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Medical Historical Value of the *"The Quarterly Reports of the Ophthalmic Hospital at Canton"* Review of *Peter Parker and Ophthalmic Hospital at Canton*

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ABSTRACT

Recently published by the Central Compilation and Translation Press, *Peter Parker and Ophthalmic Hospital at Canton* is the Chinese edition of *The Quarterly Reports of the Ophthalmic Hospital at Canton*, written by Dr. Peter Parker (1804-1888), an American medical missionary. Dr. Parker founded the Canton Ophthalmic Hospital in November 1835, the first Western hospital in China. From 1836 to 1850, he authored 15 quarterly reports, which were serialized in *The Chinese Repository*. These reports document patient statistics and detailed case studies, highlighting the role of medical missionaries in China before and after the Opium War and the introduction of Western medicine to China.

Keywords- Peter Parker; *The Quarterly Reports of the Ophthalmic Hospital at Canton*; *Peter Parker and Ophthalmic Hospital at Canton*; Introduction of Western Medicine to China; History of Medicine**.**

I. INTRODUCTION

Dr. Peter Parker (1804-1888), the first modern medical missionary to China, authored 15 special reports titled *The Quarterly Reports of the Ophthalmic Hospital at Canton*.[1] These reports were serialized in *The Chinese Repository* from Volume 4, Issue 10 (February 1836) to Volume 19, Issue 5 (May 1850). They systematically recorded the quarterly operations, typical cases, and patient data of the Canton Ophthalmic Hospital, the first Western hospital in modern China. They have become invaluable historical materials for studying "medical mission (mission through medical activities)" by missionaries in China and the introduction of Western medicine to the country.

Currently, domestic academic circles focus on the macro description and case studies of medical missions conducted by missionaries in China. Mao and Wu co-authored *Peter Parker and the Canton Ophthalmic Hospital* (毛剑峰、吴琼英, 1995), one of the earliest studies on Parker's medical mission in China and the Canton Ophthalmic Hospital. Li and Liu's *Exploration of Western-style Hospitals in Modern China: A Study of the Canton Ophthalmic Hospital (1835-1855)* (李丹、刘明玉, 2017) , along with Li's *The Canton Ophthalmic Hospital and the Early Dissemination of Western Medicine in China (1835-1855)* (李丹, 2019), attempt to explore the pioneering role of the Canton Ophthalmic Hospital in introducing Western medicine. Tan's *A Study of the Activities of American Missionary*

1This information is sourced from the complete reprinted edition of *The Chinese Repository* (Canton: Printed for the Proprietors, 1832-1851) and cross-referenced with the *General Index of Subjects Contained in the Twenty Volumes of the Chinese Repository* by Samuel Wells Williams (1812-1884) and Elijah Coleman Bridgman. To facilitate readability, *The Quarterly Reports* will be used interchangeably in the following text.

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Peter Parker in China (1834-1857) (谭树林, 2010) comprehensively discusses Parke's missionary work, medical practice, translation of Western international law, and participation in diplomatic activities in China. This work is considered a significant contribution to the study of Parker's activities in China. However, these studies have not systematically examined the historical value of *The Quarterly Reports of the Ophthalmic Hospital at Canton* in the context of Western medical history.

International research predominantly focuses on the historical verification of medical missions conducted by missionaries in China. William Warder Cadbury (1877-1959) and Mary Hoxie Jones (1904-2003) co-authored *At the Point of a Lancet: One Hundred Years of the Canton Hospital, 1835-1935*, which discusses the early development of the Canton Hospital by referencing the operational conditions and case records documented in *The Quarterly Reports of the Ophthalmic Hospital at Canton*. Edward V. Gulick, in his work *Peter Parker and the Opening of China*, introduces *The Quarterly reports* and cites the records of the hospital's operations.

