

Medical Relief and Intimate Interaction During the Anti-Japanese War: A Review of Nicole Elizabeth Barnes's *Intimate Communities*

Yifan Zhang

The Chinese University of Hong Kong, Hong Kong 999077, China

Abstract: During the War of Resistance against Japan, Chinese female healthcare workers played a crucial role in the medical and health sectors. In her book *Intimate Communities*, the author examines various aspects of female healthcare workers' mobilization mechanisms, training systems, relief efforts, and allowances during the wartime period. Throughout this analysis, the author emphasizes the significant role female healthcare workers played in shaping modern Chinese national identity. However, this article argues that the contributions of female healthcare workers during the War of Resistance should not be idealized. Drawing on extensive historical materials and detailed analysis, the article offers new insights into wartime healthcare, providing valuable perspectives for related research.

Keywords: Medical Social History; Anti-Japanese War; Female Healthcare Workers; National Identity.

1. Introduction

Nicole Elizabeth Barnes' book *Intimate Communities* explores wartime female healthcare workers from the perspective of medical relief, focusing on how these women entered the public sphere and the profound impact they had on the care of soldiers, the development of the war, and the formation of national identity.

2. Summary of the Book *Intimate Communities*

In the first chapter, the author observes public health in wartime Chongqing, revealing that the massive influx of refugees into the city put immense pressure on the population, leading to difficulties in controlling urban hygiene and public health. This situation posed potential risks of infectious disease outbreaks and hindered the Nationalist government's efforts to project an image of a modern state. The government introduced a series of health measures, but neither the newly established Chongqing Health Bureau nor the "New Life Movement" initiated by the government were able to fundamentally change the city's sanitation situation. The author argues that the Nationalist government's attempts to intervene in the lives of ordinary citizens under the guise of public health, using authoritarian methods, were destined to fail (p. 44). This inflexible approach caused widespread discontent among the public, thus facilitating the rise of female healthcare workers.

In the second chapter, the author describes how large numbers of female healthcare workers appeared in urban streets, military hospitals, and air raid shelters, breaking free from traditional gender roles. These women, with their emotionally charged approach to work, were instrumental in the care of wounded soldiers and refugees. The author asserts that the feminized nature of healthcare relief helped alleviate public anxiety and promoted the development of wartime public health initiatives. Moreover, healthcare workers from diverse regions, religious backgrounds, languages, cultures, and social classes overcame geographic and identity barriers

in providing care to the wounded, fostering positive relationships built on trust. Female healthcare workers not only saved countless refugees, orphans, and soldiers, but also used their unique gendered charm to unite various social groups, forming small communities that contributed to the construction of a national collective identity (p. 89).

However, medical relief work was not without challenges. Female healthcare workers faced multiple pressures from the outset. In the third chapter, the author identifies intense conflicts between the principles of saving lives and providing equal care in medical education, and the Nationalist government's suppression of the Communist Party and neglect of wounded soldiers' needs, leading to widespread suspicion and scrutiny of medical workers. This, in turn, hindered the effective operation of the wartime healthcare system. Additionally, infectious diseases caused by microorganisms and malnutrition resulting from food shortages severely impacted the healthcare system, which struggled under the immense workload. In the latter part of Chapter 3, the author discusses the recruitment, training, and work conditions of military medical personnel. The chapter also explores the emotional interactions between soldiers and healthcare workers. After experiencing frustration, fear, and anxiety, soldiers gradually received psychological comfort and emotional support from medical staff, regaining confidence and eventually returning to the battlefield (p. 112).

In Chapter 4, the author analyzes the gender constraints placed on women by traditional societal norms. Despite the creation of numerous medical schools and relief efforts during the war, women's participation in the public sphere remained limited by traditional gender roles (p. 121). As a result, female healthcare workers had to overcome additional social pressures and demonstrate even greater courage in their work to prove their worth (p. 122). However, gender restrictions did not disappear with women entering the battlefield. This chapter also delves into the work experiences and psychological journeys of female healthcare workers on the front lines.

