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Yang Chongrui and the First National Midwifery School: Childbirth Reform in Early Twentieth-Century China*

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Abstract

This paper examines the First National Midwifery School (FNMS) and its connexions with the Rockefeller Foundation and the Nationalist government. During the Nationalist era (1927–37), western medical personnel and Chinese intellectuals attempted to modernise China by reforming childbirth as part of a new public health system. As most of the biomedical personnel in China were trained in the United States, it may be expected that midwifery reform would have followed the same path as in the West, with physicians displacing midwives. On the contrary, in China we see a blending of Chinese cultural and social needs with western public health methods to create a system that has survived in China to this day. The FNMS acted as a liaison between East and West, between private philanthropic organisations and the government. The most significant player in this field, Dr Yang Chongrui, played a vital role in professionalizing the new occupation of the modern Chinese midwife. Yang's vision to train midwives to reduce the high maternal and infant mortality rates was one of the most important public health efforts in China during this time. In the process, women were targeted both as actors in China's nation-building strategies and as reproducers of China's citizenry.

Keywords

Republican China, midwifery, childbirth, Yang Chongrui, First National Midwifery School, public health

Introduction

This essay explores changes in Chinese practices of childbirth in the 1930s as a site of cooperation and contestation between the Chinese government and American philanthropists, between Chinese and western medicine, and more generally between cultures. The Republican-era commitment of western phi-

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lanthropists and the Nationalist government to improvements in public health care in China affected women, as long-standing practices of midwifery were transformed from an apprenticed craft into a professional occupation. At the centre of this transformation was Dr Yang Chongrui (杨崇瑞, also known as Marion Yang), a Chinese-born, western-trained obstetrician-gynaecologist and public health expert, who moved freely between China and the United States; between traditional Chinese and western medicine; and among the varying social classes of her patients, colleagues and students.

In 1929, when Dr Yang established the First National Midwifery School (FNMS) in Beijing, she encountered deficiencies in funding and personnel, patients reluctant to accept changes arising from the modernisation process, and students unwilling to comply with advocated methods and regulations.¹ Through an examination of the founding of the First National Midwifery School and Yang's experience in managing it, this article demonstrates the complexities involved in Republican China's modernising reform efforts.

The public health movement

Spurred by ideas of modernism, social Darwinism, eugenics, and public health movements in the United States, Japan and Europe, many Chinese intellectuals and political leaders in the early twentieth century reshaped their cities and governments to remedy China's 'sick man of Asia' image.² The newly established Republican government, aided by western philanthropic organisations, implemented public health initiatives to improve hygiene in street sweeping, night soil removal and home cleanliness. Campaigns to clean the water supply and environment halted the spread of many parasitic and infectious diseases in China, like water-borne cholera, typhoid and schistosomiasis; and insect-borne diseases like malaria, typhus and bubonic plague. Grassroots public health journals appeared to spread knowledge about the linkage of hygiene and disease and the need to advance health care in China.³

These initiatives played a crucial role in city planning and were the cornerstone of China's modernisation process in the 'administration of space and

¹ First National Midwifery School (hereafter FNMS) 1928, pp. 1–3. The city of Beijing was known as Beiping during the Republican era, after the Nationalist government moved its capital to Nanjing in 1927. For ease of recognition, I use the more familiar Beijing throughout this paper, except when quoting other sources or using proper names.

² Stapleton 2000; Tsin 1999; Y. Xu 2002; N. Yang 2004.

³ Dikötter 1995, pp. 18–19; Glosser 2003, pp. 28–31; Stevens 2001.

populations in order to eliminate dirt and prevent disease'.⁴ Operating under the principle that a strong state pursues control of people, resources and information, the government pushed through public health initiatives that affected nearly every part of a person's life in the early twentieth century. For example, the state began to regulate the recording and submission of birth and death statistics to more effectively collect taxes and to implement urban and regional planning projects. Its thrust toward 'hygienic modernisation' is also evident in Chiang Kai-shek's 1934 New Life Movement, which included bans on public spitting and urination.⁵ In addition, some public health advocates called for fundamental changes in Chinese living and eating habits, such as eliminating the family bed and promoting the use of individual eating utensils in place of shared family-style dining.⁶

The development of modern midwifery in China was inextricably tied to this modernisation process. Under the guidance of the National Midwifery Board, changes in childbirth were part of a greater effort to modernise the country. The moulding of a modern city necessitated a modern public health programme that began at birth and focused on women both as reproducers and as active participants—as midwives—in the birthing of a new nation. There was little institutionally-based medical training in China prior to this time, but by the late 1920s the Nationalist government began to release plans for a system of regulated and standardised medical schools, nursing schools and midwifery-training programmes.⁷ Although many of these medical programmes were never put into place or were only partially completed, they are indicative of the increasing interest in modernisation and nation-building efforts after the fall of the Qing dynasty in 1911.⁸

As childbirth became linked with scientific medicine and defined as an essential element in the development of a strong and modern nation, local and national governments began to regulate midwives as early as 1913, demonstrating the increased importance of women in China's rebuilding process.⁹ Women started to enter the medical and public health fields as employed professionals, and homemakers were targeted as subjects requiring education and training in

⁴ Rogaski 1999, p. 30.

⁵ Dirlik 1975, pp. 950, 954–9.

⁶ Even today, Chinese meals are usually served 'family style', in which each person uses his or her own chopsticks to take food from communal dishes. For dining reform to halt the spread of tuberculosis, see Lei 2005.

