

**“Minister of the Gospel and Doctor of Medicine”:
Dr. Robert Grierson, Physician Missionary
to Korea (1898-1913)**

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This case study of the medical and missionary career of Robert Grierson (1868-1965) with the Canadian Presbyterian mission to Northern Korea from 1898 to 1913 examines the practical context and implications of changing mission ideology in the early-twentieth century for medically trained missionaries. Historians such as William Hutchison and Robert Wright have argued that, in the early-twentieth century, Protestant mission theology began to replace an earlier strictly evangelistic model of missions, which had subordinated all missionary tasks to the salvation of souls, with a more socially oriented approach to mission which provided for temporal as well as spiritual needs. In examining Grierson’s early career, this paper explores the tensions experienced by medical missionaries under the transition from an evangelistic to a social gospel mission model.

Robert Grierson was a pioneering member of the Canadian Presbyterian mission to Korea. He dedicated thirty-six years to missionary service there from 1898 until 1934. Unlike many of his colleagues, Grierson arrived in Korea with both medical and ministerial training. As a physician missionary, he expected to practice medicine and also to evangelize for Christ. Grierson championed the cause of medical work within the Canadian mission but, as an ordained minister, he was constrained by the practical realities of his ministerial responsibilities. Due to his extensive evangelistic duties Grierson was not able to develop fully

medical services in Sung Chin, Korea, until 1913.

For the purposes of this paper, studies examining the changing vision and nature of foreign missions by American historian William Hutchison and by Canadian Robert Wright are significant. William Hutchison argues that American Protestant mission theology evolved from a strictly evangelistic model to a more inclusive social gospel approach after the turn of the century. The principal goal of both models of mission was to win converts to Christianity. The nineteenth-century evangelistic view of missions placed a particular emphasis on effecting conversions, and social services were used by missionaries to gain access to the unconverted. This approach to missions shifted in the early-twentieth century with an emerging liberal theology and the social gospel movement which sought to combine a spirit of evangelism with a desire to eradicate social problems such as poverty, illness and illiteracy. For mission theorists, administrators and leaders, there was significant ideological tension between those who sought to evangelize purely for souls and those who believed in a more socially oriented mission.¹

Robert Wright applies Hutchison's thesis to a Canadian context and observes that the mission administrators and leaders in Canada between World War I and II were also caught between the traditional evangelistic agenda and the new model of missions and foreign outreach. The evangelistic approach which prescribed conversion to Christianity as the solution to societal ills had been replaced by the late 1920s and early 1930s with a "true spirit of internationalism . . . based on the teachings of Christ, [which] could not abide by outworn notions of the Christian conquest of the world but must be rooted in the principles of cooperation and mutual respect."²

Hutchison and Wright have identified the ideological tensions experienced by North American mission theorists and administrators as they attempted to harmonize the mission goals of promoting conversions and providing social services. However, their work examines the philosophy rather than the practice of missions and needs to be further supported by studies of actual missionary practice. In order to understand fully the mission experience beyond its intellectual and ideological framework, one must explore the day-to-day context of how mission ideologies were played out on the field. Did these tensions between promoting conversions and providing social service prove to be problematic for the individuals carrying out the mission objective?

Robert Grierson, the first physician missionary sent to Korea by the Presbyterian Church in Canada, was born in Halifax Nova Scotia in 1868 to John Grierson and Mary Parrett.³ Robert was educated in Halifax where he had attended Halifax Academy, and subsequently Dalhousie University where he earned a Bachelor of Arts in 1890. Grierson graduated from Pine Hill with a theology degree in 1893 and from Dalhousie Medical College with his medical degree in 1897. In 1898 he was ordained in Charlottetown, Prince Edward Island.⁴

In Grierson's graduating year at Dalhousie an American spokesman for the Student's Missionary Movement had addressed the student body. Grierson later remembered, "When he made the appeal for candidates to VOLUNTEER for foreign work, the Lord put His hand under my elbow, and I raised my hand, the only one."⁵ John and Mary Grierson were elated that their son was joining the foreign mission service. They told him for the first time that the year he was born they had been refused for the Presbyterian mission to the New Hebrides because they had lacked the necessary formal education. The Griersons had prayed to God that when Robert was an adult, he would go and serve in foreign missions in their place.⁶

Grierson believed, therefore, that he was called to foreign mission service and in particular that he was called to service in Korea. In 1897, the Presbyterian Church in Canada advertised for two men to open their mission in Korea. Grierson applied and was accepted.⁷ His belief that he was called to be a missionary in Korea was further confirmed by his admiration for the Rev. William MacKenzie, an independent Canadian missionary who had recently worked and suddenly died in Korea.

