

Compassion and Service: The Roles of Two Female Missionary-Physicians in the Korean Mission of the Presbyterian Church of Canada (1898-1969)

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Aptly called "The Land of Morning Calm" on the account of its picturesque mornings, Korea was once known as the "Hermit Nation" due to its isolationist policies. Korea did not welcome the entry of foreigners until 1876 when Japanese influence loosened these policies for trade. The influences of China, Japan, and the West decreased Korean isolationism and by 1884, first of the Protestant missionaries from the United States arrived.¹

Korea was largely dependent on China until their independence was proclaimed in 1894. The influence of both China and Japan was evident on religious practices in Korea, including ancestor worship, Buddhism, spirit worship, and Confucianism.² Western missionaries' accounts and reports of these practices were unkind, to say the least:

Ugly faces are found carved on the top of wooden posts, or china and bronze figures ornament the top of royal buildings. All these foolish means are supposed to frighten away evil spirits. Here and there are to be found Buddhist temples where priests chant music before horrid images and bells are kept ringing to put the spirits to sleep or waken them up, while pilgrims often weary and footsore bring offerings of money and goods, all to bring peace and happiness.³

The author of this passage asks, "What will it mean to Korea when she finds out there is a God of Love?" There was no doubt in this missionary's mind that the Christian deity was more benevolent, more loving, and better than the gods and spirits honoured in Korea.⁴

Protestant missions were not Korea's first exposure to Christianity. Roman Catholic missions in the early 17th century introduced Christianity in Korea with little success. In 1784, Korean converts from Peking returned to Korea to spread the Christian gospel. Inspired by the Korean government's isolationist policies and distrust of anything remotely foreign, ten priests and eight thousand Christian converts were massacred in 1866. The massacre erased whatever footing the Catholic church had in Korea.⁵

Nevertheless, Protestant churches were determined to send missionaries to Korea. By 1898, the Canadian Presbyterian Church launched its own mission. The church was the largest Protestant denomination of its time, with over a thousand congregations.⁶ The size of the church

¹ Horace G. Underwood, *Call of Korea: Political Social Religious* (New York: F.H. Revell Co., 1908) 15-18.

² Women's Missionary Society of the Presbyterian Church in Canada, *The Story of Our Missions* (Toronto: Women's Missionary Society of the Presbyterian Church in Canada, 1915). 158-159.

³ Women's Missionary Society of the Presbyterian Church in Canada, *The Story of Our Missions* (Toronto: Women's Missionary Society of the Presbyterian Church in Canada, 1915). 160.

⁴ *Ibid*, 160.

⁵ Bruce Cummings, *Korea's Place in the Sun: A Modern History* (New York, NY: W.W Norton & Company, 1997).

⁶ Before the union of Canada Presbyterian Church with its Canadian congregations in the Church of Scotland in 1875 to form the Presbyterian Church in Canada (also referred to as the Canadian Presbyterian Church), the denomination had run successful missions to the New Hebrides. Laura

made it necessary to create their own form of government. The presbytery, a unit spanning a district of the church, elected ministers and elders to participate in the General Assembly, which met once a year. The assembly appointed boards (also called committees). The Board of Foreign Missions and The Board of Home Missions were the committees responsible for the Women's Missionary Society.⁷ The Women's Missionary Society was further split according to their assignments: The Women's Foreign Missionary Society (WFMS) and the Women's Home Missionary Society (WHMS). The WFMS assisted the Board of Foreign Missions in the conversion of "heathen women and children."⁸

The Canadian Presbyterian missions were expected to be evangelical in nature. However, the success of the Americans in Korea brought about the rise of the social gospel model. The model was created by liberal Protestants with the main tenet being the conversion through good works, instead of direct indoctrination.⁹ Medical treatment and facilities, among other services, were the good works used by missionaries.

The medical aspect of the missions developed gradually, slowed down by the evangelization and education aspects. Medical work in the mission only started in 1898, when Dr. Robert Grierson came to Song Chin.¹⁰ When he arrived, the hospital was only being built. Dr. Grierson's contemporary, Dr. Kate McMillan, as well as her successor, Dr. Florence Murray were two female physicians who devoted their medical expertise in the Korean mission. Their careers and roles will be examined in order to glean the how they went about the evangelical part of their mission as well as how gender dynamics affected their experience and work with Korean 'heathens'. The fact that these physicians were female contributed to their efficacies, both as physicians and as evangelicals.

