

Between God's Miracle and Imperialist's Propaganda: Love of a Skin-graft (1928) Revisited

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Abstract

This paper deals with the issues of historiography on a renowned sketch in Taiwanese history. By analysing a historical scenario, I will demonstrate how a paradigm of history was generated, construed, transmitted and finally shaped. This helps us to understand the use and abuse of history, filling the gaps that were often overlooked in medical history and education.

In 1928, Changhua Christian Hospital, undertook a skin-graft transplantation procedure, which was later claimed to cure a schoolboy's necrotising wound, by God's miracle. It was back in Japanese colonial times, when Taiwanese people began to encounter modern medical techniques and hygienic concepts. In the mean time, missionary medical professionals, mainly from Britain and Canada, were actively introducing Gospels into the 'barbaric' island.

In this surgical procedure, Ms. Marjorie Landsborough (1884-1984), wife of Dr. David Landsborough III (1870-1957), donated her own skin. Evidence showed that the first operation did not succeed due to rejection. Opinions about the follow-up procedures remained widely divided. Nevertheless, the sketch became the spiritual icon of the hospital. The patient, Revd Chin-Yao Chou, also became a forerunner of Taiwanese Presbyterian Church. In 1957, Ms. Landsborough, author of many other books about missionary works in Formosa (1922, 1924, 1932), published her husband's biography, *Dr. Lan*.

It could be argued whether this piece of history was exaggerated or heroicised. The purposes of missionary works in colonial Taiwan also remain hotly debated. In medical schools, history is still taught by means of celebrating great works done by

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great figures. Discursive historiography focuses on the interpretation of the outside, overlooking the nature of their faith and the relationship between history's contingency and humans' religious experience. By examining a broad range of materials, I examine the event at a level of micro-history, and conclude that apart from the bibliography, we should look into the ways in which historical materials were duplicated, adapted, manipulated and then represented. In this special case, the nature of missionary medicine and the complex medico-political relationship in Taiwan demand further investigation.

1. Introduction

Since the nineteenth century, when Western medicine was introduced to the East, clashes between the two cultures have not ceased for a single day. In the recent social and cultural historical approach, as if by prior agreement, almost all literature attempts to attack Western medicine, which is now dominating Easterners' health. For example, a metaphor is made, stating that Western surgeons use anatomical knives to dissect Chinese bodies.² Influenced by Foucauldian thinking, historians also interpret medical missions as procedures of body disciplines through religious rituals. It is not difficult to smell the hostility in such narratives. For examples, in a recent published study of George Leslie MacKay, Taiwanese historian Da Wei Fu examined how the medical missionary looked down on the 'barbarians' in the first instance, and then managed to 'civilise' the barbaric land by body disciplines.³

Alex McKay, a historian working on the encounter between Western and Himalayan medicine, points out that the history of medical missionaries is largely ignored by the main stream, in which "the all-encompassing nature of the colonial records has attracted scholars in all disciplines, and promoted their hegemony in historical

² YANG, N. (2005) *Remaking "Patients": the politics of space in the conflicts between Chinese and Western Medicine, 1832-1985*, Beijing, China Renmin University Press

³ FU, D. (2005) *The New Body of Asia: Gender, Medicine and Modern Taiwan*, Taipei, Chun-Huse.

enquiry”.⁴ However, when written by the churches or the church hospitals themselves, those histories were mostly heroic and over-romanticised for the purpose of proselytizing. Both these attitudes are a misinterpretation of the past. With the multiplication of missionary studies, there is a call to approach their histories in a dialectical way.⁵

In Taiwan, historical researches have not reached this level. In a recent paper studying the self-narratives and biographies of Cong-Ming Tu, medical historian Hung-Bin Hsu argues that the renowned image of Cong-Ming Tu, was constructed by the replication of a handful of accounts, especially Tu’s own writings. He suggests that the history of scientists could be rewritten by consulting alternative accounts, e.g. external contexts, laboratory practices, the scrutiny of the production of scientific knowledge, and the personality of scientists.⁶ It is an important argument against the history education in medical schools, where histories were mostly written by clinicians. In Taiwan, because of the special producing process of these physician narratives,⁷ these highly praised writings were seldom questioned.

