

Female Medical Missionaries:  
Using Traditional Roles to Transcend the Status Quo

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History 489

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## **Abstract**

This paper examines the role of female medical missionaries during the first half of the twentieth century. Female medical missionaries worked within the traditional roles of the time such as caring for the sick, injured, and less fortunate by nursing them back to health. However, they also expanded traditional roles for women by having careers as nurses, traveling thousands of miles around the world, assuming leadership roles, and becoming independent, competent, and self-sufficient people. The duality of their roles, part traditional and part radical, made female medical missionaries pioneers for other generations of women to follow. By analyzing the personal papers, letters, diaries, and autobiographies of several female medical missionaries, this paper documents the ways in which they transformed conventional female roles into new and expanded roles outside of the home and family. In addition, it explores how female medical missionaries, through their medical mission work, were able to fulfill a moral, Christian obligation while at the same time utilizing their medical skills to increase their professional and personal opportunities.

## Introduction

*‘HEAL THE SICK’ is our motto,--Constituting alike injunction under which we act, and the object at which we aim, and which the blessings of God, we hope to accomplish, by means of scientific practice, in the exercise of an unbought and untiring kindness.”<sup>1</sup>*

Missionary work has a long history dating back centuries. In contrast, medical missionaries as a term and occupation did not emerge until the early to mid nineteenth century and they have only been widely accepted and utilized for about a century.<sup>2</sup> Many of the people who came before this time were missionaries and many were medical personnel, such as physicians and nurses, but none before had really combined the two into a distinct field with goals, aspirations, successes and failures.

The idea of medical missionaries was conceived by missionaries, physicians, and entrepreneurs who were living and working in Canton, China, in the hope of using medical missions to open China and the East to trade, development, and Western nations. Slowly, medical missions became more accepted and by the end of the nineteenth century many nations utilized medical missionaries, including the US and most of Western Europe. However, today, medical missionaries are mostly on the periphery of one branch of the Protestant Christian Missionary work.<sup>3</sup>

Medical missionaries have helped to reduce global mortality and morbidity by increasing the medical knowledge of many indigenous people, and by building and maintaining schools to

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<sup>1</sup> Christoffer H. Grundmann. *Sent to Heal!: Emergence and Development of Medical Missions*, Lanham, Maryland: University Press of America, 2005: xiii. The following quote, found in Grundmann’s book, was the motto of the medical mission movement from its beginnings in the mid nineteenth century.

<sup>2</sup> Grundmann, xii

<sup>3</sup> Grundmann, xi

train nurses and educate women. As a result of these efforts some have argued their work has helped to emancipate women on a global scale.<sup>4</sup> In addition, as medical and scientific breakthroughs in the Western part of the world occurred in the nineteenth and early twentieth century it raised serious spiritual and medical issues within the missionary community. One major question which would plague missionaries and help to fuel the medical mission movement was: “To what extent do significant advances in science and technology change the meanings of the words and concepts like ‘salvation’, ‘life’, and ‘healing’?”<sup>5</sup>

Medical missionaries since the beginning of their conception within the mission movement have only comprised a small number of the whole. For example, in 1900 there were only 770 medical missionaries out of 12, 837 missionary personnel and in 1923 there were 1157 medical missionaries out of 20, 569 missionary personnel, only adding up to about 10.5% of the mission field.<sup>6</sup> However, this small number by no means implies that medical missionaries were not important or that they did not help large numbers of people. While the medical missionaries only comprised 10.5% of the mission field they actually came into contact with 2, 545, 503 people in 1923 compared to 1, 127, 853 students that missionary personnel interacted with.<sup>7</sup> While the number of medical missionaries is hard to come by, there is no statistical data available to conclude how many women were trained nurses or medical missionaries before 1925 but as of 1950, there were 2911 trained female nurses and medical personnel.<sup>8</sup> While the number

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<sup>4</sup> Grundmann, xiii

<sup>5</sup> Grundmann, xii

<sup>6</sup> Grundmann, 150

<sup>7</sup> Ibid

<sup>8</sup> Grundmann, 154-156.

of women seems small, because the medical missionary movement itself was not very numerous, the amount of women who were missionary nurses<sup>9</sup> is actually quite impressive.

In addition, the three main branches of the Presbyterian Christian Church in the United States sent several hundred Medical Missionaries between 1880 and 1950, which are the years in which the women I am examining performed foreign medical mission work. According to the Presbyterian Historical Society, the Presbyterian Church sent 105 missionary nurses or female medical missionaries to Far East Asia including countries such as China, Thailand, the Philippines, and Korea during the years 1911-1950.<sup>10</sup> While not all of the women examined in this paper were sent by the Presbyterian Church, the Presbyterian Church had a major influence on the foreign Medical Mission work in the United States during the first half of the twentieth century.

For many female Medical Missionaries, there were several reasons and motivations for why they chose to become missionary nurses. First, many foreign countries, especially those in the Far East, such as China, India, Thailand, Korea and the Philippines, had poor health care. Second, most of the populations were not Christian and third, most of the people lacked adequate education. Therefore, female medical missionaries were performing three key aspects of humanitarianism, which at the time were viewed as female obligations. However, while many of the female medical missionaries' passions were helping other through medicine, for them, the only socially acceptable channel to achieve this goal was the church. Therefore, through medical mission work, missionary nurses were able to fulfill a moral, Christian obligation and at the same

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<sup>9</sup> The terms missionary nurses and female medical missionaries will be used interchangeable throughout this paper

<sup>10</sup> Presbyterian Historical Society, <http://www.history.pcusa.org/dbtw-wpd/Textbase2/Missionary%20query2.htm>, Accessed February 2009.

time utilize their medical skills to increase their professional, personal, social, and gender opportunities.

Female medical missionaries worked within the traditional roles of the time such as caring for the sick, injured, and less fortunate by nursing them back to health. However, they also expanded the traditional roles for women by having careers as nurses, traveling thousands of miles around the world, taking charge of situations, and becoming independent, competent, and self sufficient people. The duality of their roles, part traditional and part radical, made female medical missionaries pioneers for other generations of women to follow. By analyzing the personal papers, letters, diaries, and autobiographies of several of the women who worked as medical missionaries, one can see how they transformed conventional female roles into new and expanded roles outside of the home and family. This paper will explore how female medical missionaries, through medical mission work, were able to fulfill a moral, Christian obligation and at the same time utilize their medical skills to increase their professional, personal, social, and gender opportunities. Finally, this paper contributes to the existing literature on medical missionaries in two ways. First, it expands the current knowledge of female medical missionaries in general. Secondly, it addresses professional and gender issues stemming from the medical mission movement, not just the religious aspects of the movement.