In the final chapter, the author examines maternity care in wartime public health. The emergence of modern midwifery

was driven by the high birth and death rates caused by wartime conditions. After undergoing a series of scientific and modern midwifery training, female midwives integrated into the daily lives of ordinary people, undergoing a process of initial skepticism, followed by acceptance. Modern midwifery not only improved traditional, outdated childbirth practices but also fostered the public's willingness to embrace modern public healthcare services. By incorporating newborns and orphans into the scope of modern public health services, the wartime healthcare system ultimately unified all social groups and transformed them into effective members of the nation and society (p. 190).

3. Structural Overview of the Wartime Medical System

An essential component of the history of medical social studies is the structural overview of national medical systems and healthcare organizations, which holds a foundational and critical position in research. In *Intimate Communities*, the author primarily focuses on wartime female healthcare workers, who were entirely governed by the Nationalist government's medical system and healthcare organizations. However, the book provides relatively limited discussion on the historical evolution of the Nationalist government's medical system and the structural details of its medical organizations. This absence makes it difficult for readers to fully understand the institutional support or constraints behind the actions of female healthcare workers, thus complicating a true understanding of their behavior and psychological motivations.

In fact, after the outbreak of the War of Resistance, the Nationalist government's medical relief efforts, disease control, and health education continued the medical system established during the early years of the Republic of China. In the early Republican period, the Nanjing provisional government set up the Department of Health under the Ministry of Internal Affairs to oversee national health administration. After the Northern Expedition captured Nanjing, in April 1927, the Department was reorganized into the Bureau of Health under the Ministry of the Interior, and in November 1928, the Ministry of Health was officially established. This included the Central Health Commission, the Central Health Laboratory, and the Health Administrative Training Institute.[1]P9 To meet wartime needs, the Nationalist government merged the Ministry of Health with the Ministry of the Interior in April 1935, creating the Health Bureau. During the war, the Health Bureau relocated to Chongqing, while key facilities like the Central Hospital and Central Health Experimental Office were moved to Guiyang, and the Central Epidemic Prevention Office remained in Kunming. [2]P179-180.

After the full-scale outbreak of the war, the Health Bureau was responsible for nationwide medical relief, disease control, health promotion, and the recruitment and training of medical personnel. In 1943, the Bureau expanded to include a Northwest Hospital in Xi'an, based on the Central Hospitals in Chongqing and Guiyang. Additionally, the Bureau required each province to convert provincial health centers into provincial hospitals, which became the main medical institutions in rear areas.[1]P55 Provincial hospitals often opened nursing schools, midwifery schools, and health laboratories. According to the Health Bureau's records, by the end of 1943, 1011 out of 1361 counties in the rear areas had

established health centers or agencies, covering 81% of counties. [1]P41.

During this period, the Military Medical Bureau was also responsible for treating wounded soldiers. The modern Chinese military medical system originated in 1893 with the establishment of the Beiyang Western Medical School and the Beiyang Military School in Tianjin in 1902. In 1929, the Nationalist government established the Military Medical Bureau in Nanjing to oversee field medical services for the army. With the escalation of the war, military medical officers were tasked with managing medical supplies and recruiting and training medical personnel for their units. However, the military medical system's role on the frontlines was limited due to the overwhelming strength of the Japanese military. Missionary doctor Harold Balme recalled, "After major battles, large numbers of wounded soldiers were abandoned on the battlefield, some crawling to hiding places, quietly waiting to die", highlighting the military medical system's limited capacity on the frontlines. [2]P98.

Among the three major healthcare systems of the Nationalist government, besides the Health Bureau and the Military Medical Bureau, another key organization was the Chinese Red Cross Relief Corps. Funded by overseas Chinese and led by medical graduates, this relief group was integral in embedding modern healthcare systems into the wartime government. During the Battle of Shanghai, the Red Cross established a temporary Relief Committee, which included 21 first-aid teams, 24 emergency hospitals, and 98 ambulances, mobilizing over 16 public and private hospitals to serve soldiers on the frontlines. [2]P101 After the fall of Hankou, the Red Cross Relief Headquarters moved to Qiyang, Guilin, and finally to Guiyang in February 1939, becoming one of China's wartime medical centers. The Red Cross Corps managed numerous medical teams that covered various regions, contributing to the treatment of wounded soldiers, epidemic prevention, and other wartime healthcare needs.