Building on the historical account of Peter Parker's founding of the Canton Ophthalmic Hospital and his implementation of "medical missions", this paper clarifies the disease classification statistics and case analyses presented in Parker's 15 *Quarterly Reports of the Ophthalmic Hospital at Canton*. It critically assesses the shortcomings in disease classification metrics within these reports and subsequently analyzes Parker's medical practice in Canton, his role in introducing Western medicine to China, and the cultural exchange between Chinese and Western medicine. This study aims to provide data and historical support for further research into the history of diseases in the Lingnan region (岭南地区) during the mid-19th century, the medical missions in China, and the introduction of modern Western medicine into China.

II. PETER PARKER'S MEDICAL MISSION IN CANTON

In the history of Christianity's introduction to China, providing medical care and treating diseases became a common strategy for missionaries, known as "medical missions". The phrase "God in a white coat" metaphorically describes the Christian mission cloaked in the guise of benevolent medical care, where medical methods and missionary objectives are closely intertwined. As early as the Tang Dynasty, when Nestorian Christianity entered China, there was a practice of giving equal importance to translating scriptures and treating diseases. [1]During the Yuan and Ming Dynasties, Western missionaries entered China, aiding their mission through clinical medicine and writing books on human physiology. In the Kangxi (康熙), Yongzheng (雍正), and Qianlong (乾隆) periods of the Qing Dynasty, missionaries skilled in medicine earned the emperor's favor and were allowed to reside in the Imperial Medical Institute (太医院). In the late Qing Dynasty, the rise of British and American Protestant missions in China saw the widespread adoption of "medical missions", a strategy that played a significant role in the history of modern Sino-Western interactions.

In 1827, at the suggestion of Elijah C. Bridgman (1801-1861), an American Congregational missionary to China, the American Board of Commissioners for Foreign Missions (ABCFM) sent medical missionary Rev. Peter Parker (1804-1888) to China. The slow progress of missionary activities in China led Parker to adopt a medical mission approach. First, the traditional methods of evangelism were not very effective. Most Chinese people accepted only those parts of Christian doctrine that resonated with Confucian and Daoist thought. Chinese scholars were particularly resistant, vehemently opposing concepts such as "original sin", "monogamy", and "the torments of hell"; and they criticized foreigners for their lack of respect for the dead and the sages.[2] Second, shortly after arriving in Guangzhou, Parker realized there was a significant demand for ophthalmic treatment among the local population. Missionaries learned from official records that there were 4,750 blind individuals in the city of Guangzhou alone, and this number did not even account for half of those suffering from eye diseases in the city.[3]However, traditional Chinese medicine was ineffective in treating ophthalmic diseases.

On November 4, 1835, Peter Parker established the first Western hospital in China, the Canton Ophthalmic Hospital, at 7 Fungtai Hong (丰泰行), Xin Doulan Street (新豆栏街), Thirteen Factories, Guangzhou. It was also known as the "Xin Doulan Hospital (新豆栏医局) or "Canton Hospital". At the entrance, a signboard reading P'u Ai I Yuan (Hospital of Universal Love) indicated Parker's charitable practice of medicine. In January 1859, Parker handed over the hospital to John Glasgow Kerr (1824-1901), a medical missionary from the American Presbyterian Mission. During the Second Opium War, the hospital was destroyed by fire in 1856. In May 1859, Kerr reopened the Canton Ophthalmic Hospital in Tsang Sha Street (增沙街), in the southern suburbs of Guangzhou, renaming it the Boji Hospital (博济医院). It operated until 1949, becoming the longest-running Western hospital managed by foreigners in China's modern history.

The ABCFM expected Parker to prioritize the health of other American missionaries in China and not spend too much time treating locals: "You must never forget that all this effort should only be exerted if they can indeed be cultivated into servants of God."[4] Parker attempted to strike a balance between medical work and missionary work, with evangelism as his primary goal, but he firmly believed that medical practice greatly aided his missionary efforts. The founding of the Canton Ophthalmic Hospital by Parker had pioneering significance for the introduction of Western medicine to China and

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the exchange between Chinese and Western medicine. It served as an effective experiment for the establishment of future mission hospitals in China and had a profound impact on the dissemination of Western medical science in the country. Additionally, Parker found an extremely effective "cover" for his missionary work through his medical practice.