In 1928, in central Taiwan, Changhua Christian Hospital undertook a skin-graft transplantation procedure, which was later claimed to cure a schoolboy’s necrotising wound by God’s miracle. This was back in Japanese colonial times, when Taiwanese people began to encounter modern medical techniques and hygienic concepts. In the meantime, missionary medical professionals, mainly from Britain and Canada, were actively introducing Gospels into the ‘barbaric’ island. This sketch of ‘God’s healing process’ was well propagandised, and later became famous street talk in town, as well

⁴ MCKAY, A. (2007) Towards a History of Medical Missions. *Medical History*, 51, 547-551.

⁵ See PFISTER, L.F. (2005) "Scaling the Sinological Himalayas: Insights Drawn from Comparisons of James Legge’s (1815-1897) and Richard Wilhelm’s (1873-1930) Translations and Interpretations of Ruist Canonical Literature" in *The Newsletter of the Institute for Chinese Literature and Philosophy of Academia Sinica* 15:2, 21-57. and other works.

⁶ HSU, H.-B. (2004) Who is Writing Whose Stories about Du Cong-Ming? - Reconsideration of the Contemporary Images of Scientist in Taiwan. *Taiwan: A Radical Quarterly in Social Studies*, 54, 149-176.

⁷ Under a special political and social condition, the writings of Taiwanese physicians possess a certain characteristic, in response to their professional commitments and social responsibility. See KUO, W.-H. Ibid. When Archives Are Discovered: Understanding the Portraiture of Medicine in Taiwan through Its Physicians. 105-148.

as in medical education. The uniqueness of this example is that in the air of deconstructing heroes and dispelling legends, this sketch still remains an unshakable icon.

In this paper, by closely analysing the different perspectives of its historical implications, I will demonstrate how a paradigm of history was generated, construed, transmitted and finally shaped. By using hospital records, memoirs of the people involved, the oral history of Dr. David Landsborough IV, and other historical accounts, I try to re-tell the story from a microscopic perspective. Apart from bibliographical accounts, this paper also discusses the issues of how these historical resources were reproduced and manipulated in the external contexts.

2. General Sketch and its Implications

In 1928, Changhua Christian Hospital, Taiwan, embarked on a skin grafting procedure, which became not only a much-told story, but also an important spiritual icon of the hospital and the Taiwanese Presbyterian Church. It is not only one of the greatest paradigms taught in medical schools, but also a tale much told from the lips of local people.

Dr. David Landsborough III (1870-1957), the key figure in this piece of history, served as a medical missionary of the English Presbyterian Church in Formosa (known as today's Taiwan) from 1895 to 1936, where he won great respect from local people and medical professionals. His son, Dr. David Landsbrough IV, who was born in Changhua, followed his father's example, spending most of his life in Formosa. Changhua Christian Hospital, founded by Landsborough III and Reverend Campbell N. Moody, was the third general hospital established for the purpose of missionary work. There have been many stories and anecdotes left behind from these two generations' services in Taiwan, one of the most renowned of which being the story of 'a skin graft with love'. (切膚之愛)

Kim Yao Chiu (周金耀) was a local schoolboy from a rural town in the Changhua area. In 1928, when he was 13 years old, he was injured in an accidental fall. The wound was originally only a mild abrasion. Unfortunately, four or five days later, the wounded area became swollen with accompanying discharge. His stepfather dressed the wound with hair oil and certain herbs. However, the condition was not ameliorated. Later, they sought help from a Taoist priest who practiced magic on illnesses. However, the wound eventually worsened. After 21 days, Chiu's step father carried him to a Chinese doctor in town. The doctor applied some powder medicine onto the wound, but it was still in vain. This is the synopsis of this story before they met Dr. Lan.⁸

