"MINISTER OF THE GOSPEL AND DOCTOR OF MEDICINE":
THE CANADIAN PRESBYTERIAN MEDICAL MISSION TO KOREA 1898-1923

by
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A thesis submitted to the Department of History
in conformity with the requirements for the degree of
Master of Arts

Queen's University
Kingston, Ontario, Canada
February, 2000

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and he sent them forth to preach the Gospel and heal the sick.

Luke 9:2
For Grandma-Pat
ABSTRACT

This case study of the medical and missionary careers of Robert Grierson (1868-1965), Kate McMillan (1867-1922) and Florence Murray (1894-1975) with the Canadian Presbyterian mission to Northern Korea from 1898 to 1923 examines the practical context and implications of changing mission ideology in the early twentieth century for medically trained missionaries. Unlike many of their missionary colleagues, Grierson, McMillan and Murray arrived in Korea with both medical and ministerial training. As physician missionaries, they were expected to practice medicine and also to evangelize for Christ.

Historians such as William Hutchison and Robert Wright have argued that in the early twentieth century Protestant mission theology began to replace an earlier strictly evangelistic model (which had subordinated all missionary tasks to the salvation of souls) with more socially oriented social gospel approach to mission which provided for temporal as well as spiritual needs. Beginning with the careers of Grierson and McMillan, and then later, Murray, this thesis explores how medical missionaries experienced each of these two models and how these experiences were shaped by gender. By comparing the experience of Grierson and McMillan, it looks at the tensions experienced by medical missionaries under the transition from the evangelistic to the social gospel mission model. Finally, by briefly considering the early missionary career of Murray, McMillan's successor, this study raises questions about a commonly held view by historians that medical missionaries shaped by the new social gospel model had abandoned the concern to evangelize. By examining the actual experience of the medical missionaries, this thesis seeks to add nuance to the study of changing mission ideology.
ACKNOWLEDGMENTS

My deepest appreciation and highest respect goes to my advisor Marguerite Van Die. Throughout this project her exacting standards have challenged me, her true kindness encouraged me and her confidence in my work has been an inspiration. She is a woman of conviction and compassion and I feel privileged to have worked under her guidance during my time at Queen's.

I am grateful to Ruth Compton Brouwer for introducing me to my subjects: Robert Grierson, Kate McMillan, Florence Murray and the Canadian Presbyterian Mission to Korea. She has been consistently helpful and generous in pointing out resources for my work as well as sharing her own research and insights. I have greatly appreciated her continued interest and cheerful assistance with my work.

Jackie Duffin introduced me to physicians as engaging subjects of history and I am thankful for her interest and assistance.

I am also grateful for the encouragement of Terry Murphy and Joe Cherwinski who have always been interested and supportive.

Finally, I am blessed to have the continued love and support of my family. This would not have been possible without their concern and good humour.
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INTRODUCTION

This study of the Canadian Presbyterian mission to Korea examines the careers of three physician missionaries in Korea from 1898-1923. Trained as physicians, Robert Grierson, Kate McMillan and Florence Murray were assigned to the Korea mission field by the Presbyterian Church in Canada to teach the gospel and to heal the sick. As physician missionaries they were expected to combine their professional talents as doctors and evangelists to convert Koreans to Christianity. This case study explores the experiences of foreign missionaries with dual identities as physicians and evangelists.

In 1898 five Maritimers opened a Canadian Presbyterian mission in Korea. The original Maritime missionaries were joined by additional personnel as the Korean mission grew beyond its initially limited staff and resources. From 1898 to 1923 the ministers, doctors, nurses and teachers who staffed the Canadian Presbyterian mission to Korea witnessed a global transformation in Christian mission ideology which played itself out within their own small mission.

As the Canadian Presbyterian mission to Korea developed, it subtly drew away from the original model of evangelism introduced by the pioneering missionaries who used services to gain access to the unconverted. The Canadian missionaries supported their chief ambition to evangelize and win over Korean souls for Christ by providing badly needed schools and medical facilities in Korea. In time, medicine and schooling became the solid base of the Canadian Presbyterian mission. By the early 1920's evangelism was still significant to the
responsibilities of the physician missionaries, but there was greater accommodation for the provision of social services for their own sake rather than as leverage in bringing about conversions. Especially affected by the dual agenda of promoting conversions and providing social service were the men and women on the mission field who simultaneously practiced medicine and evangelized for Christ as "Minister[s] of the Gospel and Doctor[s] of medicine".¹

There has been a resurgence of interest in the study of mission history in Canada and the United States in the last two decades. Christian missions have come to the forefront of Canadian and American social history as intellectual and especially feminist historians have come to recognize valuable reasons to explore the history of missions. Missions are a window into the changing theology and world view of North American churches, they are instrumental in contributing to our understanding of women's professional work and they assist in our exploration of cultural exchange.

Nineteenth-century Christian missions were viewed in the 1960's and 1970's as part of a Western hegemonic movement expressed through economic, military, political, intellectual and religious campaigns. Carl Berger views the missionizing emphasis of Canadian Protestant churches as part of a wider imperialism, as an effort to "infuse religious emotion into secular purposes."² The British Empire was

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¹ United Church of Canada/Victoria University Archives (UCA) Biography File G10.

thought to have a divine agency to promote progressive civilization in non-Christian countries and Christian missions worked to harness and guide the moral energy of the Empire. A modified Social Darwinism, the theory that people are subject to natural selection or as Protestants interpreted it, divine selection, which favours superior groups for the benefit of society, figured prominently in Christian mission theory and gave a significant purpose to the imperial system.3

Since the 1970's, the historiography of missions has come to view Protestant missions in a broader context than that of cultural imperialism and Social Darwinism. A number of the more recent guiding themes evident in Canadian mission history are explored by C.T. McIntyre in his introduction to Canadian Protestant and Catholic Missions, 1920's-1960's. He observes that the central experience of missions for both the evangelist and the evangelized was an imposition of western culture either often through coercion or more congenial relations with the converted. Missions were also a social expression of Christianity which reflected the moral values of the missionizing country. In this respect, gender expectations and limitations have significantly shaped the history of missions.4 In a more recent American overview of mission historiography, Dana Robert has also encountered themes of ambiguous goals, clashing cultures, social expression, innovation and

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3 Ibid., 217.

The literature on the gendered nature of missions will receive later attention in this thesis, but for the purposes of the introduction, studies by American historian William Hutchison and by Canadian Robert Wright deserve mention. Both examine the changing vision and nature of foreign mission. William Hutchison argues that American Protestant mission theology evolved from the strictly evangelistic model in the nineteenth century to a more inclusive social gospel approach after the turn of the century. The principal goal of both models of mission was to win converts to Christianity. The nineteenth-century evangelistic view of missions placed a particular emphasis on effecting conversions, and social services were used by missionaries to gain access to the unconverted. The approach to missions shifted in the early twentieth century, with an emerging liberal theology and the social gospel movement which sought to combine a spirit of evangelism with a desire to eradicate social problems such as poverty, illness and illiteracy. For mission theorists, administrators, and leaders, there was significant ideological tension between those who sought to evangelize purely for souls and those who believed in a more socially oriented mission which provided for temporal needs.

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Robert Wright applies Hutchison’s thesis to a Canadian context and observes similar tensions expressed by the mission administrators and leaders in Canada between World War I and II. Wright argues that Protestant mission agencies were caught between the traditional evangelistic agenda and the new model of missions and foreign outreach. The traditional evangelistic world-view which prescribed conversion to Christianity as the solution to societal ills was in direct tension with the realities encountered on the mission field. By the late 1920’s and early 1930’s, mission thought in Canada, articulated by mission leaders and instructors, favoured a "true spirit of internationalism ... based on the teachings of Christ, [which] could not abide by outworn notions of the Christian conquest of the world but must be rooted in the principles of cooperation and mutual respect." 8

Hutchison and Wright have identified the ideological tensions experienced by North American mission theorists and administrators between the mission goals of evangelizing for souls and providing social services. However, their work looks more at the philosophy than the practice of missions and needs to be further supported by studies of actual missionary practice. In order fully to understand the mission experience beyond its intellectual and ideological framework, we need to explore the day-to-day context of how mission ideologies were played out on the

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field. Were the practicalities of the ideological tensions problematic for the men and women carrying out the mission objective?

Specialists in women's history such as Ruth Compton Brouwer and Dana Robert have argued that female missionaries were particularly successful in evangelistic missions of service. The ministries of compassion were almost solely managed by women while men assumed administrative responsibility within the mission and as ordained ministers tended to favor direct evangelism. As a result, female missionaries developed their strengths in the mission effort by striving to effect social change through educational and medical institutions. This finding raises several questions pertinent to this thesis. Were women better equipped than men to harmonize the tensions between evangelistic and service mission models and did they therefore find more success in the missions of service? In short, were the successes and frustrations experienced by Robert Grierson, Kate McMillan and Florence Murray shaped in part by gendered expectations in the mission field?

At this point, a brief summary of the findings is in order, for these in turn raise yet another question. As a male doctor, Grierson struggled to keep up his medical practice while at the same time maintaining responsibility for the administration and

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Dana Robert, American Women in Mission: A Social History of Their Thought and Practice (Macon, Georgia: Mercer University Press, 1997). Robert agrees with Brouwer, arguing that during evangelistic missions in the nineteenth century, female mission work was holistic, uniting evangelism and the provision of social services through schools and hospitals. By the Second World War, women’s mission theory and the movement itself had outgrown the separate spheres approach to mission and integrated into the male-dominated church structures.
establishment of his mission centre at Sung Chin. He was responsible for itinerant preaching, as well as building and subsequently managing the hospital and the boys’ school. He also organized weekly church services along with daily devotions and bible study classes. As the sole male missionary and ordained minister at Sung Chin and one of the pioneering Canadian missionaries in Korea, he shouldered a significant proportion of the ministerial responsibilities. Although McMillan and Murray also carried a heavy burden of evangelistic and medical work, as women, they were not expected to assume as significant an administrative role as there was no clearly marked professional identity for female ministers or doctors. Given these different expectations, how did Robert Grierson, Kate McMillan and Florence Murray negotiate their responsibilities as physicians and evangelists?

The first chapter of this study outlines how Protestant mission activity was introduced in Korea. It examines the independent Canadian mission ventures to Korea and establishes the context of the first Canadian denominational foray into missions in Korea by the Eastern Division of the Foreign Mission Committee of the Presbyterian Church in Canada. In the second chapter the study turns to the work of Robert Grierson and explores his difficulties as a male missionary in balancing medical and evangelistic responsibilities. The experiences of Kate McMillan and Florence Murray as female medical evangelists are examined in the final chapter.

Throughout this study the papers of missionaries, consisting of official mission reports and correspondence, complemented by personal memoirs, provide the primary documentary evidence. Articles and letters in the Maritime Presbyterian
weekly, *The Presbyterian Witness* published in Halifax, and the American periodical, *The Korea Mission Field*, provide additional insights. *The Korea Mission Field* was published primarily for the readership of Protestant missionaries in Korea, but also for the mission supporters in North America. A majority of the submissions are from American Presbyterian missionaries and mission stations with occasional Canadian and Australian news and contributions. The journal included short news articles, letters from missionaries, reports from mission stations, opinion pieces and articles on subjects of interest to the varied Protestant mission community in Korea. The opinion pieces and articles about methods of mission are highly informative in revealing the goals of missionaries on the field and how they perceived their work in light of shifts in the mission model.

In examining Robert Grierson, while there are no personal letters written by him, in other sources he was very articulate and vocal on the subject of medicine and missions. His views on the subject are evidenced in his bluntly written station reports from Sung Chin and his articles appearing in *The Presbyterian Witness* and in *The Korea Mission Field*. Kate McMillan is enigmatic. Her station reports from Ham Heung are more business-like and shed less light on her personal opinions than those of Grierson. Her few letters written while on furlough are nevertheless helpful. Florence Murray’s numerous letters to various family members in the Maritimes are a valuable source of information and particularly revealing of her frustrations during her first years in Korea. Notwithstanding the documentation of events which occurred many years earlier, Murray’s memoirs *At The Foot of Dragon*
Hill, published in 1975, are also a valuable source on both her own and on McMillan's medical work. An analysis of these various materials provides an examination of how practical tensions between providing for temporal and spiritual needs were experienced on the mission field by the men and women who served as physicians and missionaries in the Canadian Presbyterian mission to Korea.

\footnote{Florence J. Murray, \textit{At the Foot of Dragon Hill} (New York: E.P. Dutton \& Company, Inc., 1975).}
CHAPTER ONE
THE CALL OF KOREA

The Korean Context

Known in North America as the "Hermit Kingdom," Korea exercised a self-imposed policy of isolation from the mid-seventeenth to the mid-nineteenth century. The country sought to maintain relative peace within the peninsula and protect itself from the aggression of stronger powers such as Japan and European explorers and imperialists. Part of this isolationist effort was the construction of a wall from the western Yalu river to the Sea of Japan. The natural geography of the Yalu and Tumen rivers, as well as a mountain range on the northern border of the Korean peninsula, assisted Korea's isolationist policy. Korea was successful in rejecting "foreigners and all things foreign" and thus was not touched by imperial advances until 1860.

After 1860 the influence of China, Japan and the West strained Korea's isolationist policy and by 1884 when the first organized Protestant missionaries arrived from the United States, Korea could no longer reject the presence of foreigners. While foreign trade, commerce and missionaries had a significant impact on East Asian society, China and Japan competed for influence over Korean

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12 Paik, Protestant Missions in Korea, 621.
cultural and commercial interests. Korea signed her first international treaty in 1876 with Japan. Similar treaties with the United States, Britain and Germany followed in 1882.\textsuperscript{13}

When Protestant missionaries arrived in Korea in 1884, the religious character of Korean society was strongly based on Confucianism. This conservative religion stressed tradition, respect for ancestors and family history, mindfulness of important rituals, and a preference for unchanging social hierarchies. Confucianism revered the personal qualities of honour and duty and the interconnectedness between the individual, family, community and the state.\textsuperscript{14} The core of Confucian virtues was articulated in the ancient text, the \textit{Ta-Hsüeh or Great Learning} which pronounced the teachings of ancient wise men:

\begin{quote}
Wishing to order well their States, they first regulated their families.  
Wishing to regulate their families, they first cultivated their persons.  
Wishing to cultivate their persons, they first rectified their hearts.  
Wishing to rectify their hearts, they first sought to be sincere in their thoughts.  
Wishing to be sincere in their thoughts, they first extended to the utmost their knowledge.\textsuperscript{15}
\end{quote}

The aspirations of Confucianism were realized through the commitment of each individual to a hierarchy of duties and obligations within society. While Confucian ideals coloured much of Korean society, the particulars and intricacies of the faith

\textsuperscript{13} Cumings, \textit{Korea's Place in the Sun}, 86-87, 136-137. China and Japan were opened to the influence of the West between 1840 and 1860.

\textsuperscript{14} Ibid., 21.

were mostly attended to by scholars and the orthodox elite.\textsuperscript{16}

Shamanism, the animistic spirituality practiced by a significant population of the Korean peasants, differed significantly from Confucianism. It did not adhere to any formal system, was unregulated and based on oral traditions. Shamanism acknowledged a spirit presence in all beings, animals and objects. These omnipresent spirits were either good or evil and both demanded worship. Devils, ghosts, and sorcerers also figured prominently in the superstition and spirituality of the lower classes in Korean society.\textsuperscript{17}

The first Christian contact in Korea was through Roman Catholic missionaries in the seventeenth century. Missionaries encouraged the Koreans to reject Confucianism and Shamanism and convert to Christianity. The Roman Catholic missions established limited contact and experienced only marginal success until 1784 when some Koreans were converted in Peking and returned home to proclaim the gospel. The Roman Catholic missions experienced more moderate success after 1784; however, the spread of Christianity was curtailed by the Korean government’s distrust and persecution of foreigners. In 1866 the negative reception and persecution culminated in the massacre of eight thousand converts and ten priests.\textsuperscript{18}

\textsuperscript{16} Cumings, Korea's Place in the Sun, 57 and Paik, Protestant Missions in Korea, 20-27.