## **Historiography**

During the early to mid twentieth century, middle class American women regularly participated in missionary work. The topic of female medical missionaries raises several key questions to understanding the field of medical mission work. One of the main questions involves whether or not mission work or medical work was more important to the missionary nurse. However, while many of female medical missionaries' passions were helping others through medicine, for them, the only socially acceptable channel to achieve this goal was the church. Therefore, through medical mission work, female medical missionaries were able to fulfill a moral, Christian obligation and at the same time utilize their medical skills to increase their professional, personal, social, and gender opportunities.

The secondary literature relevant to this topic includes books and journal articles focusing on three different themes. The first theme concerns the history of missionary work and women; the second theme deals with medical missions and missionaries, and the third theme deals with women missionaries and East Asia, specifically China and Southeast Asia. As the study of the history of missionaries has been around for a long span of time, there has been a shift in how this field has been explored historically. For example, the earlier works on missionaries often dealt with specific missionaries and portrayed them in a more favorable and uncritical light. However, the later histories on this topic have been more critical of missionaries and their methods, motivations, and success. In addition, in the 1960s, the importance and relevance of Christian mission work done by women began to be more fully recognized by historians and society in general.



Historians have been writing on the topic of missionaries and mission work for over a century. However, historians have only been writing specific works related to medical missions and missionary nursing for a short time. One very important author who is recognized by historians as “classic” or “seminal” would be Robert Pierce Beaver who has written three books on the history of missionaries and mission work.

The first important secondary source deals with the first theme which discusses mission work and specifically women missionaries. *All Loves Excelling; American Protestant Women in World Mission* (1968) by Robert Pierce Beaver argues that women have been a very important and instrumental force in world missionary work since the very beginning of the movement in America. “Foreign Missions was the concern which for more than a century called for the utmost devotion and effort among American Protestant women. It was for them the grand passion ‘all loves excelling’”.<sup>11</sup> However, according to Beaver, women have remained underrepresented in the literature written about missionaries and mission work regardless of the importance of their impact. Beaver addresses the fact that women had to struggle to receive the right to be a member of mission societies and were often left subordinate to men when they could join, especially for foreign missions.<sup>12</sup> He also pointed out that for single women it was very difficult to be involved with mission work. Beaver also addresses how the American Foreign Board of Missionaries was founded, its principles and women’s’ roles within the American foreign mission movement.

Beaver’s study also describes how women took mission work and made it their own. “But by this time the women of the churches would no longer patiently await enlightenment of

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<sup>11</sup> Robert Pierce Beaver, ed . *All Loves Excelling; American Protestant Women in World Missions*, Grand Rapids, Michigan: Eerdmans, 1968: 11.

<sup>12</sup> Beaver, *All Loves Excelling*, 35.

the men who controlled the general church boards. They were ready to act independently if necessary.”<sup>13</sup> Beaver explores how missionary work evolved into a socially acceptable and prevalent outlet for women in the nineteenth and early twentieth century. Beaver’s argument that women have had a massive role in mission work and have worked hard to be successful is persuasive and well supported by primary sources from the American Foreign Board of Missionaries, women’s missionary journals and missionary associations.

Another secondary source that follows the theme of women in missionary work is, *The World Their Household: The American Woman’s Foreign Mission Movement and Cultural Transformation, 1870-1920* (1985) by Patricia Hill. Hill, like Beaver, argues that women were very important to the mission field, especially the foreign mission movement. “Women” she argues, “constituted a majority of the rank and file membership of the churches. Much of the credit for generating the missionary revival of the late nineteenth century belongs to the woman’s foreign mission movement.”<sup>14</sup> Hill also contends that women not only changed the way missionaries went about trying to convert the nonwestern peoples they helped but they also changed attitudes about being a woman in America.<sup>15</sup>

Hill describes how for women from 1879-1920 being a missionary and helping to care for the weak, sick, and helpless, was seen as the epitome of womanhood. <sup>16</sup> By becoming a foreign missionary, women were setting the best example they could for their families and giving back to God the gifts that had been bestowed upon them. However, Hill illustrates very clearly that women were still constrained by social norms of decency and subordination to men. In addition,

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<sup>13</sup> Beaver, *All Loves Excelling*, 85.

<sup>14</sup> Patricia Ruth Hill. *The World Their Household: The American Woman’s Foreign Mission Movement and Cultural Transformation, 1870-1920*. Ann Arbor: Michigan University Press, 1985:2.

<sup>15</sup> Hill, *The World Their Household*, 3.

<sup>16</sup> Hill, 9.

Hill argued that by 1920 women were educated about other cultures and often no longer felt the need to convert “savages” and decided that their good deeds and social works could be put to use at home.<sup>17</sup>

Hill uses many sources especially primary sources and minutes from the meetings of women’s foreign mission societies to prove her main contention, which she does successfully. Her argument is very persuasive and fits into and agrees with other sources on this specific topic.<sup>18</sup>

The second theme in the secondary literature concerns the history of medical missionaries and medical missions. Christoffer H. Grundmann’s book *Sent to Heal! : Emergence and Development of Medical Missions* (2005) is an excellent source. Grundmann contends that medical missions were an important aspect of missionary work that was a unique institutional phenomenon.<sup>19</sup> He illustrates what the goals of medical missionaries were and what they hoped to accomplish with what medical knowledge they possessed. Grundmann argues several questions and issues motivated and fueled the early movement of medical missions.

Can Christian missionaries define their primary task as saving souls without concern for the physical and social welfare of those to whom they are seeking to preach the Gospel?...To what extent do significant advances in science and technology change the meaning of words and concepts like ‘salvation,’ ‘life,’ and ‘healing’? Do these advances change the responsibility of those who send people into other cultures and dangerous

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<sup>17</sup> Hill, 191.

<sup>18</sup> Janet Lee. “Between subordination and she-tiger: social constructions of white femininity in the lives of single, Protestant missionaries in China, 1905-1930.” *Women’s Studies International Forum*, v. 19 (November/December 1996): 621-32. This article by Janet Lee cites Hill when arguing that white female missionaries used their freedom and experiences to expand their gender roles while performing mission work.

