Popular opinion of medical missionaries has undergone wide swings during the last 2 centuries. Individuals who traveled far from home, often into dangerous territory to spread their religious faith in conjunction with medical care, have been both praised enthusiastically for their benevolent work, and castigated as pompous, presumptuous, and overly pious.1(vii) Considering the enormous effect these Europeans and Americans had in Asia, Africa, and South America, they are little remembered today.

One of the first Western-trained physicians to go to China was an Englishman, Thomas Richardson Colledge, MD (1796-1879).2 After completing his medical education at St Thomas's Hospital in London, Colledge entered the service of the East India Company, the powerful mercantile firm. He practiced medicine in China, at Macao and Canton. He was employed initially by the East India Company, and later by the British government as a surgeon to the consulate at Canton. He also offered his services gratis to the native population. Very few Western-trained physicians had ever treated the Chinese before. In 1827 he created, in Macao, the first institution to offer Chinese people Western medical care. Known as Colledge’s Ophthalmic Hospital, it was available for all types of disease but concentrated on ocular problems. Quickly, Dr Colledge became very busy and treated about 4000 patients throughout the next few years.

Macao is an island off the south coast of China, less than 100 miles downriver from Canton, and is now known as Guangzhou. It became the first permanent European foothold in China in 1557. By the time Colledge arrived there, it had been under Portuguese colonial control for nearly 300 years. In 1999, after more than 4 centuries of European domination, Macao reverted to Chinese control, as has Hong Kong, and both are now integral parts of the People's Republic of China. Early in the 19th century, the island of Macao was an easier place for a foreigner to live than the mainland city of Canton. The Chinese placed severe restraints on foreign interaction with natives, allowing only limited relationships with tradesmen. In Canton, foreigners were restricted to a tiny waterfront trading area on the Pearl River. Foreign women were excluded from Canton, and if brought out to China, they lived at Macao.

Westerners were not exactly welcomed with open arms by the Chinese government at that time. They were officially considered barbarians, “foreign devils,” and were spied upon. Missionaries were forbidden, as was study of the Chinese language. However, Western medical practitioners were able to influence popular opinion through their care and created more respect for Western institutions than did any other aspect of their civilization, including military force. They opened up China "at the point of a lancet.”3 Western medicine may not have led Chinese medicine in terms of pharmacologic agents, but it was far ahead in surgical skill and in understanding of anatomy. Nothing in the Chinese medical system could match the propaganda value of curing blindness through a quick operation. The Chinese had not created much of a medical system. Chinese prac-
titioners were not particularly well trained and there was no overall organization to medical education. No degree or diploma was required to practice. Physicians held little status, and surgeons were held in even lower esteem. Very few procedures were done, the notable exceptions being castration to create eunuchs for the Imperial court, draining pus, and closed reduction of fractures. A strong religious bias against disfiguring the human body discouraged surgery. Medical missionaries from abroad found the field wide open for their work and became influential. Cataract surgery was one of the most common surgical procedures performed by the missionary physicians. The technique was couching—displacing the lens into the vitreous. This was a rather simple method, with generally good results. The tiny incision could be made quickly and with little discomfort. Cataract extraction, pioneered by Jacques Daviel in France in the mid 18th century, was a far more formidable procedure than couching in the era before the development of local anesthesia and antisepsis. Extraction required a larger incision, took more time, and entailed a much higher risk, particularly from vitreous loss and infection. The only other ocular procedures done with any frequency were pterygium excision and repair of entropion due to trachoma.

Colledge practiced medicine during the period when ophthalmology was just beginning to emerge as a specialty. He devoted the majority of his energy to eye care. He was a good friend of and mentor to a young American physician, Peter Parker, MD (1804-1888), who came to China 7 years after Colledge and eventually developed worldwide fame for his work there. Colledge was primarily a surgeon employed by a trading company and the British government, and secondarily a medical missionary. Parker, who was educated at the Yale divinity and medical schools, was a missionary first and a physician second. Parker wrote why he, and presumably Colledge, were so interested in ophthalmology:

“Diseases of the eye were selected as those the most common in China; and being a class in which the native practitioners were most impotent, the cures, it was supposed, would be as much appreciated as any other.”