\textsuperscript{18} Horace G. Underwood, The Call of Korea (New York: Fleming H. Revell Company, 1908),127-130.
The strong anti-western and anti-Christian backlash was expressed primarily through the Tonghak (Eastern Learning) movement which was conceived in the 1850's. The rise in popularity of the movement in the 1860's marked an important foray of the Korean peasantry into politics. The Tonghak movement was closely tied to a new religion founded by Ch'oe Cheu which combined elements of Confucianism, Buddhism and Taoism. This syncretic faith was intended to protect Koreans from Roman Catholicism and other Western teachings and spread quickly in Southern Korea. Although Ch'oe Cheu was executed in 1864 his followers surreptitiously continued in their faith for the next three decades.\(^{19}\)

**American and Australian Protestant Missions in Korea**

As noted previously, the first active and organized Protestant missions to Korea began in 1884. The American Presbyterian Church was the first Protestant denomination to send a resident missionary to Korea, Dr. Horace Allen, who entered Korea in 1884. Originally a missionary to China, Allen had requested a move to Korea for a greater opportunity to engage in medical work. He intended to serve as a physician for the foreign community in Seoul, Korea. In December 1884, Allen treated and saved the life of a Korean Prince. He was rewarded with the position of court physician and subsequently asked to open a hospital in Seoul. In 1885 Allen was joined by the Rev. Horace G. Underwood, who was also sent by

the American Presbyterian Board. Underwood had a year of medical training and assisted Allen in the Royal Hospital which had opened in 1885. In subsequent years, through his speaking tours in North America, Underwood actively galvanized interest in Korea in the United States and in Canada, and recruited many additional missionaries.20

Under the guidance of Dr. R.S. Maclay, Superintendent of the Methodist Mission in Japan, the American Methodist Episcopal Church entered Korea shortly after the American Presbyterians in 1884. In Seoul, Maclay secured government permission for Dr. Scranton, the Methodists' first missionary, to begin medical and educational work.21 Scranton began his medical practice in his own home a year after his arrival in Korea in 1885. The American Methodist medical mission technique differed from the American Presbyterian medical approach. The Presbyterians concentrated their service in the Royal Hospital while the Methodists preferred to disperse their medical effort through dispensaries serving the poorest class of Koreans.22

The next major contributor to the mission effort in Korea was the Presbyterian Church of Australia. This church entered Korea in 1889, five years after the Americans. The Rev. J. Henry Davies and his sister Miss M.T. Davies were sent to open the Australian mission in Korea. Rev. Davies' death from smallpox the

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20 Paik, Protestant Missions in Korea, 85-86, 97-110.


22 Paik, Protestant Missions in Korea, 123.
year he arrived roused the sympathies of Australians for the Korean cause. The Australian Presbyterian mission effort was concentrated in the most southerly tip of the Korean peninsula.23

In 1890 there was concern, particularly on the behalf of the American Presbyterians, that some of the mission fields in Korea were over-centralized. The Presbyterian and Methodist missionaries were concentrated mostly in the cities of Seoul and Wonsan and had made little effort to preach in rural areas. The American Presbyterian mission resolved to include itinerant travel to rural Korean villages as part of their mission mandate and the American Methodists quickly followed suit. The American Methodist Mission in Korea pursued mission work on Korea’s south-east coast while the American Presbyterians worked in the north and south-west coast. 24

Independent Canadians in Korea

While there were a few independent Canadian missionaries in Korea in the 1880’s and 1890’s, there was no Canadian denominational presence in Korea until 1898. In the late 1880’s and early 1890’s, the initial Canadian experience in Korea was through the individual ventures of James Scarth Gale, Malcolm Fenwick, Dr. Robert Alexander Hardie, and Dr. Oliver Avison. Gale, Hardie, Fenwick and Avison had arrived in Korea between 1887 and 1893, and had been sponsored by

23 Ibid., 186-187.
24 Ibid., 177-180.
Canadian University mission societies, business interests and American denominations, as well as funded by their Canadian families and friends to establish mission work among the Koreans.

Gale, Fenwick, Hardie and Avison had felt the call to mission work while they were students at the University of Toronto in the 1880’s. The four young missionaries had been swept up in the mission passion which spread through the universities and theological colleges in North America in the late nineteenth century. The birth of the Student Volunteer Movement for Foreign Missions in 1886 had a strong influence on students in Canadian colleges and universities and was particularly strong at the University of Toronto.\(^{25}\)

At the University of Toronto, the University College Young Men’s Christian Association (UC-YMCA) had been established in 1873. The UC-YMCA held a strong interest in foreign missions and in the late 1880’s became involved in mission work itself. In 1888, over a hundred University of Toronto students had indicated a willingness to volunteer for mission service.\(^ {26}\) By 1887 there were appeals in the student press from Knox College and University College, University of Toronto, for students to answer the plight of the unconverted in China and Korea. A plea in the Presbyterian newspaper, *Knox College Monthly*, in 1887 read: “Corea,


last land opened to the gospel, calls loudly for help. Fifteen mission souls wait the messengers of the Lord. Similar appeals led the UC-YMCA to decide in 1887 to send a missionary to Korea.

The UC-YMCA recruited James Scarth Gale in 1887 as their missionary to Korea. Gale thereupon represented his college YMCA for two years in Korea by itinerant preaching and traveling as well as steady ministerial work in Pusan in Southern Korea. Gale joined the American Presbyterian mission in 1891 because the UC-YMCA had difficulty in securing sufficient funding for his work. While in Korea, Gale set about to record the stories of the Korean mission and he wrote three descriptive volumes based on his own experiences and those of other missionaries. His writings and translations were invaluable to mission colleagues and the drama and heroic characters in Gale’s stories were often used to recruit new missionaries.

Malcolm Fenwick, a young Toronto businessman, was inspired as well by the Student Volunteer Movement and was backed by fellow businessmen in Toronto. He arrived in Korea in 1889 and established his work in Wonsan on Korea’s north-east coast. In 1893 he returned to North America, received his Baptist ordination

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27 Quoted from Knox College Monthly in Yoo, "Canadian Missionaries in Korea", 140.

28 Ross, The Y.M.C.A. in Canada, 118-120.

29 James S. Gale, Korean Sketches (New York: Young People’s Missionary Movement of the United States and Canada, 1898); The Vanguard: A Tale of Korea (New York: Young People’s Missionary Movement of the United States and Canada, 1904); Korea in Transition (New York: Eaton & Mains, 1909). At the outset of the Canadian Presbyterian Mission in 1898, James Gale was also a mentor, tutor and guide to the first missionaries.
and returned to Wonsan in 1896, where he founded an independent mission called the Korean Itinerant Mission. Fenwick remained an independent evangelist throughout his tenure in Korea and did not affiliate his work with any denomination.30

Dr. Robert Alexander Hardie was appointed as a missionary to Korea in 1890 by the University of Toronto Medical Students YMCA (MS-YMCA).31 The MS-YMCA had been formed in 1885 when the medical schools at Trinity and Victoria Colleges in Toronto established a YMCA for medical students. Four years earlier, in his first year in medical school, Hardie had been inspired to consider joining mission service by John Forman, a representative of the Student Volunteer Movement for Foreign Missions who spoke at the University of Toronto in 1886. Forman convincingly argued that the greatest need for physicians was in the foreign mission field. Canada had many doctors and hospitals and nurses to care for the ill, while in foreign countries, devoid of western science and technology, there were few medical services if any. Hardie’s response had been, "If I were going to practice medicine where 'we could be most useful' it must be in the foreign field."32

Four years later, in 1890, the MS-YMCA decided to sponsor foreign missions as did the UC-YMCA. In his fourth year of medical studies, Robert Hardie was

30 Scott, Canadians in Korea, 19-21.

31 Ibid., 21. Perhaps with thoughts of establishing a more permanent mission Gale convinced the YMCA to send a medical missionary to Pusan. However by 1891 when Hardie arrived in Pusan, Gale had left for Seoul and joined the American Presbyterian missions.

32 Quoted in Yoo, "Canadian Missionaries in Korea", 266.
chosen as the MS-YMCA's first supported missionary.\textsuperscript{33} With great enthusiasm and the support of the medical colleges at the University of Toronto, he was sent to Korea to "preach the Gospel and heal the Korean sick."\textsuperscript{34}

In Korea, Hardie traveled to Seoul and then Pusan to begin his mission service. Problems with insufficient funding for his work led Hardie to advocate a union of the MS-YMCA with the UC-YMCA and in 1892, the Canadian College Mission was formed. This nondenominational organization attracted many students to support financially the Korea mission efforts. Nevertheless, as was the case with the other Canadians in Korea, the financing for Hardie's work continued to be unstable. In 1898 he, therefore, joined the American Methodist Episcopal South Mission in order to pursue evangelistic and medical work with greater financial security.\textsuperscript{35}

A Canadian Methodist and medical doctor teaching at the University of Toronto, Dr. Oliver Avison was recruited to work in Korea by one of the American Presbyterian missionaries in Korea, H.G. Underwood. Underwood had visited Toronto in search of a physician to manage the Royal Hospital in Seoul, rumored to be in disarray. Avison joined the American Presbyterian mission in 1893.\textsuperscript{36}

When Avison arrived in Korea, medical work was indeed in a disorganized

\begin{itemize}
\item \textsuperscript{33} Ibid., 266-269.
\item \textsuperscript{34} Ibid., 269.
\item \textsuperscript{35} Scott, \textit{Canadians in Korea}, 21-24.
\end{itemize}
state and there was little to no cooperation between the medical staff on various American mission stations. Most of the work was done in "cottage-hospitals" which were rarely more than a room or two of a house. Even the Royal Hospital was small, cramped and hampered in its daily activities by interference by government bureaucrats. The hospital remained under missionary governance but faced financial and administrative challenges, as it was funded by the Korean government, and as such was fraught with patronage difficulties. Avison became convinced that to be successful the hospital must be run independently of the government. Upon Avison's request, the Korean government turned over the management and financial control of the hospital to the American Presbyterian mission in 1895.  

Avison passionately believed that medical missions in Korea would be best served if they were pursued on a cooperative and non-denominational basis. Avison's vision of a central non-denominational medical center in Korea was realized when he founded the Severance Union Medical College and Hospital in 1904. The hospital was funded and staffed cooperatively by the American Methodists, Presbyterians and Canadian Presbyterians, who arrived in 1898. Avison convinced the other missions in Korea of the need for a shared medical center and he hired the staff and acquired the necessary equipment.  

A medical college with the objective of training Korean doctors and nurses was also established and Severance Hospital soon became the central public hospital and

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37 Yoo, "Canadian Missionaries in Korea", 360-363.

38 UCA Biography File A6 Benson, "Doctor in Korea".
medical school in Korea and the base of western medicine in Korea.\textsuperscript{39}

Historian Young-Sik Yoo, in examining the impact of early missionaries in Korea, has argued that the Protestant missionaries in Korea in the 1880's were successful in their initial efforts. The missionaries won the favour of the court, they were successful in using traditional folk beliefs to explain Christian teachings and most importantly they capitalized on their progress in proselytizing to the lower classes. The Protestant missionaries attempted to reduce interclass hostility, challenged the social dominance of the \textit{yangban}, the elite who enjoyed wealth and privilege, and through education and evangelization the missionaries promoted the ideal of equal opportunity for men and women, rich and poor.\textsuperscript{40}

The success of the American Methodist and Australian and American Presbyterians as well as the independent Canadians in Korea was welcome news to the home mission boards and individual supporters of the Korean missions in North America. By the 1890's the Canadian public was aware of Korea as a mission field, especially through the work of the Canadians Gale, Hardie, Fenwick and Avison. Korea was regarded as a new mission field with a tremendous opportunity for furthering Christianity, and Canadians were excited by the mission prospects in Korea. Accordingly, in 1898, the Presbyterian Church in Canadian established a small mission in Korea.

\textsuperscript{39} Yoo, "Canadian Missionaries in Korea", 370-374.

\textsuperscript{40} Ibid., 128-129. Horace Allen sought to win the favour of the government and subsequently the people of Korea. The Royal hospital was called Kwang Hye Won or Widespread Relief House.
The Presbyterian Church in Canada

The union of the Canada Presbyterian Church (formed by the unification of the Presbyterian Secession Church with the Presbyterian Free Church in Nova Scotia in 1860 and central Canada and 1861) and the Canadian congregations of the Church of Scotland in 1875 had brought about the creation of the Presbyterian Church in Canada, at that date the largest Protestant denomination in Canada, with over one thousand congregations. John Moir has observed the union of Canadian Presbyterianism:

Union from sea to sea had indeed made Presbyterianism nation-wide, and the imperative sense of mission which had contributed to that union was finding new scope on Canada’s last frontier in the west, as well as in regions far beyond the seas that encompassed Canada.41

With church union in 1875 the General Assembly of the Presbyterian Church in Canada was organized and divided into the Synod of the Maritime Provinces, the Synod of Montreal and Ottawa, the Synod of Toronto and Kingston and the Synod of Hamilton and London.42

The structure of foreign missions was also reorganized after the union of 1875, by which time the Canada Presbyterian Church, formed in 1861, already had extensive mission experience overseas. Presbyterian foreign missions had begun in 1846 when a Maritime Secession Synod sent a missionary to the New Hebrides.


In 1868, Nova Scotia Presbyterians went on to establish missions in Trinidad and India. The Presbyterian Church in central Canada had entered foreign missions later, initially sending a missionary to Formosa (Tiwan) in 1872. In 1875 at its First General Assembly, the new Presbyterian Church in Canada voted to keep all of its various mission interests and administer the missions through an Eastern and Western Section of the newly formed mission board, the Foreign Mission Committee (FMC).\footnote{Brouwer, Ruth Compton, \textit{New Women for God: Canadian Presbyterian Women and India Missions, 1876-1914} (Toronto: University of Toronto Press, 1990), 22-23.}

The Eastern Division of the Foreign Mission Committee (FMC-ED) was responsible for missions initiated from Nova Scotia, New Brunswick and Prince Edward Island. The FMC-ED was headquartered in Halifax and was responsible for the missionary activities in Trinidad and the New Hebrides (and subsequently Korea). The Western Division of the Foreign Mission Committee (FMC-WD), headquartered in Toronto, managed the missions initiating from Quebec, Ontario and Manitoba. The Western Division was much larger than the Eastern and took responsibility for missions in China, India and the Canadian North-West. The Eastern and Western divisions of the FMC operated independently of each other, each with its distinct mission interests, finances, and organizational structure.\footnote{Gregg, \textit{Short History of the Presbyterian Church}, 205, 214-115 and Brouwer, \textit{New Women for God}, 23.}

The Women's Foreign Missionary Societies (WFMS) was an additional element in the organizational structure of the Canadian Presbyterian foreign
missions effort. In 1876, the women's societies of Toronto, Hamilton and Kingston amalgamated to form the Western Section of the WFMS and the Halifax women's society reorganized as the Eastern Section of the WFMS. The role of the WFMS was to assist the Foreign Mission Committee, "by promoting its work among the women and children of heathen lands." Thus, with the formation of the FMC and WFMS, the foreign mission structure for the new Presbyterian Church in Canada was fully organized by 1876.

**William McKenzie**

The Rev. W. J. McKenzie became the impetus for a formal Canadian Presbyterian missionary to Korea. A native of Cape Breton, McKenzie graduated from Dalhousie University in 1888 with a Bachelor of Arts and a theological degree from Pine Hill Theological College in Halifax in 1891. He received a minimal amount of medical training at Dalhousie to assist in his mission efforts. In 1888, his first year as a theological student, McKenzie was posted as a missionary on the Labrador Coast. After having completed his theological training in 1891,


46 Quoted in Brouwer, New Women for God, 26.

47 E.A. McCully, A Corn of Wheat or The Life of the Rev. W.J. McKenzie of Korea, 2nd ed. (Toronto: The Westminster Co. Ltd, 1904), 19-52 and Paik, Protestant Missions in Korea, 192-193. Labrador was a mission challenge close to home for Maritime students and in 1888 the Student Missionary Association of Presbyterian College sent McKenzie to open their mission there. After eighteen months of coastal mission work, McKenzie completed his theological studies and a year of medical study in Halifax.

McKenzie subsequently ministered to a congregation in Stewiacke, Nova Scotia, but felt strongly called by God to undertake mission work among the Koreans. McKenzie's biographer, Elizabeth McCully, noted that while in Labrador McKenzie read a book about Korea and he felt called by the lack of a Christian presence in Korea. Initially seeking denominational support from the Presbyterian Church in Canada in 1892, McKenzie was unable to persuade the members of the FMC-ED to send him to Korea, as they felt the committee possessed insufficient funds to pursue Korea as a mission field. Undaunted, in 1893 he journeyed to Korea under the auspices of friends and family.48

McKenzie arrived in Korea during a volatile period of violence and uprising spurred by the 1890's resurgence of the Tonghak movement. In the early 1890's, Korea was on the cusp of its transition to westernization, and the accompanying upheaval, violence and uncertainty may have created a climate of greater openness on the part of Koreans to new religious ideas.49 Traditional social orders and

the auspices of the Eastern Division of the FMC who were a largely homogeneous group. They were the sons and daughters of relatively prominent Maritime families who valued education and ensured that their children were well educated. These families were from a variety of small towns and villages not usually from the major Maritime centers. When missionaries volunteered for service they tended to be young, in their late twenties with little work experience under their belts.

48 McCully, A Corn of Wheat, 54-65. The FMC(ED) declined to finance McKenzie as they were heavily in debt and already supporting missions in the New Hebrides, Trinidad and India.

49 Cumings, Korea's Place in the Sun, 118-121. After thirty years of continued economic oppression of the Korean peasantry, the Tonghak movement resurfaced in the early 1890's. Rice farmers were increasingly losing revenues to merchants, coastal fishermen were losing their livelihood to Japanese companies, taxes rose steeply and droughts in 1876-77 and 1888-89 increased the hardship on Korean peasants. By 1892, when the southern provinces of Korea were again embroiled in Tonghak protests, the emphasis had shifted from a religious protectionism to an expression of political malcontent. The rebels succeeded in taking hold of the provincial capital of Ch'ŏnju in 1894 and were defeated by Chinese troops and Japanese warships military was unsuccessful in quashing the rebellion.

