-eight nurses conducting their profession in industrial, educational, and medical facilities throughout the city as highly visible authorities.

These nurses did so much work partly because there was so much that needed doing. Hsu Ai-chu (A. C. Chu) (PUMC School of Nursing, class of 1930) keenly felt this need. Hsu had supervised public health nursing at PUMC’s Beijing demonstration center before the war and in 1940 moved to Chongqing, where she became head of nursing at the National Institute of Health in Geleshan. In 1942 she became president of the Nurses’ Association of China, and in that capacity established three new nursing schools—one each in Chongqing, Lanzhou, and Guiyang.⁷⁸ Like Zhou Meiyu, Hsu later led nursing work in postwar Taiwan.

This gave Chongqing four nursing schools: two mission establishments, one private school originally established by German physicians with cooperation from the German government in Shanghai, and the central government school. All of these schools worked to increase their student capacity and competed with one

another for students. The four nursing schools in Chongqing had a minimum annual capacity of four hundred students. Posting successive ads in 1942 in the major local newspaper, the *Dagongbao*, they all solicited applications from young, unmarried women between the ages of seventeen and twenty-five who had a middle school education. The Canadian Mission Hospital Nursing School had openings for forty students; the National Central Hospital Nursing School also sought forty students; the American-run Methodist Union Hospital Nursing School sought twenty-five students; and the National Tongji Medical College Nursing School, which had moved from Shanghai in 1940, sought twenty students.⁷⁹ These schools jockeyed with one another for students; they ran their newspaper ads contiguously and sweetened their offerings. The National Central Hospital Nursing School in Geleshan, the sole government institution, offered discounted tuition for students who agreed to work for a state-run health organization after graduation. Not to be outdone, the American Methodists offered free tuition for the top five examinees in a test that covered the Chinese and English languages, mathematics, and a physical examination.⁸⁰

With the near certainty of obtaining a job after graduation, and the promise of social approval for contributing to the nation in its time of need, young women had great incentive to attend nursing school during the war, particularly if they received financial assistance. On the other hand, they had no access to some of the more lucrative options. Only men between the ages of fifteen and twenty could apply to pharmacy schools, where they received a monthly stipend of 120 yuan in the first year of study, 160 yuan in the second, and a monthly salary of 200 yuan in their third year of apprenticeship, with promise of full employment and a salary increase upon completion. Moreover, pharmacy students did not have to remain unmarried, and had only to be free of “bad habits” (a euphemism for gambling, excessive drinking, using opium, and visiting prostitutes) in order to be eligible for the examination.⁸¹ In other words, a male pharmacy student in Chongqing faced fewer bars to entry than an employed female nurse and received twice the pay, and a pharmacy apprentice received nearly six times the pay that Major General Zhou Meiyou received when she directed the entire nursing program of the Chinese Red Cross.⁸²

Gender undoubtedly determined the hierarchy of the medical system. Women overwhelmingly occupied low-rank positions and received less pay than men and were expected not only to express deference to their senior male colleagues but also to view the inferior rank as their “natural” calling. Nursing schools looked for young, unmarried women who would not challenge authority. Likewise, young, unmarried, and obedient women much more readily accepted training in aseptic midwifery than did older midwives, who had long practiced their craft and gained some authority through their expertise.⁸³ Nursing nonetheless constituted a new career opportunity for most. Training in nursing school helped them to develop

a professional identity in which they created feelings of solidarity with women from around the country; in 1943, fifty of the Canadian Mission Hospital Nursing School students hailed from other provinces.⁸⁴

This growth in the nursing profession extended beyond Sichuan. In March 1944, the Nationalist government reported a count of 5,799 licensed nurses in Free China.⁸⁵ While this number does not necessarily imply an increase in trained nurses, it does illustrate an increase in government registration thereof—itsself a clear indication of more nurses working in the profession. The NAC kept statistics on the number of nursing schools that operated in the occupied areas throughout the war, as well as the number of male and female students who graduated from these schools and passed the annual NAC exam. From 1937 to 1946, a total of 3,941 students passed the exam, thus becoming eligible to receive their degrees and licenses.⁸⁶ In the same time period, the number of licensed nurses across the country rose to 5,972.⁸⁷ Considering that all of the nursing schools that registered with the NAC had managed to train a grand total of 4,805 nurses from the time of the first school's opening in 1900 until the eve of the war in 1937, these numbers show a marked increase during the war, even though they do not include military nurses.⁸⁸

These statistics illustrate another important aspect of wartime nursing: its transition from a mixed-gender to a solely feminine undertaking. Of the 3,941 passing students in occupied China, 3,506 were women and only 435 were men. Only four male students graduated from nursing school in 1945, and not a single one graduated in 1946.⁸⁹ In 1947, the Army Medical Administration ceased accepting male nursing students altogether.⁹⁰ Nursing had become an entirely female profession, primarily because of changes taking place in military nursing.

WOMEN AT THE BATTLEFRONT: NURSING THE MILITARY

Women's work to challenge gender norms did not end once they entered the battlefield. The transformation of femininity required that women not only perform their gender differently, but also believe new things about themselves, their abilities, and what constituted "appropriate" behavior for a woman. The new settings in which women found themselves in wartime allowed this dramatic shift to take place in a short period of time. Xie Bingying articulated just such a rapid transformation in her description of working at the front with fellow volunteer military nurses:

At first we felt very uncomfortable when our hands were stained with blood, so we washed whenever it was time to eat. Later, with the blood of more and more injured soldiers dripping on our shoes and our clothes, and smeared all over our hands, we not only were unafraid of blood but *regarded it as a badge of honor*. Sometimes in

slapdash fashion we used only a little cotton soaked in alcohol to wipe our blood-dripping hands before we held up our rice bowls to eat.⁹¹

Taking pride in rather than shrinking from hardship emerged as a central feature in many memoirs and oral histories of female nurses. Willing to wear white nursing gowns (the color of mourning garments), work outside the home, and touch the bloody bodies of unknown men, Chinese nurses bravely executed a triple transgression of gender, class, and station. War produced the circumstances that allowed them to defy social norms and seek the extraordinary.