⁷ Zhang and Cheng (eds) 1990, pp. 79–81.

⁸ See, for example, Rogaski 2004; Esherick 1999.

⁹ Guangdong Provincial Government Police Department (hereafter GPGPD) 1913.

order to serve as mothers in a modern nation.¹⁰ As part of this process, midwives who had received some formal medical training were required to be licensed, while simultaneously, those working without the prescribed training began to be forced out of the field and their once-accepted skills and practices termed as deviant.¹¹

Dr Yang Chongrui

Under the national midwifery programme of the 1930s, Chinese cultural and social needs blended with western public health methods to transform the childbirth process. This blending is exemplified in Dr Yang Chongrui, who pioneered midwifery training in early twentieth-century China and was instrumental in creating the modern midwifery profession. As the link between the Nationalist government, western philanthropies, and Chinese and foreign-trained medical professionals, Yang helped to transform childbirth in China from a family-centred, unregulated event into a state-controlled institutional practice.

Yang's unique educational and political background gave her the necessary qualifications and connexions to negotiate between China and the West, and indeed among China's socio-economic classes.¹² She was born in 1891 at the American Board Mission in present-day Tong County of Beijing to a wealthy Christian family. Her father had passed the provincial imperial exams at age 18; her mother was her father's third wife and from a relatively rich family. In her memoirs, Yang recounts disliking visits to her mother's family when she was young because of all the 'cumbersome formalities'. She preferred the environment of her brother's wife's poor natal home, where she felt much more freedom. In the 'foggy recollections' of her youth, she claimed to feel the dissonance between rich and poor early on, and she learned to manoeuvre among different social groups.¹³

Yang's educational opportunities were remarkable because of her intelligence and her family background. Her father taught her to read at an early age and sent her to American mission schools in Beijing. She went on to graduate in 1917 from the Women's Union Medical College, a precursor to Peking

¹⁰ Susan Glosser discusses the increased control of family lives during the Nationalist era in Glosser 2003.

¹¹ GPGPD 1913; Zhang and Cheng (eds) 1990, pp. 27–9, 79–81.

¹² Information on Yang Chongrui's life in these two paragraphs is taken from her autobiographical essay, C. Yang in Yang R. (ed.) 1990.

¹³ C. Yang in Yang R. (ed.) 1990, p. 143.

Union Medical College (PUMC), where she eventually specialised in obstetrics and gynaecology. She continued to work and study at Peking Union Medical College, combining obstetrics and gynaecology with an interest in public health. In 1926, she received a one-year fellowship to the United States to study obstetrics and gynaecology at the Johns Hopkins University School of Hygiene and Public Health in Baltimore, Maryland. On the same trip, she also took a six-month tour of Canada, England, Scotland, Germany, France, Denmark and other European countries to observe their obstetrics/gynaecology and public health education programmes.

After returning to Peking Union Medical College with greater knowledge of public health problems and programmes worldwide, Yang assumed a joint post as assistant professor of public health and head of the First Health Demonstration Station, an urban experimental health centre that included maternal and infant health work. Among her patients, Yang repeatedly encountered cases of tetanus neonatorum and puerperal sepsis, two preventable diseases that greatly contributed to China's high infant and maternal mortality rates. Yang asserted that the six million annual preventable deaths in China occurred primarily among infants and childbearing women, and that 'the main responsibility for the excessive deaths among the mothers and babies may be laid on the untrained group [of old-style Chinese midwives, or *jieshengpo* 接生婆]', which she estimated to number between 200,000 and 400,000.¹⁴

Traditional Chinese practitioners and western-trained medical personnel alike vilified the old-style midwives for their superstitious and unsanitary ways. Old-style midwives in China commonly had long fingernails with which to rupture the amnion, or bag of waters, and they stretched and tore the perineum (the area between the vagina and anus) and cervix in order to 'give the infant an open way' (*gei ying'er kai lu* 给婴儿开路).¹⁵ The *jieshengpo*'s unwashed hands and frequent manipulation of the mother greatly contributed to the transmission of puerperal sepsis, caused by *Streptococcus* bacteria entering wounds in the vaginal canal or through the urinary tract. If the woman did not die of sepsis, she may have had to live with crippling disabilities resulting from the midwives' practices, such as perineal tears, infertility, painful scarring, and vesico-vaginal fistulas, in which a hole is present between the bladder and the vaginal wall, resulting in constant urine leakage.

¹⁴ C. Yang 1928a; C. Yang 1930, p. 428.

¹⁵ Yun 1925. It is important to note that in China, traditional birth practices differed greatly by region and even within the same city or village. The practices discussed here took place within and around Beijing and cannot be said to be representative of China as a whole, or even necessarily indicative of birth practices throughout Beijing. See Goldstein 1998.

Infant mortality rates were also very high due to unsanitary measures causing death from tetanus neonatorum (neonatal tetanus), a bacterial infection that enters the body through an open wound.¹⁶ The primary mode of neonatal tetanus transmission is through the severed umbilical cord. Yang wrote that traditional *jieshengpo* ‘never furnished anything, only borrowing the following implements from the patients: “House hold” [*sic*] scissor, a piece of “color silk” and cotton, a pair of iron coal chopsticks, and an iron hook for abnormal cases.’¹⁷ The *jieshengpo* used a household knife, pottery shard or pair of scissors, sometimes wiped clean on her clothing, to cut the cord. She then dressed the cord with mud gathered from the ground, sawdust from the stable, or animal dung. Rusty metal, animal dung and soil all host *Clostridium tetani*, the bacterium that causes tetanus neonatorum.