III. CASE RECORDS and DISEASE METRICS IN *THE QUARTERLY REPORTS*

3.1 The Creation and Circulation of Peter Parker's The Quarterly Reports of the Ophthalmic Hospital at Canton

Before and after the Opium War, the Qing government restricted the activities of foreigners, limiting Peter Parker to treating patients within the Canton Ophthalmic Hospital and preventing him from making house calls. As a result, patients always came in large groups for consultations.[5] From November 1835 to May 1850, Parker documented the cases and operations of the Canton Ophthalmic Hospital, publishing these records intermittently in Macau and Guangzhou in the form of pamphlets. Sometimes these were released every three months, and other times every six months or even longer.[6] Parker's quarterly case reports and operational details of the Canton Ophthalmic Hospital were also published in *The Chinese Repository*, forming a series of special reports known as *The Quarterly Reports of the Ophthalmic Hospital at Canton*. "From 1836 to 1850, Parker authored a series of quarterly reports on the Canton Ophthalmic Hospital. Although not every quarter had a report, the series generally depicted a comprehensive picture of medical work in Guangzhou. In these reports, Parker described how he maintained orderly management of the Canton Ophthalmic Hospital."[7] *The Quarterly Reports of the Ophthalmic Hospital at Canton* encapsulate Peter Parker's charitable medical practice in China and the development of the Canton Ophthalmic Hospital.

The Chinese Repository (1832-1851) was an encyclopedic English-language monthly founded by Elijah C. Bridgman in May 1832 in Guangzhou, designed to introduce and interpret Chinese society. It was considered the most reliable and valuable source of information on China and its neighboring regions at that time.[8] During the First Opium War, *The Chinese Repository* moved to Macau (1839-1844) and then to Hong Kong (1844-1845) for publication, until it ceased in December 1851. The publication faced various challenges in its final years. Bridgman relocated to Shanghai and transferred the management, editing, and publishing duties to James G. Bridgman (1820-1850) and Samuel W. Williams (1812-1884), with James G. Bridgman managing from May 1847 to September 1849, and Williams from October 1849 to December 1851. As a result, there were interruptions and discontinuities in the editing and publishing of the special reports series of *The Quarterly Reports of the Ophthalmic Hospital at Canton*. The fifteenth report, published in Volume XIX, Issue 5, in May 1850, was written by Peter Parker between 1848 and 1849. This report is missing some narrative sections but contains relatively complete disease statistics tables. Due to historical variations in disease names, grammatical changes, and occasional human errors in spelling or printing, some discrepancies and errors appear in the spelling of disease names.

3.2 Evaluation of Disease Classification Metrics in The Quarterly Reports of the Ophthalmic Hospital at Canton

The classification measurement of diseases in 15 *The Quarterly Reports* written by Peter Parker was not consistent with the statistical concept of attribute distribution series, i.e., quality distribution series formed by quality grouping,[9] but also trends to miss or duplicate certain diseases, which is against the exhaustive and mutually exclusive criteria required by statistics when classified things by using a definite class scale.

First, the disease classification standards in the 15 quarterly reports are inconsistent, leading to difficulties and confusion in data collection and statistics. The Canton Ophthalmic Hospital primarily treated ophthalmic diseases. In the first eight reports, except for the second report which classified diseases into three categories—ophthalmic diseases, ear diseases, and other diseases— the other seven reports categorized diseases into just two groups: ophthalmic diseases and other/miscellaneous ailments. Only reports nine through fifteen provided more detailed disease classifications. However, some classification criteria varied. For instance, report nine categorized diarrhea as "digestive organ diseases", whereas from report ten onwards, it was classified as "abdominal organ diseases". From report eleven, the classification criteria became more consistent.