Judith Butler theorizes that gender is not a concrete reality but the product of re-iterative social performance. It can therefore be rewritten and reinvented through performance of new modes of being, as Xie Bingying and her comrades showed.⁹² Women who thus redefined femininity during the war had many models to draw on. They may have read fictional stories that began to circulate in the late 1920s coupling revolution with romance and articulating a new heroine, “the modern *ernü yingxiong*” or “heroic daughter,” who grounded her revolutionary spirit in a passionately expressed love.⁹³ Wartime drama troupes delighted audiences with reenactments of the story of Hua Mulan, who had joined the military on behalf of her father.⁹⁴ The close friends of famous anarchist Qiu Jin, who had been beheaded in 1907 for her plot to assassinate the Qing emperor, were busy memorializing her within the tradition of the female knight-errant (*xianü*).⁹⁵ Shi Jianqiao, who had famously killed a man in 1935 to avenge her father’s murder, also led a highly publicized campaign to raise money to purchase three airplanes for the Nationalist military at a time when “public patriotism was gendered feminine.”⁹⁶ Women in medicine, through repeatedly acting with confidence and assuming authority over their patients both male and female, crafted a new womanhood that the conditions of war made possible and their collective actions solidified. All performance requires an audience, and witnesses to this drama did not always accept it as fact, but many women fought back.

Perhaps the need to engage in this battle for recognition explains the rather dramatic format of Xie’s autobiography. Her tone underscores the degree to which embodying the wartime version of “new womanhood” entailed the self-conscious formation of a new personality. Her story also suggests that, to a certain extent, performing new womanhood at the front required adherence to the rules of an equally constructed and circumscribed manhood. According to Xie, she and her fellow volunteer nurses cemented their performance by “sacrific[ing] individual freedoms and submitt[ing] [them]selves to strict military regulations, written in iron:

1. Sacrifice all; fight to the finish.
2. Work with dedication and energy.
3. Live and die with our soldiers, sharing their sweetness and pain.”⁹⁷

Although Xie's words may seem melodramatic, nurses did indeed live and die with soldiers. Chinese military nurses often served close to the battlefield and followed troops as they moved. They suffered through many of the same conditions that soldiers faced, including overwork, malnutrition, poor living conditions, disease, and even death. Government statistics counted over 320,000 military medical professionals who lost life or limb during their wartime service.⁹⁸ In this regard their experience was quite distinct from that of Japanese Red Cross nurses, who worked on ships stationed in safe harbors and at home-front hospitals during the Russo-Japanese War, but very similar to that of Russian military nurses of World War I, who also moved with the troops and worked at the front lines. They "experienced extreme cold, constant fatigue, contagious diseases, artillery fire, and aerial bombardment. They encountered death and destruction in the closest possible proximity."⁹⁹

Women and girls constituted the majority of volunteer nurses heading to the front, but they also participated in the military in a variety of roles, some of which entailed even greater risk than nursing.¹⁰⁰ Some women answered the call to wield weapons on the battlefield. In August 1939 *Funiu shenghuo* reported women from two counties in Sichuan asking to serve in the military, stating that the women of Anyue County "all believe that the men who go to fight are heroes, so they wrote a letter to the Military Affairs Commission asking that women be allowed to fight."¹⁰¹ Another article in the same issue introduced a whole group of female soldiers who managed to join the front in the north, even though the man in charge rejected their first request to serve, stating that "it is not fitting for women to do this work" because, as he claimed, all the other soldiers were men and life at the front was dangerous and difficult. The women responded, "[O]ur nation is in peril, and you say that women have nothing to contribute. When you say that women cannot eat bitterness or undertake hard work, that we grasp at life and fear death, that is a direct insult to women!"¹⁰² They also called his revolutionary fervor into question, claiming that he had a retrograde attitude that made him unworthy of counting himself a twentieth-century youth. Here they demonstrated their more powerful connection to the legacy of early Republican activism, during which "[m]odern-minded Chinese were coming to expect that women, like men, would be physically more active, assertive, and even vulgar in the role of citizen."¹⁰³

Eventually the women prevailed. They joined the military and over a period of twenty months attracted more than eighty women to their troop. They reported that their commanders "frequently make an example of the female soldiers' work ethic and diligence in their speeches to the [male] soldiers."¹⁰⁴ The (presumably male) commanders' treatment of the female soldiers as exemplars illustrates two types of emotional work at play. On the one hand, in hearing their leaders' praise, the women learned to see themselves as not only capable of being soldiers (which they likely already knew or they would not have joined the military), but capable

of being *better* soldiers than men—the presumed standard of soldierly conduct. This entailed an expansion of what it meant to be a woman, what the performance of womanhood could include. On the other hand, it is likely that the commanders highlighted the women's successful adaptation to military life so as to shame the men into improving their own performance lest a woman become a better soldier than they, and the men may indeed have responded to this manipulation.

The women in this troop exhibited what female soldiers who commanded male battalions, served as fighter pilots, and gunned down enemy aircraft for the Soviet Union's Red Army described as legitimate modes of womanhood.¹⁰⁵ Although they met with staunch resistance before receiving support, the fact that they invented identities for themselves as women fighting at the front suggests that they did not subscribe to the traditional gender imaginary of war that posits women as the protected and men as the protectors. The War of Resistance placed women in positions traditionally reserved for men well before the Communist state mobilized women into such roles.¹⁰⁶ This in turn indicates that military "states of exception" create social states of exception that invite the creation of new gender identities. Their story provides one example of how wartime womanhood was performed and observed during the War of Resistance, as women built on the legacy of women's activism in the early Republic.

