



图二 始于19世纪末叶的人体解剖教研现场实况,左为南通医院解剖室,右为纽约女子医学院解剖教学现场

← (上接3版)

现钱的生活补贴。过渡期结束,如果表现令人满意,他们的补助将增至1000现钱,直到他们通过所有考试。此后他们的薪酬还会增加,而且还提供医院制服,左袖佩戴红十字,上面缝着不同数量的白色横条,以表明每个人的资历等级”。

从19世纪初零星上岗医护男性,到建制化批量培训男性护士执业,整个过程几乎长达一个世纪。1903年,重庆地区的麦卡尼医生,在其清除女性巨型卵巢囊肿的手术记录中,特意声明,麻醉工作由男性助理杰克·王先生担任。麻醉师对于现代外科的重要性,不言而喻(图四)。

西方教会派遣传教医生入华之初,对医疗目的有明确而功利的要求。在华医务传道会(The Medical Missionary Society in China)会长郭雷枢(Thomas R Colledge. Senior Surgeon H.B.M Service, Philadelphia December 8th, 1838)直指医学须担负起宗教传播的侍女的角色。



图三 哈奇纪念医院的男性护士结业合影

传教医生的工作重心,就是最大程度招募信众,即通过免费赠医,以计算入教人头为考核指标。为此,他们编写大量通俗易懂、具有各地方言特色的祷告词,利用一切可能的时间、空间,伺候上帝,感恩上帝,将上帝福音摆到患者耳旁。

还是以20世纪初的麦卡尼医案为例,“我被唤去出诊,处置宫缩启动后已达3天的产妇……病情一旦确定,且无可逆转,只能建议产妇接受剖宫

产。这是产妇的唯一生存机会,也是唯一可能拯救胎儿的途径”。(尤婷婷、吴珈悦、方益昉《中国最早的破宫产案例》,载《中华妇产科杂志》2019年4:285—286)

此医案发生在1902年,医生方面并未将宝贵的时间浪费在繁琐的传教细节之中。类似的医案,在1887年面世的博医会杂志(The China Medical Missionary Journal),特别是晚期的版面上也有发表。可见事



图四 手术室里的本土男护士

情正在悄悄发生着变化,包括医学共同体内部,传出了与郭雷枢们不同的声音。从1907年5月出版的博医会杂志开始,编辑委员会直接将杂志名称中的传教标记删去(改为The China Medical Journal),以突出其科学立场。(图六)

有文字记录,“医学传教士讲述妇女背上长有巨大的痈疔肿块……拿出一把刀插进去……本次传教所包含的野蛮和犯罪部分,被忽视了。那个人的名字,应该从医疗传教登记册删除,他的身体应该被扔在外部的黑暗中”。在1886年新成立的中国教会医学会,简称“博医会”(The Medical Missionary Association of China)章程中,学术共同体逐步达成共识,首先是传播医学科学,其次才是医学传教,第三才是转达教会信息(H.W.Boone,“The Medical Missionary Association of China: Its Future Works”. in *China Medical Missionary Journal*. March 1887, p.4-5)

笔者搜集到一幅珍贵的医学史照片:身患巨型卵巢囊肿的女子,已经处于无法正常卧睡的状况,其小脚和双腿,无法支撑比其体重还甚的肿瘤以及躯干,病程已经完全影响患者自由行走。面对这类历史性的影像记录,我相信研究者难免

会沉思,当时那种社会条件下,是谁协助她,赴外籍男性西医处就诊的呢?答案无非是,其家庭和家族,不顾外界非议,为该女子获得现代医学救治的机会。患者眼神中流露出的生存渴望,即是最明确的时代变迁证据。女性患者直面为其服务的外籍男医生和本地男护士,现代医学击败了延绵千年的封建礼教,开始形成新颖的、科学的医患信任关系。19世纪后期的华夏医学生态表明,女性从业医护人员和女性患者,频频撞击传统社会的铁壁,华人沉睡千年的自我意识终于逐渐觉醒。

有别于19世纪初抵华的医学传教,到了19世纪、20世纪之交,奥斯勒医学人文精神西风徐来,与华夏大地上的千年传统禁锢,以及早期利用医学传播宗教的企图,展开全面抗衡。就更加宏观的中国现代化进程而言,医学人文思想的逐渐普及,对促进华夏思想启蒙,也具有不容忽视的里程碑意义。这些以往被忽视的医源性社会科学视角,越来越彰显医学作为宗教侍女的社会地位逐步弱化,而医学人文精神日益提升的学术命题存矣。

(作者为上海健康医学院奥斯勒健康人文与医学中心特聘教授)

The China Medical Missionary Journal.

Vol. XXI. MARCH, 1907. No. 2.

Original Communications.

UNUSUAL FORM OF FÆCAL PISTULA.

By Rev. W. ARTHUR TATCHEL, M.R.C.S. (Lond.), L.R.C.P. (Eng.) Wesleyan Mission Hospital, Hankow.

In reading the list of operations in hospital reports in China, one is impressed by the absence of abdominal operations. Perhaps their omission is explained by the regrettable fact that the hospitals are not sufficiently equipped; therefore doctors refuse to expose patients to the inevitably grave dangers of operation under such unfavourable conditions. Other reasons may be of a personal character, either on the part of the surgeon or local prejudices, etc., etc.

However these or other reasons may justify or explain their absence from the lists of operations; certainly here in China there cannot be any lack of abdominal diseases that constantly call for surgical interference.

It presents a wide and interesting field for those able and willing to undertake such work.

During recent years the technic of abdominal surgery has become so perfected that one ought not to hesitate in entering the hitherto forbidden region of the peritoneum.

It presents the most interesting, encouraging and successful sphere of surgery in the hands of an experienced man, but on the other hand, the most dangerous and fatal if attempted by one who has neither seen or performed abdominal surgery. But this maxim is not confined alone to this particular field of surgery.

During the past two years we have been fortunate in having several very successful abdominal operations, viz., intussusception, removal of the appendix, ovariectomy, etc., etc. The last abdominal case we have had is of unusual interest, and is the subject of this paper.

The China Medical Journal.

Vol. XXI. MAY, 1907. No. 3.

Original Communications.

WANTED A DIAGNOSIS.

By C. H. GRAHAM ASPLAND, M.D., C.M., F.R.C.S.E.

The patient, myself, aged forty-two. Residence in China less than two years. Health: never had any sickness in my life that I can remember. Previous to coming to China lived a hard, rough life on the Labrador coast for several years. Height five feet seven inches, weight 170 lbs. Onset of disease took place in a missionary monthly meeting in Peking, during a very interesting address on Russia. Within half an hour large globular swellings arose in the palms of the hands, on the exterior surfaces of forearms and the external surface of thighs, not painful, only inconvenient, as I could not shake hands, or even close them. In the hands they were the size of pigeon eggs and in the other parts larger and more diffuse. For the moment angio-neurotic œdema flashed into my mind, and I immediately exhibited myself to about half a dozen medical missionaries present. The meeting over I got into my cart and got home in about an hour. On trying to get out of the cart I found both legs quite stiff, not due to any cramped position, but felt as though the skin was thickened and wouldn't stretch. I immediately undressed for bed, and was decidedly interested to find my lower limbs covered with large purpuric patches, well defined, with a well-marked urticarial border. The patches were none of them smaller than a five-cent piece; the majority being about an inch long and very many extending up to three or four inches in diameter. All the time I felt perfectly well, had no elevation of temperature and slept perfectly. On waking the urticarial condition had gone, but the purpura remained (the patches passing through the usual stages and finally disappearing

图六 1907年3月号和5月号的刊名变化