The Services

Dr. Charles Winfield Service and Mrs. Robina (Morgan) Service were medical missionaries of the West China Mission located in Sichuan Province from 1902 to 1930. They served with both the Methodist Church of Canada and after church union in 1925, The United Church of Canada. Charlie was a surgeon and an ordained minister graduating from Victoria College in 1895 and Trinity Medical College of the University of Toronto in 1899. Robina received her nursing degree in 1899 from Brockville General Hospital.
**Language Training in Wuhu**

Charlie and Robina sailed from Vancouver to Shanghai in 1902. Although their eventual posting would be further up the Yangtze River in Sichuan Province, a decision was taken to delay the arduous journey through the Yangtze gorges, as Robina was expecting their child Winnifred. They traveled as far as the mission station in Wuhu, a commercial river port on the Yangtze River, where they were assigned to language training.\(^1\) This one-year posting was advantageous for Charlie and Robina, as the Wuhu Mission was administered by Dr. Edgerton Hart, the son of the first superintendent of the Canadian Methodist Mission (CMM) which was founded in 1891. Dr. Virgil Hart had established numerous mission stations in central China, for the Board of Foreign Missions of the Methodist Episcopal Church USA, and his experience building a hospital and a university-based medical school in Nanjing provided a template for the CMM.\(^2\)

Charlie learned about the work of the Hart family, as a young child growing up in Athens, Ontario. His father Rev. William Service was appointed to the Athens Methodist Episcopal Church from 1877-1880, and Charlie would later return to Athens for his high school education.\(^3\) Athens, located in eastern Ontario, was the childhood home of Miss Adeline Gilliland who married Dr. Virgil Hart in 1865, and it was Mrs. Hart who convinced her husband to defer his retirement plans and to accept the role of superintendent of the CMM.\(^4\) The influence of this small town was far-reaching, and it is remarkable that two women, from the local Methodist church, played such effectual roles in the diffusion of medical knowledge. Adeline Hart was the first Canadian woman to live in China, and her son would later reflect that “many of the institutions which he [his father] was instrumental in establishing, such as the famous hospital and college in Nanking, owe their first inspiration to her”.\(^5\) Another Athens resident Dr. Leonora Howard King founded a hospital in Tianjin and the first medical school for women in all of China.\(^6\) In recognition of her treatment of Chinese soldiers during the 1894 war against Japan, she was awarded the Imperial Order of the Double Dragon, which was the first time a western woman was given such a prestigious honour.\(^7\) These local missionary connections had a profound impact on Charlie, and when he “was a young boy, he formed the decision to come to


\(^{3}\) The conventional form of Tianjin is Tientsin.

\(^{4}\) “Ministers”, *Athens (Farmersville) Episcopal Methodist Church – Yonge Township, Leeds County, Ontario*, https://krassoc.wordpress.com/2012/12/01/athens-methodist-episcopal-church/. It should be noted that Athens was originally called Farmersville until 1888.


\(^{6}\) E.I. Hart, D.D., *Virgil C. Hart: Missionary Statesman, Founder of the American and Canadian Missions in Central and West China*, (Toronto: McClelland, Goodchild and Stewart, 1917), 25. It should be noted that the spelling of Chinese cities varies due to English transliteration and Nanjing is called Nanking.

\(^{7}\) The conventional form of Tianjin is Tientsin.
China”. His connection with eastern Ontario would remain throughout his life and just as they were “proud to claim Dr. Service, as a Leeds County boy”, he was honoured that the young people of the Brockville District Epworth League sponsored him and annually raised funds to support his career in China.

Charlie was also exposed to the missiological approach of Dr. and Mrs. Hart through his university affiliations. While he was attending medical school in January 1897, Victoria College organized a farewell meeting in honour of Dr. Hart’s imminent departure to Sichuan and Charlie, as the secretary of the Student Volunteer Movement, presented Superintendent Hart with a formal memento. Just five years later, Charlie would have the opportunity to observe first-hand the missiological potential of the Hart philosophy, where education and medicine were used as catalysts, to improve social conditions and to accelerate the acceptance of missions. In 1903, Charlie wrote a letter, to the General Board of Missions of the Methodist Church of Canada, to reinforce the importance of education and medicine to the overall missionary enterprise: “What China needs” stated Charlie was “educational institutions, hospitals, Bible societies, societies for the preparation and diffusion of books of knowledge of every kind”. Charlie never wavered from his missiological support for the diffusion of knowledge, and as his colleague Dr. George Sparling observed, “from the time that he first came out he constantly urged that there should be a University opened and that in the University there should be a College of Medicine”. In subsequent years, Charlie would join many others to implement this collective vision of the West China Mission, and he would nurture a university “as a missionary statesman furthering medical education”.

**Life in Leshan**

Upon completing their language studies in 1904, Charlie and Robina continued their journey up the Yangtze River to their final destination in Leshan, located close to Mount Omei. One of their first tasks was to repair the hospital, and they insisted that it be an aseptic environment which was medical protocol since the turn of the century. This task was a typical assignment for medical missionaries, and over the years, Charlie would often lament that “valuable time and skill” was lost on the building and repairing of medical structures, in preparation for their “real

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8 Rev. George Sparling, Address given at “A Friend and Fellow Missionary Laid to Rest”, Memorial Service for Dr. Charles Winfield Service, March 13, 1930, Si Shen Si Church, Chengdu, West China.  
13 Sparling, Address for Dr. Charles Winfield Service.  
15 Austin, Saving China, 174; George Bond, Our Share in China and What We are Doing with It, 2nd ed. (Toronto: The Missionary Society of the Methodist Church, 1911), 107; Atul Gawande, “Slow Ideas”, The New Yorker, 29 July 2013, https://www.newyorker.com/magazine/2013/07/29/slow-ideas.
work of ministering to the sick”. These tasks were undertaken with Dr. W.F. Adams, a trained doctor and dentist, and although both missionaries had a medical background and were ordained ministers, Dr. Adams was assigned to church work and Charlie was appointed to medical work. For a few months in 1906, Charlie managed both medical and church activities until another employee arrived, and this enabled Charlie to return to his full-time medical practice.17

The CMM expected their employees to be flexible, and to accept any position, in order to fulfill the mandate of the mission. For medical personnel, this meant being a “versatile medical missionary”, and they were sometimes assigned to evangelical and construction tasks by the Home Board in Canada.18 In the case of Robina, she was not officially appointed to work as a nurse, as church policy prevented married women from being officially assigned to a specific salaried position.19 Even though these non-salaried positions were undervalued by the missionary enterprise, a number of sources indicate that Robina played a significant nursing role throughout her time in China, in spite of this patriarchal policy.

Once the buildings were repaired, the opening of the hospital was further delayed after Charlie contacted typhus, from a woman he discovered lying on the road. Charlie’s immediate response was to treat this destitute woman, and his reaction reflected the Methodist commitment to tackle the “age-long problem of human suffering” through the provision of health care.20 Dispensaries were built to treat “the poorer class who cannot afford hospital care”, and in those situations

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17 Ibid., 383-384.
18 Ibid., 382.
when patients required additional treatment but were unable to cover the costs of hospitalization, Charlie would later initiate the “Good Samaritan Fund”. The CMM believed in a social gospel doctrine that supported the overall wellbeing of the individual, and one of the practical means “to bring heaven down to this earth”, and to promote social justice, was to provide medical care to all members of society regardless of their social status or religious beliefs. These humanitarian values placed the Methodist Church in the forefront of societal reform in Canada, and it had a strong missiological influence on the doctors and nurses working in China.

One of their greatest challenges was to gain the trust of the local community. Each mission station had its own political and sociocultural context, and Leshan was located in one of the most conservative regions of Sichuan. The traditional Chinese system of medicine did not emphasize surgical procedures, and as Dr. Stewart Allen would later articulate, in the pioneer days “all sorts of ways had to be thought out to entice someone to submit to medical, or what was worse, surgical treatment”. Charlie and Robina quickly realized that a visual demonstration, of the benefits of scientific medicine, would accelerate the building of trust between themselves and their neighbours. After taking all the necessary precautions to ensure the aseptic conditions for the abdominal surgery were not compromised, they invited the local community to observe through the veranda window, the surgeon Charlie and the nurse Robina, removing a kidney stone. This evidence-based operation lent itself to building trust, as the kidney stone was physically examined by the observers, and once the patient recovered, news of the successful operation spread and new patients began to seek medical treatment. The local tea shop was an important public space for the exchange and acceptance of new ideas as “diffusion is essentially a social process through which people talking to people spread an innovation”.

Figure 2: Mission buildings in Leshan
(Source: Our West China Mission, 97)

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23 A.P. Quentin, “Kiating”, Our West China Mission, 192. The conventional form of Leshan is Kiating.
25 Beaton, Great Living, 14-15; Austin, Saving China, 173.
The small community hospital accommodated 30 patients and consisted of three separate buildings: a women’s ward with 15 beds, a men’s ward also with 15 beds and a third building with operating, waiting, drug, and dispensary rooms. The hospital wards were occupied most of the time, and Charlie and Robina were busy treating a large patient load in the dispensary. Robina’s role in treating female patients was critical, as a female nurse had immediate access to female patients, whereas a male foreign doctor faced cultural restrictions. In 1906, Dr. Cassidy Mortimore arrived in Leshan, along with her husband Rev. W.J. Mortimore, and she was also instrumental in the treatment of female patients.

Aside from medical and church work, Leshan was also the initial location of the Canadian Mission Press before moving in 1905, to its permanent location in Chengdu. The printing press was introduced by Superintendent Virgil Hart and it quickly became a self-supporting business. It continued to thrive under the guidance of Rev. James Endicott until he was reassigned to Canada, to oversee the overall missionary enterprise, through his position as the general secretary. Charlie took a keen interest in the Canadian Mission Press, and as a member of the operations committee, he advocated for the printing of public health pamphlets.

The Services would remain in Leshan until their furlough in 1909. This was a special family reunion in Canada, as their three daughters had been born in China during this period: Winnifred (Wuhu: 1903), Margaret (Leshan: 1904), and Frances (Leshan: 1906). During this furlough, Charlie would further his medical training, in the United States, through postgraduate studies at Johns Hopkins University in Baltimore. Charlie and many of his colleagues were committed to lifelong learning, and Johns Hopkins University was a catalytic centre, for institutionalizing large-scale social change, in clinical health care methods and medical education worldwide.

In 1910, Charlie was reassigned to the mission hospital in Leshan, and he held this position until the 1911 Rebellion which overthrew the Qing Dynasty and established the Republic of China. During this period, the missionaries were evacuated to Shanghai, and the medical work in Leshan and all other stations, except Chongqing, was shut down. The doctors would argue that “the Revolution revealed the weakness of our work” because there were no Chinese doctors to manage the hospitals during their absence. It was the position of the Canadians, and their American and British colleagues, that the “missionary doctor is not here merely to cure individuals but rather to cure conditions, and to do this on a large scale” there needed to be a greater emphasis on initiating medical education at a university-level. Currently, the health care assistants were being individually trained, and this proved to be “altogether inadequate and unsatisfactory” for the delivery of effective health care. The introduction of quality medical education, to train indigenous doctors and medical educators who in turn would train additional

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27 Bond, Our Share in China, 107.
29 C.W. Service, Our West China Mission, 384.
32 Beaton, Great Living, 17.
34 Ibid., 395-396.
doctors, would be the foundation for building a sustainable health care system in Sichuan. According to his colleague Dr. Sparling, “several times I have heard him [Charlie] say that if our work was to be successful it must not depend on the foreigner. Unless we can get Chinese educators educated then our work as foreigners will be a failure”.

**Origins of the Medical Work in Chengdu**

Prior to Charlie and Robina’s arrival in Sichuan, Chengdu was the first mission station opened by the Methodist Church of Canada. Superintendent Virgil Hart and Rev. George Hartwell arrived in 1891 to oversee church activities, and Drs. Omar Kilborn and David Stevenson were assigned to medical duties. “Thus, from the beginning of our work”, Charlie later remarked, “our Missionary Society and our Church recognized the place and the value of the medical arm of missionary service”. It is interesting to note the connection of Athens, Ontario to this pioneer group. As mentioned earlier, Mrs. Hart was born in Athens, and both Rev. Hartwell and Dr. Kilborn grew up in eastern Ontario and attended high school in this small Ontario town.

A medical dispensary was opened, in November 1892, and this was considered to be the beginning of “our medical policy in West China…Drs. Kilborn and Stevenson were the pioneers”. The next immediate need was to build a small hospital. In *Our West China Mission*, the book chronicling the history of the first 25 years of the CMM, it was noted that “early in 1894 the erection of the first foreign hospital in Chengdu was begun, on the street and site now occupied by our present large medical plant. This was the small beginning of a steadily growing medical work”. George Bond, who was tasked by the Methodist Church of Canada to record the early history of the CMM, spent six months in Sichuan researching his book, and it was his understanding that “the first hospital buildings were erected by Dr. Stevenson…in 1894”. He was an eye, ear, nose and throat specialist, and “Dr. Stevenson reported a successful year” recalled Rev. Hartwell and “he had worked up a large practice”. While Dr. Stevenson was constructing the hospital, Dr. Kilborn travelled to Shanghai to escort the second group of missionaries to Chengdu, and he and his wife Dr. Retta Kilborn were then posted to Leshan for one year. Although Dr. Stevenson retired from service, after the 1895 riots in Chengdu, his leadership in opening the first dispensary and building the first hospital would be a lasting legacy of his pioneering contributions. Dr. W.E. Smith was appointed to replace Dr. Stevenson in 1896.