Aggravated tensions between Chinese and Japanese troops in Korea led to the Sino-Japanese war, from which Japan emerged victorious in 1895. The close of the war marked an end to historically friendly
religion had been crumbling and for McKenzie's converts in the small town of Sorai, Christianity may have offered a new source of salvation and security.

After meeting and traveling with some American missionaries in Korea McKenzie settled in Sorai in 1893. McKenzie was determined to become fully integrated into the Sorai community. He wore native dress, ate native food and made a concentrated effort to learn the Korean language. In 1894, he led the Sorai community in establishing a small church and within months there were up to one hundred new Christians meeting for Sunday services. McKenzie was especially proud that the church was built with Korean labour and without foreign financial assistance.

In 1895, eighteen months after arriving in Korea and a week before the dedication of his small church, McKenzie died suddenly. While at the time it was reported in the Maritime Presbyterian paper, The Presbyterian Witness, that he had died of malaria and typhoid fever, later sources made clear that McKenzie had in fact committed suicide. His diary indicated that McKenzie was ill with a fever and

relations between China and Korea and the beginning of a modern period for Korea. After 1895, Japan assumed responsibility for "civilizing" Korea. Under Japanese patronage commercial and industrial reforms began, and Korea was open to the world for commerce and trade in new goods and merchandise as well as ideas and philosophies.

50 Scott, Canadians in Korea, 30-31.


53 The fact that McKenzie's death was a suicide is clarified in Helen Fraser MacRae, A Tiger on Dragon Mountain: The Life of Rev. Duncan M. MacRae, ed. D. D. Janice and Ross Penner (Charlottetown, Prince Edward Island: Williams & Crue Ltd., 1993), 30-31; and Scott, Canadians in Korea, 33.
vomiting before he died, and had shot himself, possibly in delirium from his illness.\textsuperscript{54}

The physician who investigated the death blamed McKenzie's suicide on his solitary existence and self-imposed exile among the Koreans.\textsuperscript{55}

William McKenzie's work did much to increase public interest and support for a mission in Korea, especially after his death in 1895. He had also bequeathed two thousand dollars raised by his supporters in Canada for the establishment of a Canadian mission in Korea. There were calls by members of the Presbyterian congregations in the Maritimes as well as their ministers for the Presbyterian Church in Canada to go to Korea and capitalize on McKenzie's initial work.\textsuperscript{56}

Nevertheless, in 1896 the FMC-ED declined once again to enter Korea as their financial position had not improved since 1893 when McKenzie had first requested monetary assistance.\textsuperscript{57} Even an anonymous offer of three thousand dollars funding for the first three years of the mission was not seen to be enough to finance the venture.\textsuperscript{58} While the FMC-ED declined to enter into work in Korea, the

\begin{itemize}
\item \textsuperscript{54} Paik, Protestant Missions in Korea, 193
\item \textsuperscript{55} Yoo, "Canadian Missionaries in Korea", 419.
\item \textsuperscript{57} The Acts and Proceeding of the 22nd General Assembly of the Presbyterian Church in Canada, (hereafter APP GA) Appendix no. 6 Report of the Foreign Mission Committee (FMC) 1895-98. Dr. H.G. Underwood had indicated to the Canadian FMC that two missionaries was the minimum to open a mission. The FMC did not have the resources to provide for the mission salaries.
\item \textsuperscript{58} UCA Minutes of the Foreign Mission Committee Eastern Section 79.211C File 1 no. 27 1896, 2.
\end{itemize}
Committee did append to their annual report a letter from Korean Christians in Sorai, as a testament to William McKenzie’s success:

We are presuming to write this letter to you who are the friends and brother ministers and brethren of Rev. Mr. McKenzie, and we trust you will condescend to read it and give it your prayerful attention. After Mr. McKenzie arrived in Korea, he came down to the village of Sorai, in the Magistracy of Chang Yun, in the Province of Hwang Hai Do, and working hard about his Father’s business led many to come out and take their stand for the Lord. The village of Sorai was always a very wicked place, devoid of blessings, now there are many who are trying to follow the example of Mr. McKenzie. His body is no longer with us, and we, in prayer, want to know God’s will. We now, waiting before God in prayer, hope that you, our older brothers in Canada, will pray much and send us out a Christian teacher.59

It was the Eastern Section of the Presbyterian Women’s Foreign Missionary Society took up the call in 1897 and presented a strong case for choosing Korea as a new mission field. The women warned that the FMC-ED could not, in good conscience, appropriate the legacy intended by McKenzie for Korea for another mission. The women also argued that the mission opportunities in Korea were rich and unique and as of yet ill served by Western churches. The women’s interest and promise of funding and support were sufficient for a reconsideration of the matter by the Foreign Mission Committee.60 The FMC-ED submitted the question of opening Korea as a new mission field to the Maritime Synod in February 1897.61

59 APP 22 GA 1896 Appendix no. 6 Report of the Foreign Mission Committee (FMC) 1895-96, letter dated 26 December 1895 from So Kyeg Jo “In the name of Korean Christians of Sorai.”


61 UCA Minutes of the Foreign Mission Committee Eastern Section 79.211C File 1 no. 31 1897, 1.
In the months following the FMC's decision to refer the matter to the Maritime Synod, *The Presbyterian Witness*, was inundated with letters and articles by Maritime Presbyterians eager to express their opinions on the Korea question. A majority called for the FMC-ED to answer the "call of Korea" and find the necessary funding to open Korea as a mission field. They argued that Korea was a new and untouched mission field that needed and called for their presence. Some letters to *The Presbyterian Witness* also expressed the view that the church was responsible for following up McKenzie's work and honouring his dream of a Presbyterian presence in Korea. The small opposition to a Korea mission voiced concern for the FMC's unstable finances and fears that there would be insufficient resources to support adequately all of the board's mission endeavors.  

Opening the Canadian Presbyterian Mission

In 1898, therefore, the FMC-ED, upon the advice of the Maritime Synod, supported the opening of a Korea mission and agreed to reverse the 1896 decision and to employ Mackenzie's bequest in establishing mission work in Korea.  

They advertised for two male missionaries, and by February 1897 appointed the Rev. William Foote and Dr. Robert Grierson, a medical doctor. At the same February

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63 APP 24GA 1898 Report of the FMC (ED) 1897-1898.
meeting of the FMC an additional application was submitted. Duncan MacRae requested permission to join the Korean mission through funding offered by the Students’ Missionary Association of the Presbyterian College, Halifax. The students’ offer was accepted and MacRae joined the mission.  

William Foote, a quiet contemplative scholar, was born in Cambridge, Massachusetts in 1869. He had received his education in Nova Scotia and graduated with a Master of Arts from Acadia University and a theology degree from Pine Hill Theological College. Foote married Edith Sprott in 1898 just prior to their departure for Korea. He kept up his interest in biblical and historical study while in Korea and became, as well, a dedicated student of the Korean language.

Robert Grierson was born in Halifax in 1868 and was also educated in Nova Scotia. He had attended Dalhousie University where he earned a Bachelor of Arts in 1890. He graduated from Pine Hill with a theology degree in 1893 and from Dalhousie Medical College with his Medical Degree in 1897. He married Lena Venoit in Halifax shortly before leaving Canada for Korea. Grierson was charismatic and noted for possessing a "zest and energy" that was "often a thorn in the flesh of his more stolid colleagues."
Duncan MacRae, born in 1868 in Baddeck Cape Breton, had attended Dalhousie University where he earned a Bachelor of Arts in 1896 and a theology degree from Pine Hill in 1898.\textsuperscript{68} When he had applied for mission service in 1898, MacRae was noted as an ardent evangelist in his letters of reference one of which described his "firm faith, his manliness, and his self-sacrificing zeal for the extension of Christ's kingdom...".\textsuperscript{69} Thus, by the time of their departure in July 1898, the final party of the Canadian Presbyterian mission in Korea included the Rev. and Mrs. William Foote, Dr. and Mrs. Robert Grierson and the Rev. Duncan MacRae.\textsuperscript{70}

The journey to Korea commenced with a train journey across Canada to Vancouver, followed by a fifteen day voyage from Vancouver to Tokyo on the ocean liner \textit{Empress of India}. The Maritime missionaries remained in Tokyo for nine days before sailing for Nagasaki where they began to acquaint themselves with their new surroundings. The last leg of the journey to Korea was an extremely rough sea voyage from Japan to Pusan, on Korea's southern coast. Their vessel, the \textit{Higo Maru}, docked in Pusan on September 5, 1898.\textsuperscript{71}

On September 7 they set sail for Chemulpo, Korea, where they were met by Dr. Oliver Avison, with the American Presbyterian mission in Korea, who on the following day accompanied them up the Han River to Seoul. The Griersons, Footes

\textsuperscript{68} MacRae, \textit{A Tiger on Dragon Mountain}, 1-8.

\textsuperscript{69} UCA Minutes of the Foreign Mission Committee Eastern Section 79.211C File 1 no. 33 1898, 2.

\textsuperscript{70} MacRae, \textit{A Tiger on Dragon Mountain}, 10-12.

\textsuperscript{71} Ibid., 12-18.
and MacRae were grateful for the hospitality and assistance extended by Avison, especially his offer to provide temporary accommodation in his own home in Seoul. Dr. Horace Underwood, also with the American Presbyterian Board, was an invaluable assistant to the Maritime missionaries. He gave them the benefit of his own experience in the mission field and provided advice for their work in Korea.  

In deciding where to establish the Canadian mission stations, Grierson, MacRae and Foote attended the meeting of the Council of Presbyterian Missions in Korea in late October 1898. The Council, which included all the missionaries in Korea representing the American and Australian Presbyterian missions, by a unanimous vote extended membership to the Canadian missionaries. The Council considered which mission field would best suit the Canadian Presbyterians and they were given the options of the territory on the north-east coast with the port-city Wonsan as the mission centre or the west coast of the Korean peninsula including Sorai, the late William McKenzie's former mission territory. The American Presbyterian mission offered to withdraw from Wonsan if the Canadians would take over that field. Grierson, Foote and MacRae thus decided on this centre on the north-east coast as the most appropriate choice for their work.

The Footes and MacRae ventured to the busy harbour city of Wonsan in

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72 Ibid., 23-26.
73 Scott, Canadians in Korea, 42-43.
74 MacRae, A Tiger on Dragon Mountain, 33.
1899 and upon arrival described it as a beautiful city. Wonsan spread out over sloping hills along the coast that overlooked the picturesque harbour dotted with islands. Behind the city were wooded foothills and a mountain range. The port city was very cosmopolitan and in addition to the large native Korea population, there were small groups of Japanese, Russian, Chinese, German, British and American inhabitants and visitors. A small group of American Methodist missionaries in Wonsan welcomed the Canadians warmly. The Griersons joined the Footes and MacRae in Wonsan a little later in 1899.75

In 1901, as will be elaborated later, the Canadian Council subsequently decided that MacRae and the Griersons would establish a second mission in Ham Heung. Wonsan was already served by doctors and medical clinics which Ham Heung lacked, and it was felt that Grierson's services would be best employed in the north. Foote and his wife were to remain in Wonsan and pursue mission efforts there.76

Ham Heung, a city north-east of Wonsan, was an ancient walled city called "A Star in the North" by the Koreans. At the foot of Dragon Mountain and an inland city, Ham Heung was not at all comparable to the cosmopolitan hubbub of Wonsan. When MacRae explored Ham Heung in 1899 he claimed to be the only Westerner within the city's walls. At the turn of the century Ham Heung's population had seen few Christian missionaries and those who ventured to the city had met with little

75 Ibid., 41-47.
76 Paik, Protestant Missions in Korea, 276-279.
success. MacRae described the population as an ancient civilization which retained a culture and tradition long since lost in the southern port cities where there was more interaction with western cultures.  

Two years after the Canadians' arrival in Korea it became obvious that additional help was necessary. The territory was large and the demands of mission work exceeded the time and resources of Grierson, Foote and MacRae. There were no additional ministers to share the evangelistic duties in their vast territory, and extra mission staff were crucial in order to train and ordain Korean ministers. In addition, Korean converts and church organizers would need guidance and advice until they became more familiar with the Presbyterian Church. As only three men in a mission field of thousands, the task was too great for Grierson, Foote and MacRae.  

The request for additional staff to the FMC-ED in Halifax emphasized a special need for female missionaries to minister to female Koreans. MacRae had privately written to Edith Sutherland, his fiancée, describing the need, "There is work for you my dear among the women. The women of Korea are reached [only] by the women." It was a significant breach of Korean custom for men, especially foreign missionaries, to work among the Korean women. There were few women outside of Wonsan who were introduced to the Christian faith due to the

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77 MacRae, A Tiger on Dragon Mountain, 49-53.
78 Scott, Canadians in Korea, 49.
79 Duncan to Edith, 1899 quoted in MacRae, Tiger on Dragon Mountain, 57.
predominance of male Canadian and American staff on the Korean mission field. The wives, mothers and sisters of converts reacted with anger and fear when Korean men were converted to Christianity and rejected traditional Korean rituals. Female missionaries were needed to bring the gospel to Korean women and redress the gender imbalance of both missionaries and converts in the mission field.80

In August of 1900 Edith Sutherland, MacRae's childhood sweetheart from Baddeck, Cape Breton, joined the Canadian Presbyterians in Korea. While Duncan was in Korea, Edith had become an active supporter of missions and she had been appointed chairwoman of the Mission Committee of the YWCA. In 1900 Duncan had proposed marriage, Edith's parents granted her their permission to join him in Korea and they were married shortly after her arrival.81 Edith assisted Duncan in his mission work in Ham Heung. Married women assisted their husbands by traveling with them on itinerant journeys until the couple had children; in such cases, the missionary wives remained home at the mission station. Missionary wives also helped with women's Bible study classes and generally assisted in mission work directed at women.

In response to the request for more staff for the Korean mission, the Foreign Mission Board sent the Rev. and Mrs. Alec F. Robb, college friends of the MacRaes, as well as Dr. Kate McMillan and Miss Louise H. McCully to assist in the

80 MacRae, Tiger on Dragon Mountain, 69.

81 Ibid., 4-5, 44, 55-58.
mission operations. A fellow Maritimer from Nova Scotia and, McCully was transferred from China by the Canadian Presbyterian Mission Board to serve in Korea and arrived in 1900. Dr. McMillan and the Robbs arrived in 1901.\textsuperscript{82}

Kate McMillan, the first woman medical missionary with the Canadian Presbyterian mission to Korea, was also a Maritimer, who was born in Jacquet River, New Brunswick in 1867. She had graduated from Baltimore Women's Medical College in Maryland and Cornell Medical College in New York. After graduating she began her mission career with the Canadian Presbyterian mission to Korea in 1901.\textsuperscript{83} The Rev. Alec Robb, also from New Brunswick, was born in Saint John. He had studied at Pine Hill Theological College and graduated in 1901 just prior to sailing for Korea. That year he had married Bessie Cummings of Pictou County, Nova Scotia, who then traveled with him to Korea in 1901.\textsuperscript{84}

Invigorated by the arrival of fresh personnel and new enthusiasm for the Canadian mission in Korea, a great effort was made to organize and bring to life the planned mission centers in Wonsan and Ham Heung. By 1901 the Canadian Presbyterian mission staff had doubled from five to ten members and now consisted of Robert and Lena Grierson, William and Edith Foote, Duncan and Edith MacRae, Alex and Bessie Robb, Kate McMillan and Louise McCully.

\textsuperscript{82} Paik, Protestant Missions in Korea, 276-279 and MacRae, Tiger on Dragon Mountain, 79.

\textsuperscript{83} UCA Biography File M18 and Public Archives of Nova Scotia Maritime Missions to Korea Collection (hereafter PANS MMKC) MG 1 Vol. 2290 File 35 Canadian Mission Hospital Hamheung, Korean 1926: The United Church of Canada, pamphlet.

\textsuperscript{84} UCA Biography File R7 G. Engel, "Memorial Minute," The Presbyterian Theological Seminary.
As a result of extensive itinerant efforts by Grierson and MacRae, Song Chin, north of Ham Heung was chosen as the third location for a mission site. As soon as possible in 1901, the Griersons moved there to pursue evangelistic and medical mission work. The Robbs and the Footes were assigned to the mission station in Wonsan. The MacRaes and Dr. McMillan were designated to establish a mission station in Ham Heung which Duncan had visited in 1899.85

The ten Canadian Presbyterians set about to establish their mission in the face of meager funds, a small staff, and scanty supplies but were buoyed with high expectations. Their goal was to bring the Korean masses to Christian salvation. Grierson, Foote and MacRae were sent to Korea under the evangelistic model of missions. Their additional responsibility of providing educational and medical services was expected to assist in their goal of bringing about conversions.