Yang railed against the old-style midwives in her letters and in various articles published in the *China Medical Journal*. One such article included a photograph of an old-style midwife sitting in a basket on the ground, with the following caption:

Old-type Chinese midwife (sitting in basket). Can only walk about on hands and knees. Has been seen to get up from this posture, wipe her hands on her clothes and put her fingers into the vagina without any further cleansing.¹⁸

Yang believed that prenatal, natal and postnatal care were the foundation of China’s health, and yet that foundation was laid in the hands of ‘untrained, illiterate midwives’ who had no knowledge of sepsis or the ‘prevention of abnormalities’, and who taught improper feeding and diet of the mother and infant.¹⁹ Maternal and infant health were crucial factors in improving the general health of China’s population, and most childbirth-related deaths were easily preventable by using aseptic techniques like sterilizing instruments and washing hands. With the help of the Nationalist government and PUMC public health pioneer John B. Grant, Yang began to formulate a national programme of midwifery reform for China, beginning with the creation of a government agency to regulate midwifery.²⁰

¹⁶ Accurate maternal and infant mortality rates for China during this period are difficult to gauge. Medical historian Xiao Wenwen estimates the infant mortality rate from tetanus in China to be as high as 50 to 70 per cent among those using traditional midwives. See Xiao 1995. Other contemporary estimates range from 20 to 80 per cent. See Maxwell and Wong 1930, and Grant 1927.

¹⁷ C. Yang 1928a.

¹⁸ C. Yang 1928b, p. 769.

¹⁹ *Ibid.*

²⁰ For more about John B. Grant and his role in PUMC, see Bowers 1972 and Bullock 1980.

A new model of midwifery

The National Midwifery Board was jointly established under the Ministries of Education and Health in 1929, with Yang at its helm. The goals of the National Midwifery Board were twofold. First, it would ‘develop a standard for urban maternity and child health that will meet local conditions and provide teaching facilities for public health [workers], midwives, and field workers’.²¹ The second goal ‘was to develop a system of maternity and child health which will offer a full measure of protection to mothers and children under five years of age through maternity hospitals, maternity and child welfare centres, obstetricians, physicians, midwives, [and] other maternity workers’.²² The National Midwifery Board was committed to midwifery training and control at all levels. Beijing would be the municipal model for other cities to follow with regard to public maternal and infant health, administered through the Beijing Child Health Institute.²³

A resolution to establish the FNMS was passed at the first National Midwifery Board meeting in January 1929.²⁴ The school was directly under the control of this board and jointly funded by China’s Ministry of Health and the Rockefeller Foundation’s International Health Division. Yang’s goal from the start was that the FNMS serve as a model for midwifery schools nationwide, and also train highly skilled personnel to provide further training and leadership in the midwifery field. Qualified trainees would then help to establish and staff similar schools and maternal and child health departments in each province. In this way, China would not have to expend its money and resources on foreign or foreign-trained personnel. The National Midwifery Board plan stated that by 1932, five regional national schools were to be established, one each in Beijing, Nanjing, Hangzhou, Guangzhou and Hankou.²⁵ Furthermore, by 1933 each province would have its own school.²⁶ Yang’s long-term 50-year maternal and child health plan for China included opening ten additional midwifery schools every five years for an envisioned total of 60 schools capable of training 100,000 midwives.²⁷ Many of these plans were not carried out, however, due to the political and civil strife of the Nationalist period, including Nationalist extermination campaigns against the Chinese Communist Party, the Japanese occupation and outbreak of civil war. Never-

²¹ FNMS 1933, Appendix I: Suggested Plans for Places Surveyed, p. vi.

²² *Ibid.*

²³ Midwifery Training School (hereafter MTS) 1930, pp. 1–5.

²⁴ Neizhengbu 1936, pp. G303–4.

²⁵ FNMS 1931, Appendix II: Program—Division Maternity and Child Health, pp. 1–4.

²⁶ *Ibid.*

²⁷ C. Yang in Yang R. (ed.) 1990, pp. 150–3.

theless, these plans for midwifery training illustrate the intent, if not the reality, of dramatically improving maternal and infant health in China.

Since Yang and most other biomedical personnel in China were trained in the United States or by American physicians, it may be expected that the Chinese pattern of midwifery reform would have followed the same model as in the US, where male physicians at the time were consolidating their hold on medicine and displacing traditional midwives. In China, however, western medical organisation and practice could not resolve the health problems of Chinese women due to a shortage of qualified practitioners and women's reluctance to patronise male physicians.²⁸ To quickly meet the critical need for better birthing practices, Yang proposed a midwife training structure for the nation. Her approach to midwifery education was a unique adaptation from medical training in the United States and was meant to address China's immediate needs.