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36 Sparling, Address for Dr. Charles Winfield Service.
37 The conventional form of Chengdu is Chengtu.
42 Bond, *Our Share in China*, 56.
and there was now a small group of medical missionaries working as a collective, and they were joined in 1897 by Dr. R.B. Ewan.45

In an historical overview of the medical services, it was noted that “a glance at the mission records of the early days of the century reveals that on several occasions doctors were placed in charge of churches because of the relative dearth of pastoral men”.46 These employees were known as the “versatile medical missionary” and Drs. Kilborn and Smith were often appointed to non-medical positions.47 In 1901, after the missionaries returned following the Boxer Rebellion, Dr. Kilborn recorded the operational decision for “Dr. Ewan to reopen the medical work in Chengtu and myself to reopen the church work in Chengtu” while Dr. Smith was appointed to both medical and church activities in Leshan.48 Dr. Kilborn temporarily covered Dr. Ewan’s medical responsibilities, during his one-year furlough, and after Dr. Ewan returned in 1906, “the Council of that year appointed him to the Chengtu hospital, to begin the erection of the large new building”.49 Construction began in the spring of 1907, and documents reveal the ongoing institutional need for doctors to accept non-medical positions.

The Versatile Medical Missionary: In 1907 there were six medical missionaries, but two of those had to be placed in charge of evangelistic work because of [a] shortage of pastoral workers. These two were, Dr. Kilborn in Chengtu, and Dr. Smith in Junghsien.50

The missionary who “escaped the peril of a specialist”, and served in other capacities outside of their specific area of training, was an important asset to the CMM.51 A versatile skill set provided the necessary flexibility to assign personnel where needed, in order to fulfill the mandate of the Methodist Church of Canada. Charlie would contend that Dr. Kilborn’s career exemplified this operating principle.

Due to his versatility, adaptability and willingness, he was frequently side tracked from the work for which he originally went to China. For many years the secretary-treasurership engaged the bulk of his time and energies...the Red Cross and the Y.M.C.A. found him ever ready to help...[and] he enthusiastically devoted himself to the new missionaries, especially using his great talent as a teacher of the language.52

The willingness to adapt to new situations was also an important operational strategy for individual missions. An example of missiological accommodation occurred in 1910, when Dr. H.L. Canright offered the American Methodist Episcopal Hospital to the CMM, while on his

47 C.W. Service, Our West China Mission, 382.
48 Kilborn, Heal the Sick, 241; C.W. Service, Our West China Mission, 380.
49 Kilborn, Heal the Sick, 246
50 C.W. Service, Our West China, 382.
51 Endicott, Memorial Service for Dr. C.W. Service.
A staffing shortage meant that their new hospital would “have been closed had the Canadian Methodist Mission not appointed one of their number, Dr. W.J. Sheridan, to carry on the work” which the Americans later reported had “been admirably done”. This collaborative approach was welcomed by the CMM, as it “demonstrated that co-operative medical work is practicable as well as economical”.

**Canadian Methodist Hospital (1907-1911)**

The building of the new hospital in Chengdu was an ambitious project and according to church historian George Bond, it was an integral component of the overall medical vision.

In 1907 the foundations for a splendid new modern hospital were laid, under the superintendence of Dr. Ewan, and the work of its erection has so far progressed that it will soon be ready for occupancy. It is a substantial and handsome brick building of three stories, built from plans suggested by Dr. Ewan. It is intended when finished to be as thoroughly modern, commodious, sanitary, and scientific in its equipment as possible, and will undoubtedly be the largest and finest hospital as yet erected in all West China.

![Figure 3: Dr. R.B. Ewan, Superintendent, Canadian Methodist Hospital](Source: Our West China Mission, 174)

Dr. Ewan would hold the position of superintendent until he returned to Canada in 1912. He needed to recuperate from the physical strain of overseeing the construction of the hospital which would “long stand as a monument of the initiative, faith, perseverance, and patience of the man who almost literally built himself into this great structure”. His significant contribution to health care was widely recognized by his colleagues and in *Our West China Mission*, Reverend

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56 Bond, *Our Share in China*, 63.

N.E. Bowles directly credits Dr. Ewan’s “efforts while on furlough to secure a modern hospital for West China” and the fact “he superintended personally the plans, building and equipment…To the faith and hard work of Dr. R.B. Ewan is due in large part the securing of such a splendid building”. In The Missionary Bulletin, a magazine published by the youth wing of the Methodist Church of Canada, letters were shared to provide insight into mission work, and in 1913 Charlie noted that

Before I close this letter I must mention Dr. R. B. Ewan as the originator and promoter of this great Chengtu hospital enterprise. It is a great task for anyone, particularly for one who is not a professional builder. But this beautiful hospital is pre-eminenty a witness to the zeal, the faith, the persistence and the industry of the doctor. Before his return to Canada he brought it nearly to completion.

Canadian Methodist Hospital (1912-1918)

In the spring of 1912, Charlie was appointed by the Mission Council to oversee the Canadian Methodist Hospital. This would include supervising the final stage of construction along with Mr. Walter Small, the “efficient Mission Builder”, who was responsible for the coordination of all construction projects. As Dr. James Endicott, general secretary of The United Church of Canada would later note, Charlie “was known to be, perhaps, the outstanding surgeon in our mission in West China, and he had not been in China long before he was placed in our most important hospital - a place not only where the sick were healed but where students secured their clinical training. It is a great and important centre, and in all the developments of our hospital work Dr. Service had a most prominent and vital position”.

61 Ibid; C.W. Service, Our West China Mission, 388.
62 Dr. James Endicott, “Memorial Service for Dr. C.W. Service”, (Trinity United Church, Toronto: 23 March 1930).
The hospital was officially opened on January 30, 1913, and the CMM was very appreciative that “members of the Szechwan Red Cross Society joined us in acting as hosts, as that Society has done us the honour of choosing ours as the Red Cross Society Hospital”.63 The initial medical staff, appointed by the CMM, consisted of three health care workers: the doctor Charlie appointed as superintendent of all hospital operations, the nurse Barbara McNaughton designated as lady superintendent in charge of nursing and the training school for nurses, and the pharmacist Edwin Meuser assigned as supervisor of the pharmaceutical department.64

The CCM was able to successfully expand its enterprise through the collaborative efforts of its mission workers, and as Charlie noted, “Miss McNaughton, Mr. Meuser and Mr. Small have given valuable assistance” in the final stage of the hospital’s construction.66 In 1914, funds were allocated for a second doctor and Dr. C.B. Kelly joined the staff, and in 1916, he would lecture part-time along with Dr. Service at the Medical College of West China Union University.67

This well-equipped modern hospital of 125 beds could accommodate a growing patient load, and Charlie would continue to oversee the medical work, until his furlough in 1918. One of his colleagues, Rev. N.E. Bowles, provided some insight into Charlie’s daily hospital routine when he wrote that “Dr. Service performed six operations that morning. During these operations no less than four letters had come in, all marked urgent. He had four dysentery cases to attend… this, besides the regular in-patients, the dispensary, and the one hundred and one things that only

64 Beaton, Great Living, 17; C.W. Service, Our West China Mission, 389.
65 Please note that in some of the photographs Chinese colleagues and students are not identified. Hopefully, this information is available in the archives of the participating institutions in China and can be included at a later date.
a doctor can look after around a hospital”. The hospital wards were consistently full, and in terms of the dispensary, Drs. Kelly and Service and Miss McNaughton would treat 175-200 patients three days a week. This hospital would eventually be replaced and today Chengdu Hospital Number 2 sits on this former mission site.

**West China Union University – The Early Years**

During this period, Charlie was also actively involved in medical education, and he was one of the “builders who laid the foundation of West China Union University”.

Founded in 1910, West China Union University (WCUU) was a synergistic endeavour of different denominations and mission communities from Canada, the United States and Great Britain. Four missions founded WCUU, and these were the General Board of Missions of the Methodist Church of Canada, the Board of Foreign Missions of the Methodist Episcopal Church USA, the American Baptist Foreign Mission Society, and the Friends’ Foreign Mission Association of Great Britain and Ireland. The Church Missionary Society of England joined WCUU in 1918.

The missions individually mobilized financial and human resources, and collectively established a joint governance structure, consisting of both a Senate based in Chengdu and an international Board of Governors, to approve all operational decisions and academic policies. WCUU purchased 120 acres of land and built colleges “to provide courses in Arts, Science, Medicine, Law, Engineering and Agriculture, to become a University in the fullest sense, to make it unnecessary for any student of the Western provinces to go abroad for any course needed to fit him for any phase of life in China”. From the beginning, it was determined that all subjects would be “taught exclusively in Chinese…as it tends less to denationalize the student than the method of giving him his education through the medium of a foreign language”. It was the definite hope of the founders that the university would ultimately become in “every sense a Chinese institution at such time as it shall be possible to leave it in the hands of Chinese”. The founding president of WCUU was Dr. J. Beech, of the Board of Foreign Missions of the Methodist Episcopal Church USA, and the first vice-president was Rev. E.J. Carson, followed by Rev. J.L. Stewart. Both men were representatives of the General Board of Missions of the Methodist Church of Canada.

One of the operating principles adopted by the CMM was the commitment to foster collaboration with the other missions in order to maximize impact. This commitment extended to medical education, as it was “evident to the small number of medical missionaries that came to West China that the only possible way of caring adequately for the diseased was by the establishing of a Chinese medical profession on a scientific medicine basis”, and the various missions worked

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69 Beaton, *Great Living*, 17.
74 Ibid., 95.
75 C.R. Carscallen, “West China Union University”, *Our West China Mission*, 368.
together to develop the curriculum based on this collective understanding. According to Dr. Kenneth Beaton, secretary of the Committee on Missionary Education for The United Church of Canada, “in the year 1910, the West China Union University came into being through the vision of several pioneer missionaries, of whom Dr. O.L. Kilborn and Dr. C.W. Service were prominent members. From the very opening both of them anticipated that Medicine would be taught.” In these early days, no individual was given the direct credit for introducing the idea of medical education and conceptualizing its implementation. In large-scale collaborations with many different actors, it is very difficult to assign direct credit to one individual because numerous tasks are being implemented simultaneously within the individual missions and between the multiple missions. Charlie reflected, in the section on the history of medical work, in Our West China Mission that

for many years the idea of a medical college for West China had been in the minds of our doctors, but it was only in 1914 that these ideas fructified. Our mission is now one of several which are united in this young enterprise of training.

The participating missions shared a missiological vision, and collectively they built the necessary foundation of cohesion and trust, to nurture this young social enterprise into an established institution of medical training. Inter-mission co-operation was an extension of the decision taken at the Edinburgh World Mission Conference of 1910 which encouraged Protestant churches, with a commonality in liberal theology, to engage in collective social action. Specifically, The Declaration of Principles adopted by the participants affirmed that

We believe that the age of sheer individualism has passed and the age of social responsibility has arrived. All institutions of the higher education should directly prepare young men and women for membership in the social order – in the family, the church, the state, and the community. To this end all teachers should be persons deeply imbued with a sense of social and civic duty….Without any abandonment of the educational ideals of our fathers we must now exalt the newer ideals of social justice, social service, social responsibility.

Churches in Canada, the United States and Great Britain were involved in the collective formation of large social institutions, to improve the living conditions of their citizens, and university curriculums were designed to prepare students for this type of social engagement. Since the latter part of the 19th century, the catalyst for their collective action was the need to address social concerns rather than reaching a doctrinal consensus to promote religion. This

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76 West China Union University, "Medical Education in the West China Union University", WCUU Radio Broadcast April 13, 1943, 5, http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-280-4412.pdf.
77 Beaton, Great Living, 19.
social gospel philosophy, which viewed social interaction from a humanistic rather than eschatological premise, was incorporated into the design of WCUU. The missions developed a curriculum around subject content such as medical education but did not engage in discussions to develop a unified doctrinal agreement about religious instruction. In the early years of the university, a union in formal religious training “was not contemplated and provided for when the Union University at Chengtu was organized”. Unions specifically formed for religious conversion adhered to conservative theology, and during this period in Sichuan, the China Inland Mission and the Church Missionary Society formed a union for traditional religious training. The British-based Church Missionary Society, although actively engaged in medical and educational activities, promoted a more orthodox religious theology than the original founding missions. It was not until 1918 that the Church Missionary Society of England officially became a member of the union university.

The Medical College officially opened in 1914, and there were eight students registered in the program, and five professors were assigned from the various missions including Charlie and Dr. Kilborn from the Methodist Church of Canada. Dr. Canright of the Board of Foreign Missions of the Methodist Episcopal Church USA, who had previously taken “an active interest in all the plans for the advancement of our Union University”, was appointed to the position of dean of the Medical College. The Methodist Episcopal Church USA had already established a university,

Figure 6: The first medical college, staff and students. Back row left to right:
Dr. Service (Methodist Church of Canada), Dr. Irwin (Methodist Episcopal Church USA),
Dr. Canright - Dean (Methodist Episcopal Church USA), Dr. Morse (American Baptist
Foreign Mission Society), Dr. Kilborn (Methodist Church of Canada)
(Source: Our West China Mission, 397)

The Medical College officially opened in 1914, and there were eight students registered in the program, and five professors were assigned from the various missions including Charlie and Dr. Kilborn from the Methodist Church of Canada. Dr. Canright of the Board of Foreign Missions of the Methodist Episcopal Church USA, who had previously taken “an active interest in all the plans for the advancement of our Union University”, was appointed to the position of dean of the Medical College. The Methodist Episcopal Church USA had already established a university,

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83 Ibid.
85 C.W. Service, Our West China Mission, 397.
including a medical college in Nanjing under the supervision of Dr. Virgil Hart, and their mission brought important expertise to WCUU.