Instead of going to a public doctor⁹, the father and son managed to visit 'Lan Clinic' recommended by a person they met on the road. Dr. Landsborough, the founder of the hospital, was away visiting his children, who were studying in Chefoo, China. A nurse, Miss Isabel Elliott, later celebrated as the pioneer of nursing practice and education in Taiwan, mixed a tub of disinfection liquid for the boy to soak his leg in. Three days later, a debridement procedure was performed by Dr. Harold Mumford, who graduated in Edinburgh in 1924 and who was also a medical missionary.¹⁰

Three months later, Dr. Landsborough came back to Changhua and began to take care of Chiu. Mrs. Landsborough, also a missionary appointed by the Presbyterian Church of England Women's Missionary Association, and author of many books about Formosa¹¹ and her husband's biography, *Dr. Lan*¹², began to teach Chiu the

⁸ Dr. Lan, the abbreviated appellation of Dr. Landsborough, commonly used by the local people in Changhua area.

⁹ Around 1900, the colonial government began to strengthen medical organisations and institutions, including establishing Taihoku Hospital and the public doctor system. (Fann 2005) In the 1920s, seeing a public doctor was already a common help-seeking pathway.

¹⁰ LANDSBOROUGH, D. (1992) Robert Harold Mumford, MB, ChB. *British Medical Journal*, 305.

¹¹ Such as LANDSBOROUGH, M. (1922) *In beautiful Formosa : being a personally-conducted tour of boys and girls to view the people, the scenery, and the work of the missionaries in strange and lovely places*, London, R.T.S, LANDSBOROUGH, M. (1924) *Stories from Formosa*, London, Religious Tract Society.

¹² LANDSBOROUGH, M. (1957) *Dr. Lan : a short biography of Dr. David Landsborough, medical missionary of the Presbyterian Church of England in*

Romanised Taiwanese language, and about the booklet *Questions and Answers in the True Way*. In addition, she taught him singing and knitting, distracting him from the pain caused by his wound.

Unfortunately, Chiu's wound went from bad to worse. With the erosion the length of one Taiwanese meter (about 30 centimetres), the carers worried that it would result in an amputation if there were signs of periostitis or osteomyelitis.¹³ Learning about Chiu's situation, Mrs. Landsborough then discussed the possible treatments with Dr. Landsborough.

The following quotes are the key paragraphs of the hospital history records:

Dr. Landsborough replied, "There is a kind of skin graft transplantation procedure documented in the medical book, which could possibly be the only hope to cure the symptom. However, it is still merely a theory."

Dr. Landsborough thought that Chiu's body was too weak to withstand his own other skin being grafted. If he took the skin from Chiu's stepfather, it would take time for him to recover, leaving the boy out of care. If he took the skin from Mrs. Elliot, the recovery period would infringe on her busy tasks, without anybody being available to take over.

While drained with thoughts, Mrs. Landsborough was suddenly touched. She realised, "It was because of love that Jesus let himself be crucified on the cross. His sacrificed his life for us. We couldn't return a diminutive portion out of His great love." She then suggested to him that she donate her own skin to Kim-Yao. Since it was the last alternative available, Dr. Landsborough then agreed with his wife's proposal.¹⁴

Formosa, 1895-1936, London, Presbyterian Church of England Publications Committee.

¹³ Documented in TU, T. (1962) *Compilation of Publications and Speeches of Professor Dr. Tsungming Tu*, Kaohsiung.

¹⁴ MUSEUM, C. C. H. H. (1998) *The Story of a Skin-graft with Love*. Changhua. [online]. Available from <http://www2.cch.org.tw/history/story1.htm> [Accessed 13 Dec 2007].

However, the procedure was not successful until one and four months later when Dr. Landsborough performed two other procedures, using Kim Yao Chiu's own skin graft. In 1929, encouraged and funded by Dr. and Mrs. Landsborough, Kim Yao Chiu entered Chang-Jung School in Taiwan. After graduation, he devoted himself to a career as a missionary, continuing his further studies at the Taiwan Theology College. Later, he became a renowned pastor of the Taiwan Presbyterian Church.