Yang realised that China had neither the money nor the physicians necessary to deliver all its babies in the manner she and others were advocating; there was no one to replace the existing old-style midwives who, in Beijing, attended about two-thirds of all births.²⁹ She also knew that the continued use of current birthing practices and the *jieshengpo* would not easily be displaced. In addition to delivering babies, many *jieshengpo* were ingrained in their communities as healers, wise women and problem solvers. Therefore, Yang decided to focus on retraining the practising midwives instead. She designed a system of training that consisted of short midwifery courses of two and six months' duration that stressed quantity and basic modern maternal and child health knowledge, including methods of normal delivery, physiology, post-natal care and asepsis (the so-called 'improved method'). The final exam consisted of five questions, the first two practical, or demonstrative, and the latter three oral:

1. Prepare for delivery (washing hands?)
2. Demonstrate method of tying and dressing a cord (cleanliness used?)
3. Demonstrate care of a new born (bath & prophylactic eye treatment)
4. State care at labour—avoidance of Post partum hemorrhage, Puerperal fever
5. Differentiate [*sic*] between normal and abnormal labours and give care of each.³⁰

Upon completion of this course, the *jieshengpo* was to register with the government and obtain a licence to practise. Yang promoted the training courses as an efficient way to quickly reduce the high death rates associated with

²⁸ Neal 1900, p. 195.

²⁹ C. Yang 1928*b*, p. 774.

³⁰ C. Yang 1929.

childbirth. She planned to discontinue these courses for *jieshengpo* in just three years, when she anticipated that enough professional midwives would be trained to replace them.³¹

However, Yang was well aware of an important long-term problem: the Chinese had an enduring distrust and superstition surrounding childbirth in China, and of midwives as unscrupulous old hucksters.³² If she and her cohorts did not improve the image of midwives, these accepted ideas against them would continue, both preventing talented women from entering the profession and sustaining midwives' poor public image. To address this social and cultural problem, Yang also proposed the creation of a higher-level training programme with entrance requirements that included a high school-level education. In this way, she hoped to create a midwifery profession with increased legitimacy. Upon graduation, she envisioned these professional midwives returning to their communities to train and supervise others. The higher level courses, which emphasised a modern medical education, were comprised of a two-year curriculum given to a few number of students and requiring a supervised internship. The curriculum consisted of advanced anatomy and physiology, gynaecology, normal and abnormal midwifery, as well as intensive practicum in the delivery and postnatal wards.³³ This second and higher level of training would begin at the school Yang helped to establish, the FNMS.³⁴ Under Yang, the FNMS effectively created a new profession for women in the form of modern midwifery.³⁵

The new midwife and her profession required a new name to distinguish her from the midwives of the past—*zhuchanshi* (助产士). The terminology Yang and her colleagues created to describe and delineate the activities of the new midwives is significant. *Jieshengpo* literally means 'old woman who receives the birth'. This term refers to a likely illiterate peasant woman with no formal training other than what was gained as an apprentice. On the other hand, *zhuchanshi*, which was applied to graduates of the FNMS's higher-level course, literally means 'birth helper'. The suffix *shi* (士) denotes a scholar or an educated person. This dramatic change in naming is an important characteristic representative of the process to create the new, modern, scientifically trained *zhuchanshi*, separating them from the activities of the old, illiterate and superstitious *jieshengpo*.

³¹ C. Yang 1930.

³² The Western medical literature at this time was vehement in its criticisms of *jieshengpo*, yet even traditional Chinese medical texts also vilify them. For example, see Maxwell and Liu 1923. For contemporary criticisms of old-style midwifery, see Yun 1925, and Yang and Yuan 1933.

³³ FNMS 1931.

³⁴ MTS 1930, pp. 1–5.

³⁵ FNMS 1928, p. 1.

Yang believed that ‘the development of midwifery practice in China should be an integral part of maternity and child health, rather than merely an obstetrical procedure as [is] the common practice in other countries’.³⁶ In other words, proper midwifery techniques and prenatal care were crucial to improving general maternal and infant health, and more broadly the health of the entire population. While Yang’s new midwifery utilised available technological advances and scientific medicine, it was not to be removed from the larger national public health goals. Nor was it to be removed to the hospital whereby only those with money, connexions or in close proximity would be able to take advantage of scientific midwifery. The programme Yang created brought the new midwifery to the people, through clinics, community centres, home visits, and especially outreach centres like the Beiping Child Health Institute and the Health Demonstration Stations.³⁷ These community-based organisations undertook initiatives in maternal health, especially regarding birth control, infant mortality, children’s nutrition and ‘mothercraft’ classes to teach women the most up-to-date methods of childcare.³⁸ These centres also had the goals of training, supervising, registering and controlling midwives; conducting investigations into ‘infant mortality, nutrition of children, and birth control’; and collecting public health data like birth, death and disease statistics.³⁹

Effects: Cooperation and contestation

As a member of the National Midwifery Board, director of the FNMS, and PUMC graduate, Yang was able to make the necessary ties between the government, the philanthropists and the schools. Although Yang received enthusiastic support from the Nationalist government, funds and personnel were lacking so that without outside funding there would have been no midwifery school. It is therefore impossible to separate Chinese government policy from the Rockefeller Foundation and its China Medical Board, which poured US\$45 million into health care programmes in China between 1913 and 1949.⁴⁰ This is especially evident because once the resources from the Rockefeller Foundation ceased, the Nationalist government funding was unable to properly maintain the school. By the late 1930s, the government’s attention

³⁶ FNMS 1932, p. 9.

³⁷ FNMS 1931, Appendix V: Beiping Child Health Institute (hereafter BCHI).

³⁸ FNMS 1933, p. 19.

³⁹ FNMS 1932, Appendix V: BCHI, pp. ii–iii.

