

International Scene

The Social Service Department Archives: Peking Union Medical College 1928–1951

M. MARJORIE KING

Abstract: The case records in the Social Service Department Archives of the Peking Union Medical College not only provide information on medical practices in China between 1928 and 1951, but also a wealth of information on the social and economic conditions in China at that time, particularly for women and families. The records also provide information on the philanthropic work of the Rockefeller Foundation, which provided vast amounts of grant funds for the Peking Union Medical College. Research in the archives is limited, however, by the large number of files and the lack of finding aids, as well as the ever-changing attitude of the hospital administration toward researchers' use of the archives.

About the author: M. Marjorie King is a modern China historian who has published extensively on American religious and secular reform efforts in China. In 1996, she taught at the Beijing Foreign Affairs College. Most recently she has been a visiting scholar at the University of Arizona.

DOWN A LANE running off Beijing's major shopping street, *Wangfujing* ("the Well on Princes' Mansion Street"), stands an imposing three-sided structure guarded by two stone-carved lions. To enter the building one passes through a front gate and over a carved stone bridge. A glance upward reveals tiled, fan-shaped, "flying" roofs like those in the Emperor's palace. Intricately painted blue, red, green, and gold patterns below the roof suggest that this was the residence of a high government official during China's Ming or Ching dynasty.¹

Within the walls of this Chinese compound, however, imperial majesty gives way to modern medical science. Inaugurated in 1921, the Peking Union Medical College (PUMC) was considered the "Johns Hopkins for China" until it was occupied by the Japanese after Pearl Harbor and nationalized by the Chinese government in 1951.² The PUMC was the largest single philanthropic project of the Rockefeller Foundation outside the United States. The Foundation's forty-five million dollar grant to the PUMC exceeded its investment in any other medical school in the world.³ The China Medical Board, Inc., the internal division of the Rockefeller Foundation which handled the planning and administration of medical education in China, took pride in providing PUMC patients with the best of modern medical treatment. Medical and nursing students received instruction in the latest clinical techniques. Chinese and Western resident medical researchers made a wealth of major contributions in their respective specialties.

In keeping with its commitment to the latest in modern medical research and practice, the China Medical Board, Inc., included Medical Social Service among the PUMC departments.⁴ Johns Hopkins Hospital had been the forerunner in medical social service when Dr. William Osler, chief of the hospital, established a home visiting program soon after the hospital's founding in 1889. In 1903, Dr. Richard Cabot, chief of medicine at Massachusetts General Hospital in Boston, became the first physician to incorporate social factors into his diagnoses and treatment plans for his patients. Ida Cannon, whom Cabot hired in 1906, is recognized as the pioneer in medical social work. Within a year, medical social work programs were established at Bellevue and Allied Hospitals in New York, as well as at Johns Hopkins. In 1918, the American Association of Medical Social Workers was formed.⁵

Medical social work was an integral part of the PUMC from the hospital's conception. Considerable attention was given to the appointment of the first medical caseworker. (This paper will refer to medical social workers as "caseworkers," following the custom of the *Encyclopedia of Social Work*, 19th ed.) In 1919, two years before the formal dedication of the hospital, Ida Pruitt was appointed medical caseworker. Born in China, the daughter of Southern Baptist missionaries, and fluent in colloquial Mandarin Chinese, Pruitt was also an experienced caseworker. She trained with Ida Cannon at the Massachusetts General Hospital in 1920, then joined the staff of the PUMC. From 1921 until 1939,

¹Xiao-yang Jiang, "Cross-Cultural Philanthropy as a Gift Relationship: The Rockefeller Donors and Chinese Recipients, 1913-1921" Diss., Bowling Green State University, 1994, 104-5.

²Peter Buck, *American Science and Modern China: 1876-1936* (Cambridge: Cambridge University Press, 1980), 48-52; Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation & Peking Union Medical College* (Berkeley, Calif.: University of California Press, 1980), Chapter 2.