<sup>19</sup> Christoffer H Grundmann. *Sent to Heal!: Emergence and Development of Medical Missions*. Lanham, Maryland: University Press of America, 2005 :xii

climates? Is it morally acceptable to enjoy the benefits of modern culture without feeling obliged to share its insights and benefits with others, namely those who do not?<sup>20</sup>

Grundmann also illustrates that these issues plagued the medical missionaries throughout their service and is still not fully answered today.<sup>21</sup> Grundmann discusses how many medical missionaries struggled to balance their stressful and demanding medical roles with any meaningful religious outlet.<sup>22</sup> Grundmann also discusses important figures in the medical missionary movement, he talks about the affects of the experience on men and women, and he discusses medical missionaries and medical mission societies in other countries. He argues that while the medical missionaries were successful and helped to better the lives of their patients, the strains and stresses of medical work simply did not jive with religious demands and this created tensions and difficulties.<sup>23</sup>

The third and final theme concerns women missionaries and missionary nurses in East Asia. One important secondary source dealing with women missionaries in East Asia is *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China* (1984) by Jane Hunter. Hunter's central argument is that women in mission work, and especially in foreign mission work, contributed greatly to the field of American mission work and that many women used mission work to fulfill hopes and aspirations that could not be met at home. "Much as proponents of economic empire saw Asia as a potential solution for the domestic problem of surplus goods, so certain women saw in missions a potential solution for a more personal problem—a tentative energy for which there was no acceptable home market."<sup>24</sup>

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<sup>20</sup> Ibid

<sup>21</sup> Ibid

<sup>22</sup> Grundmann, 8.

<sup>23</sup> Grundmann, 214.

<sup>24</sup> Jane Hunter. *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China*. New Haven: Yale University Press, 1984, xvi.

Hunter's book addresses several aspects of women missionaries in China. First, she discusses U.S. relations with China and why women went to do mission work in China. She explores what reasons women had for becoming foreign missionaries. She compared and contrasts the experiences of single and married women missionaries. In addition she discusses the autonomy that single women often found mission work and the struggles that married women went through trying to balance mission work with marriage and childrearing.<sup>25</sup> Hunter also stresses how women missionaries, especially in China, worked on converting women, because they felt it was their special duty. "Missionary women went to the field to work for all mankind, but they particularly focused their energies on converting their own sex... They believed that Christianity was responsible for the elevated status of western women; in preaching the Gospel they were only sharing what they had received in such bounty."<sup>26</sup> Finally, Hunter argues that women did not become the fairer sex in China, instead because they were independent, intelligent, and energetic, they were not considered to be "womanly" or "docile" like the Chinese women.<sup>27</sup> Women missionaries in China were treated as equals to men by the Chinese but this standard did not translate to the American women themselves and they did not internalize these standards.<sup>28</sup>

Hunter's uses number of excellent sources to support her arguments including over forty missionary women's private papers, the minutes of women's missionary groups, and accounts of American missionaries by Chinese citizens.

Another source that addresses the theme of missionary women in East Asia is a journal article by Janet Lee entitled, "Between Subordination and She-tiger: Social Constructions of

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<sup>25</sup> Hunter, xvi

<sup>26</sup> Hunter, xv

<sup>27</sup> Hunter, 265

<sup>28</sup> Ibid

White Femininity in the Lives of Single, Protestant Missionaries in China, 1905-1930.” (1996).

Lee contends that white, female missionaries in China were able to enlarge their ideas about gender roles and how mission work used those extended roles to convert and colonize.<sup>29</sup> Lee examines not only white femininity in single missionaries, but also how single white missionaries in China were able to escape some of the social constraints in their home countries and new ones created in China.<sup>30</sup> In addition, Lee discusses how many of the missionary women liked to be considered bold and different by the Chinese and others.<sup>31</sup>

Finally, Lee also addresses how Chinese opinions of the missionaries were often ignored and as a rule, the opinions of those who were being converted have been historically ignored. However, those opinions can shed valuable light on the subject of missionary women and their gender and social roles.

The secondary literature for my topic is varied and informative. It follows a pattern of three themes including the history of missionaries and women missionaries, medical missionaries, and women missionaries in East Asia. However, as most of my sources have stated, there has not been a lot of work done solely on women missionaries or medical missionaries. Two areas of historical research need to be expanded, especially the area of women medical missionaries.

For middle class women in the beginning to mid twentieth century being a wife, mother and homemaker were considered the proper roles for women of their rank. Nursing the sick,

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<sup>29</sup> Janet Lee. “Between subordination and she-tiger: social constructions of white femininity in the lives of single, Protestant missionaries in China, 1905-1930.” *Women’s Studies International Forum*, v. 19 (November/December 1996): 621-32.

<sup>30</sup> Lee, 627

<sup>31</sup> Ibid

educating children, helping the poor, and nurturing others were considered typical and acceptable roles for women. Female medical missionaries worked within the traditional roles of caring for the sick, injured, and less fortunate by nursing them back to health. However, they also expanded the traditional roles for women by having careers as nurses, traveling thousands of miles around the world, taking charge of situations, and becoming independent, competent, and self sufficient people. The duality of their roles, part traditional and part radical, makes female medical missionaries pioneers for other generations of women to follow.

### **Motivations for Becoming a Missionary Nurse**

The reasons and motivations of the women who became missionary nurses as part of the larger foreign medical missions movement are complex and sometimes problematic. The women who are examined in this paper are a small sample of the total women missionary nurses who went into the geographical area of Far East Asia as part of the foreign mission movement. The women explored in this paper come from different backgrounds, different denominations, different marital status, and different desires. However, they all share one thing: they were missionary nurses who left the safety of their society and homes and went into sometimes dangerous and relatively uncharted territory in the hopes of bettering the lives of those who lived there through medicine, technology, and God. During this process, they in turn changed their own lives.