⁴⁰ Jiang 1994, p. 162. For more information on the relationship between the Rockefeller Foundation’s China Medical Board, Peking Union Medical College, and the First National Midwifery School, see Bullock 1980.

and money had turned towards other matters like the Japanese and communist threats. It is remarkable that the FNMS, or any maternal and child health projects at all, remained in place after the Mukden Incident in 1931 because of the resulting political disturbance in northern China.⁴¹

Likewise, the importance of the interaction between foreign philanthropists and the Chinese government can be seen in the careers of Peking Union Medical College's graduates. FNMS staff members and graduates were often sent to fledgling programmes in rural and urban areas to help administer midwifery schools and maternal and infant health initiatives. For example, by 1934, the entire senior staff of the FNMS had been sent to work outside of Beijing.⁴² Especially during the Second World War, the government commandeered FNMS and PUMC staff to fill health care positions nationwide. Aside from Yang Chongrui, who served officially in the Nationalist government in various capacities, many other PUMC public health alumni were influential in forming the nation's health policy. Chen Zhiqian (陈志潜, also known as C. C. Chen), a graduate of PUMC, was simultaneously appointed in 1936 the superintendent of both the Peking First Health Demonstration Station and the Dingxian Rural Health Station.⁴³ Liu Ruiheng (刘瑞恒, also known as J. Heng Liu), former director of the PUMC hospital, was also Vice-Minister of Health and later director of the National Health Administration.⁴⁴ Perhaps most importantly, the China Medical Board and the PUMC graduates like those listed above advised the Nationalist government on local and national health policy. In fact, in the 1930s, PUMC administrators grew concerned about government pressure on physicians to leave PUMC to work for the government. As Minister of Health, Liu Ruiheng eagerly 'reach[ed] out for all of [the medical school's] men who can be diverted into Government service'.⁴⁵

Scholars have criticised PUMC and its affiliates, along with the China Medical Board and the Rockefeller Foundation that established it, as being culturally imperialistic and unrealistic in its expectations of creating a 'Johns Hopkins of China'. China did not need a first-class medical school, many

⁴¹ On 18 September 1931, a section of Japanese-owned railroad was blown up, ostensibly by Chinese dissidents. This served as the pretext for Japan's annexation of Manchuria and led to increasing hostilities between the two countries. From January to May 1933, the First National Midwifery School operated at a reduced capacity due to these tumultuous times. Only 70 per cent of the staff and 85 per cent of the students remained to work and study after the Incident. See FNMS 1934, p. 2.

⁴² FNMS 1935.

⁴³ Chen and Bunge 1989, p. 108.

⁴⁴ Liu Ruiheng was health minister 1928–31 and the National Health Administration—Central Field Health Station 1931–7. Yip 1995, pp. 44–6, 51.

⁴⁵ Houghton 1937.

argued, but instead required basic public health and sanitation to help cure the problems of its poor.⁴⁶ Departing from this view, I contend that the Chinese government and citizenry adapted western philanthropy in the form of modern medicine to suit their own needs. It was not forced upon them, nor was it adopted outright without change to fit local conditions. Therefore, the use of western philanthropic money in China cannot be described as merely an imperialist project. While self-interest is nearly always a key motive in any action, it is not one-sided or unidirectional. As Laurence Schneider asserts, the Nationalist government actively sought funding and technical assistance from foreign powers, in large part because of their own inadequate funds. Thus outside imperialist forces did not drive the entry of western medicine and Rockefeller philanthropy in China, where many political modernisers and intelligentsia alike supported and encouraged this cooperation.⁴⁷ Furthermore, western philanthropies did not promote science and modernisation in China or in other countries solely to exploit them. The motivations and the degrees of agency of all parties in these matters are extremely complex and thus cannot be simplified to concepts such as cultural imperialism.

Still, the policies of Peking Union Medical College, the Nationalist government, and the FNMS had negative effects in China, and there were problems associated with introducing new forms of childbirth into local communities. Consequences were long-lasting and sometimes drastic. At the very least, the worldwide public health movement required control over people, resources and information.⁴⁸ The Nationalist government attempted to gain greater control over the processes of pregnancy and birth, resulting in further intrusion into and control over the daily lives of its citizens: old-style midwives, who were ostracised and banned; modern midwives, who had to submit to a standardised curriculum and licensing apparatus; and child-bearing women, whom the state encouraged to have healthy babies in order to strengthen the nation.

Beginning in 1928, the Nationalist government enacted a series of laws governing all kinds of midwives. No midwives, old-style or new, were allowed to practise without licensing, which required passing a standardised exam (the exam for the mostly illiterate old-style midwives was oral and practical, as described above).⁴⁹ Furthermore, all midwifery schools had to be licensed under the National Midwifery Board and were subject to periodic site visits. The midwifery-training curriculum was based on national standards set by the

⁴⁶ Arnove 1980; Brown 1981; Jiang 1994; Weindling 1997.

⁴⁷ Schneider 2003, pp. 24–9.

⁴⁸ Bashford 2006.

⁴⁹ Zhang and Cheng 1990, pp. 27–9.

board. As the Nationalist state gained more and stronger control over life and death, the traditional birth specialists and their structures were displaced.