George Chinnery’s Portrait of Thomas Colledge in His Study (Figure) shows the doctor in a clinical setting. The artist of the original painting is George Chinnery, an English expatriate who spent 27 years on the China coast and specialized in exquisitely brilliant, fashionable portraits. Notes made by a young American woman who watched the artist help us understand the scene. On the floor in the far left is a Chinese peasant who faces downward. A sash-like bandage covers his eyes, indicating he has just undergone eye surgery. Seated on a Western style chair is a Chinese woman whose delicate features, especially her red pursed lips, rouged cheek, earring, and glasses give her a stylish appearance. Her coat is draped over the back of her chair. On the floor in front of her lay an umbrella and straw hat. Colledge steadies her head with his right hand, while motioning with the other hand to his Chinese servant to come closer and translate instructions for her care. The woman’s son, whose long braided queue stands out on his back, knees before Colledge and presents him with a chop, a thank-you note on red paper. The boy’s bare feet and simple costume contrast with the physician’s outfit. Colledge looks elegant in his black jacket, cravat, and upturned collar. The chains about his neck and pinkie ring give him something of a foppish look, but he is the center of attention. As the most upright individual depicted, he is the authority figure. His calm nature contrasts with the weather. The dense gray cloud in the sky, the woman’s coat, hat, and umbrella indicate rain. On the table in front of the servant are notebooks, papers, writing implements, and a set of surgical instruments. A beautiful wooden case, lined in fabric, contains forceps, scissors, and other ivory-handled instruments. In the upper left corner of the scene are a few formula features added for interest’s sake: a red curtain, an urn on a ledge, and a landscape which gives depth and interest to the setting. Oriental foliage gives way to gray clouds and rays of bright sun beyond. The upper right corner of the canvas shows a framed painting of Colledge’s ophthalmic hospital.

After working in China for several years and treating thousands of patients, Colledge, still young, went back to England in 1838, never to return to Asia. Why did he leave abruptly? Overwork has been said to be the cause, but is unlikely...
to have been the real reason. His governmental position was discontinued, but this may not have prevented him from continuing to treat the expatriate community and to provide privately funded care free to the Chinese. Poor surgical results or bad relations with other personnel cannot have been the reason either, since on his return to England “deep regret was expressed by the whole community, European and native, and a memorial of his services was addressed to her majesty by the Portuguese of the settlement of Macao.” He was granted an annuity by the British government. The most important reason for Colledge’s departure from China may be buried in the East India Company Cemetery at Macao, where the remains of 3 of his children still lie today. In 1833 Colledge married Caroline Shillaber, a beautiful young woman from an American family living in Macao. Her brother was the American Consul at Batavia (Jakarta). They must have been devastated by the deaths of 3 of their 4 children born to them in China during the next few years. Life could be short on the south China coast, especially for children. Even for missionaries, life expectancy away from home was low everywhere—less than 10 years. It was a hazardous occupation. The voyage out took months and was dangerous due to weather, the treacherous coastline, and pirates. The outposts were isolated and often disease ridden; not really romantic or adventurous places.

Colledge left Macao for England in April, 1838, 1 month after their fourth son was born. The baby died 8 months later. Six weeks after that unpleasant event, Mrs Colledge and their sole surviving child sailed for England. Colledge may have departed before the rest of his family under governmental orders since he still held the rank of Senior Surgeon of the British Medical Service. Peter Parker took over Colledge’s role as medical missionary ophthalmologist to Macao and Canton.

Drs Colledge and Parker, supported by a Protestant clergyman, founded the Medical Missionary Society of China, the first medical missionary society in the world. By the time it was formally inaugurated, Colledge had left for England. He remained President of the society until his death, 42 years later. Excerpts from an address by Colledge, which describes the original goals of the society, reveal his thinking:

“The great object of this Society, is to aid the Missionary of the Gospel, and the Philanthropist, in the execution of their good works, by opening avenues for the introduction of those sciences and that religion, to which we owe our own greatness... Nothing has been attempted in the medical line with the Chinese that has not met with success; the immediate effects have been good, and when moral and religious instruction shall be united with the healing art, who can say where the influence of such a union shall end? The minds of this people must be gradually prepared for the reception of religious and moral principles, and the surest way to accomplish this, will be by showing them the effects of these principles on our own conduct. They are not capable of understanding abstract truths, but facts and actions speak for themselves... The practice of medicine by the Chinese physicians is blended with childish superstitions; and surgical aid cannot be procured even by the opulent, for the practice of surgery in any useful form is unknown among them. The influence then of those who restore them to the exercise of their powers is easily accounted for.”

Unfortunately, Colledge has left us only his remarks on the missionary aspect of his thought and not the details of medical care. He obtained an MD degree (an advanced degree in Great Britain, beyond that necessary to practice medicine), from King’s College, Aberdeen, Scotland, in 1839. Later, he became a fellow of the Royal College of Physicians, Edinburgh, Scotland; the Royal Society of Edinburgh; and the Royal College of Surgeons of England. He spent his last 38 years in Cheltenham, England, where he practiced medicine and “won universal esteem by his courtesy and skill” and the admiration of those around him.

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REFERENCES

3. Cadbury WW. At the Point of a Lancet: One Hundred Years of the Canton Hospital. Shanghai, China: Kelly & Walsh; 1905:7.