While individual motivations varied, all of the women believed they were bettering the lives of those less fortunate than themselves; they were serving God by giving back to humanity. Teresa Lightwood, who at the time of her initial service as a missionary in Siam in 1928, now modern day Thailand, was a Catholic nun, her motivation was to give back to God. “ ‘Already,

the Lord has given me so much...All the years spent here receiving, and I believe I am now ready to give Him something in return.”<sup>32</sup> Lightwood served in Siam for several years and when she left Siam in 1942 she also left the convent. Several serious and severe illnesses, her experience with suffering in Siam, and her ill treatment by the Reverend Mother all lead her to renounce her vows, leave the convent and become a nurse.<sup>33</sup> Lightwood’s career in nursing would not be typical because instead of serving in a hospital in London, England, where she was from she went back to Thailand to work as a nurse in a Catholic maternity hospital in the hopes of easing the suffering of Thai women during childbirth.<sup>34</sup>

For Agnes Barland McDaniel, who served as a missionary nurse in Siam from 1922-1925 and 1933-1937 her motivations were somewhat different and more complex. Barland McDaniel was raised in a prominent and respected family in Eau Claire, Wisconsin. Her grandfather was a German immigrant who settled in Eau Claire and became a leading and outstanding man in the area. Barland McDaniel was expected from a young age to become a missionary and to help others through her mission work.

Her [Agnes Barland McDaniel] dream was finally fulfilled when a missionary doctor from Siam...asked me if I would go over and help him establish the first school of nursing ...I was filled with missionary zeal and went, to experience adventures in jungle and Mission Hospital nursing such as I had never thought possible on the little farm where I grew up in Wisconsin.<sup>35</sup>

While Barland McDaniel claims the above mentioned quote in a memoir piece she wrote for the Eau Claire Leader-Telegram some thirty plus years after her work in Thailand that she was filled with “missionary zeal” she also wrote this in a letter in 1913:

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<sup>32</sup> Lightwood, Teresa. *My Three Lives*, New York, USA: E.P. Dutton & CO. INC., 1960: 18

<sup>33</sup> Lightwood, 74-79

<sup>34</sup> Lightwood, 101.

<sup>35</sup> Picture of the Past, Creative Writing Contest, Eau Claire Leader Telegram, Spring 1975 by Agnes Barland McDaniel. Barland Family Papers, 1851-2003. Eau Claire Mss Ag. Wisconsin Historical Society. Records housed in Special Collections & Archives, McIntyre Library, University of Wisconsin—Eau Claire. Eau Claire, Wisconsin.



It's so easy to do the expedient thing you know, to drift with the crowd, to love if you're loved in return, if not, not, to get your lesson just well enough to get through and that's all, you know it is. But it's hard to set a goal for yourself which you honestly think is right but which others think is foolish.---<sup>36</sup>

This illustrates the internal conflict that Agnes Barland McDaniel possessed as a young woman. Becoming a missionary was a family expectation; however, her personal desire was to become a nurse. Therefore combining the two fields was a way for her to fulfill a traditional role and family obligation, while at the same time fulfilling her nontraditional dream of becoming a nurse and having her own career.

Barland McDaniel like Lightwood expressed a desire to help those who were in poor circumstances. "There are some souls that seem always to be suffering 'neath the cruel edge of circumstance. Difficulties unknown to other men seem to be their lot. These are God's chosen ones."<sup>37</sup> The desire to help others, specifically those who lived in other poorer, less developed countries is a common thread among the women examined in this paper. Another common thread is the desire to please God and work for his benefit at the same time they are bettering the lives of others through medicine.

Another example is Ester Salzman who was born and raised in Kankakee, Illinois. She attended Wheaton College, where she received her BA; she then received her RN from the Presbyterian School of Nursing in Chicago, as she had wanted to be a nurse since she was in high school.<sup>38</sup> She traveled to China in 1939 to work as the only nurse in a hospital in Kinwa. The Japanese were already occupying Northern China at the time and the area was dangerous. However, Salzman went anyway. "How can you say no to the Lord when you're older, you've

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<sup>36</sup> Dear Folks from Agnes Barland, December 6, 1913. Barland Family Papers

<sup>37</sup> Dear Folks From Agnes Barland, 8 March, 1914.

<sup>38</sup> Interview with Ester I Salzman, by Fred Baker. Billy Graham Center Archives, 1978. Collection 52, Tape T1 Side 2, Wheaton College, Wheaton Illinois.

had experience, you're ready for this sort of a thing? And so, this was the reason, and as I said, you get into situations, but somehow He helps you out of them, too.”<sup>39</sup> Salzman went to do missionary nursing work in China because she felt the Lord had called her to and that the people of that town needed her help because they had not had a nurse in fifteen years.<sup>40</sup>

For these women, helping others through medicine and God was a heartfelt desire; however the desire to have a career they were passionate about was also strong. Being a nurse and a missionary was a way of fulfilling both desires while at the same expanding the traditional roles they were raised with, which proved to be powerful motivations, even though at that time, none of these women would have voiced those specific reasoning.

## **Experiences of Missionary Nurses in the field**

### *Limitations and Obstacles*

All of the Missionary Nurses that examined in this paper who did mission work in Far East Asia in the first half of the twentieth century encountered many limitations and obstacles. Some of the limitations and obstacles came from the environment and culture they were immersed in as they worked in a country foreign to them, and other limitations and obstacles came from outside that environment and from within themselves. The limitations that came from within the environment these women were in often stemmed from a lack of technology, modern medical knowledge, running water, sanitation, and proper facilities. Teresa Lightwood was working as the head nurse at the first and only maternity hospital in Bangkok, Thailand in 1945-1946. The conditions she encountered on her first visit to the hospital were horrifying and surreal:

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<sup>39</sup> Ibid

<sup>40</sup> Ibid

This so-called 'maternity' hospital had no nappies, and no sanitary pads. Each woman used rice paper to clean her child. The paper was then tossed on the floor with the rest of the garbage. Smells of sweat, blood, babies, unwashed bodies. Floors thick with muck so that you had to pick your way, treading carefully to avoid a slippery fall. It was all so terrible...It was my heart, not my stomach, that felt sickened... 'I have never in my life seen anything so foul. I can hardly believe it.'<sup>41</sup>

Lightwood's experiences with inadequate and substandard facilities were not unique.

Mary Myers, who served in China for over twenty years as a missionary nurse, had a terrible first experiences in 1914 with the horrendous conditions that the Chinese people lived in and were subjected to. Her first experience was almost impossible for her to bear. In addition to the issue of poor facilities and limited resources was the fact that many of the native Chinese physicians and nurse were not professionally or academically trained.