³Buck, *American Science and Modern China*, 47.

⁴Ida M. Cannon, *On the Social Frontier of Medicine: Pioneering in Medical Social Service* (Cambridge, Mass.: Harvard University Press, 1952), 152; Martin Nacman, "Social Work in Health Settings: A Historical Review," in *Social Work in Health Care: A Handbook for Practice, Part I*, edited by Kay W. Davidson and Sylvia S. Clarke (New York: Haworth, 1990), 13.

⁵Nacman, "Social Work in Health Settings," in Davidson and Clarke, *Social Work in Health Care*, 10-13.

as Chief of Social Services, Pruitt built the Social Service Department and trained China's first generation of medical caseworkers.

Under Pruitt's supervision, staff caseworkers provided a wide variety of support services to patients and staff of the PUMC, documenting their efforts in over 62,000 patient social service case records.⁶ In 1939 sinologist Karl Wittfogel called the Social Service Department records the largest body of sociological data ever collected in China to that time.⁷ The records were feared lost during the Japanese occupation of Beijing and the hospital. I discovered the existence of the records while conducting research for a biography of Ida Pruitt. Their whereabouts during the upheavals of contemporary Chinese history remains unclear.

Dr. Weiye Li, Director, Department of Ophthalmology at the PUMC, was instrumental in locating the records and providing access to them. Dr. Li, who had known Ida Pruitt in Philadelphia, took a personal interest in the biography. Through his inquiries, I learned that the patient files had survived fifty years of political turmoil. His professional standing at the PUMC was of incalculable benefit during my negotiations with the hospital administration. In an unprecedented decision, and after protracted deliberations, they granted me permission to read the documents. In 1995, I received funding for ten months from the Committee on Scholarly Communication with China to survey the social service archives.

Contents of the Files

The Social Service Department received its clients by referral from the hospital admitting officer and from physicians. Such referrals were not recorded systematically by the physician in the patient's medical record, but occasionally were mentioned. Neither did the caseworker systematically record the physician's request in the patient's case record. No written referral forms have been preserved. The caseworker's notes at times alluded to a doctor's or the admitting officer's request for particular information. Ida Pruitt's writings suggest that most referrals were made by telephone or by other informal means.⁸

The most common reason for the admitting office's referral was financial. A large percentage of the PUMC patients was from the middle and lower social classes of Beijing who were unable to pay hospital fees in full. Physicians usually referred patients to the Social Service Department in order to obtain a full social history of the patient. Doctors also requested caseworkers' assistance in gaining patients' consent for operations or autopsies, patients' cooperation regarding medical treatment, and follow-up information after discharge.

The caseworker conducted and recorded an initial family history for each referral, and recorded every subsequent interaction on specially-designated, yellow-colored pages. In keeping with PUMC policy, all records were written in English.⁹ They were either typed

⁶Peking Union Medical College, *Annual Reports*, 1921–1939.

⁷China Medical Board, Inc., Box 142, File 1932. Rockefeller Archive Center, Tarrytown, N.Y.

⁸Ida Pruitt, *Old Madam Yin: A Memoir of Peking Life, 1926–1938* (Stanford, Calif.: Stanford University Press, 1979), 121. Occasional references to the telephone are noted in the case records. See, for example, hospital record #27430.

⁹Bullock, *An American Transplant*, 40–42. The use of English as the sole language of instruction and research was decided on the basis of PUMC's primary educational aim—to create an elite group of Chinese medical leaders. Toward this end, Rockefeller Commission members William H. Welch, Simon Flexner, and others emphasized the importance of PUMC graduates' ability to communicate in English within the international scientific community.

or handwritten—in careful penmanship for the most part. In 1928, beginning with number 970, these case records were filed in the same bound folders as the patients' medical records. As of this writing, the first 969 case records, filed separately from the medical record and representing cases from 1921 to 1927, have not been located.