The medical curriculum was a six-year program and this included course work and clinical training at the Canadian Methodist Hospital. The early years were difficult and during the 1911 Revolution, WCUU ceased operations and in 1914,

as the first world war began at about the same time and also as for several years after the Revolution there was much political unrest in Szechwan, the early years of medical education were very much disturbed, and once or twice the University was unable to admit a new class on account of local wars, etc. But in spite of all difficulties the first class was graduated in 1920, and consisted of four men.87

Unfortunately, Dr. Kilborn passed away in May 1920 while on furlough in Toronto. Dr. Kilborn was considered to be “one of the leading men of the Union University of West China”, and at his funeral, Charlie recognized that “WCUU owes much to him, both in its genesis and its development. From the beginning he was a member of its Senate and of its teaching staff, having taught physiology to the medical and dental students”.88

The missions expected their employees to assume leadership positions and these assignments would rotate due to staff furloughs. In Charlie’s case, “he divided his services between the Medical College he loved and served so consistently [and] the patients of the two hospitals here who depended upon his skill”.89 Over the years, Charlie would sit as a member of the Senate and serve on committees dealing with operational and academic issues. He also taught surgery, obstetrics, gynecology, pediatrics, and public health, and in his position as superintendent of the Canadian Methodist Hospital, he would oversee the clinical training.90 One year, he allocated 40 hours per week to the Medical College, and one of his students provided this perspective of his professor’s approach to teaching and medical care.91

As a teacher he was always exceedingly earnest. He was always on time. I have known him to be detained in the operating room till ten minutes to one. I knew he had not eaten his dinner, but he met us in the classroom at one o’clock just the same. His lectures were always thoroughly prepared. He did not enter the classroom and just say what he happened to think about at the moment. His attitude towards the sick was an inspiration. I have known him [to] stay four hours continuously by the bedside of some poor sick Chinese in an effort to save his life. He was a foreigner but he showed such a wonderful

87 “Medical Education in the West China Union University”, WCUU Radio Broadcast, 5.
88 The Globe, “Year at Home Ends in Death of Missionary: Rev. O.L. Kilborn Dies During Furlough From China”, May 19, 1920, 8; C.W. Service, Funeral Address: “A Service of Tribute to the Late Omar Leslie Kilborn, M.D., D.D.”, The Missionary Outlook, 150.
91 Beaton, Great Living, 21.
spirit of sacrifice and love that he was an example to us, his students. We must keep that spirit alive in our College.\textsuperscript{92}

One area of particular interest for Charlie was the teaching of obstetrics. Charlie and Robina lost their first child during a difficult labour in Canada, and Charlie recognized that a cesarean delivery could have potentially saved his daughter’s life.\textsuperscript{93} However, it was the turn of the century, and this procedure was rarely performed due to the high maternal mortality rate. It was just a few years after this personal tragedy that cesarean deliveries became more common because of medical advances in both surgical and aseptic techniques.\textsuperscript{94} Charlie performed cesarean deliveries in Sichuan, and in one case, an influential family summoned Charlie to their Chengdu home. At this particular time, there were two rival armies vying for control of the provincial capital, and as they proceeded through the barricades, Charlie was in the lead carrying a lantern, and when questioned, at the checkpoints, his reply was simple: “missionary doctor on errand of mercy”\textsuperscript{95}. Once at the home, it was determined that the woman needed a cesarean section, and they had to immediately proceed back through the dangerous checkpoints to the hospital. The delivery was a success, and both the mother and son were able to return home a few days later. Fortunately, their return trip was incident free as one of the rival armies had retreated, and the streets were once again calm.

Over the years, Charlie would continue his interest in this field of medicine, and from 1926-1927, he was in charge of developing the program. One of the doctors trained by the professors was Yoh Ih-chen. She would graduate in 1932, as the first female medical graduate from WCUU, and later became head of obstetrics and gynecology.\textsuperscript{96}

\textbf{The First Graduate in Dentistry}

Huang Tianqi was the first dental graduate in China.\textsuperscript{97} Charlie met Tianqi when he was a boy playing outside the hospital in Leshan, and Charlie and Robina were so impressed by his intellect and character that they arranged for Tianqi to attend school. Additionally, they provided the opportunity to learn English.\textsuperscript{98} When Tianqi was older, he became interested in health care, and Charlie began to train Tianqi as a medical assistant.\textsuperscript{99} Prior to the introduction of formal academic training at WCUU, it was common practice to individually train assistants for the delivery of medical and dental care.

\begin{itemize}
  \item \textsuperscript{92}Ibid., 29.
  \item \textsuperscript{93}Ibid., 9.
  \item \textsuperscript{94}Wendy Mitchinson, \textit{Giving Birth in Canada 1900-1950}, (Toronto: University of Toronto Press, 2002), 232, 239-240.
  \item \textsuperscript{95}Beaton, \textit{Great Living}, 5.
  \item \textsuperscript{96}“WCUU Period 1910-1949”, West China Medical Center Sichuan University, http://202.115.44.126:8080/wccmsbrief2.htm; “Staff List Spring 1949”, West China Union University, http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-279-4407.pdf.
  \item \textsuperscript{97}“Chronicle”, West China School of Stomatology Sichuan University, http://www.hxq.org/en/js2_en.shtml.
  \item \textsuperscript{98}Beaton, \textit{Great Living}, 20-21.
  \item \textsuperscript{99}It is important to note that the spelling of Dr. Huang Tianqi’s name varies due to changes in English transliteration, and he is also referred to as Dr. T.C. Whang, Dr. Hwang, and Dr. Whang T’ien-chi in official documents.
\end{itemize}
Tianqi attended high school in Chengdu, and after the Services went on furlough, he stayed with the Thompson family. Dr. John Thompson was a pioneer dentist and in 1921, as dean of the Department of Dentistry from 1920-1923, he had the honour of presenting Tianqi with his dental degree.¹⁰⁰ When reflecting on this moment, Dr. Thompson noted that “when Dr. Whang, the boy I supported graduated it was the proudest day of my life. At that time I happened to be dean”.¹⁰¹ Dr. Thompson expected indigenous dentistry to develop under the leadership of Dr. Huang because “he knows how to teach the difficult subjects in the Chinese language”.¹⁰² In 1916, there was a commitment by the medical associations to promote a uniform system for technical terms, and Dr. Huang developed Chinese characters to reflect the dental vocabulary for diffusion within academia and the general public.¹⁰³

¹⁰⁰ “Senate Minutes”, West China Union University, (3 June 1920, #1070, #1071; 10 March 1921, #1215; 2 March 1922, #1380), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-275-4362.pdf.
¹⁰² Ibid.
At the Senate Committee Meeting in April 1926, Dr. Huang was granted a leave of absence from the Dental Faculty, to take postgraduate training at the University of Toronto, so he would be “qualified to render greater service in the future” to WCUU. In 1928, Huang Tianqi received the degree of Doctor of Dental Surgery (DDS) and “his ability and application to work won for him whole-hearted commendation of the faculty of the RCDS and his personal qualities were appreciated by all who came in contact with him”. Upon returning to Chengdu, Dr. Huang was appointed to the position of assistant professor in the Faculty of Dentistry, and he worked with the dental missionaries to expand dental education.

Figure 9: Drs. Huang and Thompson with patient
China Museum of Stomatology, Sichuan University, Chengdu
(Source: Service Family)

Robina’s Contributions

This was also a busy period for Robina. While her familial responsibilities continued to expand with the birth of her son William in 1914, she also remained committed to fulfilling her nursing obligations to the West China Mission. As married women were not officially appointed by the General Board of Missions, the mission reports reflect this gender bias and only record very general descriptions about their contributions. Often there are a few sentences thanking them for their valuable assistance to the mission field or their name appears in publications listing the official staff for the mission hospitals and WCUU. In the case of Robina’s involvement, various documents indicated that Robina provided clinical nursing services in Chengdu, as well as teaching at the training school for nurses, initiated in 1912, at the Canadian Methodist Hospital. In later years, Robina joined the staff of WCUU as an English instructor in the Faculty of Arts.
Her early involvement in Leshan is documented by Dr. Kenneth Beaton, and in a biography about Charlie’s involvement in the West China Mission, Dr. Beaton mentions Robina’s “efficient nursing” where “Mrs. Service, as she did in those days for all the operations, sterilized the instruments in a steamer over a pot of water in the kitchen, and laid out all the dressings.” The CMM adhered to Victorian family values where married women were socialized to take care of the private sphere reflected in the home, and the public sphere of medicine was officially reserved for unmarried women and male missionaries. Although Robina was providing significant nursing services in Sichuan since 1903, official reports state that the first nurses, appointed by the General Board of Missions, started to arrive towards the end of 1908. These nurses were single women officially appointed to a designated full-time paid position whereas the services provided by married nurses like Robina were rendered in a voluntary capacity.

When talking about Robina’s life, it is important to recognize her abilities as a gifted artist. She began to draw in her teenage years, and her art collection depicted a range of expressive charcoal drawings, including visually striking portraits and detailed animal artworks, capturing the spirit of a horse and a tiger.

![Figure 10: Sample of Robina’s charcoal drawings (Source: Service Family)](image)

**Canadian School in West China**

The Canadian School in West China had a positive influence on the Service children. It was established in 1909, in a small Chinese building in Chengdu, and it would eventually move to its permanent site on the grounds of WCUU in 1918. The teachers followed the Canadian curriculum and the school was accredited with the Ontario provincial school system. Winnifred

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would be the first student to take the high school entrance exam, and in June 1916, she passed with honours.114

Figure 1: Canadian School 1918. Back Row: fourth from right Margaret, third from right Winnifred; Fourth Row: far left Frances; First Row: far left William
(Source: Canadian School in West China, 57)

The family would return to Canada in 1918 for their regular furlough, and the three girls would continue to live in Toronto to complete their high school education and their post-secondary training. They would not return to China. William would return to China in 1922, and he attended both the Canadian School in Chongqing and Chengdu where he would graduate from elementary school in 1926. Like his sisters, he would also complete his high school studies in Canada before attending the University of Toronto.115

Furlough: Johns Hopkins University

During their furlough, Charlie travelled to Johns Hopkins University in Baltimore, Maryland to take postgraduate training. In addition to his clinical exposure in the field of obstetrics and gynecology, Charlie also focused his studies on advances in public health. The Senate of WCUU recommended, in December 1917, that Charlie “pay special attention to hygiene and public health while on furlough to enable him to teach these subjects upon his return”, and he was awarded a postgraduate fellowship sponsored by the China Medical Board of the Rockefeller Foundation.116 In 1915, the Rockefeller Foundation purchased the Peking Union Medical College from the London Missionary Society, and they authorized a curriculum based on the Johns Hopkins University model and instituted English as the language of instruction.117 The Johns Hopkins School of Hygiene and Public Health was founded in 1916 with resources from the Rockefeller Foundation, and it was the pioneer school of public health in America.118

115 The Canadian School Association holds an annual luncheon every October in Toronto, Ontario. Their website provides information about ongoing activities.
North America had made great strides in legislating public health and Charlie wanted to extend the “victories of preventative medicine” to the citizens of Sichuan.\textsuperscript{119} Charlie would contend that the medical missionary has a “greater responsibility to the Chinese than the mere establishment of hospitals and medical colleges, medical men must be ready and free to preach disease prevention as well as treat ailments”, and in terms of teaching the next generation of Chinese doctors, “missionary medical colleges must place public health in the forefront, so that graduates may be more than mere practitioners. Students must be encouraged to ‘talk shop’ on disease prevention. Popular books and articles must be published”.\textsuperscript{120} The Canadian Mission Press published public health materials to enable the doctors to ‘talk shop’ and to build greater awareness within the Chinese community.

During his time in Baltimore, Charlie also had the opportunity to serve as assistant superintendent of Johns Hopkins Hospital for four months. Following his tenure, he was offered a permanent position on the hospital staff, but he chose to return to China.\textsuperscript{121} Charlie did, however, continue his relationship with Johns Hopkins Hospital, and once again he returned to update his medical knowledge during his 1927 furlough.

**Medical–Dental College Fundraising Campaign**

Charlie’s furlough was extended to accommodate a cross-Canada tour to gain support for a new Medical-Dental College.\textsuperscript{122} According to Dr. Beaton, Charlie saw this period as a fundraising opportunity, and “he was filled with a single idea. He offered his services to the Board of Missions for the purpose of raising enough money among the doctors, dentists and nurses...to build the sorely-needed Medical-Dental College”.\textsuperscript{123} Currently, they were allotted space in a number of buildings throughout the campus, and this new facility would provide a permanent home for medical-dental training. The “opening of a Dental Faculty in connection with the University” was a recent decision. In December 1917, the Senate of WCUU tasked Charlie along with the president of WCUU Dr. J. Beech, and dental missionary Dr. A.W. Lindsay, to recommend a policy to integrate dentistry into the university curriculum.\textsuperscript{124} This would be the first university-level dental program offered in China. Both the medical and dental missionaries firmly believed that the training of future generations of Chinese doctors and dentists, at this new college in Chengdu, would “be an invaluable piece of constructive work for that great land”.\textsuperscript{125}

Motivated by his belief that “the promotion of health promises to be the leading ideal of the twentieth century”, Charlie reached out to medical, dental and nursing audiences through newspaper and journal articles, individual meetings, small group gatherings, annual meetings of professional associations, and large speakers’ forums.\textsuperscript{126} His fundraising prospectus, entitled


\textsuperscript{120} Ibid., 373; Charles W. Service, M.D. “How to Promote National Health in China”, *The West China Missionary News*, (July-August 1924), 32.

\textsuperscript{121} Beaton, *Great Living*, 17.


\textsuperscript{123} Beaton, *Great Living*, 25.

\textsuperscript{124} “Senate Minutes”, West China Union University, (20 December 1917, # 727), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RO011-275-4361.pdf.