Not all women who wished to join the battle met with success, however. After proving herself capable of surmounting tremendous hardship in military medical service, Yao Aihua expressed her desire to follow her close family friend to the front. He responded with a pedantic speech about how she, a girl, could not withstand battle and must stay behind the lines to heal wounded soldiers.¹⁰⁷ Since this man had social standing within her own family, Yao did not feel comfortable defying him, and reluctantly accepted his advice. This points to a further reason that war creates opportunities for women to occupy new social roles: the dislocation that it causes places women in contact with men outside their own social circles, whose command they can more readily defy.

Women also had to defy ideas about womanhood that they had internalized over a lifetime of social programing. A photograph taken of female orderlies assisting wounded soldiers at the front in Changsha may display the result of a lost battle against internalized sexism. (See figure 22.) Neither of the two women in this photo has adopted a bodily position that would allow her to accept any of the physical weight of the two wounded soldiers. The woman closest to the viewer even appears to be resting her arm *on* that of the soldier, who in turn rests his weight on a walking stick rather than on the female orderly, while the pained expression on his face suggests that he needs more assistance than the stick can provide. This is understandable given the fact that he appears to bear nearly the entire weight of the other wounded soldier, whose arm is slung around his neck. The two women flanking the soldiers carry the distinctive leather satchels of medical



FIGURE 22. Female orderlies assist wounded soldiers in Changsha. Box 77, folder "AMA no. 3," ABMAC Records. Rare Book and Manuscript Library, Columbia University.

orderlies—from which they may have procured the white bandages that now wrap the soldiers' wounds—but in the moment captured here, they do little to help. Several clues that would aid the interpretation of this snapshot are missing. Behind this scene one can see two men carrying a stretcher; did all the soldiers ridicule the women when they said they wanted to carry the stretcher? On the far right, an able-bodied soldier observes in bemusement; is he inwardly laughing at the idea of women helping men, or of men needing the help of women? The woman on the right wears a slight Mona Lisa smile, while her partner looks down and away from the camera; what are the two women feeling in this moment? Humiliation after hearing several taunts from the soldiers? Frustration that they cannot actually perform the work they wish to do? They appear to struggle with something other than the weight of the soldiers, but the photograph does not reveal their secrets.

Many other sources do affirm the persistence of assumptions of female weakness and incompetence. Despite the fact that both men and women contributed to

the war, and all contributions required the acceptance of hardship, personal sacrifice, and the threat of death, many people perceived women as less capable than men to shoulder the burdens of military life. Therefore, female nurses frequently advertised their hardiness and courage. One nurse at the 1939 meeting in Chongqing told the following story:

Our medical team includes both men and women, and at first the men would often secretly whisper to each other about the working ability of the women, even to the point of looking down on us. In response we women drew closer together, and our combined power increased our working capacity such that our work is now equal to that of the men, even including heavy tasks, such as stretcher bearing, that we frequently do. Whenever a woman loses her grip, we exhort her even more. *In less than a month we women were exceeding the men in our work*, and their disregard for us disappeared.¹⁰⁸

This story reveals some details of the process that women had to go through in order to prove their mettle. First, they “drew close together” so as to gain strength from each other while they faced the men’s whispered remarks. Then they developed a strong sense of teamwork and exhorted one another to work harder. In this case, the women reportedly gained respect in “less than a month,” though one can easily imagine that other instances required more time and effort. Nonetheless, even if the nurse quoted here exaggerated her story so as to trumpet her and her coworkers’ abilities, that very hyperbole suggests that women took pride in their ability to perform womanhood in new ways, and men occasionally responded with newfound respect. Yet they adopted male behavior as the standard against which they measured themselves, even as they invented clever ways of working together and offering moral support to one another.

The assumption of male behavior as the standard in military endeavors sometimes led to confusion about how to read the attributes of actual women at work in military nursing. In recalling one of her trainees, Zhou Meiyu said:

To this day I still remember a young woman student named Chang Gexin who was hearty and heroic, with *a rather manly spirit* [*poyou nanzi feng*]. One time, her company was routing out the Japanese. She rode one horse and trailed two others behind her to carry all the medical supplies and surrounded the Japanese; when the Japanese came from one side, she ran to that side. She spent two days and two nights doing this before she was finally able to safely deliver all of the medical supplies to her company. She was very capable.¹⁰⁹

Clearly, Chang’s ability to ride horseback in a war zone did not strip her of her female identity, but her commander, Zhou Meiyu, despite herself being one of the only women to attain the position of major general within the National Revolutionary Army, described her actions first as “manly,” and only then as “capable.”¹¹⁰

Zhou did not lack proper words for Chang. One early-twentieth-century feminist activist had invented the term *yingci*—combining the first character in

the masculine term “hero” (*yingxiong*) with the word used for female birds and animals (*ci*)—as a Chinese translation of “heroine.”¹¹¹ *Yingci* might have quickly fallen out of favor, but the country that had produced the famous story of Hua Mulan possessed a specific expression to describe “women who fulfilled their obligations to their ruler or kin with remarkable deeds in warfare”: *jinguo yingxiong* (“hero in a head kerchief”).¹¹² The twentieth-century version interpreted “kin” more broadly, as all members of the “nation-family” (*guojia*). Sun Yat-sen used it in 1912 to honor Qiu Jin as a revolutionary martyr, and a reporter used it in the 1940s to describe the female members of Yao Aihua’s volunteer medical corps.¹¹³ Its new usage therefore typifies what chapter 2 theorized as “the romance of the nation”—individual men and women embodying heteronormative gender roles so as to support one another in supporting the nation’s ability to kill its enemies. In this context, a woman who suppressed her desire for individual freedom so as to serve the nation could believe that “all her submission and sacrifice acquired new significance.”¹¹⁴