These goals and methods did not remain static, but by nature of the context of the missions, underwent change. In further analysis of the Canadian Presbyterian mission to Korea, Chapter Two will examine the experience of male medical missionaries in Korea, particularly the early career of Robert Grierson. Were the tensions between the evangelistic model and the need for medical service problematic for Grierson while he worked to carry out the mission objective? In Chapter Three, in order to assess the role of gender in the successes and

85 Scott, Canadians in Korea, 48-49. The plan to move to Ham Heung was not realized until 1905. While Duncan MacRae was able initially to choose a mission site and purchase some buildings, a smallpox and cholera epidemic and then war between the Japanese and Russia over Korea made it too dangerous to establish mission facilities in Ham Heung until 1905. Kate McMillan and the MacRaes, therefore remained in Wonsan and assisted the Robbs and Footes in the interim.
frustrations of physician missionaries, Robert Grierson's experience is compared to those of his female colleagues, Kate McMillan and Florence Murray. The final chapter examines if women were better equipped than men to harmonize the tensions between evangelistic and the new emerging service mission models. Were the successes and frustrations experienced by Robert Grierson, Kate McMillan and Florence Murray shaped in part by gendered expectations in the mission field, as well as by changing models of missions?
CHAPTER TWO
"PREACH THE GOSPEL AND HEAL THE SICK”¹

The Nevius Method

The Canadian Presbyterian mission in Korea began its work in earnest in 1901 after the station sites of Wonsan, Ham Heung and Sung Chin had been chosen and new mission staff, the Robbs, Louise McCully and Kate McMillan had joined the Griersons, the MacRaes and the Footes in Korea. As the group began work they built additional mission facilities: churches, houses, small makeshift schools and dispensaries. The fledgling mission needed a visible presence in the community and the missionaries used their station buildings as a point of contact with the Koreans. At the beginning of the Canadian mission the goal was to evangelize for Christ and to win the souls of Koreans for Christianity, and all other services, such as education and medicine, were a means to achieve this goal.

As they sought to convert ordinary Korean to Christianity, the Canadian Presbyterians used a standard mission technique, the Nevius method. This method was attributed to Dr. John L. Nevius, a missionary to China, who was invited to Korea to speak to the American Presbyterians in 1890.² The Nevius method focused on the goal of promoting "self-propagating, self-supporting and self-governing"³ native churches and placed a strong emphasis on itinerant travel in rural


³ Scott, Canadians in Korea, 49.
areas. This method of missionizing quickly became the standard in all Presbyterian missions in Korea.⁴

Based on this approach, the Canadian Presbyterians presumed that their mission presence in Korea would be relatively short lived. They expected to withdraw and allow Korean converts to take over positions of leadership within the churches and mission centres. The Canadian missionaries hoped to leave Korea once the Presbyterian presence solidified to the point where the Koreans were able to carry on itinerant visits into the countryside, garner additional converts, inform rural villagers of the mission centers in the cities, and manage their own affairs.⁵

In the beginning, when Christian communities were too small to warrant a church, prayer services were usually held in a private home. As congregations grew, small churches were built to accommodate the larger numbers. In the new churches, the Canadian Presbyterians used nightly bible study classes and catechism to explain the particulars of the Christian faith to the new converts. In the Nevius tradition, the missionaries made an effort to capitalize on the enthusiasm of the Koreans and gave them every opportunity to lead discussions and even preach if they were eager.⁶

The Canadian Presbyterians also encouraged literacy among the members of their congregations. The missionaries wanted the Koreans to be able to read and

⁴ Paik, History of Protestant Missions in Korea, 159-161.
⁵ Ibid., 160-161.
⁶ Scott, Canadians in Korea, 50-53.
write so that the new converts could study the Bible both in private devotions and during public services. To further the aim of literacy, the missionaries opened primary and high schools for Korean children and taught daily bible classes for adults. The adult converts studied devotional literature and biblical passages and discussed the Presbyterian Church government and history.\(^7\)

In addition to schools and classes and church services, the Canadian Presbyterians, much like the American Presbyterians and American Methodists in Korea, also included medical service as part of their mission activities.\(^8\) Medical service was seen to be especially successful as a new venue for mission work. Hospitals and dispensaries were included in mission complexes where possible and thus, the physicians Robert Grierson and Kate McMillan were stationed in Korea in 1898 and 1901 respectively.

**Medical Missions and the Evangelistic Mission Model**

Dispensaries were the most common means of providing medical assistance on the mission field in the nineteenth century. In the dispensaries physicians and nurses provided rudimentary medical care such as distributing medication, setting broken bones and performing minor surgeries. The dispensaries were relatively inexpensive to set up, could be moved or modified as needed and permitted flexible hours of service. Typically the dispensary was established in a section of a rented

\(^7\) Ibid., 61-62.

\(^8\) Paik, *History of Protestant Missions in Korea*, 159-161.
building or on the mission compound in the doctor's home. As most physicians also served as teachers, ministers and mission administrators, the dispensaries were only open a few hours once or twice a week.⁹

As missions became more firmly established in the 1880's and 1890's, a number of mission boards built hospitals in addition to dispensaries. Hospitals encouraged a longer period of contact between the unconverted and the mission staff who used the time to provide Christian instruction.¹⁰ Also, physicians required hospitals to achieve a higher standard of medical care. In a hospital more complicated cases could be better treated, contagious patients could be quarantined and medication regimes could be better supervised.¹¹

Before 1900 it was not unusual for Canadian and American mission boards to include ministers with medical training on a mission team, but medical missions were not integrated into official mission policy. The decision to send physicians was determined by the board's own approach to medical service and the type of work missionaries performed on the field was decided on a mission by mission basis. The lack of any specific guidelines or policies and the disparate views among physicians and missionaries concerning the need and place of medical missions created difficulties on the mission field. As was noted earlier, the most significant

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¹⁰ Paik, Protestant Missions in Korea, 202.

conflict was caused by two differing visions of missions, one supporting evangelism and a developing view favouring more socially oriented missions.\(^{12}\)

In the nineteenth century, the goal of missions was purely evangelistic and aimed to convert non-Christians to Christianity. Christians believed that humanity found salvation through Jesus Christ who was sent by God to offer eternal life to all people who believed in Christ. Evangelical Christians affirmed that personal salvation came through Christ alone and believed they were called to confess their sins and live a life of holiness.\(^{13}\) Missions arose from the desire to bring Christianity and thus, eternal salvation, to non-Christians. This impulse to evangelize stemmed from individuals who professed a love for God and wished to glorify God by bringing their message of salvation to the world. As an active part of their own faith, Protestant churches felt a responsibility to bring Christianity to all people. Church missions were also encouraged in their work by millennial expectations that global conversions to Christianity would bring the second coming of Christ and a triumph of Christian faith.\(^{14}\)

North American churches were among those who felt a responsibility to enter into evangelism. Missions brought salvation to non-Christians, but also breathed life in the church at home. Individuals actively pursued their Christian faith by

\(^{12}\) Ibid., 129.


volunteering for overseas work or by serving as mission-board administrators or as small town fund-raisers. With tireless optimism, the Protestant churches believed that foreign people were pleading for Christians to bring them the Gospel. When mission efforts were less than successful, Protestants rarely considered that they might have misinterpreted their call.\footnote{Hutchison, \textit{Errand to the World}, 7-8.} Within the evangelistic model of missions, as early as the 1840's but increasingly in the 1870's and 1880's, a number of evangelists with medical training were sent as missionaries. Historian Kristin L. Gleeson has explored the utility of employing physicians in missions of evangelism and observes that when missions provided services lacking in native communities they quickly gained a position of trust that facilitated their evangelistic work.\footnote{Gleeson, "The Stethoscope and the Gospel," 127-138.} In the late nineteenth century, supporters of medical missions agreed that the service was valuable, not in and of itself, but due to the trust it gained for missionaries so that they could more expediently bring the Christian gospel to their patients. The primary goal of the mission was effecting conversions and medical missions were thus a pragmatic means of gaining access to the un-converted.\footnote{Ibid., and Austin, \textit{Saving China}, 167-184 and Brouwer, \textit{New Women for God}, 53-91.}

The Americans and Canadians supporting medical missions in Korea cited the goodwill fostered by physician evangelists as a central reason for including them in their missions. Looking back on this experience, an article in the American mission journal \textit{The Korea Mission Field} in 1914 described the evangelistic potential
of physician missionaries in the early years of a mission:

The doctor could go where the preacher's way was closed, the relieved sufferer would listen to the message of his physician where he would have only scoffed at the strange doctrine of another, prejudice was broken down, countries were thrown open, and even when the field was well occupied few could command such large audiences as the worker among outpatients and none came into such close personal contact with the unconverted as those who tend them in hospitals.  

Hospitals generated a captive audience and a population of healed patients who would return home grateful and with personal testimonials.

Dr. H.G. Underwood, one of the first American missionaries to Korea, affirmed the pragmatism of medical missions when he wrote in 1908 about the beginning of the American Presbyterian mission in Korea. He felt that medical work had gained access to the unconverted at the beginning of the American mission to Korea. Underwood attributed medical mission success to the public displays of royal favour towards western missionaries and the trust Korean authorities had placed in the missionaries during epidemics of cholera, typhus and smallpox.

While many denominations employed medical work in a variety of mission endeavors, even within the evangelistic framework there was some opposition to the provision of medical service in the mission effort. The reasons for opposing

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medical missions were varied; some missionaries rejected any means of evangelism other than teaching the gospel, as they felt the additional methods obscured the true goal of conversion to Christianity. Some also thought that providing medical service would interfere with the culture of the converts. Others disparaged the secular nature of medical work and considered it unrelated to the spread of a Christian message.\(^{21}\)

**The Social Gospel Mission Model**

The flush of enthusiasm for missions in the mid-nineteenth century, which peaked in the 1880's and 1890's, was replaced by an awareness after 1900 of the tremendous work and long-term responsibility involved in transplanting Christianity. By 1910, mission theory fused with an emerging liberal theology to emphasize socially oriented missions. The new liberal theology, which found expression in the social gospel movement, maintained that as individuals could be transformed through a relationship with God, so too could society. Christian energy could redeem societal ills at home and also abroad. In this new model of missions, there was a heightened sense among Protestants that Christians bore a responsibility for the future direction of foreign societies.\(^{22}\)


The social gospel movement hinged on the belief that Christianity was a social religion concerned with brotherhood, equality and the shared human experience. Based on a liberal theology that rejected the "grim doctrine of an endless hell for the un-reclaimed heathen" the Social gospel instead sought to bring a hopeful Christian message to the unconverted. This new approach to missions included the provision of social services along with the Christian message which emphasized the need for repentance and conversion. Missionaries felt that in order to become fully Christian, the converts needed schools, orphanages, hospitals, and assistance for widows, prostitutes and beggar children. Missionaries turned their hand to improving the quality of society, with the ultimate goal to create a society which reflected Christian love and improved the quality of human relations. In this context, the missionary movement felt responsible for bringing a meaningful and socially aware Christianity to foreign peoples.

William Hutchison's examination of the turn of the century transition between evangelistic and social gospel mission ideologies, briefly alluded to in the introduction, demonstrates the significant ideological tension between the evangelistic and social gospel models of mission. The mission model of pure

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evangelism through preaching was still operative at the opening of the Canadian Presbyterian mission to Korea in 1898. After the turn of the century it existed, however, in parallel with the emerging social gospel model. The two ideals of mission were simultaneously applied and remained unresolved until 1913. After which time the view of the social gospel took a stronger hold and eventually replaced the traditional evangelistic mission model. The result was tension in the mission field, as missionaries were assigned to ambiguous, and at times conflicting, goals of both evangelism and the provision of social services. Particularly problematic for the missionaries was the provision of medical service as part of the mission objective of establishing a Christian presence. This had initially been used to gain leverage in bringing about conversions but with the coming of the social gospel movement, medicine became a tangible and compassionate service which missionaries could provide.

When the Canadian Presbyterian mission to Korea began in 1898, physicians were hired with the expectation that neither evangelism nor medical work would be done to the exclusion of the other. Bill Scott, a member of the Canadian Presbyterian mission who arrived in Korea in 1914, wrote a history of the Canadian mission in 1975, describing how at the beginning of the mission, "medical work was evaluated largely on the extent to which it contributed to the winning of converts." This approach to providing medical service was indicative of the evangelistic nature

26 Scott, Canadians in Korea, 63, 117-125.
27 Ibid., 63.
of mission theology at the turn of the century.

The physicians and the other missionaries with the Canadian Presbyterian mission shared the responsibility of bringing Koreans to Christianity through traditional evangelistic methods and through the provision of basic social services. The missionaries viewed Korea as a country largely untouched by Christianity and in need of a Christian presence and also as devoid of Western medicine and schooling and in need of such services. Hence medical services were a means to a greater need, the making of converts.

**Robert Grierson**

In Robert Grierson’s graduating year at Dalhousie an American spokesman for the Student’s Missionary Movement had addressed the student body. Grierson later remembered, "When he made the appeal for candidates to VOLUNTEER for foreign work, the Lord put His hand under my elbow, and I raised my hand, the only one." When he returned home to tell his parents of the news that he was joining the foreign mission service, Grierson’s mother and father were elated. John and Mary Grierson told their son for the first time that in their youth they had been refused for the Presbyterian mission to the New Hebrides because they had lacked the necessary formal education. They had prayed to God that when Robert, the Grierson’s first child, was an adult, he would go and serve in foreign missions.29

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29 Ibid.
Grierson believed therefore, that he was called to serve in Korea. This was further confirmed by his admiration for the Rev. William MacKenzie who had inspired the Canadian Presbyterian mission to Korea. Many years later, in writing his memoirs, *Episodes on the Long, Long Trail*, Grierson noted with a tone of awe how his life had mirrored that of the MacKenzie. Both MacKenzie and Grierson had earned their BA from Dalhousie University, and they both had joined the Grenfell Mission in Labrador, MacKenzie as the first Canadian preacher and Grierson as the first Canadian doctor. Grierson also had succeeded MacKenzie as pastor at Bethany Church in Halifax and had given the farewell address when MacKenzie left the Maritimes for Korea. Grierson noted how he had been called to follow in MacKenzie's footsteps and how the two of them had been called by God, who had thus played "pied-piper to us both."

When Grierson, Foote, and MacRae first arrived in Japan en route to Korea in 1898, they were deeply concerned with the un-Christian religious practices they witnessed. Duncan MacRae wrote home to Cape Breton describing the atmosphere in Nagasaki, "Heathenism has its pulse beating and you but touch the hem of its garment in passing." On their way to Seoul the Canadian contingent briefly stopped in Pusan, on the southern coast and the men were again moved by the absence of Christianity. MacRae was deeply affected when he encountered a

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30 Ibid., 11.
31 Ibid., 13.
32 MacRae, *A Tiger on Dragon Mountain*, 14.
woman mourning over a dead body. He asked, "who was there to give comfort - what did they know of the life beyond, did they know that in death there is life...?"33

The men interpreted the scarcity of a Christian presence in Korea and Japan as a stark affirmation of the desperate need for their small mission.

Once they settled in Seoul, the missionaries busied themselves with itinerant work and acquainted themselves with their vast mission territory. While the Griersons remained in Seoul pursuing language study, the Footes and the MacRae left for Wonsan, on the north-east coast, to explore the territory. This was typical of the initial work in that first year, which mostly consisted of studying the Korean language and conducting itinerant trips to investigate the territory.34

As an ordained minister and a medical doctor, Grierson sought to combine the two occupations while in Korea. In 1898, when he joined the Canadian Presbyterian mission, it was felt that medicine naturally complemented evangelism and was largely valued as a practical tool of the missionary. As one of only two physicians with the mission, Grierson was responsible for providing medical service in addition to his already extensive evangelistic and administrative duties. During his tenure in Korea Grierson experienced substantial difficulties in simultaneously sustaining a regular medical practice and managing an evangelistic career.35

During 1898, his first year in Korea, Grierson had planned to confine himself

33 Ibid., 18.

34 Scott, Canadians in Korea, 42-44 and MacRae, A Tiger on Dragon Mountain, 43-47.

35 Scott, Canadians in Korea, 63.
to language study in Seoul and to refuse medical calls so that he could tend to this responsibility. In spite of this, by April he confessed in his diary that he was doing some medical and surgical work which he felt he could not refuse. In 1899 Grierson traveled to Wonsan to join the Footes and MacRae where he had intended to complete his language instruction before beginning official medical and mission work. Although he resolved again to refuse all patients and devote himself entirely to language study, Grierson's plans were short lived as he was compelled to leave his studies again to attend to the medical needs of local Koreans. He recalled that, "so piteous and persistent were the calls for help that it did not seem humane to refuse; and very reluctantly study was almost entirely laid aside and medical and surgical work undertaken." Evidently the mission's idealistic approach, stressing that individuals should learn the language before beginning their work, did not succeed in practical terms. The needs of the Koreans dictated how mission work was pursued.