3. Hospital and Church Propagandas

Clearly, the above sketch was adapted slightly in different discourses. Without systematic investigation into the whole incident, the sketch remains anecdotal. The sketch 'a skin graft with love' later became one of the media introducing Christianity and Western medicine to local people. This story has been accommodated in the hospital's history museum, which was renovated by the former David Landsborough III Memorial Church, founded in 1969, with the story continually being told by displaying the photographs, including the image of the surgical reference book, the patient, and the staff after the first operation. One might understand that it was a very significant procedure at that time, but on the other hand, it also could be supposed that the hospital was promoting their benevolent actions by careful planning.

In 1954, Dr. Tsungming Tu founded Kaohsiung Medical College¹⁵. In 1956, he visited Changhua Christian Hospital and learnt about the story from Dr. Landsborough IV. He then asked the celebrated painter, Shi Qiao Li (李石樵), to illustrate the story. Currently, the painting is still exhibited in the foyer of Kaohsiung Medical University's affiliated hospital. In 2002, a gastroenterologist, Cheng Kuo Ke (2002), became the vice president of KMU's hospital and another 'Skin Graft of Love' was painted. In a recently published iconographical book, Shi Qiao Li's painting is, however, replaced by Rembrandt's *Doctor Nicolaes Tulp's Demonstration*

¹⁵ Traditional Chinese: 杜聰明, 1893-1986), is the first medical doctor of Taiwan. He received his MD degree from Kyoto Imperial University in 1922. In 1954-1966, Tu founded the formerly Kaohsiung Medical College (today's Kaohsiung Medical University) and became the first president of the College.

of the Anatomy of the Arm (1632).¹⁶ The story has also been narrated in different forms of art, such as pottery craft and steel sculpture. In the year 1998, the seventieth anniversary of surgical procedures, the hospital held a range of activities to commemorate the event, including academic conferences, public lectures, the skin-graft story-telling competition, as well as the launch of the hospital history museum. In the introduction of the museum's handbook, the procedure was described as "the first allograft surgery on Earth".¹⁷

There is no doubt that this story has had a significant role in the development of Western medicine in Taiwan. And it has been drawn on frequently in medical education. However, having been manipulated consciously or unconsciously, or documented without cautious textual research, the entire sketch became a myth. This myth is a powerful instrument propagandising Christianity and Western medicine, but it is not sufficient to provide evidence in medical history.

4. What Happened at the Surgical Table?

According to the hospital museum keeper, the surgical notes were already missing after World War II. The textual documentation available which was closest to that time was Dr. Tsungming Tu's publication and speech compilation. In his description, the surgical procedure was recounted by Dr. Chen-Hui Su, who claimed that he was an assistant at the surgical table. It was reported:

*Dr. Landsborough performed general anaesthesia on Chiu with chloroform. And then he debrided the necrotised tissue on his right leg. Mrs. Landsborough lay on another surgical table right next to Chiu's. Dr. Landsborough took five 1*2 inch skins, and he transplanted them on Chiu's wound. The compound was covered by metal Gauze. Four days later, the transplanted skins became blood-cookie-like plaques. And then they finally*

¹⁶ CHEN, Y. (2004) *Records of Taiwanese Medical People for 100 years*, Taipei, Wang Chun Feng.

¹⁷ CHEN, M. L. (1999) *Annual Report: Commemoration of the 70th Anniversary of 'Skin-graft with Love'*, Changhua, Changhua Christian Hospital.