In Beijing, the FNMS supervised and controlled local midwives. The ‘improved’ old-style midwives were to ‘serve as a screen which can detect abnormal and pathological cases and direct them to adequate medical attention’.⁵⁰ They were forbidden to use forceps, attempt to manipulate the position of the foetus in the womb, or perform any kind of invasive or surgical procedure. A supervisor was assigned to each midwifery student to ‘check technique and the quality of work by close supervision of the strict regulation [*sic*]’, and the graduates were required to submit two reports for each birth.⁵¹ The *jieshengpo* graduates of the short retraining programs were supposed to ‘explain to their patients the benefit of their training to prevent puerperal fever and tetanus neonatorum and the required supervision [of labour and birth] . . . They are obliged to urge every family to adopt and to accept the “aseptic” method’.⁵²

Retraining *jieshengpo* to become certified was also difficult, not only because of their large numbers, but also because of their illiteracy and their reluctance to part with their established procedures and traditions. For example, while Yang tried to develop methods for registering and controlling midwives who were unwilling to submit to supervisory and regulatory authority, the midwives often simply did not report to their supervisors.⁵³ She also struggled with instructional and supervisory methods for the illiterate *jieshengpo*. They could not file written reports, and they could not read midwifery textbooks. Rural health expert Li Tingan (李廷安)

lamented that because of their lack of education many older midwives failed to grasp the basic concepts of modern medicine, reverting to traditional methods soon after graduating from the course. Sometimes visual reminders were used to ensure that correct procedures were followed in delivery. For example, midwives were told to put two drops of medicine from a bottle with a red label (containing silver nitrate) into the eyes of newborns to prevent blindness.⁵⁴

According to Yang, one third of the *jieshengpo* under retraining was an ‘entire failure’ because

1) they do not attend class regularly . . . 2) they are ‘too old’ to see or hear as there are three students aged between 65–75 . . . 3) they ‘know too much’ to learn for [*sic*] more.⁵⁵

⁵⁰ FNMS 1932, pp. 32–3.

⁵¹ C. Yang 1929.

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ Yip 1995, p. 167.

⁵⁵ FNMS 1928, p. 3. The average age of the old-style midwives in the retraining courses in 1929 was 54. See C. Yang 1929, p. 1.

Lack of funding continued to seriously undermine the goals of retraining. For example, upon graduation, the students had to purchase a ‘delivery bag (basket) [which] was considered absolutely necessary for students’.⁵⁶ Because most of them could not afford the bag, Yang collected donations from wives of local officials that were used to purchase a delivery bag for the best student in each class. Despite this gesture, many of the retrained *jieshengpo* lacked even the basic tools necessary to perform their duties. Furthermore, *jieshengpo* were required to submit to strict supervision by the new, younger midwives, and certainly neither *jieshengpo* nor patients were always willing to surrender accustomed autonomy to such state interference or institutionalisation.

The parturient women and their families offered considerable resistance to the changes in childbirth that the medical modernisers wanted to affect. The FNMS collected scores of data on China’s population, subjecting its patients to numerous visits, questionnaires and physical examinations.⁵⁷ Many midwifery patients were resistant to such scrutiny, and the requests of physicians, nurses and public health professionals of its patients and students were sometimes unrealistic and resented. Yang Chongrui complained about the high numbers of home visits required in order to persuade the new mothers to comply with the expectations of the FNMS. Numerous routine prenatal, antenatal and well-baby visits were Yang’s standard for China at a time when public health was just gaining ground. For many women who sought the care of *zhuchanshi*, the extensive control over and intrusion into family lives must have been, at the very least, an inconvenience. It is telling, for example, that public health was under the jurisdiction of the Beiping Municipal Police Department, following the German model that was also adopted in Meiji Japan.⁵⁸

Neither the new midwives nor the Nationalist government were immediately successful in sweeping away all traditional rituals and practices, and pregnant women and their families often refused to be treated by the *zhuchanshi*. Many feared and distrusted the modern, ‘isolated space’ of hospital births, as well as the young, unmarried and still inexperienced new-style midwives.⁵⁹ Traditionally, women who became *jieshengpo* were required to have given birth themselves in order to be seen as skilled and valid. The *zhuchanshi*, on the other hand, overwhelmingly had less first-hand experience (as students, they were required to be unmarried and childless). They also wore starched white uniforms and caps, symbols of cleanliness and modernity in the West, visual

⁵⁶ C. Yang 1929, p. 1.

⁵⁷ Pfeiffer 2005.

⁵⁸ Smith 2005, p. 17.

⁵⁹ N. Yang 2004, p. 91.

representations of the *zhuchanshi*'s educational level. But in China, the colour white is a sign of death and mourning, and we are left with a strange dichotomy: women dressed as death who are supposed to bring life. The opposition to the new midwives continued well into the 1950s and beyond, not only for distrust of the new methods, but also because of the lack of government resources to train and manage the new midwives.⁶⁰

Furthermore, many ritual and social functions that the *jieshengpo* had provided were lost with their demise. Yang Nianqun has written extensively on the changes that accompanied the development of Health Demonstration Stations in Beijing.⁶¹ According to Yang Nianqun, the primary function of the old-style midwives was ritualistic, not medical, and focused on introducing the new child into its family and the wider community. Along with most other of the '100 professions', the *jieshengpo* were unregulated by the government. With the rise of government-sponsored modern medicine under the Nationalist government, ways of thinking about birth and death changed. Whereas a *jieshengpo* negotiated community and family relationships within the home-setting during the dangerous and frightening time of childbirth, the *zhuchanshi* and related personnel like doctors and nurses performed more impersonal functions in a medicalised environment. The Health Demonstration Stations 'transformed the everyday events of birth and death into specialized medical procedures'.⁶² Birth was removed from the traditional community and became part of the state-supported medical process.