Charlie approached Dr. R.A. Reeve to organize a fundraising committee. Dr. Reeve had served as dean of the Faculty of Medicine at the University of Toronto (U of T), from 1896 to 1908, and as the first president of the Alumni Association, he successfully oversaw the fundraising and construction of Convocation Hall. Dr. Reeve’s network of contacts was extensive having served as president of the Canadian and Ontario Medical Associations and the Toronto Academy of Medicine, as well as being only the second Canadian to serve as the president of the British Medical Association. Dr. Reeve also supported the Missionary Society of the Metropolitan Methodist Church in Toronto, and this involvement provided insight into the aspirations of the medical missionaries. All of these connections furnished credibility to the fundraising project and a Medical-Dental Group was formed with Dr. Reeve serving as the chair. The campaign was designed as an “inter-denominational appeal” and was “not related directly to one mission board” but rather a general appeal targeting individuals engaged in the health care sector.

Dr. Beech and Charlie attended the January 1919 meeting of the Executive Committee of the Board of Governors in New York, to submit the plans for the proposed Medical-Dental College. The Executive Committee “received with great satisfaction a letter from Dr. R.A. Reeve of Toronto, proposing that the surgeons, physicians and dentists of Canada shall co-operate in the development of the Medical School” and in response, the Executive Committee agreed to “aid in the proposed co-operation in every way it may find practicable”. For this specific meeting, Charlie “acted as assistant to the secretary”, so he could officially communicate to his colleagues in Toronto “that their suggestions concerning the housing of the Medical Department will be sent to our Architect and the drawings for this building or buildings, when received, will be submitted for their consideration”.

Spend Ten Minutes in China, was mailed to every prospective donor from the medical, dental and nursing communities throughout Canada. He encouraged Canadians to consider the notion of global interdependence, as “we are living in a great bundle of nationhood nowadays and what is the concern of one is the concern of all”. For Charlie, this meant building transnational awareness of the medical concerns in Sichuan.

127 Drs. Lindsay, Thompson, Mullett and Anderson, “A Message from Canadian Dentists in Szechuan Province, West China to their Colleagues in Canada”, Dominion Dental Journal, Vol. 33, No. 6, (1921), 261.
134 “Minutes of the Executive Committee, Board of Governors”, West China Union University, (New York, 13 January 1919, #271), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-273-4338.pdf.
135 Ibid., #272.
Unfortunately, just a few weeks after this meeting, Dr. Reeve passed away and at his public funeral, Chancellor Bowles of Victoria College “spoke of Dr. Reeve’s great interest in medical work in China and of his ambition to establish educational institutes in Chengtu, to which he had devoted much of his time and energy”. From his estate, an amount of $7,500 had been bequeathed to the missionary fund of the Methodist Church of Canada, and the members of the Medical-Dental Group requested that his donation be designated for the new medical-dental building fund. The Methodist Church agreed to this request and Charlie would later reflect that this was a “splendid starter” for the fund. An editorial in The Canadian Journal of Medicine and Surgery noted that from this moment “a campaign was then quietly begun in Toronto by the doctors, dentists, and nurses, and is now being carried on all over Canada...to build and equip the two first buildings in which young Chinese will be taught.”

The decision of the Methodist Church, to redirect Dr. Reeve’s contribution, signalled that the church was realizing the potential of the campaign. When Charlie first pitched his fundraising idea, the reaction from the church leadership was mixed. While some individuals immediately supported the initiative, other church personnel remained unconvinced that this was an appropriate direction for the CMM. There was an ongoing debate about the level of support for medical education versus the delivery of clinical services in the hospitals and dispensaries. There was also concern that the Canadian health care community would not identify with the medical needs of Sichuan. For those who were initially sceptical about this cross-Canada tour, they were encouraged that “he actually got in cash from these nurses and doctors, thousands and thousands of dollars. He interested them all and wrote letters to...hundreds” of potential donors while in Canada, and Charlie continued his letter writing campaign upon his return to Sichuan.

To promote the fundraising initiative, Victoria College hosted a dinner, in September 1919, for the members of the Board of Governors who were meeting in Toronto. Charlie shared the proposal of the Medical-Dental Group “to secure more adequate facilities for training Chinese doctors, dentists and nurses” and the Canadian Journal of Medicine and Surgery noted that the meeting was a most encouraging send-off for the new project and it seems certain that the medical, dental and nursing professions of Canada and Newfoundland will rally splendidly to give West China a measure of the privileges in skilled men and women and scientific facilities for their work that Canada enjoys so bountifully.

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140 Endicott, Memorial Service for Dr. C.W. Service.
Some of the members of the Medical-Dental Group had experience interacting with architects, through their involvement in the construction of the medical building of U of T, from 1901-1903.\(^1\) Additionally, Dr. J.N.E. Brown, superintendent of the Toronto General Hospital, had studied the construction of hospitals in England and Scotland, on behalf of the Government of Ontario, and he had also led a subcommittee on hospital construction for the American Hospital Association.\(^2\) Drawing on this expertise, the Medical-Dental Group submitted, at the July 1920 meeting of the Board of Governors, further revisions to the architectural design for the proposed medical-dental building. In terms of moving the project forward, it was agreed by the Board of Governors that “the Architect submits revised plans for the Medical Block, embodying suggestions by the Medical Committee in Toronto and Dr. Service”.\(^3\) It was further resolved by the Board of Governors “that we authorize the preparation of the detailed plans and the erection of the building of the Medical Block, subject to the approval of the Senate, and of Dr. Service”.\(^4\) Institutional authorization had been secured for the new medical-dental building which was to be constructed by the CMM with funds raised from Canadian sources.

The response from the nurses exemplified the positive reaction of Canadians towards the fundraising campaign. Charlie spoke about the work of the Toronto nurses led by Miss Kate Mathieson of the Riverdale Isolation Hospital and Miss Jean Gunn, superintendent of nurses at the Toronto General Hospital. Both women held leadership roles in a number of organizations including the Canadian National Association of Trained Nurses and the Graduate Nurses’ Association of Ontario. During this period Miss Gunn, as supervisor of the Toronto General Hospital School of Nursing, was advocating for Toronto-based nursing students to attend U of T for centralized lectures.\(^5\) University-based training for nurses was also the position being advocated by Charlie and his colleagues. In an article published in *The Canadian Nurse and Hospital Review*, Charlie summarized the nursing vision of the West China Mission.

> Of course, nurse training in China is being carried on in other cities than those in which colleges are located and this work will expand in many centres, as hospitals multiply and missionary nurses increase in number. But particular emphasis must be laid on first-class facilities for training Chinese nurses in college centres, because of the intimate relation between the education of medical students and the work of nurses in well-organized hospitals.\(^6\)

The Toronto nurses responded to this vision for China, and through the “co-operation of a group of busy nurses working systematically”, they collected close to $3,000 by distributing the

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1\(^1\) “U of T Chronology”, *Heritage University of Toronto*, http://heritage.utoronto.ca/Chronology.


3\(^3\) “Board of Governors Minutes”, West China Union University, (2 July 1920 # 426), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-272-4326.pdf.

4\(^4\) ibid.


prospectus Spend Ten Minutes in China and then canvassing their alumnai and nursing associations. Nurses in other cities and towns joined the campaign, and Charlie highlighted the effort of one hospital nursing superintendent in an Ontario town who secured promises from each of her nursing graduates, undergraduates and nurses-in-training, and also undertook to “canvass every doctor in her county as they come to her hospital for professional duties”.

The intent of the campaign was to engage as many nurses as possible for “the appeal is a general one to all nurses; and the hope is for a wide response from many, rather than a big response from a few”. The health care professionals were also encouraged to talk to their friends and each contribution was classified in the categories of nurse, doctor, dentist, and friend.

The initial goal was to raise all of the required funds, estimated to be $100,000, by June 1920, as Charlie was scheduled to return to Sichuan during the summer. Although Charlie was very encouraged by the effort of the fundraising committee, he was also disillusioned that only $20,000 was raised because this meant construction of the medical-dental building would be delayed. Other committee members were more objective and suggested that there were significant obstacles to initiating a fundraising campaign immediately after the First World War, and the real success was the fact the medical-dental project was a serious topic of discussion within the church community, the health care professions, and Canadian society in general.

Prior to departing for Sichuan, Charlie met with the five-member organizing committee:

- Nursing: Miss Kate Mathieson, nursing superintendent of the Riverdale Isolation Hospital, vice-president of the Canadian National Association of Trained Nurses
- Doctors: Dr. N. A. Powell, professor of medicine U of T, executive of the Ontario Medical Library Association; Dr. J.N.E. Brown, superintendent of the Toronto General Hospital - the teaching hospital for U of T
- Dentists: Dr. A. E. Webster, dean of the Faculty of Dentistry U of T, editor of the Dominion Dental Journal; Dr. W. E. Willmott, professor of dentistry U of T, secretary of the Ontario Dental Board

Dr. Willmott was the treasurer of the campaign, and as a member of the Metropolitan Methodist Church and secretary of the Ontario Dental Board, he was well placed to promote the campaign. The Willmott name was synonymous with dental education, as his father Dr. J.B. Willmott, was the founder of dental education in Canada, and he was the first dean of dentistry at U of T. The active participation of the senior leadership, from the dental and medical faculties of U of T and its teaching hospital, placed these institutions at the centre of an evolving transnational partnership with West China Union University.

149 Ibid., 153-154.
150 Ibid., 154.
The organizing committee in Toronto continued to fundraise and publish articles in their respective health care publications. The 1921 message in *The Canadian Practitioner and Review* was simple and direct: “Dr. Service and his friends ask the people of Canada to assist in the building and equipment of this medico-dental college” designed to “teach medicine, dentistry, pharmacy and nursing”. The dental missionaries, Drs. Lindsay, Thompson, Mullett and Anderson, wrote a joint appeal to the *Dominion Dental Journal* requesting their colleagues to contribute to the building fund so that “this College shall be a distinct contribution to the university from Canada”. In a separate appeal by Dr. John Thompson, he noted that “ours is the only Dental Faculty in all this great land…[and] it is vitally important that we secure Chinese dentists…We covet for every Canadian dentist a share in this great work”.

The vision of the fundraising committee was to build a transnational health care community, by strengthening people-to-people ties between Canada and China, and the ongoing appeals were successful. Within a few years, the Methodist Church of Canada officially agreed to build a large well-equipped Medical-Dental College. The actual construction of the building was delayed until 1925 when Mr. Walter Small, the West China construction expert, returned from furlough. The Medical-Dental College was completed in the spring of 1928.

![Figure 12: Medical-Dental College 1928](Source: Service Family)

**Chongqing Posting**

Charlie assumed he would be returning to Chengdu, as the Board of Governors of WCUU, in July 1920, had indicated “to Dr. Service our appreciation of fine work that he has done in the interest of the Medical and Dental College and express the hope that he will soon be back at

156 Drs. Lindsay, Thompson, Mullett and Anderson, “A Message from Canadian Dentists in Szechuan Province, West China to their Colleagues in Canada”, *Dominion Dental Journal*, 263.
Chengtu to continue his service there in forwarding this work”. However, with limited personnel, the CMM needed to temporarily post Charlie to Chongqing, to cover the furlough of Dr. W.J. Sheridan. Charlie arrived in Sichuan without his family, in November 1920, and he was assigned to the position of superintendent of the Canadian Methodist Hospital also known as Renji Hospital. During this period, he boarded with various missionary families as his household and personal belongings, including his treasured books and violin, remained in Chengdu.

One of Charlie’s greatest regrets was the fact he did not have access to his personal library. Charlie loved to read, and on his return trip from his regular furloughs, he always packed as many books and journals as he could into his luggage. One time, when a shipwreck in the Yangtze gorges destroyed his possessions, his only lament was the fact that “with the spoiling of his worldly goods he had lost many of his most valuable books”. Another time, when his house was robbed in Chengdu, he was extremely relieved that the thieves showed no interest in what he thought was his most prized possession. Charlie viewed reading as a necessary vehicle to keep his medical knowledge current and to ensure his ideas continued to evolve outside of the medical profession. He felt so strongly about this issue that he recommended in 1912, as part of his overall vision for the medical work in Sichuan, a “provision whereby every medical worker shall have at least a brief vacation every year and more time for reading and study”.

The decision for Robina to remain in Toronto was a typical pattern for mission family life, especially when the children reached high school and university. Another typical pattern was for parents serving overseas to leave their children with relatives or with other missionary families in Canada. This was the case for the Kilborn family, and during this current period when Robina resided in Toronto, the children of Dr. Retta Kilborn lived with the Service family while their mother was working in Chongqing. In the fall of 1922, a decision was taken for Robina and William, to return to Sichuan and the three girls, being of high school and university age, remained in Toronto with Robina’s sister. Charlie was thrilled to have Robina and William with him in Chongqing. His home life was returning to normal and Robina, who had been his health care partner throughout the years, was once again providing nursing services in Sichuan. Robina was also given additional responsibilities by the CMM, and she was appointed to teach at the Canadian School where William was an elementary student.

Charlie and Robina found living in the port city of Chongqing very different from life in Chengdu. Located on the Yangtze River, Chongqing was the commercial center for western China, and compared with the other mission stations, it was a more diversified cultural “contact zone”, due to the growing presence of western businessmen and employees of the foreign consulates. A strong anti-foreign, anti-Christian sentiment was galvanizing the youth who were reacting to the asymmetrical structure of the treaty port which favoured foreign commercial

160 “Board of Governor Minutes”, West China Union University, (2 July 1920, #400), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/ RG011-272-4326.pdf.
161 Beaton, Great Living, 24.
162 Ibid.
163 C.W. Service to Family, (original letter), 21 September 1920; 9 September 1921; 23 October 1921; 25 April 1922.
164 Robina Service to Family, (original letter), 11 March 1923; William Service to Family, (original letter), 6 May 1923.
Some missionaries were also casting an increasingly critical eye on the excessive actions of the commercial traders and diplomats. As Charlie’s son, William, would later elucidate: “it was not our parents’ fault that they took part in the missionary movement during a period of Western imperial expansion…thus modern Missions in China became established in relation to unequal treaties, extraterritorial rights, treaty ports, concessions, wars and indemnities”.