*fell off. Later, Dr. Landsborough suspected that the area of the grafts were too large. In one month, he took a minimal amount of skin from Chiu's own left leg, seeding them on the surface of the main wound. Four months later, the second procedure was taken. Chiu's wound was recovered in one year.*¹⁸

There are other miraculous narratives, but this is probably the most explicable description. According to Tsungming Tu (1962), the description of the surgery was heard by Dr. Chen-Hui Su during his visit to Changhua Christian Hospital on the 2nd of February in 1941. He also read about the sketches in *More Stories from Formosa* (1932), written by the donor, Mrs. Landsborough.¹⁹ Feeling touched, he began to mention the story every time he gave a speech. In addition to the thematic oil painting exhibited in the foyer of the medical school he founded, this legend also became the ethos of the medical school.

However, in the textbook that Dr. Landsborough consulted, the text largely overlaps the two procedures. The textbook was *The Operations of Surgery (Jacobson)*, Sixth Edition, published by Guy's Hospital in London, 1915.²⁰ In the relevant chapter, three types of procedures were described, two of which coincidentally tally with the content of Tu's description. The first procedure was Thiersch's method, which was developed in the year 1871. And the second was Swiss doctor, Jaques-Louis Reverdin's method. In the textbook, Thiersch's method was described in great detail, and Reverdin's method was considered to be 'inferior' to the former. Neither of them refers to any concept of autograft or allograft, and the idea of rejection was not developed until the 1940s. It was natural for Dr. Landsborough to adopt Thiersch's method, although it failed in the end. But obviously it was not the first case on Earth. The hospital did over interpret their achievement.

5. Memoirs and Oral Accounts

¹⁸ TU, T. (1962) *Compilation of Publications and Speeches of Professor Dr. Tsungming Tu*, Kaohsiung. P.78

¹⁹ LANDSBOROUGH, M. (1932) *More Stories from Formosa*, Lond.

²⁰ JACOBSON, W. H. A., ROWLANDS, R. P. & TURNER, P. (1915) *The operations of surgery (Jacobson)*, London, J. & A. Churchill.

In the short biography written by Marjorie Landsborough (1957), Dr. Landsborough III's wife, she documented her husband's life as a medical missionary from 1895 to 1936, categorising six terms of services in chronological order. In the fifth term, from 1925-1931, she simply described four short stories arranged in bullet points: New Appointments (of a doctor and a nurse made to Changhua hospital), Hopes of a New Hospital Frustrated, Activities of the Hospital Staff, and Dr. Lan's 60th Birthday Party.²¹ Clearly she did not mention anything about the skin grafting story.

Instead, the story had already appeared in another book, *More Stories from Formosa*, written in easy but rhetoric style. Clearly, the book was written for English children, showing them what medical missionaries had done overseas. In the book, the picture of an ill child was shown, with his wound uncovered. In her own words, '[the] dressings and bandages are removed purposely for the photograph.'²² This does make us consider the purposes that hindered the deliberation. Nevertheless, in this tiny book, she also did not mention about herself being the donor. Remarkably, this sketch violated the discursive accusation that the history of Western medicine in the East is like the process of Eastern bodies being cut by Western surgical knives as, in this case, the knife actually fell on the Westerners.

According to Dr. David Landsborough IV's oral history, as a school boy, when he returned to Changhua from Chefoo²³, he was shocked by the scar left on his mother's leg. Essentially, he was not told about the second grafting procedure, which took place due to the previous failure. As a neurologist, and also as a rational thinker, had he not questioned the progression of the prior futile surgical procedure, the recovery of Chiu's wound could certainly have seemed a miraculous phenomenon. In this case, without an inquiry into the fundamental beliefs amongst missionaries, the intellectual's ignorance turns out to be inexplicable.

²¹ LANDSBOROUGH, M. (1957) *Dr. Lan : a short biography of Dr. David Landsborough, medical missionary of the Presbyterian Church of England in Formosa, 1895-1936*, London, Presbyterian Church of England Publications Committee. pp.85-89

²² LANDSBOROUGH, M. (1932) *More Stories from Formosa*, Lond.

²³ Chefoo (芝罘), current Yantai. Chefoo School was founded by China Inland Mission.