Dr. Kate McMillan

In 1901, the Eastern arm of the WFMS sent out Dr. Kate McMillan to Ham Heung. This was the church's response to Dr. Grierson and his colleagues' request for more medical missionaries. The request was for a male physician, but the doctors then said that they would be happy to have McMillan on board given she understood that not only medical works were to be done.¹¹

McMillan was born in 1867 in New Brunswick. She attended the Women's Medical College in Maryland, then Cornell Medical College in New York for her medical degree. At age 34, she joined the Korean mission. She spent a year in Wonsan to learn Korean before moving to her mission site in Ham Heung.¹²

McMillan noted that there was much to be done in Ham Heung. She also reported that the number of converts was low by comparison with the number of people who remained in "heathen darkness". McMillan saw medical work as a great opportunity "to bring salvation to

Macdonald, *Minister of the Gospel and Doctor of Medicine: The Canadian Presbyterian Medical Mission to Korea, 1898–1923* (MA Thesis., Queen's University, 2000). 22.

⁷ Women's Missionary Society, *The Story of Our Missions* 5-6.

⁸ "Heathen" was a term used to refer to non-Christian people. MacDonald, *Minister of the Gospel and Doctor of Medicine*, 69.

⁹ MacDonald, *Minister of the Gospel and Doctor of Medicine*, 46-49.

¹⁰ Women's Missionary Society, *The Story of Our Missions*, 178-179.

¹¹ Correspondence between the Board of Foreign Missions and the Mission Council of Korea which included Grierson. MacDonald, *Minister of the Gospel and Doctor of Medicine*, 76-80.

¹² From MacMillan's journal. Ibid.

perishing souls."¹³ Services were held daily in the hospital with McMillan personally teaching the gospel to the in-patients and out-patients alike.¹⁴

The Russo-Japanese War forced the missionaries to move from Ham Heung to Wonsan due to unrest in the northeastern part of Korea. McMillan and her team stayed in Wonsan for a year (1904-1905), then went back and forth between Ham Heung and Wonsan to accommodate both locations. By 1908, they settled in Ham Heung, but she was still in charge of medical care for the mission team in Wonsan.

The warnings of Dr. Grierson were true: McMillan and her team had to split their time between medical work, women's bible study, working with bible-women and fellow missionaries (on what to teach), and women's city work. Her work was further split between Wonsan and Ham Heung so much so that by 1910, a letter to the Board of Foreign Missions was sent to request for another physician. The Koreans at Wonsan and Ham Heung mission stations complained of the inconsistency of medical care. The letter specifically asked for a male physician as "male patients have diseases which a lady should not be asked to treat."¹⁵ McMillan was working with both male and female physicians treating male and female patients.

McMillan educated Korean men and women to equip them with medical knowledge to assist her medical team, that is, enough knowledge to prepare them for medical school. Two of her medical assistants and a Korean boy went to study in a medical school in Korea. All of them, including the Korean boy now referred to as Dr. Mo, went back to Ham Heung to further assist Dr. McMillan.

As a woman, she was not an ordained minister. Hence, her male counterparts did most of the preaching. This allowed her to pursue medical work more than her male colleagues. Missionary women were in charge of educational endeavours, especially those concerning girls and women. McMillan was no exception. While the men continued to travel, the women were expected to create a "domestic" presence in the Korean mission. Even so, Dr. McMillan was still overwhelmed by the responsibilities given to her. Evangelical and community work proved to be heavy tasks to be paired with her profession. The WFMS' 1915 report noted that the "evangelistic and educational side of the work ha[d] made so many demands."¹⁶

An epidemic of typhoid fever hit the girls' school dormitory in 1922. Dr. McMillan treated seven girls before catching the fever herself. She died of the illness in February of that year.¹⁷ Her work was remembered by the locals and her fellow missionaries. Although she struggled to juggle heavy responsibilities, she successfully expanded the reach of Christianity in Korea. Her medical expertise proved to be valuable in communicating the message to Koreans in Ham Heung and Wonsan.

Dr. Florence Murray

Dr. Murray joined the mission in 1921, a year before McMillan's death from typhoid fever. A physician from Dalhousie Medical School, she was assigned to Ham Heung with

¹³ From McMillan's report in 1900-1901. Ibid.

¹⁴ Women's Missionary Society, *The Story of Our Missions*, 179-182.

¹⁵ A letter by Robb and Foote to the Board in 1910. MacDonald, *Minister of the Gospel and Doctor of Medicine*, 85-87.

¹⁶ Women's Missionary Society, *The Story of Our Missions*, 179-181.

¹⁷ MacDonald, *Minister of the Gospel and Doctor of Medicine*, 88.