Within this tense geopolitical landscape, Charlie was questioning his western values, and the reframing of his life story was a natural progression for missionaries, after spending years in China, learning the language and interacting with Chinese society. Charlie shared his transitioning thoughts in a letter to the church community in Canada. Although he “hoped that a better feeling towards foreigners may soon appear”, Charlie acknowledged that “the Chinese have many reasons for disliking foreigners though some of their grievances arise from a misunderstanding of us and our motives. Nevertheless, foreigners, even most missionaries, are to be blamed for the attitude of superiority which most of us unconsciously assume”. It was his wish that “all this unpleasantness may be the school to teach foreigners and Chinese alike to understand and respect each other”. For Charlie, the best means to build respect was to live a life of humble service towards his neighbours and as a medical missionary, this meant providing services to his Chinese patients, thereby demonstrating his “all-round interest in mankind”.

To provide some context to Charlie’s musings, Canadian missionaries had a unique perspective from their British and American colleagues. Their Canadian mindset reflected both their current colonial status within the British Empire and their North American vulnerability to manifest destiny advocates promoting the assimilation of Canada. In 1909, during a visit to China, the then Minister of Labour William Lyon Mackenzie King was approached by an American diplomat about the possibility of his country being assimilated by the United States, and King’s response was blunt.

I believe that Canada is losing her opportunity, and that the U.S. is getting far in the lead in many ways… I am beginning to see the essential need of Canada shaping her policy from a national view-point… Let her cease to think in colonial terms and to act in any

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166 Beaton, Great Living, 25-26.
171 C.W. Service in Beaton, Great Living, 26.
172 Ibid.
way as with colonial status. Let her become a nation or other nations will rob her of this right.\textsuperscript{175}

These words would foreshadow the growing nationalism during the interwar years when King was the prime minister of Canada. Some historians have hypothesized that Canadian missionaries were more receptive, to growing Chinese nationalism in the 1920s, because this was a period when Canadians were also forging their own national identity and independence.\textsuperscript{176} Although they were still dependant on the British gun boats for protection, Canadian missionaries were also important actors in challenging traditional cultural perceptions, and this was evident in Charlie’s life story when he calls out the western community for their attitude of superiority. “Influenced by those they served, many championed Chinese nationalism”, historian John D. Meehan claims, “by calling for racial equality, immigration reform, and an end to extraterritoriality”.\textsuperscript{177}

Although Charlie recognized the legitimate basis for the grievances against foreigners, he also reflected that at times Canadian motives were misunderstood. A potential source of this misunderstanding was the tendency to view the motives of the missionaries through a singular lens even though conservative theology focused on religious conversion, and the liberal theology of the medical missionaries was interested in improving the health care situation in Sichuan. Additionally, Canadian missiological values were sometimes undelineated from the more recognizable motives of the influential global powers. Canada was coming of age as a nation, and due to the larger British and American commercial presence, Canada was often a forgotten country. This invisibility extended to Canadian missionaries who were sometimes linked to the larger American and British missions, and their British connection was reinforced by the fact they carried British passports.\textsuperscript{178} As more Canadian historiography focuses on soft diplomacy and the role of non-state actors in establishing the initial people-to-people links between Canada and China, there should be a greater recognition that “China’s history with missionaries forms modern Canada relations” as reported in a 2017 article in \textit{The Globe and Mail}.\textsuperscript{179}

\textbf{Return to WCUU}

Charlie and Robina welcomed their appointment to Chengdu in the summer of 1923, as they preferred the quieter provincial capital with its university campus. The Senate of WCUU had made an official request for “the return of all those who hitherto have been associated with the University and we would mention in particular the desirability and urgency of appointing Dr. C.W. Service who has been so intimately associated with the publicity work for the Medical School in the homeland”.\textsuperscript{180} Dr. Beech had experienced first-hand Charlie’s fundraising campaign for the future Medical-Dental College.

\textsuperscript{175} William Lyon Mackenzie King in Meehan, \textit{Chasing the Dragon in Shanghai Canada’s Early Relations with China, 1858-1952}, 29.
\textsuperscript{176} Meehan, \textit{Chasing the Dragon in Shanghai Canada’s Early Relations with China, 1858-1952}, 29.
\textsuperscript{177} Ibid., 181.
\textsuperscript{178} Austin, \textit{Saving China}, 85-86.
\textsuperscript{179} Nathan Vanderklippe, “China’s history with missionaries forms modern Canadian relations”, \textit{The Globe and Mail}, (14 April 2017), http://license.icopyright.net/user/viewFreeUse.act?fuid=MjUyMzE5NjE%3D.
\textsuperscript{180} “Senate Minutes – Report of the West China Union University to the Participating Missions”, West China Union University, (6 January 1921, #116411A), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_
I remember very well going to Canada on one occasion some years ago and Dr. Service just dragged me around the city of Toronto… He wanted me to see this doctor and that doctor, and what was it all about. Why, he wanted to get them interested in the University here. He wanted to get the whole of the medical profession in Canada interested in the University. He wanted men to give money for it and he worked tirelessly for it all through his vacation.181

It was a challenge for WCUU to properly staff its faculty positions and with a growing student enrolment; they were often faced with the situation where “the number of our teaching staff has not kept pace with our student body”.182 The CMM was taking a leading role in medical education with their decision to build a dedicated Medical-Dental College, and compared to the other missions, they were also supplying more professors to teach at WCUU and to oversee clinical training at their hospitals. Within the CMM, there continued to be an annual debate about the prioritization of funding between medical and dental education in Chengdu and the clinical needs of the hospitals and dispensaries located throughout Sichuan. At Mission Council meetings, when mission appointments were being allocated, Charlie was known to keep urging his colleagues to “appoint more teachers to teach at the University”, and he frequently wrote letters to the Home Board requesting additional resources for the Medical-Dental College.183 Throughout all these funding debates, it was Dr. Endicott’s assessment that “in recent years no one in West China was more keen and more devoted than he to build up a really worthwhile medical and dental school there…[and] he was always, or nearly always, able to carry the majority of the missionaries with him as he pressed forward”.184

Another significant challenge for the staff was the ongoing shortage of cadavers to teach anatomy to medical students. Although the government had passed a law in 1913 to legalize dissection, the decree required the consent of the patient’s relatives, and there continued to be strong cultural resistance to the examination of the body after death.185 The university was therefore forced to look for alternative sources, and WCUU made arrangements with local authorities to receive the cadavers of brigands who were being publicly beheaded for their crimes. One of the professors wrote a letter to the governor of Sichuan, General Yang Sen, and suggested an alternative method of capital punishment. This proposed technique would protect the complex nervous system of the brain stem which was important for teaching crucial life functions in anatomy class.186 The governor responded to their proposal and humorously suggested that “since you are not satisfied with my system, I will send the next group of brigands out to you at the University and you dispose of them according to your own method”.187 “This was not the anticipated response and “no member of the staff enjoyed the way the humour had been turned on them more than Dr. Service”.188 Charlie had a keen sense of humour, and he was

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181 Beech, Address for Dr. Charles Winfield Service.
182 “Senate Minutes”, West China Union University, (6 January 1921, #116411A).
183 Sparling, Address for Dr. Charles Winfield Service.
184 Endicott, Memorial Service for Dr. C.W. Service.
186 Beaton, Great Living, 19-20.
188 Beaton, Great Living, 20.
pleased when his knowledge of the Chinese language had progressed to the point where he was able to share his numerous jokes and puns in both English and Chinese. “His lectures and often the suspense of the operating-room were enlivened by frequent spontaneous bursts of humour that greatly delighted the students”.189

**Canadian Methodist Hospital 1923-1927**

During this period, the CMM was expanding its work in clinical medicine, and the Methodist Church of Canada appointed its largest number of medical missionaries, since initiating its work in Sichuan. This mission was “the largest, single mission field operated by a single church in the world”.190 The statistics for 1923 illustrated the emphasis placed by the CMM on medical work compared to the other seven missionary societies. The CMM controlled 10 of the 24 hospitals, performed 12,000 of the 14,471 operations, and tended to over half of the dispensary patients.191 Charlie concluded that

the Chengtu Men’s Hospital in 1924 probably witnessed the best year in its history, at least as far as amount of work is concerned. And because of a larger staff than ever before it is also probably true that the quality of work done was better than heretofore. Certainly it is true that there was a greater division of work and that along specialized lines. Our plant and equipment have also improved immensely during recent years so that now we feel not only a great satisfaction in doing our work but we also feel our hospital is taking its place among the best in China.192

In 1924, Charlie was asked to prepare an article about his work for the annual report of the CMM. Although he acknowledged that “when working in a large teaching hospital with nurses and other doctors, it is a very difficult task to write a report of one’s own work, for it is so intimately linked up with the work of the others”, his report provided a sketch of a year in the life of a medical doctor living in Chengdu.193

The Canadian Methodist Hospital was a teaching hospital and during the nine months of clinical training, this was when Charlie felt “our staff feels the pressure of hard work” for there are “three classes of nurses-in-training…two classes of senior medical students taking clinical work” and “the teaching of these classes entails a vast amount of preparations as the teaching is chiefly done in the Chinese language”.194 Charlie shared his surgical practice and teaching responsibilities with Dr. E.C. Wilford. He also undertook the didactic teaching in obstetrics and gynecology and he “shared the clinical work in these subjects with Dr. Ada Speers of our W.M.S. Hospital” where he “also had the pleasure of assisting somewhat in the surgical side of its work”.195 Obstetrics and gynecology were two of the subjects Charlie studied, in 1919, during his postgraduate fellowship at Johns Hopkins University.

189 Ibid.
190 Austin, Saving China, 48.
192 Dr. C. W. Service, in Canadian Methodist Mission West China Reports of Work for the Year 1924, 94, 78.096C, Box 16, The United Church of Canada, Toronto, Ontario, Canada.
193 Ibid., 94.
194 Ibid., 94-95.
195 Ibid., 95.
In his report, Charlie would refer to his other commitments as the etceteras of a doctor’s life and these included

- delivering health lectures to the general public
- working with the Y.M.C.A. on city-wide campaigns focused on the welfare of babies, opium addiction, and home hygiene
- writing and distributing public health literature on preventable diseases such as malaria, cholera and tuberculosis
- writing a book entitled *A System of Case Taking* for his senior medical students to standardize the recording of each patient’s history and examination results
- working with other health care professionals to conduct physical exams of all the students and missionary families including the promotion of preventative medicine
- acting as the medical editor of *The West China Missionary News*196

![Figure 13: Medical Faculty of West China Union University, October 1923](image)
Far right first row: Dr. John Thompson; far right third row: Dr. Charles Service
(Source: The United Church of Canada Archives, Toronto. 1999.001P/3312N.
Medical Faculty of W.C.U.U., Oct. 1923. Francie Service)

The message that “prevention is better than a cure” was strongly promoted within their own schools and the general public because it “brings to the attention of the people the fact that we are sincerely interested in the problem of prevention as well as the problem of cure”.197 The medical community estimated that two-thirds of all deaths in China were the result of plague epidemics and other preventable diseases.198 In an article written for the *Canadian Journal for Medicine and Surgery*, Charlie reasoned that

preventable diseases are social problems beyond the control of the individual. This means that the remedy is not alone the treatment of the patient by the individual doctor,

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197 Dr. C. W. Service, in *Canadian Methodist Mission West China Reports of Work for the Year 1924*, 96.
but rather the broad treatment of the whole social organism by all the constructive forces available. Therefore public health education is the keystone. Without it social conditions cannot be improved, nor can many of the communicable diseases ultimately be stamped out. The rate at which diseases can be wiped out is determined by the amount of regulation which the people will observe. There has to be a specific amount of legislation. But restriction of personal liberty must be understood and supported by the public. It therefore becomes imperative to educate and inform on the modern discoveries regarding disease and to inculcate the idea of the intrinsic as well as the economic, value of life.\(^{199}\)

In 1929, the promotion of public health and preventative medicine was significantly advanced with the appointment of a missionary doctor to this position.\(^{200}\)

This was also a period when medical personnel were planning a comprehensive policy for the expansion of medical education at WCUU. The construction of the new Medical-Dental College was scheduled to start in 1925, and the doctors were strongly advocating that an interdenominational “General Clinical Hospital near the University and easily accessible to the Medical School” should be part of the plans in order to accommodate the anticipated increase of medical and dental students at WCUU.\(^{201}\) The current inefficient situation where the students must undergo their clinical training at separate hospitals, located far from the university, resulted in a substantial amount of time being lost for travel, and often the senior students were forced to live off campus. Charlie was a member of the Senate Committee tasked to “outline a detailed statement of our ideals for a future medical policy for Chengtu and to suggest a line of procedure for the immediate future”.\(^{202}\) The Committee report was submitted to the Senate in April 1924, and their recommendations for a centralized medical centre were approved. Specifically, the Senate agreed “that we look forward to the development of a hospital and dispensary for the clinical instruction of the medical students within easy access of the Medical School at the Union University”.\(^{203}\) This large training hospital would eventually be built and was the precursor to the present West China Hospital at Sichuan University.

**Furlough: Postdoctoral Training**

In 1927, due to political unrest against foreign interests, all foreigners including missionaries were encouraged to evacuate to Shanghai. As Charlie’s furlough was pending, Robina and William returned to Toronto, and Charlie spent a term at the London School of Hygiene and Tropical Medicine, before travelling to Canada. This current placement in London, at this globally renowned public health research institution, was illustrative of the ongoing commitment of WCUU to forge multi-institutional collaboration with some of the leading global universities.