Many years later, in writing his memoirs, Grierson noted with a tone of awe how his life had mirrored that of MacKenzie. Both MacKenzie and Grierson had earned a Bachelor of Arts from Dalhousie University and they both had joined the Grenfell Mission in Labrador, MacKenzie as the first Canadian preacher and Grierson as the first Canadian doctor. Grierson also had succeeded MacKenzie as pastor at Bethany Church in Halifax and had given the farewell address when MacKenzie left for Korea.⁸ Grierson noted how he had been called to follow in MacKenzie's footsteps and how the two of them had been called by God, who had thus played "pied-piper to us both."⁹

MacKenzie was not only an inspiration to Grierson but also the impetus for a formal Canadian Presbyterian missionary to Korea. Shortly after completing his theological training in 1891, MacKenzie felt strongly

called to leave the Maritimes and undertake mission work among the Koreans. Initially seeking denominational support from the Presbyterian Church in Canada in 1892, he was unable to persuade the members of the Foreign Mission Committee (Eastern Division) FMC(ED) to send him to Korea, as they felt the committee possessed insufficient funds to pursue a mission in Korea. The FMC(ED) declined to finance McKenzie as they were heavily in debt and already supporting missions in the New Hebrides, Trinidad and India. Undaunted, in 1893 McKenzie journeyed to Korea under the auspices of friends and family.¹⁰

The first active and organized Protestant missions to Korea had begun in 1884 with the American Presbyterian Church and the American Methodist Episcopal Church.¹¹ In 1889, they were joined by the Presbyterian Church of Australia.¹² There was no Canadian denominational presence in Korea until 1898. The initial Canadian experience in Korea was through the individual ventures of James Scarth Gale, Malcolm Fenwick, Dr. Robert Alexander Hardie and Dr. Oliver Avison. The four men arrived in Korea between 1887 and 1893, sponsored by Canadian University mission societies, business interests and American denominations, as well as their Canadian families and friends. While they traveled to Korea as independent missionaries, unstable financing from their Canadian supporters forced all but Fenwick to join an established denominational mission with either the American Presbyterians or the American Methodists.¹³

After he arrived in 1893, William McKenzie settled in Sorrai in southern Korea.¹⁴ In 1895, eighteen months after arriving in Korea, McKenzie died suddenly. While at the time it was reported in the Maritime Presbyterian paper, *The Presbyterian Witness*, that he had died of malaria and typhoid fever,¹⁵ later sources made clear that McKenzie had in fact committed suicide.¹⁶ His diary indicated that McKenzie was ill with a fever and vomiting before he died, and had shot himself, possibly in delirium from his illness.¹⁷ The physician who investigated the death blamed McKenzie's suicide on his solitary existence and self-imposed exile among the Koreans.¹⁸ The first Canadian Presbyterian missionaries, Robert Grierson included, did not learn that McKenzie died by his own hand until they arrived in Korea in 1898 and visited his followers in Sorrai.¹⁹

After McKenzie's death, *The Presbyterian Witness* was inundated with letters and articles by Maritime Presbyterians eager for the FMC(ED) to find the necessary funding to open Korea as a mission field. McKenzie

had bequeathed \$2,000 raised by his supporters in Canada for the establishment of a Canadian mission in Korea. Many letters expressed the view that the church was responsible for following up McKenzie's work and honouring his dream of a Presbyterian presence in Korea.²⁰ Nevertheless, in 1896 the FMC(ED) declined once again to enter Korea as their financial position had not improved since 1893 when McKenzie had first requested monetary assistance.²¹ Even an anonymous offer of \$3,000 for the first three years of the mission was not seen to be enough to finance the venture.²²