McMillan. She remained in Korea until 1969, interrupted by a return to Canada during the Second World War, presumably for safe haven.¹⁸

Murray was the daughter of a Presbyterian minister, who inspired her to join the Korean mission. Initially, she wanted to be a minister which was not allowed by the church at the time. She was a nurse in Halifax during the first World War, and then a community physician in Lockenport during the Spanish influenza outbreak.¹⁹

Murray arrived in Ham Heung in August of 1921. What she saw horrified her: the hospital and dispensary was unsanitary and generally unsatisfactory for her. She doubted Dr. McMillan's training and expertise due to this. She even noted that McMillan did not perform any surgery herself.

After moving to Seoul to learn Korean, Murray returned, rather suddenly, to Ham Heung due to McMillan's death the following year. She wanted Hamheung (or Ham Heung) hospital to be up to the standards she knew of in the West. In one letter she explained that "my little job seems to be to... demonstrate to the missionary community that women doctors are not necessarily cantankerous and inefficient."²⁰

Murray struggled to meet her own standards. She inherited McMillan's struggles with funding shortages (which explained the state of the hospital). In response, Hamheung and other mission hospitals started to charge their patients. This came as a shock to the patients in Ham Heung, who before Murray, were being treated for free. The patients blamed the new physician in charge, Murray, for this. "I am not a very much loved person right now," she wrote to her brother.²¹

Assessing Female Missionary Physicians

Female missionaries at the time oversaw the women and children in Korea. Gender dynamics and expectations 'reduced' the roles of women to "women's work for women". It can be argued that this move made female missionaries much more successful as they put their talents into use to serve and convert the women and children, instead of spreading themselves thin to convert men in other areas.

The social gospel model of evangelism created more avenues and a greater need for female missionaries. Schools, physicians, nurses, and more "domestic" roles were taken by women, while the men were the pastors, administrators, and leaders in their stations. The men favoured direct evangelization as opposed to social service.²² As F.J. Glover explains, female missionaries were needed not only because people of the same gender were alike but also

¹⁸ Lee, Kang Hyun, Solam Lee, and Sang Baek Koh. *Florence J. Murray (慕禮理 1894–1975), a Dedicated Female Medical Missionary* (Yonsei Medical Journal, 2020).

¹⁹ Ruth Compton Brouwer. *Home Lessons, Foreign Tests: The Background and First Missionary Term of Florence Murray, Maritime Doctor in Korea*. (*Journal of the Canadian Historical Association*, 1995).

²⁰ Direct quote from Murray's letters. MacDonald, *Minister of the Gospel and Doctor of Medicine*, 93-95.

²¹ Direct quotes from Murray's letter to her brother Foster. Ibid.

²² MacDonald, *Minister of the Gospel and Doctor of Medicine*, 46-50.

because of traditional taboos surrounding associations between unrelated men and women. This perception changed, but "women's work" was generally assigned to women thereafter.²³

Wives of male missionaries were instrumental to the footing of female missionaries. Lena Grierson, the wife of Dr. Grierson, and other missionary wives oversaw girls' schools and bible lessons. Another missionary wife, Bessie Robb published an article in *Korea Mission Field*. Robb wrote, "[I]f not better for her husband's happiness and the work's sake if she had never come to the foreign field ... To be a success as a missionary's wife, one must at least regard oneself as also a missionary."²⁴ The self-perception of female missionaries as a "missionary's wife" may be construed as submissive. However, the statement "at least regard oneself as also a missionary," posits the question: did they reduce their self-perception towards their work due to their husbands? One thing is for sure, that female missionaries had more and more roles as the social gospel movement was more widely accepted.

According to Jane Hunter, the gentle Victorian mother archetype gave Christian wives and mothers a responsibility to use love and wisdom to "transform" their husbands, families, and communities. This was then brought to light by church missions in the context of the world.²⁵ The notion of "women's work for women" did not mean that work was any less than that of the missionary men. It can be argued, as in the case of Dr. McMillan, that women were given more tasks. The schools, hospitals, and dispensaries were not small tasks assigned to female missionaries. The difficulties that McMillan faced in Wonsan and Ham Heung, which was further split into medical, evangelical, and even "domestic" tasks, proves this. Other missionaries have seen this as well, as evidenced by the 1910 letter to the board.

While McMillan's account of her activities gives the impression of a hard-working, selfless physician-missionary, Murray's recollection of her time in Ham Heung discredits this to a degree. She questioned McMillan's expertise. Historian Ruth Compton Brouwer sides with Murray, and suggests that McMillan focused more on evangelization instead of medical work. The "women's work for women" ideology, according to Brouwer, was heavily used by McMillan. McMillan only treated women and children. Murray, on the other hand, did not subscribe to this ideology.²⁶

Brouwer does not consider the complexity of McMillan's situation in Ham Heung. The 1910 letter to the board explicitly said that McMillan was treating "male patients... which a lady should not... treat." As regards to not working with male physicians, McMillan taught a Korean boy who became Dr. Mo. Dr. Mo then became assistant physician under Dr. McMillan.²⁷ This disproves that McMillan strictly adhered to the "women's work for women" approach as the situation at the time gave little room for McMillan to be picky of who to treat and who to work with.