\(^{199}\) Ibid., 372.
\(^{201}\) “Senate Minutes”, West China Union University, (3 April 1924, #1689), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-275-4363.pdf.
\(^{202}\) Ibid., #1689.
\(^{203}\) Ibid., #1690.
During this furlough, Charlie once again attended Johns Hopkins University and networked with the alma mater of many of the West China medical missionaries, the University of Toronto.\textsuperscript{204} Since he was based primarily in Toronto for his two-year furlough, Charlie spent a considerable amount of time with the staff at the Toronto General Hospital where the breadth of his clinical exposure covered technical skills in general surgery. This included thoracic surgery with two of the pioneers in this field, Drs. Norman Shenstone and Robert Janes.\textsuperscript{205} The late 1920’s was an exciting period to engage in this surgical field, as Canada was quickly becoming a global leader in advancing thoracic surgical procedures. In May 1929, Drs. Shenstone and Janes successfully performed a one-stage lung lobotomy, utilizing their invention known as the Shenstone-Janes lung tourniquet, on a patient suffering from bronchiectasis.\textsuperscript{206} This technique would revolutionize lung resection surgery and after publishing their findings in 1932, “within a few months, their development became knowledge in every major chest clinic in the world”.\textsuperscript{207}

It is interesting to note that in 1928 Dr. Norman Bethune, a medical graduate from U of T, was accepted as a thoracic surgical fellow at McGill University, and he trained under Dr. Edward Archibald at the Royal Victoria Hospital in Montreal.\textsuperscript{208} Dr. Archibald was world-renowned for his contributions to thoracic surgery, in particular extrapleural thoracoplasty, and during his eight-year tenure in Montreal, Dr. Bethune would also advance thoracic surgery with the invention of a number of surgical instruments including the rib shears.\textsuperscript{209} In subsequent years, the impact of Dr. Bethune would extend beyond the borders of Canada, and his world-wide reach would include his time in China, from 1938-1939, where he joined the 8th Route Army of the communist forces during the Second Sino-Japanese War. Bethune would later be honoured for designing a mobile operating theatre, to tend to wounded soldiers on the front lines, while also providing medical care to rural villagers and training health care personnel.\textsuperscript{210}

Charlie returned to Chengdu, in the fall of 1929, with new medical textbooks and a thousand pages of clinical and lecture notes which he referred to as “invaluable”, as they have “loaded me up with lots of new ideas for working and for teaching”.\textsuperscript{211} The opportunity to discuss his most challenging cases with medical educators, and his clinical exposure to current surgical procedures and public health interventions, enabled Charlie to confidently return to China.

\textsuperscript{204} “History: The Building”, London School of Hygiene and Tropical Medicine, https://www.lshtm.ac.uk/Aboutus/introducing/history/building.
\textsuperscript{205} “Brief History of Thoracic Surgery in Toronto”, University of Toronto, Department of Surgery, http://thoracic.surgery.utoronto.ca/about/history.htm.
\textsuperscript{210} Shenwen Li, “Bethune, Henry Norman”, Dictionary of Canadian Biography.
\textsuperscript{211} C.W. Service to Family (original letter), 6 October 1929.
believing that “everything is right up to date”.

A few months after his return to Chengdu, one of the medical professors at U of T received a letter from Charlie, and the professor, during a lecture, passed on the information that Charlie had successfully performed, at the Canadian Methodist Hospital, the first thoracic operation of its kind in China. Charlie continued to perform thoracic operations, and he would often mention the outcome of these surgeries in his letters. During this period, Peking Union Medical College (PUMC) was establishing a thoracic medical unit based on the Johns Hopkins health care delivery model. This diffusion of cutting-edge surgical techniques, to improve patient outcomes in China, was the product of the strong transnational relationships evolving between PUMC and Johns Hopkins University, and WCUU and the University of Toronto. As a medical professor, Charlie took great pride in knowing that even though his students were studying in an isolated region of China, they were exposed to the same thoracic surgical innovations as their fellow students sitting in a lecture hall in Toronto, Baltimore or Beijing.

**The Young People’s Forward Movement**

One of Charlie’s greatest joys was teaching and in November 1929, a decade after his cross-Canada tour to raise funds from Canadian nurses, dentists and doctors, he had the opportunity to be a professor at the newly opened Medical-Dental College. Charlie recognized, while he was an undergraduate student at Victoria College, the importance of fundraising to the overall success of the missionary enterprise. The 1890s was a critical period because even though the church was encouraged that their overseas work was inspiring recent university graduates to choose a missionary career, the institution lacked the financial resources to expand their overseas operations. In response to this institutional need, Frederick Stephenson proposed that a new student organization be formed, and in 1895, Charlie along with Dr. Frederick Stephenson and Rev. Herman Warren founded the Young People’s Forward Movement (YPFM) to engage university students, and eventually the young people of the church, in fundraising activities in support of missions.

This movement began with a small committee at Victoria College and then developed into an official department of the Methodist Church of Canada and later expanded beyond our own denominational bounds. While Canadian Methodism has the honour of having inaugurated and first fully organized it, and has demonstrated its great possibilities, many other Churches have adopted the principle and the plan, adopting both to denominational requirements. Several denominations in Canada, several in Great

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212 C. W. Service to Family (original letter), 22 December 1929; 9 February 1930.
Britain, and at least thirteen in the United States, have now a vigorous Young People’s Forward Movement for Missions.\textsuperscript{216}

\textit{Figure 14}: Founding members of the Young People’s Forward Movement  
Left to right: Rev. H.E. Warren, Dr. F.C. Stephenson, Dr. C.W. Service  
(Source: Service Family)

Dr. Stephenson would dedicate his life to this organization, and as a result of its fundraising achievements, he would later reflect that “the continued success and expansion of our West China Mission and the growth of the Young People’s Forward Movement have been concurrent”.\textsuperscript{217} From 1897-1925, the young people of the church raised over \$3 million through the YPFM, and each decade resulted in a substantial increase in revenue: \$482,316 was raised from 1897-1906, this increased to \$1,031,322 from 1907-1916, and the period from 1917-1925 saw an additional increase to an amount of \$1,594,489.\textsuperscript{218} This substantial fundraising base was an important revenue source to support individual missionaries, as well as the building fund for the Canadian Methodist Hospital in Chengdu, and other hospitals and schools throughout Sichuan.\textsuperscript{219}

The Young People’s Forward Movement was also an important avenue for recruiting volunteers especially with its strong connection to Victoria College. At a large inter-denominational meeting in the summer of 1903, in the mountain town of Guling located in the southeast province of Jiangxi, there was a proposal to double the number of missionaries serving in China within three years. With respect to the West China Mission, the number of missionaries currently stood at 12 families appointed by the General Board of the Methodist Church and eight women appointed by the Women’s Missionary Society (WMS).\textsuperscript{220} After the meeting, Charlie wrote a letter to the Methodist Church of Canada outlining the proposal to double the number of missionaries. His message for potential recruits was very direct: “here is an invitation, an

\begin{itemize}
\item \textsuperscript{216} Ibid.
\item \textsuperscript{217} F.C. Stephenson, “Forward”, \textit{Our West China Mission}, 13-14.
\item \textsuperscript{218} F.C. Stephenson, “The Thirtieth Annual Report of the Young People's Forward Movement for Missions”, \textit{The 101st Annual Report of the Missionary Society of the Methodist Church, Canada} 1924-1925, 83.
\item To put this fundraising in perspective, the inflation calculator suggests that \$3 million Canadian dollars from 1925 is equivalent to 42 million inflation adjusted Canadian dollars in 2018.
\item \textsuperscript{219} F.C. Stephenson, \textit{Our West China Mission}, 14; Bond, \textit{Our Share in China}, 62; Austin, \textit{Saving China}, 97; Semple, \textit{The Lord’s Domain}, 328.
\item \textsuperscript{220} Beaton, \textit{Great Living}, 10-11.
\end{itemize}
opportunity, a challenge, to invest life to great advantage”. At the eighth annual mission conference of Victoria College, held in January 1904, Dr. Stephenson who was the secretary of the YPFM conducted a roundtable discussion, and the topic discussed was “Doubling the Missionary force of the Methodist Church within ten years”. Charlie’s letter was read to the conference participants and Dr. Hart, although now retired as superintendent of the CMM, was one of the speakers who encouraged university graduates to consider working in Sichuan.

Through these personal appeals and the strong leadership from the Student Volunteer Movement, the personnel assigned to the CMM increased within five years, from 12 to 40 families and from eight to 30 single women. Among these recruits was Rev. Edward Wallace who was appointed as general secretary of the West China Christian Educational Union, and he would later be designated chancellor of Victoria College of the University of Toronto. Years later, members of the church community, including Chancellor Wallace and Dr. Beaton, would suggest that there was a direct correlation between “that vision which Charlie Service had put before us” and the significant increase in the number of new recruits sent to the mission field.

The missionary enterprise continued to expand through the collaborative efforts of so many different groups from the YPFM supporting individual missionaries to Sunday school children buying bricks for hospitals to the health care professionals raising funds for the Medical-Dental College, and finally to the missionaries working with their Chinese colleagues and international partners to build the hospitals and schools. Charlie and Robina were part of this strong community spirit striving to fulfill their collective vision which was to establish an indigenous health care system in Sichuan, and recent indicators suggested that this was an achievable outcome. Since the 1911 evacuation when the hospitals were forced to close, there was progress in strengthening the capacity of health care and in 1929, Charlie and the other medical missionaries returned to hospitals that had remained open under the capable leadership of the recent Chinese WCUU graduates.

Return to Chengdu

At the end of their furlough in 1929, it was decided that Robina would continue to live in Toronto while William attended high school. Their daughters were already settled into their careers and both Winnifred and Frances chose careers in teaching, and Margaret would follow her mother into the nursing profession. Since Charlie had recently undergone two serious operations in Toronto, he was encouraged to postpone his trip but Charlie was not prepared “to retire from the service he loved”, and according to his colleague Dr. T.H. Williams, “seeing the need so great he could not remain away even at the advice of physicians and wishes of

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221 Ibid.
223 Ibid.
224 C.W. Service in Beaton, Great Living, 11.
225 Chancellor E.W. Wallace, “Dr. C.W. Service Memorial Service”, (Trinity United Church, Toronto: 23 March 1930); Beaton, Great Living, 11-12.
friends”. Charlie was returning “to his work in Chengtu...in connection with the Hospital and Medical College” and Dr. Beech interpreted his return to the field as an overwhelming compassion to relieve the suffering people who were sick here in China and to teach the students that they might go on with that work of alleviating the suffering of mankind. It was for that reason that he left his family and came here - a sick man himself - to bring others to health.

When Charlie returned to Sichuan, he was the only surgeon working in Chengdu, and he found this to be a “very heavy responsibility for so many decisions has to be made alone”. This shortage of surgical missionaries was occasionally raised in his letters where he would suggest the names of potential recruits or he would express that “I only wish my good friends Shenstone or Janes were here to advise and help” in a troubling thoracic case. Even though his current situation was challenging, Charlie never wavered from his deep respect for the medical profession and the belief that “life goes merrily on, so to speak, with its ups and downs, its lights and shadows; and the life of the doctor and the nurse it is not an easy road to be sure but oh, the many compensations there are in saved lives, and repaired bodies. It is worth it all, is it not?”

Charlie was continually sharing stories about the rewarding work of a medical missionary with potential employees. It was Dr. Endicott’s opinion that Charlie had “spoken to more prospective missionary doctors and nurses than any other of our missionaries who have been serving the church in West China” and through this ongoing engagement “he was instrumental in sending many missionaries to the foreign field”. During this current period, it was becoming increasingly more difficult to recruit personnel, and Charlie began to contemplate alternative strategies, to fill the medical gaps, especially at a time when the work of the West China Mission was “being tragically restricted for want of finances”. One idea Charlie was musing about was to offer doctors the opportunity to engage in short-term medical assignments of one year. These would be volunteer positions with the medical personnel agreeing to take a one-year leave of absence from their medical practice.

**Impact of the New Medical Graduates**

Charlie expressed some apprehension about his return to Sichuan in 1929, and the reception he would receive as a foreigner working in Chengdu, due to the recent anti-foreign disturbances by
nationalist forces against the extraterritoriality rights of foreign missions. In an August 1929 report to the Board of Governors, Dr. Beach observed that although “West China was not in the main path of these forces, they have touched us in spots with destructive force” and the returning missionaries would have been advised of the potential for cross-cultural discord on the WCUU campus.\textsuperscript{235} However, once Charlie arrived his apprehension soon dissipated, and he was very appreciative that the “people, students and Chinese staff in the university all seem very friendly and willing to co-operate and the eagerness and efficiency of several of our Chinese doctors working with us are splendid and marks a new era in our work”.\textsuperscript{236} The West China Mission had to adjust to this new era, as they began to integrate these recent medical graduates, and one area that required an immediate missiological shift was the salary levels of the Chinese doctors. In recognition of the fact these recent graduates “are very well trained…and are invaluable” to the health care system, Charlie argued that the salaries of the Chinese doctors, especially those with additional training, should be increased to reflect their position as valued colleagues.\textsuperscript{237}

The medical missionaries were also reacting to a new dynamic where the highly trained WCUU graduates were being offered outside medical positions, and the West China Mission, being critically understaffed, could not afford to lose any more doctors. They wanted to retain the most promising graduates to reduce the workload of the foreign doctors and to expand their medical outreach to the Chinese community. Following the recent nationalist disturbances, foreign medical workers were returning very slowly to Sichuan, and this provided the current opportunity for a more rapid devolution of authority. Presently, their dispensary work was being effectively managed by one of their recent graduates, and there were plans to combine dispensary work with the WMS. This would enable their “combined staff to see 1,500 outpatients a week and so care in a more adequate way for the very poor”.\textsuperscript{238} The joint dispensary was targeted to open in early 1930 but was delayed until October due to inadequate staff.\textsuperscript{239}

\begin{figure}[h]
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\caption{Members of the Graduate Association of WCUU 1929 (medical and dental)
Dr. Service front row, third from right; Dr. Huang Tianqi back row, third from left
(Source: Service Family)}
\end{figure}

\textsuperscript{235} Dr. Beach, “Report of the West China Union University to the Board of Governors”, West China Union University, (Chengdu, 1 August 1929), http://chronicles.dickinson.edu/specproj/dsoninchina/wcuu.htm#.
\textsuperscript{236} C.W. Service to Family (original letter), 3 November 1929.
\textsuperscript{237} Ibid., 13 October 1929.
\textsuperscript{238} C.W. Service in Beaton, \textit{Great Living}, 22.
\textsuperscript{239} “Report of the Union Dispensary”, \textit{Report of the Chengtu Hospitals Board For the Year 1931}, Chengtu, 23.
During this period, China was also moving towards educational sovereignty, and a new chapter was unfolding where WCUU started to transition from a university under missionary jurisdiction to an institution governed by the new educational policies of the Nationalist Government. The concurrent processes of rising Chinese nationalism and the expanding base of WCUU graduates provided the foundation for devolution, and certain responsibilities were transferred to satisfy the new government regulation that “a majority of the governing body of the university should be Chinese”. By the early 1930s, in terms of the expanding base of medicine and dentistry, the new Medical-Dental College accounted for nearly half of all students registered at WCUU with 721 students registered from 1930-1934.