These three systems, while overlapping, also had distinct roles, with cooperation and occasional conflict. Due to space limitations, this paper will not explore these dynamics in detail. However, a deeper investigation into the healthcare framework would help better understand the structural position of female healthcare workers in wartime. Medical personnel from different systems had varying recruitment channels, training methods, job roles, and professional safeguards. Directly focusing on female healthcare workers without considering the broader Nationalist healthcare system may lead to a fragmented understanding.

Another crucial issue is whether wartime medical relief was a collective operation of the state or an independent action driven by civil society. The author does not address the interaction, division of labor, or opposition between these two forces and their influence on female healthcare workers. In fact, wartime medical relief involved multiple levels and sectors of government and society, with both sides using their respective resources to ensure the health and treatment of frontline soldiers and rear-area civilians. The contributions of civil society helped compensate for the limited medical capabilities of the government. A structural analysis of the medical framework can more directly reflect how the government's institutional design absorbed, utilized, and restricted the participation of social relief forces.

In conclusion, the medical system, as the central artery for coordinating medical resources, distributing healthcare responsibilities, and addressing battlefield injuries, warrants

deeper examination. Questions regarding the amount of medical resources controlled by the government and society, how those resources were managed and allocated, and whether corruption or waste occurred as they trickled down the hierarchy, all directly impacted the work of female healthcare workers. Answering these questions requires further analysis and research into the healthcare system.

4. The Phases and Complexity of Wartime Medical Relief

When studying wartime female healthcare workers, it is essential to place them within the broader context of the War of Resistance against Japan. The social behaviors induced by war are highly unpredictable, and healthcare workers were required to constantly respond to the sudden challenges and emergencies brought about by the war. Therefore, conducting an accurate, detailed, and objective analysis of female healthcare workers during wartime is a difficult task. Different phases of the war might result in variations in relief capabilities, medical methods, and treatment efficiency. To address this issue, researchers should focus on analyzing case studies that had a significant impact on wartime medical relief.

The relief tasks performed by female healthcare workers during the war were specific and often mundane. Research must consider the timing and geographical location of medical interventions during the war. As the war moved from North China to East China, and later retreated westward from Shanghai, the intensity of medical treatment and the willingness to provide care were not constant. During the Battle to Defend Wuhan, public opinion suggested: "In Shanghai, one could see large numbers of comrades heading to the frontlines and field hospitals to offer consolation and service. In Wuhan, however, soldiers were soldiers, and civilians were civilians. In the somber atmosphere of peacetime, it seemed as though no connection existed between them". [3]P114 This indicates that as the war's casualties and destruction mounted, the patriotic enthusiasm of ordinary citizens gradually waned, undoubtedly hindering the ongoing medical relief efforts.

Additionally, the circumstances and emotions of the wounded soldiers evolved as the war continued. In the early stages of the Battle of Shanghai, the battlefield was mainly concentrated in urban areas with abundant medical resources, numerous social organizations, and many students from universities. As a result, the treatment and comfort of the wounded were relatively timely and well-handled. However, when the military retreated, the task of transporting and treating the wounded became more difficult and often neglected. As recalled by Chen Cheng: "During the Battle of Shanghai, soldiers and civilians were unable to receive treatment as they moved along the roads. This situation was especially alarming". [4]P58 When the Japanese forces advanced along the Shanghai-Hangzhou Railway toward Southern Zhejiang, more than 30,000 wounded soldiers, evacuated from the battlefield to Hangzhou, were left uncared for due to the hasty relocation of government institutions. This led to disturbances among the wounded soldiers. When the Nationalist government began its retreat from Hangzhou, over a thousand wounded soldiers lay across the railway tracks at Xiaoshan to block the passage of government vehicles, while many others caused trouble, losing all sense of discipline. At one point, the local population became so fearful of the wounded that they almost avoided any mention

of them.[3]P76

These examples demonstrate the need for in-depth case studies focusing on specific battles when examining the medical relief work of female healthcare workers during the war. This approach not only helps to accurately reconstruct the process of medical treatment but also allows for a clearer understanding of the real conditions faced by female healthcare workers, the emotional states of the wounded, and the emotional dynamics between the two groups surrounding medical care. This approach ultimately leads to more convincing conclusions.