Second, the quarterly periods and years recorded in the 15 reports are not uniform, with gaps and interruptions present, leading to non-continuous quarterly reporting. Most reports only account for the number of various cases treated in the respective quarter at the Canton Ophthalmic Hospital. Some reports include not only quarterly statistics but also annual data, with disease statistics tables separated into quarterly and annual data and totals for each category of diseases. This dual reporting approach can cause confusion in data collection and subsequent analysis.

Third, during the late Qing Dynasty, it was illegal for women to enter the areas designated for foreign merchants, and Parker predicted that it might be troublesome to accept female patients. In effect, if female patients were accompanied by their family members, such fears were unnecessary.[10] Of the 925 patients treated at the Ophthalmic Hospital at Canton in the first quarter, 270 were female, which was a surprisingly the high ratio of 5:2 between men and women.[11] The fact that the report did not specifically count female patients was another flaw in the analysis of this ophthalmic hospital.

This paper, according to Parker's classification measurement applied in the reports from the 11th to the 15th, has reclassified all the diseases in the first ten reports, unifying circulatory diseases and respiratory diseases into "circulatory and respiratory diseases", merging abdominal diseases and digestive diseases into "abdominal and digestive diseases",

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replacing systemic diseases and constitutional diseases with "Somatic diseases and inflammation", and classifying abnormalities and pathological vegetations and surgical injury into one category. On this basis, this paper has identified 11 categories of diseases, calculating the number of diseases in each category and their proportion and making analysis of *the Quarterly Report of the Ophthalmic Hospital at Canton* based on above information.

3.2.1 Disease Subspecialities and Proportions

Based on the statistics of the 11 diseases in 15 reports in the Quarterly Report, Parker and his colleagues or assistants listed those diseases in order of their quantity and the total number of diseases in the 11 subjects was 27914. The rates for each subject from high to low were: I Ophthalmic Diseases 75.22%; VI Somatic and Inflammatory Diseases 8.18%; V Diseases of the Abdomen and Digestive Organs (5.11%); XI Anomalies and Pathological Superfluities, Surgical Injuries (2.35%); IX Diseases of the Skin (2.35%); II Diseases of Ears (1.71%); IV Diseases of the Circulatory and Respiratory Organs (1.42%); VII Disease of the Genital Organs (1.28%); X Orthopaedical Diseases (0.86%); VIII Disease of the Nervous System (0.74%); III Diseases of Neck, Face and Throat (0.61%). And, I Ophthalmic Diseases (20997 cases, accounting for 75.22%), VI Somatic and Inflammatory Diseases (2283 cases, accounting for 8.18%), and V Diseases of the Abdomen and Digestive Organs (1426 cases, 5.11%) took for 88.51% of the total.

The data calculated in the 15 reports of *The Quarterly Reports* demonstrated that Parker initially to cue ophthalmic diseases, but since the hospital was also welcome patients for other diseases such as surgical, ear-nose-throat diseases, and dermatology, it soon developed into one general hospital. Bases on those data, it showed that in Guangdong region except the ophthalmic diseases, physical and inflammatory diseases, abdominal and digestive disorders were accounted as the most cases between the 30s and the 50s of the 19th centuries.

3.2.2 Statistics on Diseases Counts by Subject

Patients accepted by the Ophthalmic Hospital at Canton were suffered ophthalmic diseases. Among the ophthalmic cases with more than 100 cases were categories as follows.