The medical and case records are stored according to the assigned hospital admission number. Outpatients who were later admitted were assigned new numbers, and their records were filed accordingly. The medical records staff seems to have a cross-referencing system by patient name, but I had no access to such an index or to any other finding guide. Such inaccessibility is quite common in Chinese archives, particularly for records not yet officially opened to the public.

The yellow-colored Social Service Department printed form for case records designated the patient's hospital record number, name, sex, age, place of birth, home address, and Beijing address. (See Appendix A) Over half the patient files are perfunctory, consisting of one or two pages. However, many files are more than five pages and a few are twenty to thirty pages. The longest so far discovered is fifty-six pages in length.

Caseworkers recorded family history, employment, family income, a summary of the patient's medical and social problems, the patients' plans for solving their problems, and the caseworker's plan. Some of the caseworkers carefully wrote and underlined a heading for each category but few caseworkers wrote about all categories. Each subsequent contact with the patient, family member, neighbor, employer, government official, or other social agency official was recorded and dated. Consultations with hospital personnel and all actions taken on behalf of the patient were duly noted and dated.

Organization of the Files

Generally, a patient's case record was located after the medical record. Each new entry was written immediately following the previous entry on the same page, and additional pages usually were filed together in chronological order. At times, pages of case records were separated by medical records in chronological order. Occasionally, reverse chronological order was used. Very rarely, a page was filed out of chronological order. Entries were always dated. The lack of standardization reflected the overburdened caseworkers' priority—immediate patient care, not future reference or historical preservation. Such variations in ordering did not distract from the files' usefulness to this researcher.

In addition to the caseworker's own notes, many of the case records included a follow-up medical questionnaire in both Chinese and English. (See Appendix B) A few case records contain correspondence from the patient to the hospital staff after discharge, also filed in chronological or reverse chronological order. Such documents were written in Chinese characters, accompanied by English-language translations. The letters sometimes described the patient's current health problems in graphic detail and asked the doctors to send them more medicine. In the medical record, physicians generally acknowledged receipt of the patient request and treatment, which the caseworker communicated to the patient by return mail. Most patients expressed profuse gratitude for the "miraculous" healing powers of the PUMC physicians. Correspondence from other interested parties such as employers, missionary sponsors, and military commanders is preserved as well, and noted in the social service file. A few longer patient records included verbatim transcripts of caseworker interviews with mentally troubled patients.

The caseworkers, who were all Chinese except for one Russian and one American, usually signed their name on the initial patient history.¹⁰ Patients often were seen by the caseworker on duty at time of need and later redirected to another caseworker assigned to the appropriate hospital ward. All caseworkers recorded their interactions with the patients, but did not always sign their names.

The record served as a vehicle for caseworkers' communications with each other, the Chief of Social Services, and the medical personnel, concerning the patient. The outcome of consultations with the department chief and staff meetings about particular patients was recorded in brief.

What the Files Tell Us

An essential function of the medical caseworkers at the PUMC was mediation between patients and physicians. Commonly, the caseworker interpreted the disease and medical procedure to the patient, explaining the importance of the operation, medication, hygiene, nutrition, and follow-up visits after discharge. Just as commonly, patients resisted such advice. Many especially feared operations, which are not a part of traditional Chinese medicine. Since the PUMC required the patient's written consent before surgery, the caseworker's "interpretation and persuasion" was critical.

By far the largest portion of the social service case records was devoted to the patients' social problems and the caseworkers' attempts at resolving them. Toward this end, much else about both the patients and the hospital administration is revealed. Caseworkers expended great effort in determining patients' ability to pay their hospital bills and other creditors. The Social Service Department frequently drew on its own funds to lend patients seed money for a small business or to repay high-interest loans. Accordingly, each patient and family member's monthly income and expenses were noted in detail. Caseworkers often assisted patients in drafting careful budgets to facilitate patient repayment of loans and other debts.