5. The Diverse Representations of Wartime Female Healthcare Workers

The author of *Intimate Communities* suggests that one of the motivations for young women joining medical relief efforts during wartime was the influence of romantic literature from the late 1920s, which inspired them to break free from traditional moral constraints and family discipline, pursuing lives characterized by freedom and spontaneity. This strong desire for personal choice was one of the key reasons why many women, especially educated ones, became involved in medical services. Additionally, Soong Mei-ling's recognition of the value and role of women in public service was a significant driving force behind the large number of women entering the healthcare workforce (p. 81).

However, the healthcare worker group is not a monolithic entity; each individual is embedded within a complex context characterized by class differences, educational disparities, and varying levels of awareness. Therefore, the motivations of female healthcare workers and their responses to specific circumstances are diverse.

For example, the most direct and simple motivation for women joining medical work was the financial incentive. The war caused widespread displacement and economic hardship, and survival pressures often outweighed abstract patriotic sentiments or nationalistic calls to fight foreign invaders. The prospect of receiving a decent salary and job security through medical relief work became the primary motivator for many ordinary women. For instance, during the Battle of Shanghai, medical workers in rescue teams, escort teams, and emergency stations could receive stipends ranging from 15 to 27 yuan per month, while nurses working in rear-area hospitals received monthly stipends of 15 to 20 yuan. [3]P14-18

Beyond financial incentives, the motivations of medical workers at the frontlines were not solely driven by patriotism or sacrifice. There were instances where medical personnel deserted their posts or went missing during wartime. In response to such situations, medical relief departments had to require workers to sign volunteer forms and pledges, accompanied by oaths of commitment. [3]P43

On the other hand, the daily work of medical personnel was often mundane, routine, and even monotonous. As historians, it is essential to present these ordinary, commonplace scenarios accurately and objectively, without exaggeration or intentional omission of historical realities. However, in *Intimate Communities*, the author repeatedly emphasizes the intimate emotional bonds that developed between female healthcare workers and wounded soldiers. The author argues that these relationships could help reinvigorate the soldiers' determination to defend the country, while also providing

ordinary civilians with a sense of the state's tangible care.

Nevertheless, the immense suffering caused by the Second Sino-Japanese War cannot be ignored. Countless soldiers died heroically, refugees were displaced, and civilians were killed or wounded. Among these, the wounded soldiers were often the most helpless and despairing group. Due to a shortage of medical resources, they were frequently left untreated, and their plight was often neglected by the government due to their lost military value. Soong Mei-ling publicly admitted, "Large numbers of wounded soldiers have already filled the hospitals to capacity, and temporary accommodations for the injured have also become overcrowded, making medical treatment a highly difficult issue". [5]P66 As the war intensified, limited medical capacity led to the abandonment of many wounded soldiers by the roadside, unable to receive treatment. This tragic situation was widespread. During the Battle of Wuhan, a reporter lamented, "We showed too little concern for the wounded comrades in the rear". [3]P112Li Zongren, the commander of the Fifth War Area, also expressed deep shame: "The plight of the wounded and sick soldiers is beyond words". [6]P581 The grim realities faced by wounded soldiers contrast sharply with the intimate and caring relationships described in the book. Naturally, both these seemingly opposite situations existed simultaneously during the war.

In reality, wartime hospitals for the wounded were overcrowded and chaotic. Soldiers who had been transferred from the battlefield were often emotionally agitated or deeply despondent. Foreign journalists at the time described the conditions: "In rear-area field hospitals and shelters, wounded soldiers lay on the floor in filthy, blood-stained clothes, with their wounds poorly bandaged and no one around them". [2]P99To make matters worse, as the war continued, infectious diseases spread rapidly within the military, leading to an increase in the number of wounded and sick soldiers.