One of the core values of the West China Mission was the education of female students, and when Charlie returned to China, he was encouraged by the number of women registered in the pre-medical course and he described these students as a “very bright lot”. Charlie maintained that the Chinese “possess an array of qualities which will someday place them in the forefront of nations”, and in an article published in The Globe, in 1920, he suggested that one means of achieving this was gender equality in education. “These multi-millions in China” Charlie argued “must and will be educated, among whom not the least important are her women and girls who need equal opportunities with...Chinese men for education and service.” WCUU was the first co-educational inland university and eight women entered the university in 1924. Ten years later, in 1934, 108 women were registered at WCUU and 32 were studying medicine and 16 were enrolled in dentistry.

Consolidation of Health Services

One of the joint mission projects was the consolidation of health care in Chengdu, and the Medical-Dental College appointed a special committee, composed of President Beech and medical representatives from the various missions, to work on a federation scheme. The missiological transition from an isolated impact model, towards a collective model of joint health care delivery, was a significant operational change and in Dr. Beech’s assessment:

we all know that in conducting a medical school our hospitals are not located as they ought to be for the medical school. We ought to have them together. They ought to be co-operating together as one unit. But we are separated by distance and separated in

242 C. W. Service to Family (original letter), 3 November 1929.
246 C. W. Service to Family (original letter), 3 November 1929.
many other ways. Recently we had been trying to get together. It is rather hard to move institutions. It is rather hard to move people after their ideals are set. But Dr. Service among us has always been ready when the going was the hardest just to say the right thing and to throw all his influence toward that ideal.\textsuperscript{247}

This proposed union would improve the efficiency of their work, and it affected not only the doctors, dentists and nurses, but also their institutions including the hospitals, the dispensaries, and the Medical-Dental College. This idea had been a topic of conversation for many years, but since the 1927 evacuation, there was a new sense of urgency to find a workable solution. Charlie was encouraged by this development, as “it is a dream that I have had for many years and it is now beginning to be realized”.\textsuperscript{248} Shortly after being appointed superintendent of the Canadian Methodist Hospital in 1912, Charlie had written a document entitled \textit{Our Great Vision for Our Medical Work} where he outlined the need for adequate staff, up-to-date equipment including laboratory and X-ray facilities, a training school for nurses, a medical college, a doctor to give full time to public health and preventative medicine, and the “unification of the management and direction of all the hospitals in Chengtu”.\textsuperscript{249} All the other recommendations had been achieved and the remaining piece of the vision was now being seriously discussed.

Once the missions agreed to proceed, it took only a few meetings for their appointed representatives to work out their collective vision for integrated health care delivery. In any large-scale collaboration, social change happens at “the speed of trust”, and the fact this interdenominational group was able to reach an operational consensus, within just one month, was a significant achievement.\textsuperscript{250} The committee members were able to build from their previous union initiatives where mission activities intersected through both professional collaborations as well as personal connections.\textsuperscript{251} One insightful reflection on inter-mission collaboration was described, as early as 1910, when Rev. John W. Yost of the Methodist Episcopal Church USA reported on the early days of the educational union of the high schools.

while there have been necessarily differences of opinion, these differences have been adjusted amicably and I think without any doubt that all the representatives of the three missions who united are closer and warmer friends and fellow workers than they were a year ago…One characteristic of our committee meetings for the year which seems to be worth mentioning here has been that when any one or two members seriously objected to some method of procedure which a majority seemed ready to adopt, the majority when possible would frequently rule that the matter be delayed for a time till further light might be had. Sometimes it happened that by the next meeting we were able to agree unanimously.\textsuperscript{252}

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\textsuperscript{247}Dr. Beech, Address for Dr. Charles Winfield Service.  \\
\textsuperscript{248}C. W. Service to Family (original letter), 10 November 1929.  \\
\textsuperscript{249}Beaton, \textit{Great Living}, 17-22.  \\
\textsuperscript{251}“Build the collaborative governance structure”, \textit{Collaboration for impact}, http://www.collaborationforimpact.com/the-how-to-guide/phase-3-organise-for-impact/build-the-collaborative-governance-structure/.  \\
\end{flushright}
The committee reached a consensus, in November 1929, for the individual missions to pool all of their resources related to medical work including personnel, finances, equipment, and drugs and replace their individual control with a joint hospital board. This new Chengdu Hospitals Board would have the authority to allocate all resources and to appoint all medical, dental and nursing staff.\textsuperscript{253} It was also agreed that the new Hospitals Board would continue to work towards the construction of a union teaching hospital close to the Medical-Dental Building. This idea was first introduced in 1924, and its purpose was to “bring together in one center all of our medical dental work in the city and make it the outstanding training hospital in this part of the world”.\textsuperscript{254}

Once the Committee Members were in agreement, the next step was to convince their Home Boards that this missiological shift would significantly improve the impact and efficiency of medical services in Chengdu and enhance the clinical training of doctors, dentists and nurses. A simultaneous gathering of key personnel, from their home offices, was scheduled for January 1930 in Sichuan. Charlie and his Canadian colleagues facilitated the visit of Rev. J.H. Arnup, one of the Board of Foreign Missions’ secretaries, and this included visits to the various hospitals and the campus of WCUU. In January 1930, the Canadian Mission Council, with Rev. Arnup in attendance, supported the recommendations of the Medical Committee and “the scheme for co-ordination of all hospitals in Chengtu under one Board met with sympathetic and favourable consideration and it was resolved to adopt in general the scheme as presented”.\textsuperscript{255}

Although Charlie would not have the opportunity to work under this new unification scheme, as he passed away a few months later, his fellow committee members were successful in convincing their Home Boards to approve the consolidation of health care services.\textsuperscript{256} The 1931 report of the Chengdu Hospitals Board stated that the new consolidated organization has “given us a much greater degree of co-operation and unity of direction, permitted a more satisfactory allocation of our staff members to their respective specialities, thus improving clinical instruction and contributing to a larger hospital service”.\textsuperscript{257} This consolidation of resources marked “another milestone in the development” of the West China Mission, and it reinforced the importance of collaborative missiology in the delivery of effective health care.\textsuperscript{258}

**The Final Days**

Charlie died in March 1930, after suffering post-operative complications, following emergency abdominal surgery. One of his Chinese graduate students administered a local anesthetic and Charlie, as the abdominal specialist on staff, directed the operation until circumstances necessitated he undergo general anesthesia.\textsuperscript{259} Charlie subsequently succumbed to peritonitis and in one of the newspaper articles in *The Globe*, it was reported that

\textsuperscript{253} C.W. Service to Family (original letter), 10 November 1929.
\textsuperscript{254} “Forward”, Report of the Chengdu Hospitals Board For the Year 1931, Chengtu, 1.
\textsuperscript{256} Beaton, *Great Living*, 22.
\textsuperscript{258} C.W. Service to Family (original letter), 10 November 1929.
\textsuperscript{259} Beaton, *Great Living*, 33.
the death of Rev. Charles Winfield Service, pioneer medical missionary and founder of the medical college in connection with the West China University was announced by a cable message received yesterday from Chengtu, West China, by the United Church Foreign Mission Board. His death, which occurred on Monday, was due to ‘unavoidable complications following an operation - which was successfully performed’.260

Another article in *The Globe* reflected that the “leaders of the United Church of Canada and missionaries on furlough were shocked” to learn of his death as they had just received a letter from him the day before asking for new personnel to be sent to the field. The newspaper article went on to say that “letters received this week bespeak the good health he was enjoying a month ago and operations which he himself was performing”.261

A decision was taken to bury Charlie at WCUU, the place where according to the Board of Foreign Missions of The United Church of Canada:

During the last sixteen years in addition to his regular duties as a hospital surgeon he devoted all his time to teaching in the West China Union Medical College, and to working for the development of that institution. From the beginning of a project for a Medical College in West China, Dr. Service has borne an increasingly heavy share for adapting that growing institution to the complex situation in which it finds itself.262

At the Executive Committee Meeting of the Board of Governors of West China Union University, the following resolution was incorporated into the Minutes:

This Committee has learnt with deep sorrow of the death of Dr. Charles Winfield Service at Chengtu, West China, March 10th, last. We record our very highest appreciation of Dr. Service’s unusual gifts as Surgeon and teacher, of his noble Christian character and of the fine contribution which he has made to the building up of the West China Union University, especially in connection to the Medical Department. Dr. Service had been connected with the University almost from its foundation. He laboured unstintingly with rare intelligence and a most gracious spirit in its upbuilding.263

The West China Mission Council discussed the “commemoration of Dr. Service in [the] Medical Dental Building” and the following resolution was passed: “Resolved to recommend to the Home Board that the name of the completed Medical-Dental Building be the ‘Service Memorial College’ and that a brass plate be prepared and sent out to be placed in the completed building”.264

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261 The Globe, “Far from Family, Missionary Passes: Rev. C.W. Service was Outstanding West China Worker”, 15.


263 “Minutes of the Executive Committee, Board of Governors”, West China Union University, (Toronto, 8 May 1930, #E865), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/RG011-274-4343.pdf.

and former moderator of The United Church of Canada, introduced the resolution at the Executive Committee Meeting of the Board of Governors, in New York in May 1931, where “it was agreed to commend the…resolution of the Mission Council, to the Board of Governors of the West China Union University for sympathetic consideration”. A plaque was subsequently placed at the Medical-Dental College in recognition of Charlie’s commitment to educate future generations of Chinese doctors, dentists and nurses.

The Central Government of the People’s Republic of China nationalized the Medical-Dental College in 1951, and the institution continued to transition until it was eventually incorporated into the West China Medical Centre of Sichuan University, currently considered to be one of the top medical schools in the country. In describing the history of the West China Medical Centre, Sichuan University states that

the predecessor of the Centre…is West China Union University (WCUU), which was jointly founded in Chengdu by five Western Christian Missions from the United States, the United Kingdom, and Canada in 1910…Today, in the place where the Center originated, there stands a comprehensive medical institution with full range of medical disciplines, strong teaching faculty, excellent medical techniques, advanced diagnosis and treatment equipments, and powerful scientific research capacity.

The continued commitment of Sichuan University to deliver “medical excellence” and to “create doctors who can provide that excellence for generations to come” was the same commitment affirmed by the medical missionaries over a century ago, and Charlie had such confidence in the ability of his students to provide quality health care. One of his final tasks was marking his student’s examination papers, and in a letter to his family, he indicated his delight that “the only girl in the clinical years of medicine…beat the boys” and received the top marks in third year. This student Yoh Ih-chen would be recognized as the first female medical graduate from WCUU, and she would later be appointed professor and eventually head of obstetrics and gynecology. Another student in fourth year was characterized to his family as “perhaps the best all-round and cleverest student we have ever had”, and Charlie had “an eye on him to train for surgery”, and he was also thinking of recommending him for postdoctoral studies at the University of Toronto. The positive impact of the recent medical graduates was also very encouraging to Charlie, and he described the “splendid spirit prevailing…between the Chinese

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265“Minutes of the Executive Committee, Board of Governors”, West China Union University, (New York, 14 May 1931, #E965), http://divinity-adhoc.library.yale.edu/UnitedBoard/West_China_Union_University/ RG011-274-4343.pdf.

266 Nathan Vanderklippe, “China’s history with missionaries forms modern Canadian relations”, The Globe and Mail, (14 April 2017), http://license.icopyright.net/user/viewFreeUse.act?fuid=MjUyMzE5NjE%3D; West China School of Medicine / West China Hospital of Sichuan University, “About Us”, http://eng.cd120.com/a/aboutus/.

267 “About Us”, West China Medical Center Sichuan University, http://wcums.scu.edu.cn/about_en.asp.

268 “About Us”, West China School of Medicine / West China Hospital of Sichuan University.

269 C.W. Service to Family (original letter), 9 February 1930.


271 C.W. Service to Family (original letter), 9 February 1930.
doctors, nurses and foreigners. Moreover the presence of several very efficient Chinese doctors…does ease the very heavy load for us all”. 272 Charlie was clearly inspired by his students, and this provided some comfort in his final days knowing that his responsibilities were being transferred to this next generation of capable Chinese doctors.