Table 1. Statistics of Ophthalmic Diseases (more than 100 cases) in T*he Quarterly Reports*

Report / Disease Name[2]	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Chronic Ophthalmia	40	11	10	45	15	74	125	225	84	90	152	483	1083	1633	729	4799
Entropion of the lid	89	14	32	36	62	78	215	174	46	32	57	346	449	762	282	2674
Corneal Opacity	40	9	19	22	31	59	100	65	44	37	40	316	408	941	355	2486
Pterygium	47	11	14	28	46	35	90	60	22	27	29	175	257	456	144	1441
Cataracts	56	24	23	57	42	62	118	84	44	27	35	205	198	329	117	1421
Acute Ophthalmia	68	34	36	35	60	49	74	36	21	47	40	125	214	365	101	1305
Blepharitis	0	8	7	24	14	38	60	46	15	14	17	76	207	300	67	893
Monocular Deficiency	11	6	3	28	25	49	110	56	22	22	11	77	91	178	44	733
Double Eyeball Loss	36	16	40	56	37	53	91	33	12	0	9	49	56	134	42	664
Corneal Chyloma	39	16	19	13	29	22	48	0	20	8	11	78	51	120	54	528
Corneal Clouding and Congestion	168	36	59	51	70	28	69	21	3	2	0	0	0	0	0	507
Black Cataracts	50	12	23	15	5	22	33	26	4	16	10	37	43	136	58	490
Eyelid Carnassial Tooth Enlargement	0	0	0	0	38	50	100	52	18	0	0	57	36	37	15	403
Pyogenic Ophthalmia	21	15	16	7	15	14	23	17	3	8	6	59	20	45	5	274
Corneal Ulceration	43	7	11	5	3	10	10	11	2	4	1	24	21	24	20	196
(Chronic) Iritis	29	3	2	5	1	4	8	8	3	13	8	28	11	19	4	146
Trichiasis Ingrown Eyelashes	24	6	5	6	14	10	16	10	1	2	0	20	8	14	5	141
Corneal Leukoplakia	43	23	18	17	26	4	7	1	0	0	0	0	0	0	0	139
Pupillary Constriction	6	2	7	11	7	5	15	2	3	0	2	4	0	45	21	130

[2] For most of the diseases in the original report, the corresponding modern generic medical names can be found, although a few have spellings that differ from modern medical writing. The names of the diseases listed in this article were translated from the original text, and where the modern disease names could not be matched, the original disease names were inferred by approximate spelling. For example, in the first quarterly report, the word 'Entropia' could not be found as a corresponding disease name, but its close equivalent 'entropion' was used to refer to 'entropion of the lid'.

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Pre-iris Adhesions	8	13	8	5	0	11	24	13	5	2	0	5	5	9	0	108

3.2.3 Trends in the Temporal Distribution of Diseases by Subject

Between 1835 and 1849, the number of patients treated by the Ophthalmic Hospital at Canton each year in various specialties basically reflected the changes in the type and number treated by Peter Parker and his colleagues, and in turn, they supported the development of the hospital. See table 2.

Table 2 Trends in the temporal distribution of diseases treated by the Ophthalmic Hospital at Canton

Time[3] / Disease Subjects	1836	1837	1838	1839	1840[4]	1843	1844.1-1845.7	1845.7-1847.12	1848-1849	Total
Ophthalmic diseases	2311	2805	1502	454	496	2448	3320	5783	1878	20997
Otologic diseases	58	37	24	45	28	25	55	112	92	476
Neck, face and throat disorders	25	16	8	9	4	28	15	31	33	169
Circulatory and respiratory diseases	13	11	4	33	31	77	33	82	113	397
Abdominal and digestive diseases	17	21	18	39	51	265	211	456	348	1426
Somatic diseases and inflammation	99	112	109	138	103	314	188	581	639	2283
Reproductive diseases	12	11	5	32	16	82	0	107	92	357
Neurological disorders	5	7	6	21	22	35	22	48	41	207
Skin diseases	15	8	24	51	44	119	61	162	172	656
Orthopaedic diseases	5	9	5	12	14	64	45	45	42	241
Anomalies, pathological superfluities and surgical injuries	18	28	44	15	16	131	62	237	153	704
Total	2578	3065	1749	849	825	3588	4012	7644	3603	27913