6. Discussion

6.1 History of skin transplantation

Skin grafting, which is different from solid organ transplantation, is probably the most documented transplanting technique, with the longest history. Prior to the 1800s, sporadic reports on the techniques remained anecdotal. In 1804, Baronio demonstrated the first successful autograft using the backs of. By 1823, Bunker achieved the same success with autografts in human subjects.²⁴ Although pioneered by the French surgeon Alexis Carrel (1873-1948), whose vascular works *in vitro* and transplantation *in vivo* with either skin or solid organs continued to be seen as an uncertainty between myth and reality, the concept was presented as the ambiguity between knowledge and empiricism.²⁵ And this grey area naturally became contested by the narrators of history.

Interestingly, in a paper discussing Jaques-Louis Reverdin (1842-1929), who performed the first free skin graft transplantation in 1869, and whose method cured Chiu, Saudan (1993) noted that such efforts highlight the character of the hero rather than the man of science. Furthermore, these efforts highlight the autonomous evolution of ideas rather than a history of medicine “at the time”, and the history of established truths and their acquisition rather than “of the all-too-human progress towards the external truths”. As a result, this type of nostalgic appraisal represents an “ahistorical” perspective, resembling the “distribution of prizes”.²⁶

In Tagliacozzi’s neglected book, *De curtorum chirurgia per insitionem* (1597), a transplantation technique was recorded. To restore a damaged nose, he took a flap of skin from the patient’s own arm. But it was also incorrectly stated that the skin was taken from other persons such as slaves or servants. Such a graft would be rejected in one week after the restoration was performed. It was believed that the graft fell off

²⁴ HERMAN, A. (2002) The History of Skin Grafts. *Journal of Drugs in Dermatology*.

²⁵ See TILNEY, N. L. (2003) *Transplant : from myth to reality*, New Haven, Conn.; London, Yale University Press.

²⁶ SAUDAN, G. (1993) Jaques-Louis Reverdin (1842-1929) and his cousin Auguste (1848-1908) of Geneva; or how surgical clinical practice prevailed over experimental physiology. Part I. *Journal of Medical Biography* 1993, 144-150.

due to the illness or death of the donor. This fictitious description was later ridiculed, but in his time, it was advocated by Sir Kenelm Digby, who claimed that it was evidence of “sympathy”, a healing power that could be carried out from a distance.²⁷ This type of healing was already documented three centuries before the conflict thesis between science and religion began to proliferate.

In the case of ‘A Love of Skin-graft’, even if it was possibly the first case in Taiwan, it is not true that the procedure was performed without previous cases, as described in the hospital’s official pamphlet in commemoration of the 70th anniversary of the event²⁸; neither was it ‘merely a theory in the textbook’ as described in the hospital charity’s official website. We do not know why Dr. Landsborough III chose the Thiersch’s method. However, it is understandable that it was described in the reference textbook that Jaques-Louis Reverdin’s method was ‘undoubtedly inferior to that of Thiersch’s’²⁹, although it was the method that cured the boy. In addition, the success or rejection of a skin-graft depended on chances, not the understanding of immunology, which developed later in the 1940s. It could be a brave experiment for Dr. Landsborough III to conduct the procedure. Moreover, it is interesting for us to discover how the narrative in Chiu’s memoir coincided with the sympathetic effect that had been existing from the 16th century.

6.2 What the bibliography did, and did not, tell us

Clearly, the history provided in the hospital accounts, especially the main sketch on the charity foundation website, was assembled by multiple resources. It is comprehensible that a paragraph including both the first and the second surgical procedures, recorded in Cong-Ming Tu’s *Compilation of Publications and Speeches*, was brought into the lines, for it was the most scientific account one could possibly find to support the legendary sketch. This creates certain problems.

²⁷ HAMILTON, D. E. A. (1986) An Illustration of Skin Graft Rejection and Sympathetic Medicine from 1661. *Bulletin of History of Medicine*, 60, 217-221.

²⁸ CHANGHUA CHRISTIAN HOSPITAL (1998) *Handbook of the 110th Anniversary of Hospital and the 70th Anniversary of ‘Love of a Skin-graft’*, Changhua.