In Wonsan, although Grierson tried to limit the number of appointments, his home was inundated daily with patients seeking treatment. Grierson worked out of a make-shift clinic in his house and examined patients in his living room. In his report to the FMC for 1900 he wrote of his distress at the large number of Koreans seeking his medical help. Describing "the scores who swarmed about the house

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36 PANS MMKC MG 1 Vol. 2270 file 1 Diary of Robert Grierson, MD Missionary to Korea, 1 April 1898, p. 37. The diary is typed and dates from August 1898 to March 1900.

37 APP 26 GA 1900, Report of the FMC (ED) 1899-1900, 117.
daily" and "the throngs of people about our house," Grierson seemed burdened and overwhelmed.  

He was a quick study at language and in spite of these interruptions learned to speak Korean in a short time. Grierson's nearly flawless Korean was an asset in his travels to rural communities. These itinerant journeys lasted anywhere from two weeks to a month, during which time he traveled from village to village, preached the word of God and provided minor medical assistance. Grierson's long periods away from Wonsan prevented him from opening a stable medical practice in 1900.  

On an itinerant trip with MacRae in November of 1900 Grierson discovered an ideal locale for a third mission station in addition to Wonsan and Ham Heung. Sung Chin, a seaport north of Ham Heung and Wonsan had not yet hosted a Christian mission and the men were greatly pleased with this discovery. The Canadian Presbyterians unanimously voted to open Sung Chin as a mission station under Robert Grierson's leadership. After he had secured buildings to serve as a residence and a dispensary, the station was opened in May, 1901. The men themselves built the station facilities with funds raised by Presbyterians in Canada.  

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38 Ibid., 118.  

39 APP 26 GA 1901, Report of the FMC (ED) 1900-1901, Annual Report of Dr. R. Grierson, 118-120. The annual reports of the FMC in the Acts and Proceedings of each General Assembly initially included full reports from each missionary, signed by them. In later years, the reports of the FMC quoted from the personal missionary reports or used information contained therein to complete a more general report of Committee work in Korea. In any case, the authors of the specific station reports, or more general reports on the status of medical or educational work in Korea, are not consistently named.  

40 Scott, Canadians in Korea, 48.
As the sole missionary in Sung Chin, Grierson assumed extensive responsibilities for establishing and managing the station. In 1901 he detailed just a few of his chores at the station: "Property selection, house building, well-digging, preaching, book-selling, doctoring, traveling, planting the scion of a new church..."41 He was assisted from 1902 to 1904 by the Rev. Alex Robb who joined the mission staff in 1901, but the work at the station was tremendous even for the two men.42 When Robb returned to Wonsan, Grierson resumed solitary management of Sung Chin station. He continued to spend a significant amount of time traveling, both on itinerant journeys and visiting Wonsan. Thus, it is not surprising that in his annual reports to the FMC from 1901 to 1905 there was only the vaguest mention of medical work at the station.43 As late as 1909, Grierson admitted that "medical work is but an incident in the life of Sung Chin station." 44

Grierson's attempts to maintain a regular medical practice were, therefore, impeded by his extensive responsibilities as an evangelist. During the first fifteen years of the mission he was responsible for itinerant visits to rural villages outside Sung Chin, served as pastor, supervised evangelism in connection with medical


44 Scott, Canadians in Korea, 63.
work, and managed the boys' school.\textsuperscript{45} As pastor of the church in Sung Chin, Grierson was responsible for giving sermons on Sundays and during the week, managing the daily needs of his congregation which included officiating at marriages, funerals, and baptisms and visiting the newly converted and their families. Grierson also taught bible study classes during the week to members of his congregation.\textsuperscript{46}

In addition to his duties as pastor, Grierson's status as a founding member of the Canadian Presbyterian mission to Korea placed an increased burden on his shoulders. He was responsible for attending annual and biannual meetings in Wonsan which considered the future of the Korean mission as a whole. While on his year-long furloughs in Canada, Grierson spoke to Presbyterian congregations and mission conferences to raise awareness and funds for the Canadian Presbyterian mission in Korea. He also corresponded frequently with the FMC, keeping the committee members informed of the status of the mission's work and their needs for either supplies or funds.\textsuperscript{47} Grierson's duties as a male evangelist were typical for his generation of missionaries. Men held extensive administrative responsibilities within a mission compound and in addition, as ordained ministers

\textsuperscript{45} PANS MMKC MG 1 Vol. 2290 file 3 1915 The Korea Mission of the Presbyterian Church in Canada Station Narrative Reports, pp. 29-32; file 4 A Synopsis of Minutes of the Nineteenth Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1917, 28.

\textsuperscript{46} PANS MMKC MG 1 Vol. 2290 file 5 A Synopsis of Minutes of the Twenty-Second Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1920, p. 18; file 8 A Synopsis of Minutes of the Twenty-Third Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1921.

\textsuperscript{47} AAP 22- 51 GA All reports of the FMC. Missionaries typically went on furlough after six years of service in the mission field.
they served as the chief evangelist and congregation pastor.\(^{48}\)

These responsibilities left little time for medical work, yet the responsibilities of the latter could not be avoided. Physicians were responsible for infusing every activity and individual in the hospital with the evangelistic spirit of the mission. \(^{49}\) As the only physician in Sung Chin, Grierson oversaw the operations of the dispensary and hospital, coordinating medical staff training and teaching a number of his assistants himself. Responsibility for finding suitable Koreans to send to medical or nursing school fell to him, as did the supervision of the evangelistic work at the hospital.

As early as 1906, when Grierson returned to North America on furlough after eight years serving as a physician missionary, he was frustrated and dissatisfied with his inability to fulfil both his medical and evangelistic obligations. Grierson articulated his dissatisfaction when he addressed a student volunteer convention in the United States in Nashville, Tennessee, on the subject of medical missions. He disagreed with the preceding speakers who had lauded the practicality of sending evangelists trained as physicians into foreign missions, and instead argued that mission boards should divide responsibilities so that separate mission staff pursued either evangelism or medical work:

The view of medical missions which they hold is that the medical man


should not be confined to doing distinctly medical work, but that he should rather combine the medical with the evangelistic. That which I hold is that he should do medical work only, and that he should leave the evangelistic work to other persons to whom it is given.\textsuperscript{50}

His words may have had some impact on his own denomination. Citing reasons that Grierson was over-extended in his medical and evangelistic work, the Canadian Presbyterians in Korea requested another missionary in 1908, either a physician or minister, to assist him. They felt that both services were suffering from a lack of appropriate attention. The missionary writing the unsigned report of the Sung Chin station for 1908 elaborated:

As this is a work of love, the only philanthropic work we do and the only scientific medical equipment for a population of over half a million of people cannot be discontinued, we must have either another doctor to relieve Dr. Grierson, or another evangelist missionary to take a part in the pastoral over-sight of the immense field.\textsuperscript{51}

By characterizing medical work as a "philanthropic" and loving service, the station report suggesting that medicine was valuable to the mission effort beyond its ability to provide access to the unconverted.

Grierson's difficulties were compounded by a financial crisis in the FMC-ED which had administered the Canadian Presbyterian mission in Korea from 1898 to 1908. In 1908 the FMC-ED was financially unable to respond to repeated and urgent calls for additional staff in Korea. This caused tremendous frustration in

\textsuperscript{50} UCA Presbyterian Church of Canada Board of Foreign Mission Fonds, Records Pertaining to the Korea Mission (1906-1913) 79.204C. Box 1 File 8 Song Chin Station of the Canadian Presbyterian Mission in Korea Report for 1912.

\textsuperscript{51} APP 35 GA 1909, Report of the FMC for 1907-1908, Report of Sung Chin Station for 1908, 137.
Korea as the small mission staff tried to minister to growing numbers of converts without adequate support from Canada. Grierson even threatened to resign if the FMC-ED did not increase the financial assistance needed to secure the work already completed in Korea.\(^{52}\)

In response to the crisis, the FMC-ED requested assistance from the Western Division of the FMC (FMC-WD) later in 1908. The latter agreed to enter Korea and assist by opening a mission station. This did not resolve the financial difficulties of the FMC-ED but it did provide additional staff for the mission. The Rev. J.M. MacLeod was sent and subsequently joined by the Rev. and Mrs Barker, the Rev. and Mrs. Macdonald and Dr. and Mrs. Mansfield. The new missionaries established their stations in Hoiryung and Yongjung in the far north on the border of Manchuria, fast growing centers of Japanese commerce that were filling with Korean immigrants.\(^{53}\)

The additional staff did not ease the burden at Sung Chin station. Grierson's difficulties continued and in 1911 the annual mission report to the FMC described how Grierson's multiple responsibilities caused difficulties for the Sung Chin mission. "Medical work in Sung Chin can never be conducted satisfactorily while the doctor in charge is so immersed in Church, school, administrative, class,

\(^{52}\) UCA 79.204C Box 1 File 2 Grierson to McKay 10 May 1908, Foote to McKay 12 October 1908, File 3 McKay to Grierson 24 February 1909.

\(^{53}\) UCA 79.204C Box 1 File 6 Mansfield to Armstrong 28 July 1911, File 7 Mansfield to Armstrong 30 April 1912, Barker to Armstrong 8 April 1912.
theological and other work. The report acknowledged that medical work was done inconsistently and that the dispensary would have to be open at regular hours to ensure a trusting and returning population of patients. In spite of the flagging success at the dispensary, evangelistic duties persistently took priority over medical responsibilities.

The following year, in 1912, Grierson made a lengthy argument in his annual report to the FMC against assigning missionaries with medical and theological training to do both medical and evangelistic work. He stated,

until we have a doctor with no other duties, we shall have a medical work only in name; and the medical work unsatisfactory as it is, will but limit the activities of the senior missionary in his other important spheres.

For this reason Grierson promised in his report for 1912 to absolve himself of evangelistic duties outside of the hospital and dispensary and devote himself to medical work in the following year.

He argued that while there were numerous evangelists in Korea from the various Protestant missions, there were very few physicians in his territory and they were difficult to come by and not easily replaced. Grierson felt that he could make a significant contribution to the mission effort by dedicating himself solely to his

54 APP 38 GA 1912, Report of the FMC on Korea, 97.
55 UCA Presbyterian Church of Canada Board of Foreign Mission Fonds, Records Pertaining to the Korea Mission (1906-1913) 79.204C. Box 1 File 8 Song Chin Station of the Canadian Presbyterian Mission in Korea Report for 1912.
56 Ibid.
medical practice. He said that he could still find time for quiet, individual preaching during his medical work but was not likely so easily to integrate medical work into a full time evangelistic career as had formerly been expected. Calling the practice of medicine a, "beautiful, useful, and Christlike profession," Grierson viewed medicine as an indispensable element of the mission’s work in Korea.

The Rise of the Social gospel

When Grierson decided in 1912 to devote himself fully to medical service, he believed that medical service was an extension of the gospel message of love and compassion. His view of medical work echoed the sentiments of the rising social gospel movement in North America. Social reformers believed that society should reflect a Christian love between individuals and this would help eliminate poverty and inequality. This view took precedence over the previous Christian concern for the moral regeneration of the individual. This shift in focus, from the individual’s state of grace to the moral character of all of society, had a significant impact on Protestant missions. The social gospel movement prompted missionaries to look beyond their goal of conversion and carefully examine their role in improving the moral fabric of the non-Christian societies.\footnote{Brian Fraser, The Social Uplifters: Presbyterian Progressives and the Social gospel in Canada, 1875-1915 (Waterloo: Wilfrid Laurier University Press, 1988), 23-38.}

In this context, 1913 was a watershed year for the Presbyterian Church in

\footnote{Ibid.}
Canada. In June, the church held a "Pre-Assembly Congress" prior to the annual General Assembly to discuss the current social problems in Canada such as urban slum dwellings, poverty, disease, high infant mortality, intemperance and harsh industrial working conditions. In his address to the Congress the Rev. Robert Johnston of Montreal considered the solutions to these problems, "What, I venture to ask will answer, will absolutely and completely answer, and effectively meet these conditions? One thing, and one thing only - The Gospel of Jesus Christ." The Congress which included ministers and missionaries and representatives of every congregation discussed how to approach social problems through "action - evangelization, stewardship and temperance" and missions both at home and abroad were a primary focus of the discussion. Thus, Canadian Presbyterians were beginning to laud a new model of missions which pursued service to uplift morally and not just convert non-Christians.

Nineteen thirteen was also a significant year for the Presbyterian mission in Korea due to the decision to amalgamate the FMC-ED and FMC-WD responsibility for Korea in 1913. The urgent financial crisis of 1908 was the impetus for a proposal to unify the Western and Eastern divisions of the FMC. When the FMC-WD had established mission stations in Korea in 1908, the relationship between the


60 Moir, Enduring Witness, 195.

two divisions of the FMC was ambiguous. After 1908, independent of the other each division had continued to make staff appointments and manage finances. During the 1912 General Assembly there had been an extensive debate over how to facilitate improved communication and decision making between the FMC-ED and WD in Korea.\textsuperscript{62} In 1913 the Assembly decided that "in view of the critical situation in Korea the two sections of the Board be instructed to unite in the care of the whole field and that the Church, East and West, assume responsibility for the whole work in Korea."\textsuperscript{63} In response, the Eastern and Western Divisions of the FMC agreed to establish a joint board to manage finances and all mission decisions in Korea.\textsuperscript{64}

By 1913, fifteen years after the Canadian Presbyterian mission to Korea had opened, there were a total of five mission stations and they welcomed ministers, teachers, nurses and doctors as missionaries. Educational work in schools along with medical work in dispensaries and hospitals had become an increasingly vital element of outreach since the mission's inception.

As the medical work of the Canadian mission to Korea progressed, the various Protestant missionaries in Korea began to articulate in \textit{The Korea Mission Field} their perception of how medical work fit into their mission objective. From 1912 to 1916 the missionaries writing for the journal, \textit{The Korea Mission Field},

\begin{itemize}
  \item \textsuperscript{62} APP 39\textsuperscript{th} GA 1913, Assembly minutes.
  \item \textsuperscript{63} APP 40\textsuperscript{th} GA 1914, Assembly minutes.
  \item \textsuperscript{64} Ibid.
\end{itemize}
began to articulate a new vision of medical missions. An editorial in 1912 had foreshadowed the change in thinking, "Not long ago a missionary who studied theology and medicine was believed to be doubly equipped for the foreign field; now, such procedure is considered unwise because concentration and not diffusion is the word." While the original pretext in the 1890's for medical service had been to create an opening for general evangelism, purely humanitarian justifications began to appear in *The Korea Mission Field* after 1912. In 1916, the journal published an article by A.M. Sharrocks, a physician missionary who supported the provision of medical service purely on the basis of compassion:

> I will venture to say that the present-day aim of the Mission for its Medical work should be to do the most scientific and thorough work possible, keeping fully abreast of the times in the healing of the human body...It is time for us to turn our attention more directly upon the sick man and, purely out of compassion for him in his present need, do our best to give him relief...any society or church that uses its medical work chiefly for its own propagation is far from being Christian in the true sense and deserves only to fail in its ultimate aim.

The new compassionate justifications for medical service articulated the obligation of the West, privileged with its advanced medical technology and

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scientific knowledge, to bring scientific medical treatment to the mission field. As a result, the new interpretation of the role of missions insisted that the West had a responsibility for sharing its knowledge by providing medical care and in teaching native physicians. Dr. S.P. Tipton, an American Presbyterian, wrote in *The Korea Mission Field*:

> Medical science as we know it to-day is a product of Christianity, and we are under more of an obligation to non-Christian lands to give them a knowledge of this science and to heal their sick than we are to give them an education or any other accompaniment of Christianity.  

In this context, the biblical parable of the talents was often put forward as a justification for ministries of service. In this parable it was pointed out that Jesus told his followers that he favoured those who shared their abilities for the benefit of others. "God does not give any man or any nation good things for themselves alone, but that they may be shared with others...". The development of Western medicine should be for the benefit of all, and as a witness to God, must be shared. In 1914 Hugh Weir, a physician in Korea, described this relationship between medicine and the Christian Gospel:

> We find that medical missions are an essential part of the Gospel, that they are a part of the fruit of that tree whose leaves are for the healing of the nations. No one would venture to preach Christ without living Him too, and the work of a mission hospital is... an inevitable outcome.

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68 Ibid., 175-179.


of His Spirit.\textsuperscript{71}

In Christianity, the healing of the body was often linked to the healing of the soul and \textit{The Korea Mission Field} also presented the model of Jesus who so often cured the sick. Christ's acts of healing were seen to be demonstrations of God's power and love. Proponents of medicine as an outreach of spiritual redemption called on the example of Christ's earthly ministry devoted to preaching and to healing.\textsuperscript{72} Seeking to replicate the New Testament miracle of healing, missionaries believed that, "...through humble ministration to the bodies of men in our mission hospitals, Grace and Truth are being manifested."\textsuperscript{73}

\textbf{Grierson's Career Assessed}

Returning to the Canadian Presbyterian mission, in spite of the fact that the new vision of mission was lauded and heartily supported by writers to \textit{The Korea Mission Field} and by the Presbyterian Church home organizers, in 1916 the practical difficulties of providing for the Sung Chin medical mission remained. A report on mission work in Korea in \textit{The Presbyterian Witness} indicated that very little had changed for Robert Grierson since the outset of the Sung Chin medical mission:

\textsuperscript{71} Ibid.