Among the fundamental problems that contributed to illness and disease among both poor and middle class patients were unemployment, underemployment, and consequent poverty, malnutrition, and physical exhaustion. Patient files reveal the range of employment options, wages, salaries, and other benefits, as well as employer-employee relations. The caseworkers dedicated much of their effort toward finding jobs for patients and family members, mediating between patients and their current employers, and subsidizing patients' food, transportation, and housing expenses during difficult transitional periods between jobs.

Patients' family and relationship problems were both cause and consequence of illness and hospitalization. Quite a few patients worried about the care of their children or the fate of a spouse at home. Patients were often uncooperative and insisted on discharge until the caseworker visited their families and reported back. At times, the caseworkers found caretakers for the patients' children.

In keeping with traditional Chinese medical theory, patients frequently announced that emotional problems were at the heart of their illnesses. "Anger caused my sickness"

¹⁰The PUMC personnel files, stored at the Rockefeller Archive Center, Tarrytown, N.Y., contain records of forty-two caseworkers. Of these, twenty-four were unmarried women, five were married women, eight were men, and the identity of five others was not stated. Seven caseworkers identified themselves as being Christian; many more had attended Christian schools (China Medical Board, Inc., Box 142, File 1033).

was a frequent comment. Caseworkers found themselves mediating disputes between husbands and their wives and concubines, between siblings, generations, neighbors, as well as landlords and their tenants.

Mrs. Chang Kuei Chen (Hospital # 27430) represented a particularly difficult case.¹¹ She was admitted to the PUMC hospital for a fever during pregnancy and developed “mental trouble,” later diagnosed as psychosis and schizophrenia. During her intake interview, the patient explained to the caseworker that her trouble was caused by anger at her husband’s friend, as well as a rickshaw man’s accusations that she was responsible for his dismissal from a position of employment. Mrs. Chang also suspected that her husband’s recently deceased first wife was contributing to her mental trouble. Her father-in-law’s unwillingness to care for her children only added to her anguish. The caseworker attempted to place the patient’s baby with a temporary boarding mother. However, Mrs. Chang refused her consent and left the hospital against medical advice.

Beijingers sought PUMC’s help solving problems associated with pregnancy and childbirth. Destitute parents as well as the families of unmarried mothers begged PUMC doctors to perform abortions; when informed of hospital policy against abortion except for medical reasons, patients were sent to the Social Service Department. Caseworkers explored other options with the families, including adoption, temporary boarding homes, and orphanages. Begrudgingly, they cooperated with adoptive mothers’ plans to keep the true identity of their adopted babies from their husbands.

Workers conspired with “unwed mothers” in devising intricate face-saving stories to hide their pregnancies from their families. Mrs. Huang Jui Ting (#28920) became pregnant by a friend of her husband’s during his extended absence with a concubine. The caseworker agreed to tell Mrs. Huang’s husband’s family that she required a prolonged rest in a tubercular sanitarium which allowed no visitors. After delivery, Mrs. Huang regretfully gave up her baby and was taken home by an unsuspecting brother-in-law.

Interviews revealed domestic violence as the cause of some women’s injuries and deaths, although neither patients nor caseworkers identified spousal abuse as a problem. In January, 1931, Mrs. Ma Chi Wu (#30544) was admitted as an emergency case after her husband repeatedly stabbed her face. The following June, after he stabbed her neck and right mandible, she again was admitted as an emergency. The caseworker’s response was limited to a home visit and a free hospital bed.

The Social Service Department files also reflect the larger climate of political unrest and war. After the revolution of 1911 and subsequent warlord struggles, and the Russian revolution, refugees flooded Beijing from other parts of China as well as from Russia. As Japanese encroachment and domestic unrest grew, the flood became a tidal wave which threatened to drown the PUMC and other social agencies. Social service files are replete with the accounts of refugees from Russia in addition to many regions in Northern China. Wounded and discharged soldiers also found their way to the caseworkers, who served as the soldiers’ advocates with military and government officials.

