CHAPTER FOUR

JAPANESE INVASION, ARMY MEDICINE, AND THE CHINESE RED CROSS MEDICAL RELIEF CORPS (CRCMRC), 1937–1942

*It was not until the War of 1914–1918 that military hygiene really came into its own; and it was only then, and since then, that worthwhile results have been achieved.*

—Field Service Hygiene Notes, India, 1945

The Japanese invasion in 1937 precipitated the most serious military crisis in China since the outbreak of the Taiping Rebellion in 1851. The invaders were determined to punish the Nanjing government and its people and had a huge array of 20th century weapons with which to do so. Despite Chiang Kaishek’s determination to defend Shanghai and Nanjing, the Japanese military, with their superior firepower, were able to overwhelm stubborn Chinese resistance. When Chinese armies retreated to Nanjing, only to abandon it in mid-December, the Japanese pounded their way into the capital, reduced much of it to rubble and subjected its Chinese inhabitants to a bloodbath.

These shocking developments exposed China’s unreadiness for all-out war. China’s armies had only marginal health services incapable of dealing with the Japanese onslaught. Its fragile civilian public health services were in no position to support so many wounded soldiers and terrified civilian refugees. Unknown tens of thousands were abandoned on battlefields or left to die by the roadside. The government, struggling to reorganize in Wuhan, would within a year move much further west to Chongqing, surrendering east China to the enemy. Millions of east China’s people were left to shift for themselves.

It is not often that large populations are subjected to such massive destruction and chaos. What resources did China have within its great civilization to respond to such a battering? Here is where the modern health reformers met their greatest test. They did respond, and with considerable effect, using the CRCMRC to come to the rescue of China’s soldiers. But in doing so they ran into damaging opposition from both domestic and foreign sources. Chapters four and five explore these struggles to assess what was accomplished and at what cost.
PART I: CONSTRUCTING A MODERN MILITARY HEALTHCARE SYSTEM

Army Medical Services up to 1937

Modern army medical service in China began with the founding of the Beiyang (later Naval) Medical College in Tianjin in 1893 and the Beiyang Military Medical Academy (Beiyang junyi xuetang 北洋军医学堂) in the same city in 1902. By 1912 the upgraded Army Medical School (陆军军医学校) had graduated 136 physicians from a four-year program and 18 pharmacists from a three-year program.1 During the early years of the Republic (1911–1949) the Army Medical School moved to Beijing, where it added graduate departments and a clinical training program. But with the onset of warlord power struggles, the School suffered constant turnover in leadership, and in 1932 the Naval Medical College closed.

In 1929 the new Nationalist Government set up an army medical office at Nanjing in the Ministry of Military Affairs (军政部军医司), under the direction of Dr. Hao Zihua (郝子华 Hou Tzu-hua).2 The former PUMC director Dr. Liu Ruiheng (刘瑞恒) was appointed to supervise the medical office attached to Chiang Kai-shek’s headquarters.3 Later that year Dr. Liu appointed the PUMC-trained physiologist Dr. Lu Zhide (卢致德 C. T. Loo) head of the medical department of the Central Military Academy in Nanjing, to upgrade military medical training.4

As a result of Japanese military incursions into north China, the Army Medical School moved to Nanjing. It organized an ambulance corps and began preparing for a war of resistance. In 1934 Dr. Liu Ruiheng became its director as well as head of a Military Medical Planning and Supervisory Commission (军事委员会军医设计监理委员会). A strong opponent of German medical practice, he discharged the existing faculty, overhauled the curriculum, and appointed the American-trained surgeon and hospital administrator Dr. Shen Kefei (沈克非) dean of studies. In 1935 the government merged the Military Commission’s medical affairs unit with the Ministry of Defense’s medical office to form the Army Medical Administration (junyishu 军医署 AMA), placing it under Dr. Liu’s direction.5

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2 Dr. Hao was a graduate of the Army Medical School; he served in various warlord armies in the 1920s but joined the Northern Expedition as surgeon general and chief of a field hospital. China Weekly Review (1936), 78–79.
3 Wong and Wu (1936), 763. This office would have gone to Dr. Jin Songpan, had he not disapproved of the White Terror and made himself unavailable.
4 Bowers (1972), 160.
5 Yang Wen-tah (1989b), 123.