\textsuperscript{73} Ibid., 212.
We hoped to have a senior Evangelistic worker to take all responsibility for that department of the work, thus enabling Dr. Grierson, to carry on and develop his medical work, unhampered by other cares. But as it was found impossible, this year, to have a Senior Evangelistic worker on the station, Dr. Grierson was obliged to give up his medical work for long periods at a time, feeling that at any cost the Evangelistic work must be cared for, and thus shouldering more than his share of work and responsibility.\textsuperscript{74}

As a physician evangelist, Grierson had been considered doubly equipped to work in the mission field but in the end was handicapped by his multiple responsibilities. Grierson had argued since his furlough in 1906 for a separation between medical and evangelistic work because he had personally experienced disappointment and frustration in trying to be both a physician and an evangelist.

In a final assessment, Grierson embodied the ideal in mission leadership according to the nineteenth century mission model, possessing the talent to evangelize and heal the unconverted. Unfortunately the dual responsibilities were significant enough that neither could be met with any satisfaction. Grierson strongly believed in the social significance of medicine. However, his desire to be a doctor to the Korean people was frustrated by his ultimate responsibility as an evangelist. Grierson championed the cause of medical work in Korea but he was constrained by the practical realities of the mission which struggled to balance the provision of services with the ultimate goal of evangelism.

As Grierson had hoped, medical missions eventually gained a place of significance within the Canadian Presbyterian mission to Korea and by 1916, as the

mission acquired additional personnel, there was greater opportunity for the staff to specialize in their training. New physicians, Dr. Stanley Martin and Dr. Florence Murray who joined the mission in 1916 and 1921 respectively, were more likely to be assigned solely to medical duties. These physicians were granted a greater degree of autonomy for their medical practice and were expected to contribute to the evangelistic elements of the mission only in so far as their medical practice permitted.

By the 1920's the missionaries work in Korea was clearly directed at reforming society as well as redeeming individuals and had expanded to include:

- temperance and moral welfare work,
- rescue homes for prostitutes,
- homes for beggar boys,
- work among factory hands,
- organization of YM and YWCA's and WCTUs (Women Christian Temperance Unions),
- demand for a fairer wage system (even among mission employees), and
- the organization of a society for the prevention of cruelty to animals.\(^{75}\)

The missions of social service also included kindergartens, night school for illiterate and impoverished women, homes for elderly women and clubs for street urchins. The work began in urban centres but quickly spread to the rural mission sections as well. Missions began to compete with each other to provide services to the poor and destitute in Korea.\(^{76}\)

For male missionaries, even when the model of missions changed to fall more clearly under the social gospel model, as happened with Grierson in 1913, the

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\(^{75}\) Scott, *Canadians in Korea*, p. 117.

\(^{76}\) Ibid.
workload did not diminish until new missionaries assigned specifically to do medical service were sent. For female missionaries, however, the missions of service, especially those ministering to women and children, were the accepted venue of work. The final chapter of this study will examine the career of Kate McMillan, a contemporary of Robert Grierson and more briefly, that of her successor, Florence Murray and compare their experiences as physician missionaries with those of Robert Grierson.
CHAPTER THREE
FEMALE PHYSICIANS IN KOREA

Historiography

Kate McMillan entered the Korea mission field in 1901 under the auspices of the Canadian Presbyterian Women's Foreign Missionary Society. At the time, her female contemporaries were typically entering into missionary careers in order to evangelize among "heathen" women and children. Female missionaries were seen to embody the gentle womanly talents especially suited for missions to these groups. This particular kind of missions work was known as "women's work for women" and it affirmed the turn-of-the-century cultural expectations of womanhood and femininity.

By the late nineteenth century, women comprised a significant majority in the Protestant mission movement, both as missionaries in the foreign field, and more prominently, as members of home-based missionary associations. In this respect, women's commitment in lay activism extended their parish involvement into the community at large. Volunteering for missionary societies was often a first step for women to move outside the "domestic sphere" into community organization and administration. Given the significance of these mission societies as a window into North American women's work, religiosity and social values, historians began in the 1970's to call for more scholarship on female missions and missionaries.¹

¹ Wendy Mitchinson, "Canadian Women and Church Missionaries in the Nineteenth Century: A Step Towards Independence," Atlantis 2 (Spring 1977): 57-75. Mitchinson argues that mission societies were the largest and most highly organized women's associations in Canada in the nineteenth century. She interprets
Heeding that call, feminist historians such as Jane Hunter and Patricia Hill scrutinized women's missionary work and asked what it revealed about gender relations and expectations in the United States and in the foreign mission fields. Hunter observed that the traditional archetype of the loving, gentle Victorian mother gave tremendous responsibility to Christian mothers to transform their husbands, children and communities through their love, wisdom and Christian example. Church mission work brought these feminine talents into the public arena where women could help reform and uplift not just a family but the world. Hill agreed that the female mission movement defined and reflected values of motherhood, womanhood, domesticity and piety in the late-nineteenth century. She argued that the gender-based ideology of "women's work for women" which affirmed the special talents and religious nature of women was the root of the female missions' the missionary societies within the framework of religion as a vehicle for social reform and feminism through which North American women gained autonomy and independence both in their religious denominations and society at large.

Barbara Welter, "She Hath Done What She Could: Protestant Women's Missionary Careers in Nineteenth-Century America," American Quarterly 30 (1978): 624-638. Welter explores the progression of women's missionary vocations from missionary wife to career missionary. She highlights the early nineteenth-century expectations of the missionary wife to be a self-sacrificing assistant and loving companion to her husband. As women became missionaries in their own right, women's missions provided social uplift for other women. Welter interprets female missionary endeavors as creating a new purpose and elevated status for American women. For this reason she, in company with Mitchinson, called for greater scholarship of female missions and missionaries.


3 Hunter, The Gospel of Gentility. Hunter examines the female culture of domesticity and its impact on missions. Missionary women were the celebrated ambassadors of American domestic piety when they brought the ideal of the American family, shepherded and nurtured by a woman's love, abroad.
success.4

Canadian historians Ruth Compton Brouwer and Rosemary Gagan have examined Canadian women missionaries and have considered how their experiences were shaped by turn-of-the-century ideals of domesticity and piety which were reconsidered and exchanged for values of independence and autonomy as mission work professionalized. Female missionaries, they have noted, were traditionally excluded from positions of evangelistic leadership and developed their strengths in the mission effort by striving to effect social change through educational and medical institutions. While female missionaries remained constrained by gender expectations in their work, the mission field gave them an opportunity to move beyond their "domestic sphere" into administrative positions of leadership and authority at home and overseas. For female missionaries, mission work lent respectability to atypical leadership roles, and independent lifestyles and provided them with spiritual fulfillment.5

4 Hill, The World Their Household. Hill moves beyond Jane Hunter's study of domestic piety to assess the home roots and lay organization of the female missionary movement and considers what elements of missionary work captured the imagination of Protestant churchwomen. Female benevolence, altruism and adventure combined to create a sustained interest in the work of missionaries abroad. The professionalization of missionaries and missionary bureaucrats distanced the movement's leadership and overseas participants from the large lay base of the missionary societies. New theories of missionizing displaced women from their traditional spheres of special influence and resulted in the decline of women's missionary societies.


Rosemary Gagan's argues that while the growing professional ethic behind female missions accorded women missionaries new liberties and opportunities for leadership, women's primary reason for mission service was spiritual. It was religious faith which inspired, guided and affirmed the women's experiences as missionaries.
Focusing more specifically on female physicians, Veronica Strong-Boag in a short study has inquired into the changing professional identity of women physicians at home in Canada and on the mission field in the late-nineteenth century. She found that female doctors were also constrained by the philosophy of "women's work for women" and limited their practice to serving the needs of women and children, either at home in clinics or abroad in foreign missions. This restricted sphere of medical practice was an expression of feminism restrained by the societal expectations of womanhood in turn-of-the-century Canada.⁶

Thus in more recent historiography on missions, historians have moved away from the basic questions of women's mission history, such as who participated and how they were organized, to examining female motivations and piety. The new historiography on women and missions has contributed to our understanding of female mission work and the influence of the mission philosophy of "women's work for women." In addition, the literature has revealed that female missionaries also enjoyed significant opportunities for professional leadership. Women were particularly successful in missions of service and they were able to cultivate a meaningful professional identity within their mission work.⁷

The current literature on women and mission does not place the female experiences in the mission field

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⁶ Veronica Jane Strong-Boag, "Canada's Women Doctors: Feminism Constrained," in Not an Unreasonable Claim: Women and Reform in Canada, 1880's-1920's, ed. Linda Kealey (Toronto: Women's Press, 1979). Canada's pioneering women physicians took a holistic approach that centered on the home and family lives of their patients. This initial passion for improving the economic and social standing of women patients declined as female physicians grew as a community of professionals and became more committed to professional goals and ideals.

in the wider context of changing mission ideologies at home and abroad. While historians William Hutchison and Robert Wright have described the ideological shift from an evangelistic to a social gospel model in mission theory, their analyses need to be supplemented with studies of actual mission practice in the field. In particular, how were gender differences significant in the practical conflict and transition between the two mission models? Unlike the more general work on missions, women's mission historiography is grounded in actual mission practice; it, in turn, lacks context in the wider ideological changes in the mission community.

This case study of male and female physicians in Korea examines how gender played a role as men and women experienced the tensions due to the shift of mission ideology from pure evangelism to missions of service. Within the missions of service, did physicians struggle also to negotiate their gender defined identities as evangelists and their professional identities as physicians? The present chapter will compare the experiences of two female missionary physicians, Kate McMillan (1867-1922) and her successor Florence Murray (1894-1975), to that of the male medical missionary as examined previously through the work of Robert Grierson (1868-1965). Did women experience less tension between the evangelistic and social gospel models of mission?

The Women's Foreign Missionary Society

As was briefly discussed in Chapter One, the Women's Foreign Missionary Society (WFMS) was formed in 1876 when the women's societies of Toronto,
Hamilton and Kingston amalgamated to form the WFMS (Western Section), and the Halifax women's society reorganized as the WFMS (Eastern Section). The WFMS committed itself to assist the FMC by promoting the committee's work for the women and children in the various overseas missions. In Canada, women's auxiliaries were organized at a congregational level to raise funds and to support the larger work of the mission society. The operations of the WFMS were managed from the headquarters of Halifax and Toronto by a female board of managers and by a smaller executive committee for each section. The WFMS collected the funds raised by auxiliaries for foreign mission support and determined how the money would be spent.8

In its mandate and work the WFMS was not autonomous from the Foreign Missions Committee. Rather, the Foreign Mission Committee (FMC) determined the larger direction for the Canadian Presbyterian mission effort and the WFMS was an auxiliary organization which supported the FMC. Presbyterian women were urged to become involved in the mission objective but were not expected to interfere with the larger aims of the FMC. To this end, the FMC selected women missionaries, determined stationing and the terms of their service.9

The WFMS undertook to publicize the work of missionary wives and female missionaries, using the exciting stories of these women working in foreign lands to encourage financial support and membership in the society and ultimately to

8 This summary has been taken from Brouwer, New Women for God, 25-38.

9 Ibid., 26.
encourage more young women to seek mission vocations. Leaflets, letters and small books were collected, published and distributed by the WFMS as promotional materials. Fund raising for the society was accomplished by selling society memberships and distributing envelopes to congregations for monthly donations. As a result of its efforts and enthusiasm, the WFMS was successful in its efforts to raise revenue and consistently was more stable financially than the FMC which carried forward deficits and had persistent difficulties raising funds.¹⁰

Given their organizational and financial success, members of the WFMS became increasingly self-assured and began to dispute its subservience to the FMC, in the 1890's challenging the FMC to meet more adequately the needs of women missionaries. The WFMS lobbied for improved living standards in the field and more appropriate furlough and retirement allowances for their missionaries. More confident in their expertise in the area of women's mission work, the members of the WFMS were increasingly vocal supporters of their missionaries and were disinclined to leave important decisions affecting their missionaries to male superiors in the FMC. In 1891 the FMC eventually permitted the WFMS to select and train female candidates for mission work.¹¹

The women of the Presbyterian Church in Canada found in their volunteer efforts with the WFMS an intellectual stimulation which captivated their interests outside of the home. Through "women's work for women" fostered by the WFMS,

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¹⁰ Ibid., 28-30.

¹¹ Ibid., 36-38.
housewives, mothers and small town teachers could be inspired by the work of women in exotic parts of the world even if they could not commit to service themselves. 12

Kate McMillan

The WFMS appointed Dr. Kate McMillan as its first missionary to Korea in 1901. In response to the request for additional staff from the mission council of Korea, comprised of Grierson, Foote and MacRae, the WFMC requested permission from the FMC to appoint McMillan to join the mission in Korea. Although Grierson, Foote and MacRae preferred to receive a male missionary "on account of the hard itinerating work to be done" they advised that they would be happy to have McMillan join them "...with the understanding that she is not to confine herself to medical work, unless the mission so approves." 13 From the beginning of her tenure with the mission, McMillan, like her male colleagues, was therefore, expected to devote a significant portion of her efforts to the evangelistic work of the mission. With a small staff, a large territory and vast Korean population, it did not suit the objectives of the missionaries in Korea to hire a specialist in any field. Regardless of gender, the missionaries were expected to fit in to the same model of missions which saw evangelism as the primary goal. Accordingly, McMillan was appointed

12 Ibid., 35.
13 UCA 79.211 C File 1 Minutes of the Foreign Mission Committee Eastern Section No. 44, 9.
by the FMC to the Korea mission field in 1901.14

McMillan was born to a farming family in Jacquet River, New Brunswick, in 1867.15 After attending normal school in Fredericton, New Brunswick, she had been a student at the Women’s Medical College in Baltimore, Maryland, a small, independent but well respected college.16 Subsequently McMillan had attended Cornell Medical College in Ithaca, New York. The college offered a three year program, was financially well-endowed and equipped with modern facilities and laboratories.17 It may be assumed, therefore, that McMillan had received an extensive medical education and was well qualified by the standards of the time for medical practice.

After completing her medical studies McMillan had been offered, but declined, a position administering a women’s hospital.18 Rather, in 1901 at the age

14 The historical sources on McMillan are sporadic but revealing. There are a few personal letters to Edith MacRae, a colleague of McMillan’s, reprints of some personal materials such as letters and journal entries that appeared in the Maritime Presbyterian newspaper, The Presbyterian Witness, two photographs, obituaries and her annual reports and station reports published in the Acts and Proceedings of the General Assembly of the Presbyterian Church in Canada.


17 Flexner, Medical Education in the United States and Canada, 269.

18 PANS MMKC MG 1 Vol. 2290 file 35, Canadian Mission Hospital Hamheung, Korea 1926 (booklet), published by The United Church of Canada and PANS MMKC MG 1 Vol. 2276 File 1 Murray to “Dear Foster” 21 September 1921. The women’s hospital where McMillan was offered an administrative position is not named. The booklet describing the history of Ham Heung medical work published in 1925 describes McMillan as having six years of medical experience in a private clinic after attending medical school, inferring that she graduated from Cornell in 1895. However, Murray indicates that McMillan graduated from medical school in 1901 and Flexner, Medical Education in the United States and Canada gives 1898 as the opening date of Cornell Medical College, in which case McMillan would have graduated in 1901. The six years of experience alluded to in the United Church booklet may in fact have been six years in medical school.
of thirty-four, she chose to leave her medical practice to join the Canadian Presbyterian mission to Korea. When she arrived in Korea McMillan made a striking, if not intimidating, impression on her fellow missionaries. In *Canadian Mission Hospital Hamheung, Korea* a booklet published in 1926, her colleagues remembered:

We had perhaps expected a rather masculine type but the tall slender lady in her excellent New York clothes was far from what we expected. The piercing gaze of her fine blue eyes and the determined set of her mouth and chin were an index, as we soon learned, to a character as steady and forceful as Canada can produce.\(^\text{19}\)

After her arrival, McMillan spent a year studying Korean in Wonsan. As she wrote in her first report to the FMC, on her arrival she was immediately struck by the magnitude of this task:

What has impressed me most since coming here is the greatness of the work to be done, for although the preaching of the Gospel has been wonderfully blessed in this land, yet the number who have become Christians is very, very small indeed compared to the vast multitudes who are in heathen darkness.\(^\text{20}\)

McMillan was concerned about the lack of Christianity in Korea and committed herself to bringing Koreans to God through her teaching, her medical service and her prayers. She was also very touched by the physical needs of her patients and laboured to be of assistance to them.\(^\text{21}\) McMillan found that medical work provided significant opportunities for evangelism, an observation which she articulated in her

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\(^\text{19}\) PANS MMKC MG 1 Vol. 2290 file 35, *Canadian Mission Hospital Hamheung, Korea* 1926 (booklet).