Nonetheless, by calling attention to a certain type of headdress worn only by women (*jinguo*), the term “*jinguo yingxiong*” distinguishes a woman’s actions on a battlefield as distinct from those of men. Neither Qiu Jin nor the military medics could be “heroes” without a gender signifier. Female military nurses had first to outperform their male comrades in order to attain respect. The way in which Zhou understood and narrated the work of the nurses she trained reveals how profoundly her own gendered experience affected her ability to interpret her and her coworkers’ reality. Her experience as commander and trainer of military nurses did not suffice to erase her subjectivity as a woman in a patriarchal society, and her choice of words exhibited the limitations that she had learned to place on the female sex. She had learned to believe that the behavior of a “she” must always be gentle and timid, and if otherwise, that the “she” is akin to a “he.” Analysis of the language that people used to describe brave and assertive female medical professionals during the war informs a history “that takes the emergence of concepts and identities as historical events in need of explanation.” This type of history “insist[s] . . . on the productive quality of discourse”—on the fact that people cannot think outside of the language they have, even if they can (occasionally) act outside of its bounds.¹¹⁵

This analysis also points to the fact that women who lived into new ways of performing womanhood spurred such rapid change that it took language a while to catch up with the new social reality. By the time the Communist state created the category of “Iron Women” in the 1960s, the women who defied gender norms to enter traditionally male occupations had long existed, but now they had commonly accepted language with which to describe themselves. Women like Dr. Helena Wong (Huang Ruozhen), pictured in figure 23, had already worked in spaces previously reserved for men alone.



FIGURE 23. Dr. Helena Wong examines soldiers for blood donation, ca. 1944–45. Box 78, folder “Chinese Blood Bank B51–90.” ABMAC Records. Rare Book and Manuscript Library, Columbia University.

Dressed in civilian clothes, Dr. Wong stands apart from the soldiers even as she is fully among them. Her permed hair, patent-leather shoes, stockings, and well-fitted *qipao* signal her middle-class status, while the soldiers wear homemade sandals of coarse grass, and some are entirely barefoot. She works on behalf of the ABMAC blood bank established in 1943 to provide fresh blood to wounded soldiers in the field and thereby increase survival rates. Though they first collected blood in New York City’s Chinatown (and, unlike the American Red Cross, accepted donations from African-Americans), shipping fresh blood into China proved difficult. Dr. Wong played a key role in relocating the bank to Kunming, Yunnan Province, where it opened in July 1944 with the aim of taking donations from the eventual recipients: Chinese soldiers.¹¹⁶ The plan looked good on paper, but additional problems arose. Some soldiers and officers believed that blood donation would lead to a loss of physical vitality. Even when commanding officers forced them to participate, so many soldiers could not donate because of poor health (due to malaria, fever, or malnutrition) that some men deemed the whole exercise useless and

did not show up even when ordered to do so. Some officers encouraged their men to resist the blood bank personnel. One of the only reliable means of encouraging soldiers to donate blood was to give them nutrition in return: soy milk or an egg. Figure 23 shows Dr. Wong looking for the visible, plump veins of a healthy prospective donor. She has authority not only because their commanding officer lends her some of his by standing close by (just behind the tree), or because of her clear distinction as a middle-class woman, but also because she is the hungry soldiers' ticket to a healthy snack.¹¹⁷

Dr. Helena Wong wrote about her experience working in the blood bank in September 1944, providing a rare opportunity to interpret her potential emotional state in this photograph. Her comments affirm that the entire project was marred not only by the poor physical condition of the would-be donors, but also by poor communication between the educated health workers and the uneducated soldiers, many of whom did not understand the reason for storing blood in a bank. One of them asked Dr. Wong directly, "Why keep it in a bottle? Why not just leave it here?"¹¹⁸ Presumably no one told the soldiers that effective use of the blood bank reduced the death rate to nearly 1 percent in a September 1944 battle in Yunnan, by which time the reputation of fresh plasma "was so great among the Chinese soldiers at the front that the wounded begged for it on arrival at the surgical unit."¹¹⁹ Dr. Wong's comments, written about her work to collect blood donations in the same month, September 1944, suggest that she herself felt deeply ambivalent about the need to collect blood from young men barely strong enough to perform their military duty. She wrote:

It takes a certain amount of blind insensitive stubbornness to take blood from these soldiers. It is a sad business; however, I feel we are justified and right because the plasma goes back to them, and the ones that give can afford the amount we take from them. What hurts is that these soldiers are expecting to go to the front soon.¹²⁰

Dr. Wong, distinguished by the privilege of education and material comfort in an impoverished society, believed that she had to exhibit "blind insensitive stubbornness" in order to leverage that privilege for this particular task. Perhaps out of discomfort with this assertion, she immediately justified the work on the grounds of its (quite truthful) ability to save lives, demonstrating her desire to focus on the positive outcome rather than the problematic means of achieving it. She then returned to "what hurts" and evinced sympathy for the soldiers who would soon face a formidable foe. These comments suggest that, at least in that moment, Dr. Wong felt sympathy for the soldiers and recognized that she had to work within a system marred by deep inequality. She certainly would not have used the word "necropolitics," but she did understand that the same society that mobilized her to use her medical training to support organized killing—to keep soldiers alive so that they might kill more enemy soldiers—was the same

society that placed young, barefoot, and malnourished men in the line of fire. Though clearly motivated to help her fellow countrymen, at least for a fleeting moment she recognized it as “a sad business,” and this recognition caused her emotional pain.

NEW POSITIONS AND OLD EXPECTATIONS: DEAN NIEH AND THE PUMC SCHOOL OF NURSING

The wartime career of Nieh Yuchan (Vera Y. C. Nieh, 1903–98), head of the relocated PUMC School of Nursing and its first Chinese dean, illustrates the limits of the authority of science in helping professional women challenge gender norms. Wartime gender ideology that defined caretaking as a woman’s chief role in both her own family and the national family demanded that women contribute to the nation without challenging patriarchy. Despite undeniable gains, women still experienced definitive limits to their professional mobility. Notwithstanding the exception of women like Major General Zhou Meiyu, wartime society placed strict limits on women’s professional lives in order to lay claim to female labor while still preserving male claims to positions of authority.