I was unable to cope with the conditions of our hospital and medical work as it was just then. Our medical missionaries had not returned from furlough and the Chinese M.D. left in charge was away suffering with tuberculosis...the Chinese doctor then in charge had been on only partly trained by a medical missionary, and the Chinese nurse, too, had had only practical training. Hospital beds were filled with patients sick with the usual summer maladies mostly typhoid, malaria, and dysentery...<sup>42</sup>

Esther Salzman, a missionary nurse in China in 1940, described the conditions she worked with while trying to help her patients.

Well, you run into situations where there's no...many of the conveniences that we think we have to have. The hospital...when I finally got down there and started working, we had no running water. As we said, the only time we had running water was when the Coolies [unskilled laborer or porter] ran up the hill carrying two pails of water on their shoulder.<sup>43</sup>

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<sup>41</sup> Lightwood, Teresa. *My Three Lives*, New York, USA: E.P. Dutton & CO. INC., 1960: 106.

<sup>42</sup> Mary E. Myers, *My Hall of Memory: Reminiscences of a Missionary Nurse*, London: The Epworth Press, 1956: 18.

<sup>43</sup> Interview with Ester I Salzman, by Fred Baker. Billy Graham Center Archives, 1978. Collection 52, Tape T1 Side 2, Wheaton College, Wheaton Illinois.

All of the missionary nurses examined had to deal with limitations concerning facilities and medical knowledge within the country they performed their mission work in. However, the horrible conditions they encountered were not solely unique to this group of women. In the region of Far East Asia in the first half of the twentieth century modern western conveniences enjoyed particularly by the middle class to which these women belonged, was not readily available to the poor and middle classes in China, Thailand, Japan, Vietnam, Laos, Cambodia, or the Philippines. There was little to no access to medical facilities standard in the Western world; there was a lack of trained physicians and nurses, lack of medicines, supplies, and technology. For the majority of the missionary nurses who came to serve in this part of the world, they had to learn to make do with what they had and to cope with the conditions they found themselves in.

Another obstacle faced by some of the missionary nurses was the fact that they were in a foreign country and culture that had different ways, beliefs, and values than their own. Differences were especially acute in the instances of medicine, where many of the native physicians, nurses and midwives had little formal training and often believed in “old-wives tales” and folklore medicine. At one point, Agnes Barland McDaniel found it difficult to deal with a native physician who refused to use modern medicine and techniques at the cost of a patient’s life. “...a native doctor who does not believe in typhoid sponges and forcing water—I can do absolutely nothing...and so I as tactfully as possible left the case, what else could I do? The boy will probably die when he might have been saved.”<sup>44</sup> McDaniel felt helpless because it was not her place to argue with the native Thai doctor, because she was a foreign, female nurse; this was a limitation she found hard to accept. Some of the missionary nurses, such as Ester Salzman,

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<sup>44</sup> Dear George from Agnes, May 14, 1922, Barland Family Papers

recognized that as a foreign missionary nurse, she could not just go into the village in China she was serving and demand that they follow her medical advice, no matter how correct, because that was just not how the Chinese culture worked.

“How can I get some of the things that we believe are good from a health angle?” How can you get the people to accept it? You can't walk in and say, “This is what you shall do!” You have to remember their background and then try to gradually work them, or help them to see that, perhaps, you do have some suggestions. You don't go step in there and try to change everything.<sup>45</sup>

Salzman recognized her limitations and tried to figure out ways of overcoming those obstacles and making her efforts more successful, which illustrated a level of professionalism and dedication to her job that would have seemed odd to her male counterparts at the time. Salzman and her fellow female medical missionaries were truly proficient and skilled nurses.

There were also obstacles and limitations that these women faced which came from outside their missions. For example, prevailing social attitudes often placed women beneath men in intellect, physical strength, stamina, and courage. For example, a letter Agnes Barland McDaniel received while she was in Siam contained a concern for her delicate feminine well-being. “I read...recently that a tropical climate is extremely debilitating, especially to women. If you find your health deteriorating at any time, I feel that you...out to return to this country to live.”<sup>46</sup> Many of the women had outside forces pressuring them to leave their nontraditional roles behind in order to come home for their own “good”.

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<sup>45</sup> Interview with Ester I Salzman, by Fred Baker. Billy Graham Center Archives, 1978. Collection 52, Tape T1 Side 2, Wheaton College, Wheaton Illinois.

<sup>46</sup> Dear Agnes from Gordon, October 22, 1934. Barland Family Papers. This letter is from Agnes Barland McDaniel's brother Gordon, who she was tremendously close to and who managed her financial affairs while she was in Siam.

Similarly, when Mary Myers informed her mother that she was going to be a missionary nurse in China, her mother was very upset with her decision and proclaimed, ““Why, you are a mere girl.””<sup>47</sup> The attitude that women were simply not designed or suited to take on such tasks as traveling to a foreign, exotic country was not uncommon among the American population in the first two decades of twentieth century. Many of the predominant attitudes concerning women’s abilities were similar to Myers’ mother, who simply believed that her daughter was just a “mere girl” incapable of doing anything outside of the accepted gender roles. However, Myers and many other missionary nurses refused to allow it to stop them from doing what was desired: to help others through medicine and God.

### *Personal Risks*

Traveling thousands of miles away from your home and accustomed climate can be dangerous and exhaustive, especially during the beginning of the twentieth century when the main modes of transportation were cars, ships, trains, and in some cases animals. It took the missionary nurses who traveled to Far East Asia months to reach their destinations and months to return. There were limited medical facilities; in fact many of these women were helping to create the first modern hospitals and clinics. If any of these women fell ill to any of the tropical diseases it was likely that they would die. In addition, the terrain and landscape was often treacherous, making it dangerous to travel and medical missionaries died in traveling accidents, drowning, and falls.<sup>48</sup>

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<sup>47</sup> Mary E. Myers, *My Hall of Memory*, 12

<sup>48</sup> Daniel’s Family Papers. Mss 364. Special Collections and Archives. Housed at Wisconsin Historical Society. Madison, Wisconsin. This collection contains many letters from Medical Missionary Horton Daniels and his wife, who served in China in the early to mid twentieth century. In some of their letters, they mention the death of several missionaries due to accidents, such as drowning, falls, and illness.