\(^\text{21}\) PANS MMKC MG 1 vol. 2257 file 93 McMillan to Edith MacRae 8 February 1915.
annual station report for 1901: "While all is being done that can be for the relief of suffering and sickness, the great aim of this work is to bring salvation to perishing souls, and the medical work presents a splendid opportunity for this." McMillan took her evangelistic duties seriously and applied her talents as a physician to the greater goal of evangelism.

After completing her language studies, McMillan began sporadic medical work in her private residence in Wonsan. She treated male and female patients who came to her house seeking treatment but she did not pursue regular clinical work. The reason for this was that McMillan intended to move to Ham Heung with the MacRaes and did not expect to remain in Wonsan for an extended period of time.

Especially in the early years, McMillan cared for her patients under desperate circumstances. During an itinerant trip to Ham Heung in 1902, Duncan MacRae fell gravely ill with "native fever." McMillan received a telegram telling her of MacRae's illness which had already lasted two weeks and she traveled to Ham Heung immediately. In a letter she wrote to her sister which was published in The Presbyterian Witness McMillan described the building where she found and treated MacRae:

We hurried in to the room which contained not an article of furniture, and made ourselves as comfortable on the floor as we could, while


the crowd tried to look in the windows and door; and made holes in
the door to peep through. ....Perhaps you can imagine us as we sit in
this room with its mud floors; covered with thin straw mats; a dirty
white cotton curtain forming part of one wall."24

MacRae survived the fever and recovered completely, grateful for McMillan’s
assistance.

In 1903 McMillan moved to Ham Heung permanently to assist Edith and
Duncan MacRae in the opening of that mission station.25 The MacRaes settled in
a thatched, two room Korean house and McMillan established both her clinic and
her residence in a neighboring house of a similar design.26 Upon her arrival in Ham
Heung McMillan was startled at the overwhelming demand for her medical services.
She wrote in her annual report for 1903 that she was astonished by the wretched
conditions:

It was hard to listen to the pleadings of the mother for her crippled
child, or turn away from the poor woman who, with upturned sightless
eyes, knelt and clasped my knees and begged for sight.27

McMillan was deeply affected by the people’s need for medical care and by her own
inability to perform the miracles that they hoped for.

McMillan’s medical work also included responsibility for the health of the
mission staff. Her fellow missionaries appreciated her care and attention to them
as patients. In 1903 smallpox was rampant in Ham Heung and Edith MacRae was

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24 "From Korea: Letter From Dr. Kate McMillan," The Presbyterian Witness, 19 April 1902, 121.
26 MacRae, Tiger on Dragon Mountain, 102.
exposed to the disease by a Korean child. Kate vaccinated Edith but in spite of the precautionary measure, she developed the fever and rash of smallpox which at the time was often fatal. Duncan MacRae was deeply grateful for McMillan's devotion to her patient, and recalled that McMillan appeared to "forget herself completely" and betrayed no fear of contracting the disease herself. Edith MacRae made a complete recovery.

Ham Heung was McMillan's intended place of work and although she settled there in 1903, the establishment of the mission station was delayed until 1905 due to the outbreak of the Russo-Japanese War. Japan declared war on Russia in February 1904 and after the Japanese troops drove the Russians back across the Yalu River, the unrest continued in Northeast Korea. In response to the possible danger to missionaries in northern Korea, in 1904, Ham Heung staff were evacuated to Wonsan. In the interim they lived and worked with the Footes and the Robbs in the Wonsan mission station. The MacRaes did not return until 1905 to begin work in Ham Heung in earnest. McMillan divided her time between Wonsan and Ham Heung from 1905 to 1908 and returned to Ham Heung in 1908.  

During her tenure in Wonsan from 1904 to 1905, true to her dual obligations as an evangelist and a physician, McMillan also made journeys out of Wonsan to the surrounding rural areas. Her medical practice was conducted from her home, and later in a donated building in Wonsan. The initial medical work in Wonsan was

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28 MacRae, A Tiger on Dragon Mountain, 102-103.

carried out in a small room of eight feet square. As equipment and amenities were in short supply, her operating table was the mud floor of the small room. She practiced much of her medicine on her itinerant journeys but even during those times medicine was secondary work compared to her responsibilities teaching the women and assisting the evangelists. In Wonsan McMillan also assumed responsibility for teaching women, especially those who spoke very little English. In addition, she oversaw the opening and management of a girls’ school in 1903.

By 1905 there was a concerted effort at the Wonsan station to give greater attention to the patients who came in large numbers to see McMillan. Regular visiting hours at her home were established and a room was especially outfitted for seeing patients. McMillan and her assistants preached the Christian message to all the patients and their families who came to see them and there was a growing sense of success and accomplishment among the mission staff. By the following year, 1906, the number of patients McMillan saw had continued to increase and increased.

30 PANS MMKC MG 1 Vol. 2290 file 35, Canadian Mission Hospital Hamheung, Korea 1926 (booklet), 1-2.
31 "Korea: Extracts from Dr. Kate McMillan’s Journal," The Presbyterian Witness, 30 August 1902, 278.
35 Ibid.
medical work had progressed, notwithstanding the many interruptions she attributed to her, "necessary and frequent absences from the station." 36 These absences were caused by McMillan's travels to Ham Heung Station, whose staff and congregation were without a physician, as well as by her frequent itinerant journeys that often took two months or more of the year. 37

A significant development in the evangelistic and medical work in Wonsan occurred in 1907. McMillan was bequeathed four hundred dollars by her father to open a dispensary. Medical work in Wonsan began in earnest after the dispensary was opened in 1907. 38 In the report from Wonsan station for 1907 the success of the dispensary was described:

Since opening the dispensary, evangelistic work has been much more systematically and efficiently carried on. We believe that some have been induced to come to church, and others have been kept in touch who would have been lost sight of had it not been for the dispensary. 39

As is apparent, the dispensary was especially valued as a venue for evangelism. While the dispensary was much appreciated, it did not, however, fill all the needs of medical work in Wonsan. Because of the lack of a hospital, seriously ill patients were housed in the waiting room of the dispensary and in the servants' quarters of

37 Ibid., 101-103.
38 APP 34th GA 1908, Report of the FMC 1907-1908, Report of Wonsan Station for 1908, 121.
39 Ibid.
the mission household.\textsuperscript{40}

In 1908 McMillan was transferred back to Ham Heung, her initial appointment, to begin her medical work there. Although she now resided in Ham Heung she continued to hold responsibility for medical care of the mission staff at Wonsan. Her furlough however interrupted work for another year until 1910.\textsuperscript{41}

After her return, McMillan continued to travel and teach on a regular basis. She and her dispensary were recent additions to the station and there were difficulties establishing routine work, as well as interruptions due to additional station responsibilities.\textsuperscript{42} These included the demanding tasks of taking charge of women’s bible study, women’s city work and women’s class work, organizing the work of the bible women in Ham Heung and extensive rural itinerating.\textsuperscript{43}

In 1910 Alex Robb and William Foote wrote to the FMC detailing Kate McMillan’s work and medical responsibilities in Ham Heung and Wonsan. They felt that the work was far too much for one doctor and requested that an additional physician be sent so that both Wonsan and Ham Heung might receive adequate medical service. Robb and Foote were also concerned that the mission families,

\textsuperscript{40} Ibid.

\textsuperscript{41} Scott, Canadians in Korea, 63.

\textsuperscript{42} APP 37 GA 1909, Report of Ham Heung Station for 1908, 121.

\textsuperscript{43} PANS MMKC MG 1 Vol 2290 file 3 1913 Minutes of the Fifteenth Annual Meeting of the Council of the Presbyterian Mission in Korea, 17-19; file 4 A Synopsis of Minutes of the Nineteenth Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1917, 28; file 5 A Synopsis of Minutes of the Twentieth Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1918, 1; file 6 A Synopsis of Minutes of the Twenty-first Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1919, 23; file 7 A Synopsis of Minutes of the Twenty-second Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1920, 18.
especially the children, were not receiving consistent medical care and noted that
the Koreans at both stations were complaining about the lack of dependable
medical service. Their letter requested a male physician as, "in many instances
male patients have diseases which a lady should not be asked to treat, but cannot
be turned away." Evidently Kate McMillan was trying to practice medicine in a
realistic manner and although some members of the mission staff thought the
circumstances were not ideal, she was treating both male and female patients.

McMillan chose to work with men and women doctors, medical assistants
and nurses in her dispensary and later in her hospital. In keeping with the Nevius
method of missions, she was dedicated to educating Korea men and women to
become doctors so that they might carry on with her medical work. McMillan took
a boy under her wing when she first arrived in Korea, taught him English, then
ensured he had the proper preparation for medical school which he subsequently
attended and graduated. The boy, later known Dr. Mo, returned to Ham Heung to
work with McMillan in the mission dispensary. In addition, two of her other
medical assistants went on to medical school in Korea.

In 1912 the medical work in Ham Heung received a boost when a hospital
was built and equipped to accommodate fifteen beds and Mo was appointed as

assistant physician. Notwithstanding the increased resources and opportunity for medical work, in 1912 McMillan spent five weeks itinerating and many weekends visiting nearby churches to teach. McMillan was, therefore, taxed by her workload and the frustrations of keeping up with all her duties.

In 1915 she confided to Edith MacRae, one of the few Canadian women in the Korea mission field with whom she had regular contact,

I do not know where my days go at night it seems as if I did nothing, but I am all tired out. And I spent all of November and December in the country so I got way behind with city work and have not overtaken it yet... But oh dear! When I stop to think of all the work that we can not even begin to reach, if I think of it for even ten or fifteen minutes I actually feel as tired as if I climbed a hard long hill and when they come in and ask for help and say that they have nothing to live on and I have to refuse them I feel more tired than after a good half days stirring work.

Overburdened with responsibilities McMillan was distressed at her inability to keep up with the demands of her assignment. She was beginning to see her task differently and recognized the necessity of attention to the material needs of her patients in addition to their spiritual needs. Her medical practice, teaching duties and itinerant responsibilities were beyond the time or energy she had to complete satisfactorily any of her work.

McMillan’s dedication to her medical practice and her concern for her

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47 Ibid.

48 PANS MMKC MG 1 vol. 2257 file 93 McMillan to Edith MacRae 8 February 1915.
patients was noted by her colleagues at Ham Heung. Edith MacRae was a notorious gossip and her opinions of Kate McMillan varied widely, describing her once as "a dear, kind lady" and another time as "a fine worker, clever and all that, but she is one of those dried up fussy old maids that care for nothing, but work and takes the very solemn, saddest view of life." However, it was evident from MacRae's letters home to her family in Cape Breton that Kate McMillan spent a great deal of time caring for the health of the missionary families as well as Korean patients. McMillan delivered the MacRae children, tended to their routine medical needs and cared for both Edith and Duncan when they were ill.

In 1915, fourteen years after the WFMS had sponsored Kate McMillan's venture into Korea, the WFMS admitted that with regard to the Korean mission field, "Medical work has not yet been developed to any great extent in our mission, largely because the evangelistic and educational side of the work has made so many demands." While recognizing the preeminence of evangelistic goals, the WFMS evidently placed a high priority on medical work. This reflected McMillan's

49 PANS MMKC MG 1 vol. 2252 file 10 Edith MacRae to "Dear Mama"; file 11 Edith MacRae to "Dear Folks" 19 January 1905; file 17 Edith MacRae to "My Dear Mama" 24 November 1912; MG 1 vol. 2278 File 3 Duncan MacRae, Report of the Ham Heung City and Substations of Northern Circuit 15 August 1903.

50 PANS MMKC MG 1 vol. 2252 file 13 Edith MacRae to "My Dear Grandpa & Grandma" 4 February 1908.

51 PANS MMKC MG 1 vol. 2252 file 10 Edith MacRae to "Dear Mama".

52 PANS MMKC MG 1 vol. 2252 file 7 Edith MacRae to "Dear Mary" 7 February 1902; file 15 Edith MacRae to "My Dear Mama" 7 February 1910; file 17 Edith MacRae to "My Dear Mama" 24 November 1912; "Letter from Robt. Cumming," Presbyterian Witness, 17 April 1903, 166; and "Korea," Presbyterian Witness, 23 September 1905, 297.

own experiences at Wonsan and Ham Heung. She struggled to continue her medical work but was only moderately successful in integrating her medical practice into her additional responsibilities.

McMillan died suddenly in Korea in February, 1922. She fell ill with typhoid fever while treating an epidemic that had broken out in the girls' school dormitory. She treated seven young girls with the fever until she caught typhoid herself and succumbed. She was buried in the foreign cemetery in Ham Heung.54

McMillan's strong spirit of evangelism was reflected in the memorials to her after her death. She was fondly remembered and lauded by her colleagues for devoting, "her time, strength and talents to the services of the sick and suffering, and to the extension of Christ's Kingdom...more than one group of Christians started as patients in her hospital."55 McMillan was lauded, therefore, for dedicating her life to the social uplift of the Koreans and for dedicating her life to the extension of the Christian Korean community and ultimately, God's kingdom. A photograph of her funeral procession shows the streets overflowing with mourners, some standing on the roofs of houses to see the procession.56 The funeral combined Christian and Korean traditions, an indication that through the Nevius method of missions, Christianity had been able to shed some of its western traits.

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54 PANS MMKC MG 1 vol. 2273 file 27 Obituary for Dr. Kate McMillan The Message 1 April 1922 and Murray, At the Foot of Dragon Hill, 40-41.

55 PANS MMKC MG 1 vol. 2290 file 9 A Synopsis of Minutes of the Twenty-Fourth Annual Meeting of the Council of the Korea Mission of the Presbyterian Church in Canada, 1922, 7.

56 PANS MMKC MG 1 vol. 2301 file 4, photograph.
During McMillan's tenure in Wonsan she had worked closely with William Foote and his wife Edith and Alex and Bessie Robb and Alex's sister, Jennie. In Ham Heung, she had assisted Duncan and Edith McRae with the Station duties. While McMillan had participated extensively in the itinerating, teaching and services of both mission stations, as a woman she was not an ordained minister and thus she had not been expected to take a leading role in the evangelistic work of the station.

The men were responsible for the bulk of the preaching and organizing at the congregational level and this had freed McMillan to pursue medical work more often than her male colleagues. The women, including McMillan, had taken charge of the educational work, especially teaching young girls in day schools and illiterate women in the evenings. Edith MacRae and Bessie Robb assisted their husbands with their work in the congregation and in itinerant travel but once they had children they remained close to the mission stations while their husbands continued to travel.57

Throughout her tenure at Wonsan and Ham Heung stations, McMillan had cared for patients, taught and traveled on itinerant ventures into rural Korea. From all outward appearances she had attempted to integrate both the evangelistic and medical aspects of her profession and, given the constraints of her posting, had been moderately successful. McMillan had experienced frustration over her divided

57 MacRae, Tiger on Dragon Mountain, 77-149.
responsibilities between temporal and spiritual work but her evangelistic duties had not completely obstructed her opportunity to pursue medicine.

A comparison of Kate McMillan and Robert Grierson and their work in Korea reveals that they shared similar difficulties and complaints in their work. Time, money, supplies and staff were consistently in short supply and the missionaries' medical, evangelistic and administrative responsibilities were at times conflicting and often overwhelming. Grierson was, therefore, not alone in his struggle to fulfill multiple roles and responsibilities in the Canadian Presbyterian mission to Korea; his female colleague, McMillan, also faced significant challenges in her role as a physician and a missionary at Wonsan and Ham Heung stations.

McMillan's experiences on the mission field, however, did differ in some respects from Grierson's in Sung Chin. As she was not an ordained minister, McMillan was less encumbered by evangelistic responsibilities and enjoyed a greater opportunity to harmonize the practical responsibilities of both her medical and evangelistic work. Thus, Grierson faced greater difficulties than McMillan in maintaining his medical commitments.

Historians have argued that social service was a more accepted venue for female mission service and women were particularly successful in these missions. The ministries of compassion, teachers, nurses and doctors were almost solely managed by women while men assumed the role of pastor in a mission station and
in that capacity favored direct evangelism. They may not, however, have taken into account the heavy load placed on female missionaries. Following the model of these historians, in McMillan's case, it is evident that while she had a greater opportunity than Grierson to pursue medical service, she was not exceptionally successful as a medical missionary and experienced practical difficulties as an evangelist and a physician.

**Florence Murray**

In 1921, a year before McMillan's death, the Canadian Presbyterian mission to Korea acquired a new physician. Florence J. Murray joined Kate McMillan and the mission staff in Ham Heung. A recent graduate of Dalhousie Medical School, Murray planned to assist McMillan in her medical service at the Ham Heung mission hospital and dispensary. Murray's career in Korea as a medical doctor and a Presbyterian, and after 1925, United Church, missionary was long and successful. With the exception of her furloughs and a return to Canada during the Second World War, Murray remained in Korea from 1921 to 1969. Her devotion to medical service and the United Church of Canada has been celebrated by Koreans and Canadians alike.