Other casework files illustrate labor relations between hospital administration and the non-professional Chinese staff. PUMC wages for coolies and laborers generally were slightly higher than elsewhere. Families of staff members automatically received medical

¹¹Chinese names are spelled as they were written on the records, which used a corrupted form of the Wade-Giles system of romanization. Following the American custom, PUMC hospital records addressed women by their husband’s name.

care and burial arrangements. On the rare occasion of an employee's firing, the caseworker attempted to mediate on the worker's behalf. Upon discharge, whether at retirement age or for cause, staff members received a year's salary. The Social Service Department interviewed the family and researched the best use of the money, then recommended the appropriate form of payment to the Accounting Office.

Although the Social Service Department records largely focus on social problems and their resolution, the files also hint at the hospital's attitudes toward traditional Chinese medicine. Clinicians dismissed "native doctors'" treatments, but medical researchers requested samples of herbal remedies from patients for laboratory analysis. Further, the case records reveal Chinese patients' and their families' fears of and prejudices against Western medicine. Finally, the caseworkers' notes refer to Beijing's other social welfare institutions and community resources. Among them were the Red Cross, the Salvation Army, and Christian-affiliated hospitals, as well as traditional Buddhist and private "zhou chang" (soup kitchens) and orphanages.

Quality of the Archives

The quality of the casework files is wide-ranging, depending on each caseworkers' handwriting, mastery of English, typing ability, personal investment in the patient, and availability of information. Many of the interviews were perfunctory, stating only the names and ages of family members. Some caseworkers' notes seemed as concerned with the worker's accountability as with patient care. This characteristic is typical of bureaucracies the world over, especially in modern China.

Of the thousand cases reviewed, about half contained vivid descriptions of the patients' physical features, dress, personalities, home environment, degree of cleanliness, and relationships. Some caseworkers expressed their personal concern for specific patients and their families. They doggedly tracked down mobile patients after discharge and expended great energy persuading them to return for follow-up exams and treatment. Further, the files documented the caseworkers' determination to corroborate patients' stories from sources such as relatives, neighbors, employers, the local police, and landlords.

A careful reading of the medical records indicates that caseworkers' diligence toward patients was motivated by more than altruism. Doctors designated certain medical conditions as "interesting" for teaching and research purposes and, in the case record, urged the caseworker to bring the patient back for follow-up studies. Uninteresting cases, no matter how grave, were not pursued with as much enthusiasm.

Caseworkers' detailed assessment of the patients served other purposes, as well. From the caseworkers' home visits, the Social Service Department, as well as medical departments, determined the allocation of hospital funds and services. Caseworkers candidly stated their subjective impressions of the patients: "honest" or "untrustworthy," "lazy" or "hard-working," "difficult personality" or "cooperative," "intelligent" or "stupid." If the Social Service Department judged a particular patient to have a "beggar's mentality," that is, lacking initiative in solving his or her own problems, the caseworker repeatedly warned the patient against "dependency" on the hospital. Eventually, such a patient was told not to return. Different caseworkers sometimes reached opposite conclusions about a patient's character. In this event, the patient was given the benefit of the doubt, and social service was continued.

Quality of the Medical Records

I was able to obtain an evaluation of the quality of the medical records from Dr. George W. King, diplomate, American Board of Family Practice. He was impressed by the clarity of the typing or handwriting, the precision of language and line drawings, and the thoroughness of both clinical procedures and the autopsy reports. Reports of laboratory tests indicate the use of modern microscopic techniques and x-rays. The succinct physician notes described the patients' progress in terms that reflected concern for the patient, not fear of lawsuits. Black and white photographs of patients at various stages of treatment fascinated Dr. King, who had seen many "exotic diseases" only in textbooks.

Autopsies used the same protocol as do modern pathologists. The reports included a review of the patient's clinical history, laboratory and x-ray findings, and the course of the disease. The macroscopic exam included all body parts. Microscopical findings were precise. After the parasitological and the neurological report were summarized, an anatomical diagnosis summarized the case. The autopsies of the cases reviewed were typed in English and about five pages single-spaced. The autopsies precisely confirmed the clinical diagnoses.

