CHAPTER FIVE

HOW RIGIDITY, DISEASE AND HUNGER UNDERMINED NATIONALIST CHINA’S MILITARY MEDICAL REFORMERS

An army marches on its stomach.
—Attributed to Napoleon

There are no bad regiments; there are only bad officers.
—Field Marshal William Slim

His achievements should go down in history (said of Lin Kesheng)
—Wu Hongzi

The crisis caused by Lin Kesheng’s resignation from the MRC demonstrated that civilian auxiliaries such as the Red Cross Medical Relief Corps could not compensate for deficiencies in Nationalist China’s military medical systems. This is the basic problem that the military medical reformers could not overcome and that left Nationalist China’s soldiers in the lurch. But there were larger problems in Nationalist China’s military command system that caused its leaders to criticize and downplay Lin’s pioneering military medical work. Care of wounded and sick soldiers was not high enough in their scale of values to warrant the degree of resource mobilization and organizational empowerment that Lin had accomplished. We have already explored this problem in relation to Communist penetration of the MRC, but the problem is larger than that. It is reflected in the unwillingness of the military leaders to feed Nationalist China’s soldiers properly, or to operate a legitimate conscription system, or to concentrate resources on defeating the Japanese military. Although the military medical reformers found ways to work around these obstacles, they could not overcome them.

This chapter explores that basic problem, beginning with its impact on Dr. Lin’s work and its impact on the MRC. We will look at ways in which the medical reformers, aided by American logistics, worked around

1 Wu Hongzi (吴宏字) (1987), 141.
2 Thus the observation of a military historian, that “no general ever won a war whose conscience troubled him or who ‘did not want to beat his enemy too much.’” Dixon (1994), 15.
the military leaders in Chongqing and then examine the problems of
nutrition and conscription that beset Nationalist Chinese armies in the
last year of the war. The replacement of He Yingqin by Chen Cheng as
Minister of Defense in December 1944 provided a last ditch opportunity
for the military medical reformers to work with a leader sympathetic to
their work.

_Eclipse of Lin Kesheng and the MRC_

The eclipse of Dr. Lin, beginning with his resignation from the CRCMRC
in September 1942, continued with his removal from the Emergency Med­
cial Service Training Schools in August 1943 and with the resignation of
his friend and colleague Dr. Lu Zhide as director of the Army Medical
Administration at the end of 1943. A major decline in the front line out­
reach of the Medical Relief Corps went along with the ouster of Dr. Lin
from leadership in the field of army healthcare until after Chen Cheng
became Defense Minister. The differences that helped to bring him down
were over values, goals and resources, as well as a need expressed by his
staff for more rewarding work.

For General He Yingqin the problem boiled down to insubordination.
Traditionally army medical personnel were untrained and had no profes­
sional status. Their main job was to get wounded bodies off the battle­
field. What happened to the bodies after that was of little concern to army
authorities. Dr. Lin, however, not only trained healthcare rank and file
but brought in professionally certified physicians, surgeons and nurses,
in other words educated people, to take charge of the rescue and care
of wounded and sick soldiers. In a meeting on November 5, 1942 with
Dr. Phillips Greene (American Red Cross), Dwight Edwards (United China
Relief) and Dr. George Bachman (ABMAC), General He Yingqin report­
edly told these American civilian health representatives why, during the
previous year, the Emergency Medical Service Training Schools (founded
by Lin) had been an increasing thorn in his flesh, “as it was giving rise to
a new group of men within the army medical program but having a politi­
cal color of their own and proving rather unwilling to cooperate and quite
outside army discipline.”

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3 Phillips F. Greene to Richard F. Allen, Vice Chair, American Red Cross Insular and For­