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60 UCA Biography File M35.
Florence Murray was born in Pictou Landing, Nova Scotia and raised in a strict but loving Presbyterian home. During her youth, the Murray family resided in Eastern Nova Scotia and Prince Edward Island. Her father, Robert Murray, was a Presbyterian minister and she attributed her dedication to foreign mission service to his inspiration. Murray attended Prince of Wales College in Charlottetown. She originally wanted to be a minister but knew this to be impossible as the Presbyterian church did not accept women as ministers at the time. In 1914, deciding instead to become a physician, Murray moved to Halifax to begin medical studies at Dalhousie University. During World War I she gained a variety of practical medical experience in Nova Scotia: serving as a nurse in Halifax, as an anesthetist in the YMCA emergency hospital after the 1917 Halifax Explosion and as a community physician in Lockeport, Nova Scotia during an outbreak of Spanish Influenza. After graduating from Dalhousie in 1919 Murray began a medical internship with a hospital near Boston. Dissatisfied there, she returned to Nova Scotia in short order and received further training with a Halifax surgeon.\(^\text{61}\)

After she applied and was accepted as a volunteer for mission service, Murray arrived in Korea on August 21, 1921 and was assigned to Ham Heung station to work with Kate McMillan. She was initially horrified at the condition of the hospital in Ham Heung. When Murray began work with McMillan, she felt that not enough of the previous mission effort had been devoted to the hospital and

\(^{61}\) ibid., 104-109.
dispensary. She found the hospital to be poorly lit, badly designed as well as unsanitary and unhygienic as she described graphically in a letter to her brother Foster:

A lot of dirty water had been thrown out the back door and was reeking in the sun ... Two pus pans half full of pus and dirty dressings were sitting on the ground just outside the door attracting flies and some bloody dressings were occupying a place on the back door step, while a dirty bedpan was keeping it company not far off.62

Finding her surroundings less than adequate, Murray was also doubtful about the medical skills of Kate McMillan, her new colleague, who had built and overseen the medical work in Ham Heung. Murray disapproved of the standards and quality of McMillan's medical and surgical work and protested in a letter home that:

It is impossible to carry on any decent kind of medical or surgical work without a foreign nurse to oversee things. Dr. McMillan graduated in 1901 and she told me herself she had got scarcely a new book in all that time ... she doesn't do any surgery herself, but leaves it all to the Korean doctor... The way they do things horrifies me.63

After her arrival in Ham Heung, Florence Murray did not remain for long. First, she traveled to Seoul for language training and then to Yongjung on a temporary assignment to replace Dr. Stanley Martin, another Canadian Presbyterian, in his mission clinic. Murray returned to Ham Heung after Kate McMillan's sudden death. She was now responsible for Ham Heung hospital and she felt the burden of bringing it up to standard and distinguishing herself from

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62 PANS MMKC MG 1 Vol. 2276 File 1 Murray to "Dear Foster" 21 September 1921.

63 Ibid.
some of the American women physicians whom she found less than professional:

...my little job seems to be to transform Hamheung Hospital from what it was into one of the best and most flourishing mission institutions in Korea and incidentally demonstrate to the missionary community that women doctors are not necessarily cantankerous and inefficient.64

Murray’s dedication to a strong professional medical ethic was evident from the time she first arrived in Korea. She commented frequently on the challenges faced trying to maintain standards and provide quality medical service in facilities of less than ideal standards.65 Murray found this burden particularly heavy after McMillan’s death. Her colleague Bill Scott quoted her initial description of Ham Heung hospital in his history of the Canadian Presbyterian mission, written in 1975, "...no anaesthetic room; no running water; no electric lighting; the septic tank out of order; the staff over-worked; the work half done."66

In 1923 Murray found the struggle to reopen Ham Heung hospital, which had closed in 1922 after McMillan's death, to be an onerous task. She admitted that she was having difficulty meeting her own expectations and was further frustrated by funding shortages. In response, the mission hospitals adopted a policy of self-reliance for the hospitals which included charging fees for services. This was a marked difference from Kate McMillan’s tenure when the hospital was endowed with

64 PANS MMKC MG 1 Vol. 2276 file 3 Murray to "Dear Father" 27 December 1922.

65 PANS MMKC MG 1 Vol. 2276 File 1 Murray to "Dear Foster" 21 September 1921, Murray to "Dear Mother"; File 2 Murray to "Dear Boys" 25 January 1922; File 3 Murray to "Dear Alexander" 22 July 1922, Murray to "Dear Folks" 6 August 1922; File 4 Murray to "Dear Sister and All the Folks at Home" 18 March 1923, Murray to "Dear Mother" 25 March 1923.

66 Scott, Canadians in Korea, 124.
private funds and the patients had been treated without charge. The patients in Ham Heung were displeased. Murray commented in a letter to her brother Foster, "I am not a very much loved person right now. Oh the joys of being a medical missionary, without staff, without money and we are now to quite a large extent without patients." 

McMillan and Murray Compared

Unlike McMillan, Murray's career has received significant scholarly attention recently by Ruth Compton Brouwer and hence will not be examined in depth. In commenting on Murray's assessment of Kate McMillan's work, Brouwer concludes that McMillan had been primarily concerned with evangelism and neglected her medical work in favour of evangelistic duties. She also infers that McMillan practiced according to the "women's work for women" approach to medicine and only treated women and children. Brouwer establishes that Murray was an accomplished female missionary who found her success through a dedicated medical practice that did not exclude male patients or colleagues. Murray was seen to represent a significant shift from the expectations of the female graduates in medicine in the nineteenth century who identified their patients primarily as women and children. Brouwer further argues that Murray was devoted to a new standard

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67 PANS MMK MG 1 Vol. 2276 File 5 Murray to "Dear Foster" 30 December 1923.

of western professionalism which she applied to her own medical work.\textsuperscript{69}

In her assessment of Murray and Murray’s relationship with Kate McMillan, Brouwer has not considered fully the complexities of McMillan’s medical career in Ham Heung. McMillan was dedicated to her medical work and the evidence suggests that rather than neglecting her medical duties in favour of evangelism, she struggled to carry out both responsibilities. Also, while missionary medicine was applied along gender lines in some American mission centers, in Ham Heung, as we have seen, Kate McMillan treated both men and women alike.

How then did McMillan and Murray identify themselves as physicians and as evangelists? Florence Murray was particularly vocal about her perceived role as a physician in Korea. She was adamant that it was her role to improve the poor conditions and medical standards of Ham Heung hospital and bring it to a modern standard. As mentioned earlier, Murray noted that her predecessor, Kate McMillan had graduated in 1901 and had since done little to update her skills. Evidently Murray was confident that her modern and scientific education was superior to McMillan’s nineteenth century medical education combined with twenty years of experience.

Murray may have been justified in making a distinction between the standard of her medical education and that of McMillan’s. Canadian and American medical education had significantly improved since McMillan’s graduation in 1901.

\textsuperscript{69} Ibid., 103-128.
Academic medicine professionalized shortly after the turn of the century and influenced the clinical and the practical science curriculum in North American medical schools. After 1900, clinical teaching improved, with greater patient contact and an increased use of hospital settings in medical training. In addition, after 1910, medical school faculty were increasingly full time instructors who dedicated their careers to teaching medicine.\textsuperscript{70}

Many private medical schools were forced to close after 1910 due to the financial burden of providing increasingly expensive laboratory equipment necessary for a modern school and their inability to meet the increasingly onerous requirements of licencing agencies. As a result, from 1910 to 1920, the remaining medical schools raised their admission standards and graduation requirements. The emphasis in medical schools, many of them affiliated with universities by the time of Murray's training, was on research and academic education rather than practical medical training. By 1920 medicine had been elevated from a practical skill to an academic discipline supported by an increasing body of scientific knowledge.\textsuperscript{71}

Undoubtedly there was a difference between Murray and McMillan's medical education; however, it appears unlikely that Murray was better educated compared to her generation of physicians than McMillan was compared to her own. McMillan


\textsuperscript{71} Ibid., 140-146.
could not afford the equipment to which Murray would have been accustomed in Canada. Therefore, Murray's assessment of McMillan as an unskilled and uneducated physician more likely reflects horror and surprise at the "bush medicine" practiced in Korea rather than being a realistic assessment of McMillan's actual medical skill.

The difference between McMillan and Murray were less significant, however, when it comes to evangelism. While Brouwer has clearly established Murray's credentials as a physician, she has not examined the fact that, like McMillan, Murray was guided in her work by her faith which she expressed by participating in the evangelism of the medical mission. In 1926, a United Church of Canada pamphlet describing the work and staff of the "Canadian Mission Hospital in Hamheung Korea" described the daily prayer services led by hospital staff and attended by patients and their families. There were also evening services and special liturgies on Sundays. Like McMillan, Murray recognized the significant role of medical services in bringing converts to Christianity. She occasionally criticized other physician missionaries for missing out on evangelistic opportunities due to failing to provide medical services. Along with criticizing an American hospital in Korea for limiting their patients to women and children, Murray felt that they were giving up a significant evangelistic opportunity by refusing to do "out-calls" from the clinic. In her experience, "a large number of our out-call patients are touched and decide to

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72 PANS MMKC MG 1 vol. 2290 file 35 pamphlet, Canadian Mission Hospital Hamheung Korea 1926 published by the United Church in Canada.
believe and attend church." In the 1920's, although it had become more prominent, the social gospel model of medical the work of medical missions continued to carry the expectation of evangelism along with providing a compassionate medical practice.

During her time in 1922 in Yongjung with Dr. Stanley Martin, Murray wrote to her family telling of a patient who, along with the patient's family, decided to become Christian. Murray had told her family in Nova Scotia, "It is a great thing to have people like that go back to their heathen village and tell what has been done for their bodies at the Christian hospital." Murray, like McMillan, strongly articulated the importance of service in her work in addition to her interest in the evangelistic nature of medicine. She wrote home, "There can't be any greater pleasure or satisfaction in life in helping those who can't help themselves and who there is no one else to help." In writing her memoirs in 1974, Murray recalled that she was often asked, "Were you a doctor or a missionary?" to which she replied, "I hope I was both."

Florence Murray was, like Kate McMillan, a devoted evangelist who cared about the spiritual transformation or conversion which her medical service might bring to her patients and their families. It is significant however, that unlike

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73 PANS MMKC MG 1 vol. 2276 file 3 Murray to Father 27 December 1922.
74 PANS MMKC MG 1 vol. 2276 file 2 Murray to "Dear Folks" 12 April 1922.
75 PANS MMKC MG 1 vol. 2276 file 2 Murray to "Dear People" 28 April 1922.
76 Murray, At the Foot of Dragon Hill, xiii.
McMillan, her evangelistic endeavors were closely tied to her medical practice. Her obligation to the mission effort was to provide the highest level of medical service of which she was capable within the prayerful environment of the Christian hospital. This is significantly different from the experience of Kate McMillan who served as a doctor, teacher, itinerant evangelist, hospital administrator and station secretary during her tenure in Ham Heung.

McMillan and Murray were equally bedeviled by a shortage of funds, a lack of supplies, a demanding patient population and a persistent scarcity of time to manage their daily responsibilities. Both laboured to provide quality medical care and remain true to their calling as evangelists, yet their careers were also dissimilar given that Murray arrived in Korea twenty years after McMillan.

By the end of World War I there was no longer an expectation in the mission that generalists would best serve the mission effort. Instead, room was made for specialist missionaries who either served solely as ministers or, like Murray, solely as physicians. McMillan experienced practical difficulties in her work as a result of the tensions between the evangelistic and the social gospel mission models. By Murray’s arrival in 1921, physicians had a defined place for their profession within the mission objective.
CONCLUSION

As the Canadian Presbyterian mission to Korea developed it subtly drew away from the original model of evangelism introduced by the pioneering missionaries and moved more clearly towards missions of service and compassion. Once the Canadian missionaries began their work, which initially focused on conversions, they saw the practical needs of the people and responded by first trying to both evangelize and provide services with schools and medical facilities. They later moved to greater differentiation in their objective, with ministers pursuing evangelism and physicians practicing medical work. This change was aided by shifts in approaches to Christianity in Canada, as liberal evangelicals began to replace some of their earlier emphases on conversion and personal salvation with a social gospel which focused on uplifting the moral character of all of society.77

The two ideals of mission were simultaneously applied until 1913, when the view of the social gospel came to prominence, and by 1920 eventually replaced the traditional evangelistic mission model. 78 Until that time there was tension in the mission field as missionaries were assigned to work under ambiguous, and at times conflicting, goals. Particularly problematic for the missionaries was the provision of medical service as part of the mission objective of establishing a Christian presence. This had initially been used to gain leverage in bringing about

77 Fraser, The Social Uplifters and Allen, The Social gospel in Canada.
78 Scott, Canadians in Korea, pp. 63, 117-125.
conversions but with the coming of the social gospel movement, medicine became a compassionate service, which the missionaries could provide. By the early 1920’s, medicine and schooling had become the solid base of the Canadian Presbyterian mission. Evangelism was still a significant component in the responsibilities of the physician missionaries but there was greater accommodation for the provision of social services for their own sake rather than as leverage in bringing about conversions.

This transition in mission thought has been described by William Hutchison and Robert Wright who argue that Protestant mission agencies were caught between the traditional evangelistic agenda and the new model of missions based on foreign outreach. The traditional evangelical world-view in North America which prescribed conversion to Christianity as the solution to societal ills was in direct conflict with the realities encountered on the mission field. When the strictly evangelistic model of the nineteenth century was replaced with a more inclusive social gospel approach at the turn of the century there was significant ideological tension for mission activists in North America. As we have seen in this study, missionaries on the field, unlike mission activists at home, experienced tension not in ideological but in very practical terms.

The careers of the three individuals examined in this study bear witness to this tension. Robert Grierson was a pioneering member of the Canadian

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79 Hutchison, Errand to the World and Wright, A World Mission.
Presbyterian mission to Korea and the first physician sent by the mission. He championed the cause of medical work within the mission but as an ordained minister he was constrained by the practical realities of his mission responsibilities. According to both the evangelistic and the social gospel mission model, Grierson embodied the ideal missionary: he possessed the skills to evangelize and to heal the unconverted. Unfortunately, due to his extensive evangelistic duties he did not have the time to devote to his medical practice. Grierson was not able to develop medical service in Sung Chin until 1913 when he renounced all other duties. The pressure of working under two distinct mission models caused significant difficulties for Robert Grierson.

He was not alone in his struggle to fulfill multiple roles and responsibilities in the Canadian Presbyterian mission to Korea. Grierson’s female colleague, Kate McMillan, also faced significant challenges in her role as a physician and a missionary in Korea. When she first arrived, McMillan saw her medical work as contributing to the aim of converting Koreans to Christianity, according to the evangelistic model of missions. Like Grierson, McMillan’s views changed when she saw the physical needs of her patients. McMillan struggled to continue her medical work but was only moderately successful in integrating her medical practice into her additional responsibilities.

As a woman, McMillan’s experiences on the mission field did differ in some respects from Grierson’s. Male missionaries were responsible for the evangelistic burden of the mission and the larger share of itinerant and administrative duties.
As women were not yet ordained as ministers, social service was a more accepted venue for female missionaries and thus McMillan was somewhat less encumbered by administrative and evangelistic responsibilities and enjoyed a greater opportunity to pursue both evangelistic and medical work.

Similar to McMillan, Florence Murray was a devoted physician and evangelist who hoped that she could provide sound and successful medical care for her patients and also hoped that her patients' experience in a Christian hospital would help to bring about a spiritual transformation. Unlike McMillan, however, her evangelistic endeavors were closely tied to her medical practice. Her obligation to the mission effort was to provide the highest level of medical service of which she was capable within the prayerful environment of the Christian hospital.

It was not until the time that Murray's generation of physician missionaries joined the Canadian Presbyterian mission that male and female physicians were able to find a professional identity and niche within the mission structure. By the time Murray joined the Presbyterian mission in 1921, social service missions in Korea were well established and the social gospel model of missions was more firmly in place. Ultimately, but in different gendered ways, the success and frustrations experienced by Grierson, McMillan and Murray had been exacerbated by the practical conflicts between the evangelistic and social gospel models of mission that defined their medical and ministerial professions in Korea during the first two decades of the twentieth century.
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APPENDIX A: Photographs of Grierson, McMillan and Murray

Robert Grierson

Source: Public Archives of Nova Scotia Maritime Missions to Korea Collection MG 1 Vol. 2297 File 3
Kate McMillan

Source: Public Archives of Nova Scotia Maritime Missions to Korea Collection MG 1 Vol. 2301 File 4
Dr. Florence Jessie Murray at age 25.

"It has an unusual charm: a picture of primitive Manchuria and Korea, and the picture of an extraordinary woman—intelligent, courageous, sensible, sensitive, and, above all, devoutly religious. Or perhaps above all a magnificent doctor. I found the feeling for her suffering patients, for comedy, for the gift of bringing the message of Christ's love to a people who worshipped and lived in terror of spirits, an extraordinary combination."

—Rachel MacKenzie

APPENDIX B: KOREA 1898-1936