²⁹ JACOBSON, W. H. A., ROWLANDS, R. P. & TURNER, P. (1915) *The operations of surgery (Jacobson)*, London, J. & A. Churchill. p. 45.

First, in the beginning, the hospital did try to propagandise the story. In Marjorie Landsborough's book, written for children of the Presbyterian Church of England, instead of talking about herself, she mentioned that all hospital staff offered skin. This probably was because being the author, she needed to avoid heroicising herself. In a whole page, the picture showed the boy lying in the sick bed, the nurse, Miss Elliot, standing next to and looking after him. The gauze on the wound was removed for the purpose of photographing.³⁰ This was the evidence that the hospital intended to introduce their missionary works to, rather than set good examples for their next generation. For the purposes of introducing Christianity, the hospital account also rebuked the superstition of Chiu's father.

As an alternative, it was Tsung-Ming Tu, who made the story an iconography in Taiwan. As previously mentioned, not only in his *Compilation of Publications and Speeches*, he also had artist Shi-Qiao Li portrait the scenario in the surgical room, and tried to promote the sketch as the spiritual motto of Kaohsiung Medical College which he later founded in 1960. In his *Compilation*, Tu stated that he was always 'touched to tears' when thinking about the story. He also invited Marjorie Landsborough to give several speeches at the medical school, which influenced a great amount of students.³¹

Another speculation falls upon Dr. Chen-Hui Su, the doctor who provided oral accounts for Tsung-Ming Tu. He graduated from Taihoku Imperial University in 1930, two years after the surgical procedure took place. Although evidence shows that before 1930, Western hospitals were allowed to train their doctors, Su's role in the year 1928 was still unclear. Hospital personnel believe that he joined the hospital after 1930. He later became the president of the hospital, and then a local politician. The historical appraisal for Dr. Tsung-Ming Tu and Dr. Chen-Hui Su demands further scrutiny. Nevertheless, they played pivotal roles in the making of the legend.

³⁰ LANDSBOROUGH, M. (1932) *More Stories from Formosa*, Lond.,

³¹ Such as those clinicians who tried to paint and sculpture the story. Also see the proceeding given by LIN, Y.-C. (2007) *The Ethics and Self-Nurture Professor Tsung-Ming Tu Taught Us. Medical Ethics Series*. Kaohsiung Medical University. on 17th of Sep, 2007.

6.3 Beyond imperialist's propaganda and God's miracle

With few resources to consult, the hospital documents rely heavily on Tu's description. It was probably because Tu's account, although transmitted orally from Dr. Chen-Hui Su, and largely overlapping the detailed description in the Guy's Hospital's textbook, was the only source for the hospital to refer to whereas all other records might be dissipated after World War II. Despite Tu and Su's controversial political roles, the hospital had to rely on their versions since first, missionary medicine had been thriving to survive under the pressure of the public medical system and the local people's general sentiment against western medicine during Japanese colonial times; second, their versions provided a scientific root behind the miraculous narrative.

By examining the strategy which Louise Pasteur applied to promote his own approach to the anthrax epidemic in French farms in 1870s, medical sociologist Bruno Latour suggests that one can revolve the beliefs at a state level by simply practicing in a laboratory.³² In the case of 'Love of a Skin-graft', we could see how Dr. Landsborough used his surgical room as the laboratory, not only to experiment with the first trial of skin grafting in Taiwan, but also the 'spiritual cure' of Christianity. On a smaller scale, the hospital successfully converted the patient and his family from 'superstitious' people into Christians. The sketch also grew to hold strong appeal, calling patients to use their services and medical students to serve as missionaries. However, interestingly, in Tu's *Compilation*, as well as the hospital's own narrative, Dr. Landsborough was glorified as the Changhua Matsu, a summon of the Taoist Goddess of the sea who protects fishermen and sailors in the local culture. When local people began to accept and gratify the missionary medicine, missionaries also gained its 'sense of place'³³ and turned 'liminal'.³⁴ This was not expected when the story was written in the first instance.