Dean Nieh dealt with a stunning degree of sexism despite her high position and impressive qualifications. In addition to her PUMC School of Nursing degree (class of 1926), she had degrees from Columbia University’s Barnard College, the University of Toronto, and the University of Michigan. Prior to her tenure as assistant dean (1938–40) and then dean (1940–46) of the PUMC School of Nursing, Nieh had spent three years as instructor and director of Public Health Nursing at the Beiping First Health Station (1931–33), and had served as secretary of Communication on Nursing Education in the Ministry of Education (1934–35).¹²¹ A woman with such training and experience had much to offer her country. Upon Nieh’s first appointment as assistant dean, in 1939, Henry S. Houghton, then president of the China Medical Board, described her as “a highly intelligent woman” with “excellent family and connections” and the “undivided support and good will” of the PUMC School of Nursing alumni.¹²² However, the man who assumed leadership of the China Medical Board in January 1943, Claude E. Forkner, felt differently about her.

When the PUMC School of Nursing alumni and administrators met in December 1942, one year after the Japanese Army had occupied their school, they decided that the nation’s need for nurses was so great that they would sacrifice their own safety and comfort and move the school to Sichuan. Dean Nieh personally led her faculty and students across enemy lines. Meanwhile, PUMC medical faculty declined to move, and their school remained under Japanese occupation until victory. In September 1943, after much strife in Chongqing, the PUMC School of Nursing finally opened in its third and final wartime location, on the campus

of the West China Union University (WCUU) in Chengdu, which had already welcomed Cheeloo (Qilu) Medical College of Shandong Christian University, Yanjing University, Ginling Women's College, and Nanjing University. Simultaneously, twenty-four PUMC medical students matriculated at the WCUU Medical College; ultimately the school trained four classes of undergraduate and one class of postgraduate students during the war. To facilitate clinical training, Dean Nieh became superintendent of nursing services at University Hospital clinics outside of Chengdu, and the school helped WCUU build a new hospital for its clinical training.¹²³

Despite her lofty titles, the administration failed to provide Dean Nieh with adequate support from the beginning. The PUMC initially provided no money for the relocated school's operation; the women ran the school for three months without pay or any guarantee thereof. Having initially operated only the OB-GYN ward, the Wartime Advisory Committee did set a date for the opening of the medical ward but changed it at the last minute without notifying Dean Nieh, who had prepared and accompanied all of the staff to the site only to find the door locked.¹²⁴

After this inauspicious beginning, Dean Nieh and Director Forkner immediately entered into conflict. In February 1944, Claude Forkner sent complaints to Dean Nieh and to Y. T. Tsur (Zhou Yichun), a member of the PUMC Board of Trustees and chairman of the Nursing School Advisory Committee, calling the dean "out of order," "insubordinate," and "emotionally unstable."¹²⁵ Dean Nieh defended herself; the very next day she cabled a brief message to Chairman Lobenstein of the CMB: "Forkner is great hindrance to nursing school. . . . [S]chool must have budget."¹²⁶ She repeatedly asked for the authority and title of principal (*xiaozhang*) rather than dean, as the (temporary) closure of the PUMC had erased the administrative structure that would have made operation as dean of its nursing school smooth and efficient. She asserted that if she had more autonomy she could more easily complete all of her tasks. She also repeatedly expressed that nurses, not doctors, should be in undisputed charge of the nursing school.¹²⁷ Since the PUMC administration consistently ignored her requests for a change in title, she began acting as principal without official permission; she ceased delivering financial and other reports, began speaking directly to those above her within the CMB administration rather than going through their subordinates, and continually resisted Director Forkner's attempts to control her.¹²⁸ Forkner concluded that she should be fired and began asking his Chinese colleagues for recommendations of people who might replace her.¹²⁹

Men described Nieh Yuchan as demanding and stubborn, with a bad temper. They also suggested that the war produced a strain she could not handle, rather than admitting that her employment situation might be strain enough. For example, one man suggested that Nieh be replaced and wrote in a letter, "If I may be allowed to say so I am afraid she really needs some psychiatric attention."¹³⁰

Claude Forkner also called her “emotionally unstable” and fit for replacement.¹³¹ The overseas Cantonese doctor Li Ting’an (1899–1948) wrote in a confidential letter:

There is no doubt that her temperament is bad. This I think is due to her physiological and family conditions which may be improved in a few years. Miss Nieh is capable and honest, and knows her job. It hurts me to state that she is handicapped in the art of dealing with people. I can quite see the reason for the reaction which Dr. Forkner is forced to take at times. I wish Miss Nieh can [*sic*] be more cooperative and patient.¹³²

Dr. Li suggested that Nieh’s status as a single woman unpenetrated by a male phallus made her “handicapped in the art of dealing with people.” His desire for her to be “more cooperative and patient” indicates that he expected certain behavior from her due to her sex, and therefore could not appreciate her assertiveness as a highly educated woman with an ambition to professionalize nursing and protect it from the meddling of male physicians. Li suggested hiring Zhou Meiyu as Nieh’s replacement.