**The Service Fund**

Upon Charlie’s death, a fund was established to honour his commitment to disadvantaged patients identified in the dispensary for surgery. According to one of his medical colleagues Dr. T.W. Williams, Charlie “was constantly pleading with the hospital management for financial consideration of patients who had appealed to his great heart. Indeed this was the real beginning of our appeal for the Samaritan Fund for he deposited money of his own to be used for operation fees for poor patients and we but enlarged the plan and appeal”. 273 As a memorial to Charlie, the name of the Good Samaritan Fund was changed to the Service Fund, as “it has been given by the Chengtu community in memory of Dr. Service”. 274

Official church policy towards hospital funding was shifting from its early days, when it was predominately a granting agency, to the current situation where the hospitals were encouraged to be self-supporting. 275 The front-line medical workers were concerned about the ethical issues of accessibility and fairness because their poorer patients were finding it difficult to pay for medical treatment while their middle and upper-class patients could still afford hospital care. This policy went against their social gospel principles and “support of this Fund helps the hospitals to care for the needy and distressed who look to hospitals for healing”. 276

The medical community initiated an annual appeal recognizing that “with falling appropriations and increasing cost of drugs and equipment, we need your help that we may carry on the tradition that none worthy of help need be turned away”. 277 Donations were received from the foreign and Chinese communities, and the targeted Chengdu institutions were the Canadian Methodist Hospital, the Women’s and Children’s Hospital, the Eye, Ear, Nose and Throat Hospital, and the Dental Hospital. 278 Some of the rules for administering the funds included

- that the name shall be the Service Fund
- that the use of the money be reported in the West China News
- the Orphanage children and Blind School students are legitimate claimants
- chronic cases whose funds are exhausted may be helped
- student cases are to be considered on the merits of each case 279

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272 C.W. Service to Family (original letter), 3 November 1929.
277 Ibid., 14.
278 Ibid., 13-14.
279 Ibid., 13.
In the May 1932 edition of *The West China Missionary News*, it was noted that $2,054 was raised in the previous fiscal year and distributed between the four hospitals.\(^{280}\) The Service Fund covered a variety of hospital fees including the surgical treatment of tuberculosis cases, cataract operations, the setting of broken legs, diphtheria antitoxin for children, dental care for gangrenous infections, mastoidectomy cases, and tracheotomy procedures.\(^{281}\)

After Charlie passed away, Robina continued the family tradition of supporting the hospital costs for deserving patients, and she provided an annual donation to the Service Fund. Although Robina would not return to China, she remained active in the Women’s Missionary Society of Trinity United Church in Toronto, as well as being a member of the Women’s Canadian Club and the Victoria College Women’s Association. In her final years, Robina lived with her daughter Margaret Smale until her death in March 1957.\(^{282}\)

**The Next Generation**

Charlie was also passing his responsibilities to his son, William, known as Bill. After completing his medical degree at U of T, Bill took three years of postgraduate training at the Toronto General Hospital and the Hospital for Sick Children. In 1942, Bill approached the Canadian military about serving overseas during the war, and it was determined that he could consider his posting as a medical missionary to China, an allied country, as his contribution to the war effort. Bill was initially assigned to Chengdu for language training, and he also worked part-time at WCUU. While in Chengdu, Bill had the opportunity to attend the opening ceremony of the West China Hospital, and this would have been a special occasion for him, as this was the central teaching hospital envisioned by his father and his interdenominational colleagues. Today this hospital is known as West China Hospital of Sichuan University and is also referred to as Huaxi Hospital or the International Hospital of Sichuan Province.

![Figure 16: Dr. William Service and colleagues, Canadian Mission Hospital, Chongqing (Source: Service Family)](image)

His main assignment was in Chongqing, the wartime capital for the Nationalist Government, during the Second Sino-Japanese War. Dr. Stewart Allen, a senior medical missionary, was on

\(^{280}\) Ibid., 13.
\(^{281}\) Ibid., 12.
furlough and in 1944, Bill was appointed chief surgeon and superintendent of the Canadian Methodist Hospital. He also served as the chairperson of the International Relief Committee for the seven western provinces. This committee worked with the Canadian Red Cross, hospitals, schools, and universities to distribute medical aid to Chinese citizens affected by the war.

In 1945, Bill married Norma Thompson, the daughter of missionaries John and Ena Thompson. Norma’s mother was a skilled clothing designer, and she established a women’s group to augment the income of disadvantaged women living in Chengdu.283 Later, Ena would serve as matron of Llewellyn Hall in Oshawa, Ontario, where she looked after the children of missionary families while their parents served in overseas missions. Norma’s father was “one of the pioneer dentists of the Mission” from 1909-1932, and he provided clinical dental services in Chengdu while also serving itinerate mission stations throughout Sichuan.284 John also had a keen interest in dental education, and he was “one of the founders of the Dental Faculty of the West China Union University” and he was instrumental in the training of Dr. Huang Tianqi, the first dental graduate in China.285

Norma and Bill knew each other from their childhood days, as they were both born in Chengdu and were classmates at the Canadian School. Later Norma attended U of T where she obtained a degree in social work, and she was initially hired by the Children’s Aid Society of Toronto to provide protection services to at-risk children and was eventually appointed as head of the Adoption Department. This experience in social work intervention was recognized by U of T, and Norma was hired as a part-time sessional faculty member in the School of Social Work.286

Her trip to China took six months due to war time conditions, and in 1944, Norma sailed from New York to Europe, where she stayed for several months, until she was able to secure passage on a British troop ship to Mumbai, India. After arriving in Chongqing, Norma became involved with the Canadian Red Cross, and her interest in organizations dedicated to improving the social situation of vulnerable people would continue throughout her life.

![Image](image.png)

*Figure 17: Bill and Norma Service with nursing staff and graduates, Chongqing, 1948*
(Source: United Church of Canada Archives, United Church Observer, Feb. 1, 1949, 7)

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284 “Minutes, Dr. and Mrs. C.W. McD. Service”, Board of Overseas Missions, United Church of Canada, (1952).
285 “Minutes, Dr. John E. Thompson”, Board of Foreign Missions, (April 1933).
Their son, John, was born in 1946 and according to Bill, the family received expert care from the Chinese doctor and nurses. In 1948, the Services departed to Toronto, for their regular furlough, where Bill pursued postgraduate training and obtained his FRCS (Fellow of the Royal College of Surgeons). They were to return, as part of the staff of WCUU, and their return was classified as pending in December 1949, with travel plans arranged for February 1950.287 Unable to secure entry visas for their personnel, the United Church considered “Service a test case” in June 1950 but were unable to attain the required documents from the Chinese government.288

Bill officially requested a leave of absence and then permanently resigned in 1952, and although he was no longer an employee of the United Church, Bill remained active in their overseas work. From 1962-1972, he served as a member and the first non-ordained chairman of the Board of World Mission. During this postcolonial period, the church was adapting to the restructuring of the international system following the decolonization of the overseas empires and the rapid formation of new nation-states. Canadian society was also evolving and historian Don Schweitzer elucidates that “as the United Church was challenged by the cultural upheavals of the 1960’s, it did not cling defensively to its past and retreat into a sectarian posture. Instead, it remained open to Canadian society and active in it”.289 After examining its historic approach to missions, the church community developed a new overseas policy and organizational structure to more accurately reflect “the changing face of mission” emerging within the church.290 In 1972, the Executive of the General Council appointed Bill, the founding chairman of the Division of World Outreach, on the premise that “with your experience as Chairman of the Board of World Mission it is going to be possible right from the beginning of the life and work of the Division of World Outreach to have the wisdom and guidance in the affairs of the Division fulfilled in your very capable way”.291 This recalibrated mandate allowed the United Church to transition from a missionary enterprise establishing new institutions into a responsive organization supporting national institutions, humanitarian relief operations, and long-term “strategic and catalytic” development programs initiated by their global partners.292

**Impact on Canadian Society**

The emergence of Canada as an influential middle power was significantly shaped by the sons and daughters born in China to missionary parents. These individuals “had the opportunity to travel widely”, and Bill Service would contend that since “our school was set in our society and active in it”.289 After examining its historic approach to missions, the church community developed a new overseas policy and organizational structure to more accurately reflect “the changing face of mission” emerging within the church.290 In 1972, the Executive of the General Council appointed Bill, the founding chairman of the Division of World Outreach, on the premise that “with your experience as Chairman of the Board of World Mission it is going to be possible right from the beginning of the life and work of the Division of World Outreach to have the wisdom and guidance in the affairs of the Division fulfilled in your very capable way”.291 This recalibrated mandate allowed the United Church to transition from a missionary enterprise establishing new institutions into a responsive organization supporting national institutions, humanitarian relief operations, and long-term “strategic and catalytic” development programs initiated by their global partners.292

old and great culture…this contact with another great people and their thought was of inestimable value”. The missionary enterprise left a traceable footprint both in China and Canada as these individuals eventually became missionaries in reverse within Canadian society. Their parents had set sail as idealistic university graduates to, in the case of the medical missionaries, disseminate medical care and education. Along their journey, they transitioned into international citizens who became advocates of global interdependence encouraging Canadians to realize that “we are living in a great bundle of nationhood nowadays” and as Charlie Service suggested, “what is the concern of one is the concern of all”.

This global humanitarian vision influenced their bicultural children. While the international outreach of the United Church was being recalibrated by Bill Service and Katharine Hockin, other returning personnel from China were providing transformative leadership in a myriad of organizations. Some returned to university campuses as professors and administrators establishing East Asian programs and encouraging educational exchanges. Others like Donald Faris inspired the 1960s movement towards secular international development causes, specifically the creation of the Canadian University Services Organization (CUSO), which recruited recent university graduates to volunteer in developing countries. Some children of China-based missionary families joined the Department of External Affairs, currently referred to as Global Affairs Canada. While the former China-based missionaries working at the American State Department were purged during the anti-communist McCarthy era, the Canadians, known as the China mish kids or old China hands, became persuasive champions guiding the process of engagement with China which was in sharp contrast to the American policy of isolation and containment.

During this period, the United Church continued to lobby the Canadian government to recognize the People’s Republic of China. Their positive messaging was evident in 1969 when the selected topic, for their annual congregational study, was Understanding China and the Chinese People.

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293 Ibid., 47-49.
“Surely this is significant” Bill Service would suggest “of a large desire on the part of the United Church to bring about a greater degree of appreciation and understanding”.  

Canada normalized relations with the People’s Republic of China in October 1970, and it was Prime Minister Pierre Elliott Trudeau’s belief that China would become “one of the two or three most influential countries in the world. For that reason, it must not be allowed to assume that it is without friends”. Fifty years earlier, Charlie Service had expressed a similar sentiment, in an article in *The Globe*, when he concluded “that there is no doubt” the Chinese “possess an array of qualities which will someday place them in the forefront of nations.” The bilateral negotiations between Canada and China were held in Stockholm over a 20 month period, and the chief Canadian negotiator was an old China hand from the West China Mission, Robert Edmunds. Subsequent to normalizing relations, Ralph Collins, John Small and Arthur Menzies, all born in China to missionary parents, were appointed as the first three Canadian ambassadors from 1971 to 1980. Following in their ambassadorial footsteps, three decades later, was David Mulroney, and in his book *Middle Power, Middle Kingdom*, he posits that non-state actors, like the medical missionaries, have helped Canadians to understand “that our foreign policy is incomplete without a thoughtful engagement of China”.

**Return to China**

In subsequent years, many of these second-generation families revisited their Chinese roots. This has created an interesting dynamic where their bicultural memories of residing in China have been juxtaposed against their current reality of being observers of modern China. The Service family followed this typical pattern, and in May 1978, Bill organized a tour to China on behalf of Fleming College. Three years earlier, Fleming College had awarded a Fellowship in Applied Education to Bill noting that his life “extended the normal bounds of the Hippocratic oath…to the benefit of the local, national and international community.” Bill and Norma spent two weeks in China, and just five months later, Bill passed away in October 1978. It was 30 years since Bill and Norma had been to China, and it was very evident to the members of the tour that they still had a strong emotional connection to Chinese society. In recognition of this fact, and to honour Bill, the tour participants raised funds to donate medical books to the library.

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303 Austin, “Missionaries, Scholars, and Diplomats: China Missions and Canadian Public Life”, *Religion and Public Life in China: Historical and Comparative Perspectives*, 145.

304 David Mulroney, *Middle Power, Middle Kingdom*, (Toronto: Allen Lane, 2015), 231.

305 Fleming College was originally known as Sir Sanford Fleming College. The main campus is in Peterborough, Ontario with several satellite campuses, one of which is in Lindsay, Ontario, Canada.

306 Elizabeth Clarkson, Chairman, Board of Governors, “Citation: Dr. Charles William McDonald Service Fellowship in Applied Education”, Sir Sanford Fleming College, Lindsay Convocation, May 10, 1975.

307 Bill and Norma’s daughter Elizabeth was one of the participants on the 1978 tour to China. In 2012, their daughter Francie visited Sichuan University and attended the opening ceremony of the China Museum of Stomatology, and this tour was organized by the Old China Photo Project and the Canadian Embassy in Beijing.
of Chongqing Hospital Number 5 in “recognition for his admiration and affection for China and her people”. Norma was thrilled that another generation of Chinese doctors and nurses would benefit from the medical textbooks, especially since this was the hospital where both Charlie and Bill had served as superintendent. Canadian historian Alvyn Austin would postulate that

Sometimes brilliant parents begat a missionary dynasty... Dr. Charles Winfield Service, who died at his post after thirty years of service, fathered Dr. Charles William Service, known as Bill; both were remembered as gentle souls who made the world a better place by having passed through it”.

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**Figure 18**: Bill Service visiting a hospital (1978)  
**Figure 19**: Donation to Hospital Number 5, Chongqing  
(Source: Service Family)

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308 The dedication in the medical textbooks donated to Chongqing Hospital Number 5. Mr. Bill Small, a close family friend and in his position of Vice-President of York University, contacted the Dean of the Medical Faculty of the University of Toronto and the Chinese Embassy in Ottawa for their assistance. Bill Small was born in China and posted to Chengdu in 1941 and worked at WCUU for ten years.

309 Austin, *Saving China*, 170-171.