³² LATOUR, B. (1999) Give me a Laboratory and I will Raise the World. In BIAGIOLI, M. (Ed.) *The Science Studies Reader*. New York & London, Routledge.

³³ YANG, N. (2000) 'Sense of Place' and the Establishment of Western Medical Space in China. IN HEALING, R. G. O. T. H. O. H. A. (Ed.) *Medicine in the 19th Century China*. Taipei, Institute of History and Philosophy, Academia Sinica.

In the record of Dr. Landsborough IV's oral history, Dr. Landsborough IV did not remember the second surgical procedure. As a schoolboy at the China Inland Mission Boy's School in Chefoo, he only remembered visiting his parents in December. Although startled by the scars on his mother's right thigh, no other details could be recalled. In the record, the interviewers, who said that the sketch was possibly a rumour, gave the story a rough remark. In oral history, what often happens is that historians rely on what is said, ignoring what is left unsaid. In this case, there are too many factors that mobilised the writing of the legend, as well as other mechanisms that 'censored' the process or recording. From another perspective, what is often neglected is the nature of missionary medicine, which bequeathed missionaries rational thinking and the belief in miracles.

Missionary medicine has been considered 'anomaly' within colonial medicine,³⁵ because it not only undertakes missions of 'civilisation' but also physical and spiritual remedial 'good deeds'. It is unfair for us to equate missionary medicine with colonial medicine. In addition, in the case of Taiwan, the paradigm of western medicine was established by two strands of power: Japanese colonial government and the churches. These two forces not only competed against, but also cooperated with, each other. For example, while the Japanese government only developed its public physician system in the metropolis, medical missionaries tended to provide their services in rural, and even more remote areas. In this context, it is also too simple for us to argue that "[...] the basic language of Western medicine, with its claims to universalism and modernity, has always used, as it still does, the vocabulary of empire."³⁶

7. Conclusion

³⁴ PRAKASH, G. (1992) Science "Gone Native" in Colonial India. *Representations*, 40, 153-178.

³⁵ HARDIMAN, D. (2006) *Healing bodies, saving souls : medical missions in Asia and Africa*, Amsterdam, Rodopi.

³⁶ ANDERSON, W. (1998) Where is the Postcolonial History of Medicine? *Bulletin of the History of Medicine*, 72, 522-30.

The work of Dr. Landsborough III from 1895 to 1936 is undoubtedly a key chapter in the history of missionary medicine in Taiwan. However, apart from his heroic portrayal in the medical 'paradigm education' and the churches' propagandist styles of promotion, a *bona fide* historical formulation is still absent. It is natural for historians to deduce the spreading of missionary medicine as the expansion of the Imperialists, but regarding the medical missionaries themselves, did they have any insight and reflections on themselves being part of the western power at this time? To understand the reactions of human beings to the contingency of history and the formation of paradigms, a refined dialogue between historians and narrators of subjective experiences is required.

It could be argued that this piece of history was exaggerated or heroicised and the purposes of missionary work in colonial Taiwan also remains hotly debated. In medical schools, history is still taught by means of celebrating great works done by great figures. Discursive historiography focuses on the interpretation of the outside, overlooking the nature of faith and the relationship between history's contingency and human's religious experience. Although there have been appeals to produce synthetic historical research, it is equally important to look into the micro scale of historical events.

By examining a broad range of materials, from evidential to anecdotal, I conclude, firstly that the lack of surgical notes resulted in the purpose oriented myth making. Secondly, by looking into more historical sources, as provided in this paper, we can find more evidence and give more meaning to the historical events. Third, apart from the bibliography, we should look into the ways in which historical materials were duplicated, adapted, manipulated and then represented in front of readers. In this special case, the nature of missionary medicine, including the principles of knowing in this scholarly community, and the complex medico-political relationship in Taiwan demand further investigation.

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