²³ Frederick James Glover. *Dispatches from the Wilderness: A History of the Canadian Missionaries and Korean Protestants in Northern Korea and Manchuria, 1893 - 1928* (Calgary, AB: University of Calgary, 2018).

²⁴ Ibid.

²⁵ Jane Hunter. *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China*. (New Haven, CT: Yale University Press, 1984).

²⁶ Brouwer, *Home Lessons, Foreign Tests* 103-128.

²⁷ This recollection of Dr. Mo is a pertinent counterargument to Brouwer. MacDonald, *Minister of the Gospel and Doctor of Medicine*, 85-87.

Murray's critique of McMillan's skill is misplaced as well. While it is true that McMillan did little to keep her expertise up to date with the medical advances of the day, Murray did not initially consider the constraints faced by McMillan: scarce funding and daunting roles, among others. In fact, the conditions faced by McMillan over 20 years was so deplorable to Murray that she started charging Ham Heung patients for hospital services. Murray was used to the state-of-the-art tools and techniques at her practice. While there is nothing wrong in demanding for a higher standard, the deplorable conditions of McMillan's Hamheung hospital were not due to her prioritizing evangelization, but due to the lack of resources that Murray also experienced after McMillan's death.

Both McMillan and Murray were devoted to their church and their professions. While the social gospel model opened more opportunities for women to serve in the mission, not just as missionary wives, it did not save these women from having to prove themselves. Murray's statement, "...women doctors are not necessarily cantankerous and inefficient" reveals a perception, be it self-perception or not, that female physicians can be "cantankerous and inefficient". If Murray were only referring to McMillan's performance in Ham Heung, it could still be safe to infer that if Murray perceived this, so did the Koreans and the missionaries on the ground with Dr. McMillan. This negative perception towards female missionary-physicians may have impeded their success in Korea.

In their efficacy as evangelicals, both McMillan's and Murray's social service helped the Presbyterian mission to reach more Koreans. The ideology of "women's work for women" also helped the likes of Murray to effectively reach women and children: whether in school or in the hospitals. McMillan did not neglect her evangelical duties, as reported by the WFMS, preaching the gospel to in- and out-patients. Murray sought out to expand the reaches of her social service by doing off-site check ups. As physicians, McMillan spent her life in service of Korean patients, both converts and "heathens". Murray aimed to improve the standards of the medical facility left by McMillan. Her stay until the 1960s ensured that this was done.

The Presbyterians saw the success of the Korean mission, aided by physicians like McMillan and Murray, and engaged themselves in the act of social service instead of direct evangelization. This undoubtedly shifted the approach of missionaries from the simple introduction and conversion to the religion to service and compassion. By 1920, the social gospel model was the main model for evangelical missions of the Presbyterian Church.

Dr. Kate McMillan and Dr. Florence Murray were two missionary-physicians assigned to the mission to Korea. McMillan initially thought that she would be able to focus on medical work and on her evangelical work. However, this proved to be much more difficult than she anticipated. The lack of funding and trained staff slowed down McMillan's progress. Even though she was afforded the advantage of not having administrative and (major) evangelistic responsibilities, this did not lighten the load. McMillan was able to perform more medical duties than of her male counterparts (like Dr. Grierson), but the expectations of her due to her gender were heavy still. McMillan was moderately successful in establishing a footing in Wonsan and Ham Heung in a medical sense. The social gospel model was then only beginning to gain traction in the Presbyterian church.

Dr. Murray was a brief contemporary turned successor of Dr. McMillan. She criticized McMillan's handling of Ham Heung and later experienced the same problems as McMillan did. The difference however is in the advances of medicine and the establishment of the social gospel model. Murray was able to coincide medical work with evangelization, providing the highest level of medical care. The establishment of a missionary-physicians' niche occurred during

Murray's time, enabling them to concentrate more on using their professional training in hospitals and dispensaries, instead of spreading themselves too thin in different aspects of the mission.

Gender played a role in their efficacy as missionary-physicians. Females are perceived as gentle and loving, gaining the trust of Koreans under the social gospel model. The approach "women's work for women", while it may be perceived as reductive, also contributed to building trust, as Koreans were able to leave their children to be taught by Canadian missionaries. Finally, the social gospel model's rise helped females to become missionaries on their accord, not just as missionary wives. Service and compassion are the tenets of the model, both of which were perceived to be strong suits of women.

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