Many of the missionary nurses acknowledged that they were engaging in dangerous work and that they could die while trying to save and better the lives of others. Some of the women, in fact, almost did die of diseases to which none of the native population was vaccinated. Mary Myers, while on her first trip to China in 1914, became very sick with a dangerous illness. “I was going down with typhoid fever; which laid me low for more than three months and nearly took my life.”<sup>49</sup> Typhoid Fever was a common illness in underdeveloped nations in the early to mid twentieth century. Typhoid was one of the many diseases that missionary nurses went to help prevent and manage. Another danger faced by some of the missionary nurses was that of rabies carried by the many starving and stray dogs that roamed the streets and villages in China and Thailand. “Dogs in Thailand are for the most part a mongrel army foraging whatever they can for food... [dogs carry] the constant danger...rabies.”<sup>50</sup>

For some of the women, the risk of dying or of becoming ill while engaging in medical mission work made the job seem more exciting, appealing, and fulfilling. “....that we, here in the hospital, are constantly exposed to disease germs; that’s part of the fun of it for there’s a risk that adds zest.”<sup>51</sup> Perhaps the reason that some of the women felt the dangers of being a medical missionary added to the appeal is their Christian belief that if they died it would be in the service of God, which would guarantee them an honored place in heaven. Or perhaps the women who found that danger more added to the enticement of being a foreign medical missionary because they lacked adventure, danger, and freedom in their lives back home.

Besides illness and accidents, missionary nurses faced other forms of personal risk, including the possibility of going to jail for expressing their beliefs or disapproval of the foreign

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<sup>49</sup> Mary Myers, *My Hall of Memory*, 18

<sup>50</sup> Lightfoot, *My Three Live*, 56

<sup>51</sup> Dear Mother from Agnes Barland, November 28, 1919, Barland Family Papers

government in the country they were staying. Agnes Barland McDaniel expressed her concern about writing to her family in 1935 because the Siamese government was being very strict about what was printed and written within the country because in 1932, a new constitutional monarchy was instituted in Siam and it was concerned with maintaining its newfound control over the country. "Do not print this letter," she wrote, "as Siamese everywhere are on the lookout for opposition news. We have to be most careful in what we say about the Gov't. All news is very strictly censored here in the newspapers and much is suppressed."<sup>52</sup> These women faced countless dangers and risked to their own person in their quest to help others, thereby defying social convention and creating new roles for themselves.

### *Stereotypes and Culture Clashes*

The creation of stereotypes of people in underdeveloped countries by people in developed nations and vice versa are common occurrences, especially when each is not readily exposed to the other. Some of the women explored in this paper carried with them on their missionary nursing work stereotypical assumptions and some did not. In exploring their personal papers, writings, and oral interviews, it is clear that many of them did not necessarily say they regard the people they were helping as inferior or immoral; however it is likely that such prejudices would often be subconscious and thus not expressly stated. However, by reading their works carefully, glimpses of stereotypes and culture clashes within the writings can be found.

Another problem with the primary sources encountered in this paper is the fact that only the writings of one woman before she actually left to perform her work as a missionary nurse,

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<sup>52</sup> Dear Aunt Louise from Agnes Barland McDaniel, March 31, 1935, Barland Family Papers



could be located, so it is difficult for to ascertain if the stereotypes and prejudices these women carried before they came into contact with the people of the countries where they lived and served changed after they met and lived among the people.

In a letter to her family in March of 1914, about six years before she left to do missionary nursing work in Siam, Agnes Barland wrote these words about a missionary she knew who was going abroad to do mission work. "...He will be working with inferior people and instead of steadily drawing them up to him there is the danger that he may drop halfway down to them."<sup>53</sup> Shortly after arriving in Bangkok, for her first trip as a missionary nurse to Siam, Barland wrote: "It appeared to promise little but filth, nakedness, and ignorance. The people have absolutely no idea of sanitation. Bangkok has, along the sides of its streets, canals in which one woman washes her rice, another bathes, another throws her sewage, another drinks."<sup>54</sup> For Barland and many of the missionary nurses who traveled abroad to Far East Asia believed that the region was extremely underdeveloped and in desperate need of a dose of western civilization.

Another example of stereotypes and culture clashes that medical missionaries faced are illustrated by the experiences of Phil and Ruth Greene. The Greene's went to China in 1923 as members of the Yale-in-China Association, which was a missionary society founded by several Yale University graduates who wanted to spread Western technology, education, medicine, and Christianity to the people of China. Phil Greene was a physician and Ruth helped him in the

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<sup>53</sup> Dear Folks from Agnes Barland, March 15, 1914. Agnes Barland McDaniel will be referred to as Agnes Barland or Agnes Barland McDaniel interchangeable, because on her first trip to Siam she was unmarried and on the second she was married to Dr. Erwin McDaniel, hence, Barland McDaniel.

<sup>54</sup> Agnes Barland McDaniel, Letters from Siam, January 21, 1922

Hsiang-Ya Hospital. In her memoir of their time in China, Ruth Greene wrote that before going to China, she never really thought of China as a country and when she did, she associated with all the bad things she had heard or read about the country: “*China*; the word had stuck. Though at first I associated it with our dinnerware, I came to see it as the location of the dreaded Boxers.”<sup>55</sup> In addition, for Ruth Greene, it was very difficult to reconcile her western beliefs and attitudes with Chinese ones:

...a Chinese callousness to human suffering... it went counter to everything we had ever been taught, what we most profoundly believed. Care for the individual, in a caring society; his value to all eternity: this was the heart of our faith. How could we bring this truth to bear in that ancient, alien culture?<sup>56</sup>

For Greene, the Chinese culture was seen as outdated, backward, and strange. Many of the Chinese customs were seen as strange and uncivilized. However, the Chinese custom of leaving handicapped or female infants to die of exposure was seen by many of the medical missionaries who were in China as a barbaric, unchristian act that must be stopped by teaching the Chinese Christian and therefore Western values and ethics.

A puzzling example of stereotyping and cultural clashes deals with Ester Salzman as she did missionary nursing work in China, in mid to late 1930s, as the Chinese were being evacuated from certain areas because of the Japanese invasion. Salzman, saw the Chinese practice of foot binding as barbaric, as did many other westerners. However, Salzman believed that perhaps it would have been better that the women whose feet had been bound would die rather than continue to suffer as they fled from the Japanese.