Table 3 shows that, except for a few years, the average number of patients with eye diseases treated by the Ophthalmic Hospital at Canton was over 2,200 per year. In the eighth report, Peter Parker mentioned that since the second half year of 1838, the clinic was overcrowded, and the number of patients treated by the hospital was reduced. In the tenth report, he noted that due to the restrictions of foreign business activities by the Qing government in 1839, the hospital was closed for several times and the numbers of the patients treated reduced sharply. In June 1840 when the Opium War broke out, the hospital was forced to close. From November 1842 to the end of 1843, the hospital accepted more patients than that in any other year. Since 1844 onward, when joined the American diplomatic corps to China led by Caleb Cushing (1800-1879), Peter Parker was busy with several occupations and therefore wrote reports in quite long interval. But the patients accepted by the hospital was no less than previous years, with an average annual number of over 3,000.

IV. THE MEDICAL AND HISTORICAL SIGNIFICANCE OF THE DISEASE MEASUREMENT SURVEY IN *THE QUARTERLY REPORTS*

From 1836 to 1850, Peter Parker managed the ophthalmic hospital and conducted medical charity, initiating the formation of the Chinese Medical Missionary Society (CMMS). This was crucial for the introduction of Western medicine into China and the integration of Western medicine into Chinese medicine. As it was suggested, “most of the originations of the ecclesiastical medicine, secular clinics and medical schools in China were from his sustained work”.[12] In one word, the survey of diseases measurement and distribution in the Quarterly Report of the Ophthalmic Hospital at Canton illustrates social facts and medical contributions that those foreigners made, such as Peter Parker, Dr. Alexander Pearson, Dr. Thomas R. Colledge, which has facilitated the merging the western medicine to Chinese medicine in the first half of the 19th century.

4.1 Adoption of Western Hospital Management Practices

Peter Parker’s medical practice in Guangzhou and the clinical operations of the Canton Ophthalmic Hospital introduced comprehensive Western hospital functions, regulations, and management practices. The Canton Ophthalmic

[3]Due to the different time spans of the 15 reports, for statistical convenience, November 1835 to November 1836 was included in 1836, November 1836 to 31 December 1837 was included in 1837, and 21 November 1842 to 31 December 1843 was included in 1843.
[4]Affected by the Opium Wars, data were ended on 17 June 1840.

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Hospital was located in the Thirteen Factories area, conveniently situated for patient access without disturbing other residents. The large room on the second floor could comfortably accommodate two hundred people for writing prescriptions. The hospital also had facilities to temporarily house at least forty patients.[13] Parker and his team would "select 200 patients from among the thousands who came each day"[14] and Thursdays were specifically designated for surgeries.

The regulations and systems of the hospital were pioneering for the introduction of Western medicine into China at the time. Attendants wore uniforms made of twilled bamboo fabric; patients were treated in the order of their arrival. Upon arrival for treatment, patients received a card from the hospital with a unique personal number, along with their name, disease, number (calculated from the hospital's opening), and admission time, serving as an equivalent to today's medical record. When seeing the doctor, patients presented their numbered card, and the doctor used the registered number to locate the prescription records, aiding in diagnosis and treatment. Patients returned the card when leaving the hospital.[15] The experience the Canton Ophthalmic Hospital provided to Chinese patients was revolutionary rather than merely reformative, significantly advancing the implementation and practice of Western hospital management systems in China.

4.2 Facilitating the Introduction of Western Medicine and Pharmaceuticals into China

Peter Parker's major contribution to Chinese medicine was to establish the Ophthalmic Hospital at Canton and to introduce cataract removal surgery and other treatment of eye diseases such as entropion, chronic ophthalmia and corneal opacities, as well as other Western surgical practices.[16] According to those 27931 diseases recorded in the 15 Quarterly Reports, the main cases were eye diseases, and the top five kind of them were chronic ophthalmia, entropion, corneal opacity, pterygium and cataract. The nearly 30,000 cases treated by Parker and his assistants with modern Western medical treatments were the proof that shows how western medical practices have cued or alleviated those eye diseases and its related diseases.