Yang Nianqun claims that anyone could take the place of the midwife in aiding the parturient woman, but that only the *jieshengpo* could perform the postpartum ritual functions.⁶³ While I do not doubt the importance of the midwives' ritual and social functions, Yang Nianqun underestimates the significance of their skills in managing the birth itself. The medical and biological importance of birth attendants during the processes of labour and childbirth in premodern societies should not be undervalued, especially from the point of view of the parturient. We can assume that the quality of midwives, judged by the survival rates of mothers and infants, was known in communities and good ones preferred over bad ones, when there was a choice.⁶⁴ A *jieshengpo* well versed in birthing techniques could potentially ease labour pains and help

⁶⁰ Goldstein 1998, pp. 177–8.

⁶¹ N. Yang 2001; N. Yang 2004.

⁶² N. Yang 2004, p. 91.

⁶³ N. Yang 2001, p. 139.

⁶⁴ See Goldstein 1998 for a discussion of this phenomenon in the early years of the People's Republic of China. Oftentimes, lineages were associated with particular medical skills. See Y.L. Wu 1998, p. 340.

deliver a child more quickly and safely. An unskilled birth attendant might indeed make labour much more difficult and dangerous—even life-threatening—by pushing, pulling, cutting, and otherwise manipulating the labouring woman and her unborn infant.

The breakdown of traditional community structures and social relations certainly occurred with state-managed childbirth. But there are other concerns that have been neglected by scholars, perhaps in an attempt to remedy the polemic nature of the literature on childbirth that vilifies midwives against the wonders of modern medicine. In any case, the realities of childbirth in early twentieth-century China (or anywhere else in the world, for that matter) should not be denied. It is inappropriate to romanticise the *jieshengpo* and the happy babies, families and communities that resulted from her expertise in ritual functions. In fact, the reality of childbirth in China during this period was problematic and often gruesome. Childbirth was dangerous. Rates of tetanus and puerperal sepsis were astoundingly high, and this was due primarily to the lack of medical expertise and sanitation among *jieshengpo*, areas where modern medicine had much to offer.

Yang Chongrui seemed to understand the challenges of reforming childbirth in China. As we have seen, Yang did attempt to meet the basic and immediate needs of Beijing's population by retraining *jieshengpo* and creating social outreach programmes to positively affect China's maternal and child health. She did not impose a western model of physician-assisted, hospital births on a population that was unable or unwilling to accept it. Despite the many problems, Yang succeeded in her ultimate goal of creating a small cadre of trained professional midwives, a new midwifery *profession*. In his research on medical professionals in Republican Shanghai, Xu Xiaoqun illustrates the development of an officially sanctioned, traditional Chinese medical profession defined against western, or modern, medicine.⁶⁵ Western-trained medical practitioners attempted to eliminate what they saw as superstitious and unscientific traditional Chinese practitioners, including old-style midwives, while standardising and legalising their own newly-formed profession.⁶⁶ By following Xu's lead, we can examine the process of professionalisation among modern midwives in China that was begun by Yang and the FNMS. If we determine by contemporary western standards that a profession is a field that is legalised, institutionalised and standardised, there was no medical profession in China before the establishment of the Peking Union Medical College. And there certainly was no midwifery profession before the FNMS graduated its first class.

⁶⁵ X. Xu 1997; X. Xu 2001.

⁶⁶ X. Xu 1997, pp. 852–8.

Yang Chongrui struggled for space within the burgeoning professional medical fields in China. She fought and won a battle with the Nurses' Association of China over the control of childbirth. The nurses initially opposed separate midwife training, stating that midwifery fell under the broader domain of nursing. In an open letter to the medical profession in the *China Medical Journal*, Yang Chongrui criticized the Nurses' Association for requiring extensive education for nurse-midwives when what China really needed, and quickly, was a large cadre of simply retrained old-style midwives led by a smaller number of professional midwives.⁶⁷

The modern, now legitimate midwives organised to form professional organisations, sought government regulation of curricula and licensing, and created and upheld a code of ethics. The Chinese Midwifery Association, for example, was started by graduates of the FNMS in 1933 with the goals of 'undertaking research into the science and art of midwifery, the cultivation of friendship among our fellow workers, and the promotion and development of midwifery education'.⁶⁸ Locally, midwives started their own professional associations too. The Guangzhou Midwifery Association had over 400 members by 1947. Their stated missions were to create and regulate midwifery examinations, establish fees, represent Association members in legal matters, help unemployed members find jobs, and generally improve the conditions of midwives.⁶⁹ This organisation was affiliated with the Guangzhou Physicians' Association and worked with doctors and hospitals to help place midwives in both urban and rural settings. A professional affiliation such as this was invaluable in popularizing and promoting midwifery in Guangzhou. Its members published a magazine entitled *Guangzhou Municipal Midwifery Association Periodical* (*Guangzhoushi zhuchanshi gonghui tekan* 广州市助产士公会特刊) that discussed new technologies and pharmaceuticals, methods to facilitate childbirth, and examinations and regulations. The magazine was also a forum for promoting *professional* midwives, creating a new arena for them apart from the old-fashioned *jieshengpo*. The association's function of representing members in abortion cases and wrongful death lawsuits gave them official, legal backing. Furthermore, the organisation publicized and politicized midwives during public discussions of board member election disputes that were reported in the daily newspapers.⁷⁰

Associations like these led a complex process that ultimately resulted in the demise of old-style midwives. The creation of a new midwifery profession

⁶⁷ Yip 1995, pp. 165–7; C. Yang 1928c.

⁶⁸ FNMS 1934, p. viii.