In marked contrast to Dr. Li and his male colleagues, the women who worked with Dean Nieh interpreted their supervisor’s assertiveness positively and did not see her status as a single woman—her “family condition”—as a hindrance to her professional aptitude. On March 20, 1944, the faculty of the PUMC School of Nursing wrote a letter in full support of their dean, citing all of the same frustrations that Nieh had been dealing with for months without response.¹³³ One week later, the all-male Wartime Advisory Committee expressed its full support of Director Forkner.¹³⁴ Since the male China Medical Board administrators failed to address Dean Nieh’s primary demand for administrative autonomy, several alumnae and nursing school administrators wrote again on May 3, 1944, asserting that the committee members had a marked “lack of confidence in the Dean of the School” and politely requesting a change in attitude. To wit:

We see no justification for such deviation from established practice by depriving the Dean of the authority and responsibilities that were hers when the School was in Beijing [Beijing]. We wish therefore to suggest that during the present emergency the Dean be given complete charge of the administration of the School. . . . We beg to assure you, Sir, that in our humble opinion we can find no better qualified person than Miss Vera Nieh for the deanship. . . . Miss Nieh has had an excellent record which can well speak for itself. Under the present administrative system we cannot expect her to do her best for the school. For the love of our Alma Mater we take the liberty to request you to do whatever you can to improve the situation and entrust to Miss Nieh the responsibility for the administration of the School.¹³⁵

Two images of Vera Nieh emerge from the documents: one, from male writers, describes her as unduly stubborn, demanding, and emotionally unstable, while the other, from female writers, describes her as professional, assertive, and demon-

strably capable. Gender analysis provides one way to interpret these conflicting responses to the same individual. First, women rarely reached high-level positions in professional health care in the war years; in 1941 the NHA had 1,255 male and 762 female employees.¹³⁶ In 1945, the Sichuan Provincial Health Administration counted 142 biomedical professionals in the province, of whom 135 were men and only 7 were women.¹³⁷ Although women populated the ranks of low-level jobs (as nurses and midwives), any female medical professional in a position of authority operated in a male-dominated world. Second, Director Forkner frequently got into conflicts with the Chinese people with whom he worked and was known for his condescension toward women.¹³⁸ This should make one suspicious of Forkner's perception of Nieh, as well as that of other individuals who worked under his direction. Third, male letter writers repeatedly refer to Dean Nieh not by her title but as "Miss Nieh," using language to revoke her professional status and reduce her to her sex and unmarried status, which itself they occasionally cited as a potential source of her "emotionally unstable" behavior. Fourth, male writers interpreted two short cablegrams from Dean Nieh as "attacks" on Claude Forkner in "strong terms," viz.: "Forkner is hindrance to school. Suggest not return," and "Forkner is great hindrance to Nursing School. Not desirable in China."¹³⁹ Meanwhile, no such assessment was made of Forkner's comments on Dean Nieh, which included: "Miss Nieh is not suitable to hold the position as dean of the nursing school"; "I think she is emotionally unstable"; "[T]he tone of Miss Nieh's letter is quite insubordinate"; "She cannot talk without losing her temper"; and "Vera Nieh emotionally unstable, fighting everyone, insubordinate."¹⁴⁰ In other words, his male colleagues took Forkner's words at face value, interpreting them as facts, but failed to grant Nieh's words a similar assessment. Nor should it escape one's notice that men have long used the labels "hysterical" and "overly emotional" to demean and silence women, even when the women have justifiable reasons for their ire or frustration.¹⁴¹ Fifth, Dean Nieh and her faculty felt that professional nurses were fully competent and did not need the input of doctors who wished to control the nursing school. Her case thus illustrates the struggle of nurses in China for professional recognition and autonomy. Sixth, her male colleagues "solved" the situation by silencing her and pressuring her to temporarily abandon her post in Chengdu rather than by admitting any error on their part or making any concessions. Last, even after this resolution Li Ting'an wrote to Claude Forkner, stating, "Some of the ladies [by which he meant other nurses and administrators at the school] are still a little reactive but in general they are cooperating."¹⁴² Still refusing to use titles of respect, the men involved in this drama utterly failed to confer professional dignity upon their female colleagues. Their choice of words—"insubordinate" and "reactive"—indicates a gender politics in which women's refusal to submit to male control constituted inappropriate behavior.

Another way to understand this gender divide between Dean Nieh's proponents and antagonists is in terms of the values that each side held dear. One of the

greatest sources of contention between staff of the China Medical Board and the nursing school was the dean's management of rice supports: government-supplied rice given to people who worked in civil service, including public health, in the later years of the war, when astronomical inflation rendered regular salaries practically worthless. Dean Nieh bent the rice support rules in order to keep her staff consistently supplied, further angering Claude Forkner. Letters describing this event illustrate that Forkner believed administrative protocol to be sacred, deserving of reverence even under the extraordinary conditions of the war. On the other hand, as dean of the nursing school, Nieh felt responsible for all of her staff members' well-being, and she did everything in her power—including disrespecting the rules—to fulfill her duty as supervisor and ensure that her staff were well fed and could execute the physically demanding tasks of their jobs.¹⁴³ It is not difficult to imagine why her faculty would have appreciated this principle; a total of ten faculty members worked at the relocated school during the war, each of whom started the job with tremendous energy but soon tired under the strain of insufficient nutrition and constant work among the ill. By the summer of 1944, three had contracted tuberculosis.¹⁴⁴ They understood that government rice supports could mean the difference between health and chronic illness, or even between life and death.