Parker made such a record with surgical practices such as removing tonsils, removing stones and administering anaesthesia,[17] which not only enlightened Chinese ordinaries to a certain extent, but also laid the foundation for the subsequent development and the growth of Western medicine in China. At that time, Western medicine was at the forefront in ophthalmology and anatomy, as Chinese people did not perform autopsies or other anatomical activities, and therefore had limited knowledge of physiology and anatomy. *The Quarterly Report of the Ophthalmic Hospital at Canton* confirmed the strengths of Western surgical treatment, such as how cataracts could be treated with surgical techniques, and how tumors on the body surface and urinary stones could be removed. All these could be treated with standard procedures in Western medicine, yet in Chinese medical system they would not be treated by surgical means.[18]

4.3 A Successful Attempt at the "Medical Missionary" Strategy

The Canton Ophthalmic Hospital served three main types of patients: the elderly, non-residents of Guangzhou, and government officials. Among those with eye diseases, the elderly constituted a significant portion, accounting for about one-third of all eye disease patients in the first quarter.[19] The elderly, deeply influenced by traditional Confucian thought, were more resistant to accepting Christian culture compared to younger people, making them a difficult group for ordinary missionary work to reach. At that time, the medical needs of the elderly, especially in terms of eye care, brought them to the hospital, creating opportunities to evangelize.

Guangzhou was one of the few places where missionaries were permitted to reside, while it was extremely difficult to evangelize in other inland provinces. The Canton Ophthalmic Hospital's popularity attracted many patients from other regions, proving to be an effective way to circumvent the Qing government's restrictions by drawing people in rather than venturing out.

Among the officials who sought treatment at the Canton Ophthalmic Hospital, the most notable were officials Lin Zexu (林则徐) and Qiying (耆英). Lin unable to directly interact with foreigners, requested medicine and a truss for his hernia from Dr. Parker. He also inquired about remedies for opium addiction and expressed his approval of the hospital.[20] Many officials from various local government offices also came to seek treatment. Recognition from the Qing government imparted greater significance to the work of the Canton Ophthalmic Hospital.

The diverse patient base significantly expanded the scope and reach of missionary work, as patients from various regions and social strata could disseminate Christian ideas further into mainland China. This also enhanced the reputation of the Canton Ophthalmic Hospital, attracting more patients and creating a virtuous cycle of "medical missionary" work.

4.4 Laying the Foundation for Modern Medical Education in China

The Canton Ophthalmic Hospital contributed to the medical missionary endeavor by training Chinese apprentices. Initially, missionary doctors trained Chinese assistants through an apprenticeship system. Parker, inspired by Dr. Pearson's successful training of You Hechuan (游贺川) in smallpox vaccination, trained apprentices to practice medicine independently. Dr. Kerr at the Boji Hospital took this further by establishing the South China Medical College (南华医科学校), which educated graduates who went on to practice across the country, including the revolutionary leader Sun Yat-sen. Subsequently, medical schools were established in Shanghai, Nanjing, Fuzhou, Beijing, and other cities. By 1905, church hospitals had spread to more than 20 provinces, totaling 166 institutions,[21] thus introducing the Western modern medical system across China. This facilitated the sustainable development and localization of medical missionary

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work. Even today, Western medicine holds a significant place in China's modern healthcare system. The "hospital-medical school" system advocated by Parker influenced the training of traditional Chinese medicine (TCM) practitioners, promoting the integration and development of both Western and Chinese medical education methods.

V. CONCLUSION

The Quarterly Reporst of the Ophthalmic Hospital at Canton has sketched a picture of the historical development of ophthalmic hospital in China in the 19th century. The survey of disease classification and measurement to some extent reflects the incidence of common diseases in Guangdong in the 1830s and 1840s, providing sufficient information for the research of disease history, medical missionary in China as well as the introducing of Western medicine into China.

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