...in some instances it almost seemed the mercy of the Lord to take some of these poor women who were trying to get away. You have to remember, at that time the older

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<sup>55</sup> Ruth Altman Greene. *Hsiang-Ya Journal*, Hamden, Connecticut: Archon Books, 1977: xiii

<sup>56</sup> Greene, *Hsiang-Ya Journal*, 16

women were women that had been born at the time when they were still binding feet [Chinese custom thought to enhance attractiveness and was a sign of status]. And when you'd see them hobbling along with their crutches on their little broken feet trying to get away, it almost seemed like it was the mercy of the Lord that He took some of them home.<sup>57</sup>

This seems contradictory to western beliefs because if most westerners saw the Chinese practice of abandoning the sick, handicapped, and “worthless” as barbaric, then why would she advocate these women dying by God’s hand, instead of trying to use medicine to help fix these women’s feet? Were these women too far gone to save or were there simply not enough resources and time to help them?

Yet another example of stereotyping and culture clashes that medical missionaries felt and experienced while in Far East Asia is Agnes Barland McDaniel on her second trip to Siam in 1933-1937, in which she had married Dr. Erwin McDaniel. Dr. McDaniel had several health issues while the couple was doing medical mission work at a leper hospital in Nakon Sritamarat, Thailand. This constantly worried Agnes because she was the only white, western person for many miles and she would have no white assistance if her husband died in Siam, as illustrated by her letter sent to her family back home in Eau Claire, Wisconsin.

...send me all the information possible on the scientific care of the dead. How is embalming done? Any information about the building of tombs too—of cement perhaps, would be appreciated. You see, if Dr. should topple over dead some day, I would have to do everything that was done as he would have to be buried the same day in this hot country...no other white person could get here in time to help.<sup>58</sup>

This letter illustrates that it was critical for Agnes, that her husband, should he die in Siam, be embalmed and buried in the “proper” White, American way. For her, there was

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<sup>57</sup> Ester Salzman, Oral interview, Tape 1, side 1, 1978

<sup>58</sup> Dear Lois and George, Uncle George, Thomas Howard, and Betsy Ann from Agnes Barland McDaniel, September 29, 1934

absolutely no question that he would be buried in any other way. She seemed to not even entertain the thought that he could be buried in the local, native Siamese way, which Agnes clearly felt was so inferior to “white” burial practices that she would not even consider it. In fact, she was willing to learn the complicated process of embalming and burial of her own husband, so Dr. McDaniel could be buried in a proper, Christian way.

However, not all the women had stereotypes about the native culture they immersed themselves in as they performed their duties as missionary nurses. For example, Mary Myers discussed how all the hard work, hardships, and obstacles created a strong bond between herself and her Chinese coworkers, of whom, she became very fond. “Rejoicing With Those who rejoiced and weeping with those who wept, there was formed for me a golden cord that bound my heart to the hearts of my Chinese co-workers.”<sup>59</sup> For Myers, culture and ethnicity seemed to take a backseat to ability, skill, companionship, and camaraderie.

While all or most of the medical missionaries examined in this paper experienced cultural clashes and stereotyping, on average, compared to their American counterparts during the first half of the twentieth century, these women and men, were more open-minded and less judgmental overall. These women and men left their homes and traveled thousands of miles to help other people less fortunate than themselves through medicine and God. If they felt these people were so inferior that they could not learn nor deserved to learn about the medical advancements, then they would never have went to the trouble of going abroad. However, while these female medical missionaries were not completely free of stereotypes and cultural assumptions, they mostly overcame those stereotypes to respect, admire, and have great affection for those they sought to help.

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<sup>59</sup> Mary Myers, 81

### *Successes and Accomplishments*

For all the women, being a missionary nurse was a blessing which brought fulfillment and joy. While their undertakings were not without sorrows, obstacles, and hardships, most of the women found great pride and a sense of accomplishment in what they were doing. Being a missionary nurse in a foreign land brought them new opportunities to grow and expand not only as women and human beings but also in a career oriented way, as nurses.

For example, when Teresa Lightwood became head nurse at the only maternity hospital in Bangkok, she had to learn to do procedures and techniques that she never would have been allowed to do back home. “Normal forceps deliveries, with anaesthetics which I quickly learned to administer myself were all in our day’s work”<sup>60</sup> This type of procedure, in the Western part of the world, would normally have been done by a physician but because physicians were limited in Thailand, Lightwood learned to more complicated procedures without the aid of a doctor, therefore improving and expanding her skills as a nurse. This experience would not have been likely in London, England, where Lightwood hailed from; therefore, her experiences in Thailand expanded the traditional role of nurse and caretaker from menial tasks to more expert and specialized jobs.

Another example of this is Agnes Barland McDaniel, who on her first trip to Siam she was the only medically trained person at the hospital in Nam. There were no other nurses or doctors available, so McDaniel had to take on the burden of making all the medical decisions for the numerous sick patients.

Do you people at home realize that the only person to meet the physical need in a city of 18000 with a surrounding population of 50000 is your nurse with your spirit in back of

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<sup>60</sup> Lightwood, *My Three Lives*, 111

her? This is the missionary work of which you dream. Need on every side and all you can do is to keep on smiling and say ‘I will at least try and do this.’<sup>61</sup>

Barland McDaniel was faced with a situation in Siam she would never be faced with in the US, she alone, had to manage the medical care of thousands of people. While this was an immense burden, it also presented her with the opportunity to transcend the normal role of a female nurse in the 1920s—i.e. subordinate to a male physician—to a position of authority and respect.

### **Coming Home and Life after Foreign Medical Missions**

For the entire field of medical missionaries, the individual experiences, obstacles, rewards, and consequences were widely different and unique. The motivations for going and the experiences of life after being a medical missionary also differed. However, the women examined in this study all shared a common experience—being a foreign medical missionary changed their lives forever in a positive and fulfilling way.

Traveling thousands of miles and exposing yourself to another culture and climate, working long and exhaustive hours trying to save and better the lives of other through medicine without significant pay, perks, or publicity, takes a dedicated and passionate person. All of the women examined in this paper were generous and compassionate people who believed they were doing great work toward the advancement of medicine and God. While the women themselves had varying experiences with different countries, were of different ages, marital status, and religious affiliation, all believed they were doing God’s work and it brought them immense satisfaction. All of the women expressed how grateful they were for their medical mission work and who they felt what they did had been worth all their struggles.

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<sup>61</sup> Dear Lois and Genevieve from Agnes Barland McDaniel, April 8, 1925.