Unfortunately for Dean Nieh, soon after the war ended she again faced strident sexism in her already strenuous workplace. In October and November 1945, Ruth Ingram—herself a previous dean of the PUMC School of Nursing—visited the school's Chengdu location to investigate another conflict between Dean Nieh and a male supervisor.¹⁴⁵ This time the conflict involved Dr. Best, general superintendent of the United Hospitals of WCUU, where PUMC nursing students did clinical practice during and after the war. Ingram reported, of her first meeting with Dean Nieh, that she “was eager to talk over her problems. She was candid and quite ready to acknowledge her mistakes.”¹⁴⁶ The dean's chief concerns included having had to operate for several years without a clear and delineated protocol regarding her school's partnership with WCUU; having had her problems with this irregular relationship “brushed aside” by the school's Wartime Advisory Committee; personality clashes with Dr. Best; not knowing how to proceed with students' practical training in respect to the upcoming return to Beijing, which could not be firmly scheduled and which did not in fact occur until April 1946;¹⁴⁷ and her uncertainty as to whether or not she had the full support of the Board of Trustees.¹⁴⁸

As in the previous instance, a man's assessment of the situation stood in direct contrast to the women's assessment, but this time the NHA and NIH co-sponsored Ingram's investigative visit to Chengdu, during which she uncovered the falsehood of Dr. Best's claim that “local nurses will not work with Miss Vera Nieh.” On the contrary, Dr. Best's “peculiar temperament and strange administrative policies [had] caused trouble continuously with the nurses of his mission for years.”¹⁴⁹ Moreover, not a single nurse, under either Dean Nieh's or Dr. Best's

supervision, expressed or reported having heard any dissatisfaction with Nieh, but rather voiced discontent with Dr. Best and labeled his rumors about Dean Nieh “propaganda.” They also told Ingram about two instances in which Dr. Best had recruited nurses to his staff, instructed them to refuse to work with Dean Nieh, and promised greater pay to sweeten his offer.¹⁵⁰

In her conversations with Ruth Ingram, Dean Nieh also provided astounding facts about the troubles she had faced in the months when CMB Director Forkner had judged her incapable. Nieh’s own narration of her conflict with Forkner presents the perspective that any incapacity she experienced in this period stemmed from the impossible situation in which her own superiors had put her. Ingram concluded that “[o]ne must admire her courage in holding to the standards which she felt were necessary for her students. Her purpose has been to keep up the standard of the school to its prewar level and she has fought everyone whom [*sic*] she felt was trying to lower the status of the school.”¹⁵¹ Here we see the origin of some of Dean Nieh’s reported temper. She had high standards for herself and the organization over which she had elected to take responsibility in very trying times. Though she might have profited from more flexibility, she nonetheless demonstrated admirable tenacity and courage, especially when compared with PUMC faculty and administrators who declined to assume the mantle of leadership under duress of war.

Even after the war ended, Dean Nieh’s students and colleagues admired her for that courage, which continued to serve her well in her position as NAC president and simultaneous dean of the PUMC School of Nursing and superintendent of nurses (1947–49).¹⁵² Moreover, at least one man also supported Dean Nieh, writing in 1946 that “[w]hat Miss Nieh and her faculty have achieved during the war has shown the finest quality of Chinese professional women. We all are very proud of them!”¹⁵³ A final word of praise for Vera Nieh came in 1972, when John Z. Bowers published his monograph on the PUMC and its nursing school. In the course of his research, Bowers asked why the PUMC had submitted to Japanese occupation while the nursing school had not, and summarized the responses as follows: “that the nurses were a more cohesive group; that Chinese women have an unusually strong character and strong will; and that there was no Vera Nieh to lead the medical faculty.”¹⁵⁴ In this reading, Vera Nieh’s shrewd professionalism was neither a personality flaw nor a mark of insanity but rather a badge of honor and testament to the undeniable contributions she made to her country in its time of greatest need.

With such evidence at hand, it is indubitable that sexism in the health profession played a major part in the criticisms leveled against Dean Vera Y.C. Nieh. Analyzing these critiques in terms of wartime gender ideology, we see that as a nurse on the caretaking side of the medical profession, Nieh satisfied the demands of both state and society. However, once she pushed for more autonomy

as a school administrator she surpassed the bounds of gendered expectations. Dean Nieh's hardships reveal that as long as a woman stayed within the confines of specifically female contributions to the war she received praise and accolades, but once she stepped outside these bounds she might easily receive criticism and blame. The war emergency heightened peacetime gender ideology that charged women with supportive caregiving. Mothering the next generation was a woman's primary duty to the nation, and if she was to work outside the home then she ought to act as a universal mother, dutifully serving the needs of a society regulated by men, not as a professional demanding autonomy in order to materialize her own career goals.

CONCLUSION

The story of wartime nurses underscores the degree to which the war made a particular kind of new womanhood more possible than before. The country's desperate need for help allowed women to cast aside family obligations, ignore social strictures, and proceed to the battlefields without hesitation. Whether they worked on the home front or at the battlefield, women articulated their nursing work as hardship and courageous sacrifice on behalf of their nation in peril, and through it they learned to understand themselves as even more hardy than men and therefore capable of making a unique contribution to their suffering compatriots. Women who entered the medical profession performed womanhood in new ways. This new womanhood comprised not only women entering public spaces, touching the bodies of male strangers, and crossing social boundaries to develop relationships and create the national community, but also women occupying authoritative roles within institutions that themselves claimed the authority of science: hospitals and nursing schools that propagated scientific medicine. The millions of dollars of foreign aid that poured into China aided the indigenization of scientific medicine to an extent that partially explains why the People's Republic of China so readily turned to it in crafting its public health and medical education systems, even in an era of anti-Western xenophobia.¹⁵⁵

The ways in which China won authorship of its own hygienic modernity put a definitively Chinese stamp on a set of practices that began in Western Europe and Japan. Through the combination of their physical and emotional labor, women did the most to indigenize scientific biomedicine by making it both available and approachable to their compatriots. When the bulk of China's universities and research centers moved to the southwestern provinces, this previously neglected region became home to an active community of international health workers who made important contributions to scientific medicine. The NHA produced vaccines, sera, and sulfa drugs for the local market, and medical researchers worked in Chinese state and university laboratories to develop medicines and public sani-

tation technologies.¹⁵⁶ The concentration of mostly PUMC-trained personnel created international networks along which funds, supplies, and volunteers traveled from Milan, Miami, and Moscow into China. This wartime network had implications not only for domestic medical practice but also for the postwar development of an international health community when a handful of Chinese health officials entered positions of global prominence. In 1948 Minister of Health Jin Baoshan (P.Z. King) took an appointment with UNICEF in New York City.¹⁵⁷ The World Health Organization came into existence because of Dr. Sze Szeming's thoughtful collaboration with Brazilian Dr. Paul de Souza.¹⁵⁸