Additionally, the low educational level of the average soldier hindered their ability to appreciate nationalistic sentiment or develop emotional connections with their country. Most soldiers during the war were illiterate peasants with low cultural levels, and they often carried over bad habits from previous warlord armies. In rear-area hospitals, a large proportion of the wounded soldiers were addicted to smoking, drinking, and gambling, showing little respect for medical staff and volunteers. One account described how a female volunteer, after changing into a red dress to wash her long gown, was loudly called "Flower Girl" by a wounded soldier she did not know well. [3]P140 In light of this, the organizers repeatedly instructed female volunteers to avoid wearing bright clothing in hospitals.

In conclusion, understanding the diverse experiences of female healthcare workers, as well as the varied interactions between the wounded soldiers and nurses, is crucial for comprehending the emotional labor involved in wartime medical service. These diverse internal dynamics-among the female medical personnel themselves, as well as between them and the wounded soldiers-were key factors shaping the experiences of wartime healthcare workers.

6. Conclusion

Through an in-depth analysis of the above content, this article reveals the key role of female medical personnel in wartime China within the healthcare sector and emphasizes the need for careful and comprehensive research into the groups and events of this historical period to avoid overly

idealized or romanticized interpretations.

Firstly, the diverse manifestations of gender in the healthcare field cannot be overlooked. While the contributions of female medical workers are undoubtedly significant, there were other groups, such as male nurses and boy scouts, that also played a role during the war. Therefore, when evaluating the contributions of different groups to national consciousness and social stability, a more detailed comparison and analysis is required. Secondly, although the depiction of intimate communities is grounded in reality, it also carries elements of romanticization. It is necessary to delve deeper into historical documents to more accurately understand the true circumstances of the wounded, which is an essential step toward objectively restoring historical events.

Furthermore, the efforts of the government in public health and the resistance of the public require more in-depth analysis. In fact, after the establishment of the Republic of China, government health officials were consistently concerned with how to promote basic personal hygiene knowledge to the general public. A 1921 editorial in *The Chinese Medical Journal* pointed out: "Even high-ranking officials and educated people lack basic knowledge of hygiene, let alone ordinary people. Therefore, doctors must not only focus on epidemic prevention but also fight against prejudice and ignorance." [2]P18This situation persisted for a long time, and even with the outbreak of full-scale war, the Chinese healthcare system remained plagued by folk remedies, counterfeit medicines, and quack doctors, while ordinary people, including Nationalist soldiers, lacked understanding of basic hygiene practices such as handwashing, brushing teeth, and not spitting in public.

The lack of modern hygiene concepts among both the general public and Nationalist soldiers during the early stages of the Anti-Japanese War became a significant obstacle to wartime medical care. From the perspective of soldiers and civilians, when discussing wartime healthcare development, it is important not to overemphasize the differences between pre-war and wartime conditions. Although the outbreak of war did promote advancements in the healthcare field, the long-standing influence of traditional habits, hygiene concepts, and medical practices within Chinese society remained deeply entrenched.

In conclusion, the study of history should be approached with an objective and comprehensive attitude toward the interplay and influence of various factors. The relationships between female medical personnel, the wounded, the government, and the public need to be explored through more in-depth document investigation, comparative studies, and a precise understanding of the historical context in order to avoid overly simplified or one-sided interpretations.

References

- [1] Yu Xinzong, ed. *Compilation of Modern Chinese Medical and Health Materials: Volume 2* [M]. Beijing: National Library of China Press, 2018.
- [2] Hua Zhang. *A Life Saving Turmoil: How Medical Reformers Established Modern Chinese Medical and Health Systems Amid War and Epidemics (1928-1945)* [M]. Shanghai: Fudan University Press, 2015.
- [3] Yu Heping, ed. *Compilation of Historical Materials on the Chinese Anti-Japanese War: Volume 361, Rescue and Relief* [M]. Zhengzhou: Elephant Publishing, 2016.
- [4] Chen Cheng. *Memoirs of Chen Cheng: The War of Resistance Against Japan* [M]. Beijing: Oriental Publishing House, 2009.

[5] Song Meiling. Memoirs of Song Meiling [M]. Beijing: Oriental Publishing House, 2010.

[6] Li Zongren, Tang Degang. Memoirs of Li Zongren [M]. Guilin: Guangxi Normal University Press, 2015.