Research Conditions

The files' exact location in the PUMC was not divulged to this researcher. Medical records staff members made much of the heavy layer of dust covering the files and the difficulty of their retrieval. At least this was the staff's rationale for charging me ten yuan (over \$1.00) per file retrieved, whether or not I found the file useful. Since the only finding aid for the records seems to be patients' names, my selection criterion was simple: I requested files with many yellow pages. Because of the lack of finding aids, my selection of files does not represent a scientific sample.

Dr. Zhao Chaozhen, the head of the Medical Records Department, designated for my use a special corner of the small office occupied by the copy machine and other paraphernalia. Staff members brought approximately one hundred files at a time for me to read and record on Notebook II+, a program that allows simple data analysis. At my request, they made occasional copies of files at two yuan per page, cheaper than many government archives but four times the cost on the street. I found the medical records workers to be absorbed in their other responsibilities and therefore I decided that bulk copying was inappropriate.

Conclusion

The Social Service Department archives at the Peking Union Medical College indeed preserve an immense body of sociological data of interest to historians of Chinese cities, women and the family, and socioeconomic conditions of urban residents during the decades prior to the Japanese invasion and civil war. Scholars of comparative medical anthropology, sociology, social work, and psychiatry will find valuable material in the casework files. Further, by documenting in vivid detail the policies of the Rockefeller Foundation's largest single international project, the records shed light on the history of philanthropy.

The major obstacles blocking scholars from tapping this rich vein of data are the archives' size and the lack of finding guides. Fluctuating hospital administration attitudes toward foreign scholars' use of the archives will remain a "wild card" for researchers. Barring any major set-backs in Sino-American relations, however, the current political climate of openness toward the West should facilitate the archives' accessibility.

Appendix A

PEIPING UNION MEDICAL COLLEGE
HOSPITAL SOCIAL SERVICE

Name Chu Lin San 鞠霖三Hospital No. 31681Age 28M. F.S. M. W.Native Province HopehAdmission Note: 5-31Histories taken from pt. are wordPeiping addressWest City, Chung Mao, Er Tiao, no 12 - Mr. Liu Ching Sheng
西城中帽二条十号刘慶生Home addressHopeh, Nan Tung Hsien, Chü Wu Tsun 河北南工, 鞠舞村OccupationStudent of girls' normal school PeipingFamily - ImmediateHusband - Chü Lin San 28 Teacher of normal school
Tung Shan salary \$136.00Baby boy H. 31704Law familyParents-in-law - 57, 54 Home addLaw family in Peiping1st Sister-in-law - Chü Wen Chue - student of girls'
normal schoolDischarge Note: 6-2-31 Pt. and baby are discharged

Recommendation for Treatment

Social worker:

Julia S. Y. Lin

FORM 891 A

Appendix B

Li Hsin-ch'eng, Mrs.
H. 30542

Received: Feb. 2, 1933.

PEIPING UNION MEDICAL COLLEGE HOSPITAL
PEIPING, CHINA

MEDICAL SOCIAL SERVICE

1. What is your present condition as compared with your condition when you came to the hospital?
Answer: Well. Improved. Unimproved.

2. Is the wound well healed? No wound.

3. Have you any of the symptoms that you had before coming to the hospital? Yes, still suffering from Pul. Tuberculosis far adv.

4. Have you any new symptoms? No

5. Is there any evidence of your former disease having returned? No

6. When did you resume your former occupation? 4 months after discharge.

7. Can you do as much at your former occupation as you did before? More than before.

8. Have you taken up any other occupation? Can do a little.

9. Can you do a full day's work and earn a full day's pay? Yes

10. If not, (a) how much of the day can you work?
(b) what part of your former wages or salary are you capable of earning?

FORM 364