Thus, as I look back along life's pathway, memories come flooding in, and I felt that the little I have been able to do in His service has been so worth while, and had brought me great reward...If this story of my life induces only one other whom He [God] has Chose to say, 'Here am I, Lord; send me', I shall be satisfied.<sup>62</sup>

Also, as this quote illustrates, many of the women felt that what they did was very small in significance in comparison to the needs of those they were trying to help and in comparison to the help that the poorer regions of the world needed. Most of the women were very modest about their goals and accomplishments after they came home. Perhaps they felt that there were many more people who needed help and that they could have done more and that much more needs to be accomplished. Their modesty could also be linked to the fact that women's traditional behavior at that time was supposed to be modest, humble, reserved, and unpretentious. Therefore bragging about their many great accomplishments would have been frowned upon socially.

Also, some of the women expressed that they felt their work was worthwhile not only because they medically improved the lives of others but also because they improved others knowledge about God, Christianity, and Christians.

When I think of perhaps, hoping that [pauses] just the support that we could give those people, was certainly...as far as I was concerned, was worth it. The support of the work, I mean, our going out there and being willing to do this sort of a thing, I think, helped many of the Chinese to recognize that the Lord does help for one thing, and that Christian people are concerned about other people. This was one of the things that I feel...the contribution that we could make in a hospital.<sup>63</sup>

Salzman believed that the work she did as a medical missionary not only helped the Chinese people medically but also spiritually, by understanding God in the Christian sense.

Coming home after being away for several years doing medical mission work was difficult for many of the women. Adjusting into "life as usual" or into their "proper" roles was

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<sup>62</sup> Mary Myers, *My Hall of Memory*, 90

<sup>63</sup> Oral interview of Ester Salzman, Collection 52, Tape T1 Side 2

often challenging. Many of the medical missionaries were used to being in charge, or taking charge, working under pressure and in very demanding, dangerous situations, and being responsible for the health and welfare of multiple people. Going back to regularity and routine of everyday living, such as cooking, cleaning, and for some, working a job with regular hours proved to be taxing and harder than first realized. For example, after Teresa Lightwood left Thailand and her medical mission work, she got married and began her life as a wife and mother. It was difficult for her at first because she was used to more demanding and larger groups who needed care and attention.

But I found, too, that after years of catering for large groups of hungry unfortunates, the cooking of a dinner for Peter and myself was at first quite a tricky operation...I was inclined for a long time to cook far more than we could eat, sometimes leaving enough for three good meals.<sup>64</sup>

For Lightwood, adjusting back to life as usual was hard because she had to relearn how to do many of the same things that her ordinary female counterparts had been doing for years, except she had no experience taking care of a husband, only hundreds of sick, injured, and unfortunate people with limited resources, supplies and facilities. So for Lightwood, what would seem like a simple task of preparing a meal for her husband and her ended up being more difficult than for women who had not been medical missionaries or subjected to her experiences or in this case lack of experience with many domestic roles.

For some of the women, looking back upon their situations made them realize how grateful they were for the experiences and opportunities they had to fulfill lifelong dreams of helping others through medicine and God. Agnes Barland McDaniel wrote in a memoir contest in

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<sup>64</sup> Lightwood, *My Three Lives*, 189



the Eau Claire Leader Telegram in 1975, how she had achieved a childhood dream by becoming a foreign medical missionary:

Her dream was finally fulfilled when a missionary doctor from Siam...asked me if I would go over and help him establish the first school of nursing ...I was filled with missionary zeal and went, to experience adventures in jungle and Mission Hospital nursing such as I had never thought possible on the little farm where I grew up in Wisconsin.<sup>65</sup>

For Barland McDaniel, being a medical missionary changed her life in countless ways by bring her adventure, satisfaction, greater skills as a nurse, and autonomy. When Barland McDaniel came home she took those experiences with her and she eventually taught nursing school in San Juan, Puerto Rico, after Dr. McDaniel's death in 1938 and became a house mother at Wheaton College.<sup>66</sup> Barland McDaniel did not return to "life as usual" for women at that time. Instead of going back into the home and kitchen, she went on to further her career and the career of other women by teaching nursing and supporting women who were in college.

Similarly, for Mary Myers, being a nurse was of utmost importance to her. In between trips to China on medical missions, Myers continued to practice medicine as nurse and to help others that way. On a break for her medical mission work in 1919, Myers returned home to her family's farm, and helped her mother and her widowed sister for a few months but eventually the need and urge to work in medicine called and she went to work with cancer patients at a hospital in Baltimore. The reason she returned to nursing so soon after being home, even though she had been away from her family so long was simply because: "...once a nurse, always a nurse..."<sup>67</sup>

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<sup>65</sup> Picture of the Past written by Agnes Barland McDaniel, Creative Writing Contest, Eau Claire Leader Telegram, Spring 1975

<sup>66</sup> Agnes Barland McDaniel Obituary, Eau Claire Leader-Telegram, June 10, 1982

<sup>67</sup> Myers, 36.

For Myers, being a nurse was a intricate part of who she was and she could not separate herself from the nurse.

For the women explored in this paper, being a missionary nurse was a lifelong passion that could not be extinguished when they came back to Western civilization and left the medical mission movement. Once they had a taste of the nursing career and all its aspects, they could not really go back to “life as usual” or to their “proper roles”.

## **Conclusion**

Female medical missionaries were a distinct, extraordinary group of women who took a very traditional role: nurturer, caretaker, and benevolent keeper of virtues and transformed it by adding a career as a professional nurse, ambition, competency, and independence to the once conservative role of women in the first half of the twentieth century. These women would have been seen as radical because they took a conventional female role and put a more modern, nontraditional, unfeminine spin on it. However, women working within a traditional role and expanding it to create more equality and opportunity for the female sex would later, in the 1970s, be criticized by feminists as being too traditional and accepting of the status quo. Yet, female medical missionaries were truly feminists, even though they would not have used that term or considered themselves that way, because they saw in themselves and in all women the ability to learn, grow as human beings, help others and still help themselves, be independent, self sufficient, intelligent, and career-oriented. These women would become the stepping stones for modern feminists: they broke ground and barriers that would eventually allow women to become full-fledged career-oriented people who could join any field, occupation, or association. Female medical missionaries embraced the duality of their roles and created new experiences and

opportunities for the many generations of women to follow. The women who made up the medical mission movement were not typical middle class American women in the first half of the twentieth century; they defied conventional and long-established norms, thereby playing an important role in transforming societal attitudes about women's capacity to succeed as professionals.

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