From this point the history bifurcates into the distinct stories of mainland China and Taiwan. Zhou Meiyu moved to Taipei, where she served as first director of the newly formed and relocated National Defense Medical Center (*Guofang yixueyuan*) (NDMC) and continued to lead nurses both locally and internationally.¹⁵⁹ The China Medical Board (CMB) also treated Taiwan as a center of international nursing training and applied lessons from working in China to the sponsorship of public health nursing in the Republic of Korea.¹⁶⁰ Meanwhile, in mainland China, nursing entered a thirty-year period of decline marked by moments of acute downturn such as the 1965 disbandment of the Chinese Nurses' Association (CNA) and closure of all nursing schools. Despite these sea changes, nursing remained a female profession—for example, of the 213 nurses at the Shanghai Mental Hospital in 1974, only 30 were male—and women continued to occupy supervisory and leadership roles.¹⁶¹

The feminization of nursing was a direct outcome of the war. In June 1947, Chongqing's head nurse, Liao Junming, reported a total of 90 female and 6 male nurses employed in the city's public agencies. Numbers in the recovered capital Nanjing reflected greater female dominance: 120 women and 2 men. With a total of ten cities reporting, women dominated the nursing profession by a ratio of seven to one.¹⁶² This owed not solely to the desperate need for women's labor but also to women's work to professionalize nursing. Perhaps the best expression of their success is that Lin Sixin (Evelyn Lin) (PUMC School of Nursing, class of 1926) was chosen as a candidate for superintendent of the Chongqing Central Hospital.¹⁶³ Though the selection committee did not ultimately choose Lin, that they even considered a nurse capable of leading the entire hospital signaled new respect for women's capabilities in medicine. As first responders to people's most immediate health needs, female nurses, through their constant visibility, created a new public persona for women to embody: a competent, educated professional who had authority over male (and female) bodies. They achieved this by accepting the primacy of the nation and conceptually hitching their work to national strength. This remained true in the subsequent civil war, when the nursing educator Wang Xiuying (b. 1908; PUMC School of Nursing, class of 1931) wrote: "Nurses are the guardians of national health. This is the credo of their work. The nation

cannot do without soldiers for one day, so it equally cannot do without nurses for a single day.”¹⁶⁴

This assertion, far from rhetorical, deeply affected people like Yao Aihua and her fellow volunteer medics. Yao's work as a military nurse did not end when people in the village near her unit beat their drums and announced, “The Japanese devils have surrendered!” She worked throughout the Civil War, during which time the NRA transferred her unit no less than seven times, beginning immediately after “victory.” During one of those transfers she carried her third child, for whom her husband had served as midwife a mere five months earlier, while her companion limped along on bound feet for over two hundred miles. In late 1948 her entire medical team voted to join the Communists while stationed in Wenzhou, Zhejiang. Once they switched sides they learned that all of the soldiers they were treating had previously fought for the Nationalists and, along with the soldiers, received training in the famous Three Rules and Eight Points of Attention that formed the bedrock of communist military discipline. In Yao's final transfer, sponsored by the People's Liberation Army (PLA), she was given a choice to go home after a twelve-year absence or continue with her comrades, and she chose the former. Not long thereafter the government called Yao's unit to Korea to serve soldiers of the People's Volunteer Army, but she stayed home because she was pregnant and thereby narrowly missed her death: every single one of her comrades who went to Korea died in the American carpet-bombing campaign. Yao kept her life but suffered the loss of all the friends she had worked with for years, as well as the opportunity to gain veterans' health benefits. The Communist state, lacking complete records on who had served in the NRA, required testimonials from fellow soldiers to enter her in the registers. Nonetheless, she retained her status as “demobilized professional soldier” on her *hukou* household registration form, which saved her from persecution during the Cultural Revolution.¹⁶⁵

Though Yao's story appears unique, China's story fits a global pattern wherein “changes in [the] scope and authority” of nurses come from “the complicated historical interplay of the needs of the state for more intensive public health systems, the professionalization of [nursing as] a discipline . . . and a willingness on the part of some physicians to see nurses as members of a health care team.”¹⁶⁶ In China these forces converged during the war, which forced the Nationalist state finally to fund the military health system, augmented the demand for personnel, encouraged foreign charitable donations that sustained the institutions and individuals who professionalized nursing, and forced (some) male health professionals to make room for women.

Nonetheless, the story of Dean Nieh Yuchan pinpoints the precise location of a glass ceiling. Women predominated in the lower rungs of the medical hierarchy, but those who wished to climb higher faced strident discrimination. This situation was not unique to China; many wartime societies have witnessed simultaneous

repudiation and reinforcement of conventional gender ideology, forcing women to continually assert their power even as they assumed new responsibilities and roles on behalf of the fighting men or the state.¹⁶⁷ This occurs not only because of disagreement about women's proper role in society, but also because the new roles for women are often born of a need for their labor rather than of demands for women's self-determination. In China, efforts to mobilize women to contribute to the war fit the state's agenda very well but did not necessarily empower women in their own right.¹⁶⁸

In this way, too, Republican-era changes in women's professional lives foreshadowed those in the lives of their Communist-era counterparts. While radical feminists purported to "liberate" women from patriarchy, Marxist ideology dictated that women subordinate their demands for self-actualization to the project of working-class liberation, while the party subordinated them to the state.¹⁶⁹ Social changes during the War of Resistance prepared society for women to assume active roles in physically demanding jobs, but true gender equality remained elusive. The same was true in the realm of Maternal and Child Health, another top priority for wartime health officials.