⁶⁹ Xie 1947.

⁷⁰ *Qianduo ribao* 1947; *Daguanbao* 1947.

heralded new opportunities for *some* women in China to participate in nation-building and modernisation, while excluding others who would not conform to the new standards for modern womanhood. The excluded were the old, uneducated, superstitious, ‘backwards’ *jieshengpo*, while the modern, educated, young, scientific *zhuchanshi* emerged as a new symbol of modern China.

Conclusion

Yang fell short of training her 100,000 midwives, but she did make some important inroads into improving China’s maternal and infant health. In 1948, by Yang’s estimate, 6,000 well-qualified midwives were registered with the Ministry of Health, up from 1,883 in 1934.⁷¹ Before China’s involvement in the Second World War in 1937, there were 54 government-sponsored midwifery schools with attached maternity hospitals that graduated approximately 4,000 midwives annually.⁷² By 1948, that number of hospitals had dropped to 30, turning out about 1,000 trained midwives per year. The Ministry of Health also ran medical centres that included maternal and child health institutes. These were concentrated mainly in the urban areas, where they reached about 40 per cent of the population.⁷³ One may conclude that had the Nationalist government not been embroiled in so many conflicts, the midwifery programme would have continued to expand.

Techniques of prenatal and obstetrical care developed in modernized countries lowered maternal and infant mortality rates in Republican China, although the majority of women did not have access to this new level of care. Yang estimated that in rural areas, less than 25 per cent of the population had access to modern maternal and child health care.⁷⁴ In Beijing, the centre of midwifery training during the Nationalist era, 50 per cent of all births were attended by untrained midwives and 25 per cent by only the parturient woman’s relatives or the parturient woman herself.⁷⁵ This means that Yang’s new midwives reached only 25 per cent of Beijing’s childbearing population at the height of her modern midwifery campaign.⁷⁶

The urban-rural divide was and still is great in regard to maternal and infant health in China. In the early twentieth century, urbanites were more likely to

⁷¹ C. Yang 1948.

⁷² *Ibid.*

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ Grant 1927.

⁷⁶ C. Yang 1948.

patronise modern medicine in part because that is where most modern facilities were located, and also because cities were the primary focus of modernisation efforts, including the development of modern medical enterprises. In 1935, for example, almost half of all modern physicians were practising in the more developed provinces of Jiangsu and Guangdong.⁷⁷ Rural efforts at modern midwifery were not far-reaching in the early twentieth century, and some rural modernisers like Chen Zhiqian resigned themselves to making only a small dent in rural maternal and infant health. While campaigns like Yan Yangchu's (晏陽初 also known as James Yen) Mass Education Movement centred on rural areas like Dingxian and included some maternal and infant health efforts, rural residents largely distrusted the young, new midwives.⁷⁸ Even today, many rural areas are still lacking basic health care, and the Chinese government's efforts to improve maternal and infant health continue. In urban areas today, childbirth has become increasingly medicalised, with caesarean section rates as high as 60 per cent in some cities.⁷⁹ According to one 2002 report, 76 per cent of Chinese women give birth in hospitals, and that number is close to 100 per cent in urban areas.⁸⁰

Yang Chongrui and the FNMS transformed the reputation of midwifery in China from a back-alley vocation into a modern profession, and the midwifery programme served as a model for future maternal and child-health programmes under the Chinese Communist Party after 1949. Numerous westerners and Chinese alike vilified the old-style midwife, while Yang, working as a bridge between the foreign, private FNMS and the Nationalist government, renovated the mechanics of midwifery and the women who practised it.⁸¹ At the same time, childbirth became a more impersonal and medicalised experience, removed from the family and larger community. This professionalisation and modernisation of midwifery resulted in greater state control over the body, the entire process of parturition and birth, and even childhood.

Yang acted as a bridge between China and the West to improve the dismal state of maternal and infant health in China, and to further the midwifery profession for scores of young women who came after her. Yang's hand is visible in maternal and infant health projects nationwide in the 1930s and beyond. By 1929, she held joint posts as director of maternal and child health in the National Ministry of Health, director of teaching PUMC's public health courses at the Beiping Municipal Health Department, and head of the FNMS.

⁷⁷ Chu and Lai 1935.

⁷⁸ For a study of the Dingxian experiment, see Hayford 1990.

⁷⁹ 'Beijing Reports Higher Caesarean Birth Rate' 2006.

⁸⁰ 'Midwifery Phased out in China's Rural Areas' 2002.

⁸¹ Maxwell and Liu 1923, pp. 95–9.

She also continued to travel within China and abroad to observe and investigate various maternal and child health programmes worldwide. In 1933, she helped establish the Second National Midwifery School in Nanjing (later renamed the National Central Midwifery School), and she assisted 16 provincial, three municipal, and 33 private midwifery programmes across the country in raising their standards to be officially registered by the national government. In 1947, Yang was invited to become a member of the International Health Board as an international maternal and child health expert. In 1949, she returned to China as chief of the Bureau of Gynaecology and Paediatrics of the Ministry of Health, a post she held for many years. She also was a member of the People's Consultative Congress.⁸² In 1957, Yang was criticised as a rightist, ironically because of her outspoken commitment to birth control during the period of Mao Zedong's pronatalist policies, a label rescinded only in 1979.⁸³ Dr Yang Chongrui died in Beijing in 1983.

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⁸² *Beijing Ribao* 1980, p. 2.

⁸³ Wang 2003.

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