It was the Eastern Section of the Presbyterian Women's Foreign Missionary Society (WFMS) that took up the call in 1897 and presented a strong case for choosing Korea as a new mission field. The women warned that the FMC(ED) could not, in good conscience, appropriate the legacy intended by McKenzie for Korea for another mission. The WFMS also argued that the mission opportunities in Korea were rich and unique and as of yet ill served by Western churches. Their interest and promise of funding and support were sufficient for a reconsideration of the matter by the Foreign Mission Committee.²³

In 1898, the FMC(ED), upon the advice of the Maritime Synod, supported the opening of a Korea mission and agreed to employ McKenzie's bequest in establishing mission work in Korea.²⁴ They advertised for male missionaries and by February 1897 appointed William Foote, Robert Grierson and Duncan MacRae.²⁵ Shortly before leaving Canada for Korea, William Foote married Edith Sprott and Robert Grierson married Lena Venoit in Halifax.²⁶ Thus, by the time of their departure in July 1898, the final party of the Canadian Presbyterian mission in Korea included the Rev. and Mrs. Foote, Dr. and Mrs. Grierson and the Rev. MacRae.²⁷

These five Canadians arrived in Korea in early September 1898. In deciding where to establish their mission stations, Grierson, MacRae and Foote attended a meeting of the Council of Presbyterian Missions in Korea in October 1898. The Council, which included all the missionaries in Korea representing the American and Australian Presbyterian missions, extended membership to the Canadian missionaries.²⁸ The American Presbyterians offered to withdraw from the city of Wonsan on Korea's north-east coast if the Canadians would take over that field. Grierson, Foote and MacRae quickly accepted the proposal.²⁹

The Footes and MacRae moved to the busy harbour city of Wonsan in 1899 and were joined by the Griersons later in the year. They found that,

in addition to the large native Korea population, there were small groups of Japanese, Russian, Chinese, German, British and American inhabitants and visitors.³⁰ The Canadian missionaries subsequently decided that they would establish a second mission centre in Ham Heung, north-east of Wonsan. It was an inland city, and not at all comparable to the cosmopolitan hubbub of Wonsan. Ham Heung had seen few Christian missionaries and those who ventured to the city had met with little success.³¹

In 1900, two years after the Canadians' arrival in Korea it became obvious that additional help was necessary. The territory was large and the demands of mission work exceeded the time and resources of Grierson, Foote and MacRae and there were no additional ministers to share the evangelistic duties in their vast territory.³² They had also chosen a third location for a mission station, Sung Chin, a small but rapidly developing port city north of Ham Heung under-served by missionaries.³³ As the only evangelists in a mission field of thousands, the task was too great for the three men.³⁴

In response to the request for additional staff, in 1901 the FMC(ED) sent the Rev. and Mrs. Alec F. Robb, as well as Dr. Kate McMillan and Miss Louise H. McCully, to assist in the mission operations.³⁵ The previous year, Edith Sutherland, Duncan MacRae's fiancée, had joined him in Korea and they had been married shortly after her arrival.³⁶ Invigorated by the arrival of new personnel, a great effort was made to organize and bring to life the three planned mission centers in Wonsan, Ham Heung and Sung Chin.

As soon as possible in 1901, the Griersons moved to Sung Chin to pursue evangelistic and medical mission work. The Robbs and the Footes were assigned to Wonsan. The MacRaes and Dr. McMillan were designated to establish a mission station in Ham Heung.³⁷ In sending Grierson to Sung Chin and McMillan to Ham Heung, the mission staff ensured that their physicians were sent to the two stations lacking hospitals, physicians and dispensaries as the American Methodists already provided Wonsan with medical services.³⁸

Within the evangelistic model of missions, as early as the 1840's but increasingly in the 1870s and 1880s, a number of evangelists with medical training were sent as missionaries by American and Canadian mission boards. When missions provided medical services lacking in native communities they quickly gained a position of trust that facilitated their evangelistic work.³⁹ In the late-nineteenth century, supporters of medical

missions agreed that the service was valuable, not in and of itself, but due to the trust it gained for the missionaries so that they could more expediently bring the Christian gospel to their patients.⁴⁰ Looking back on this experience, an article in the American mission journal *The Korea Mission Field* in 1914 described the evangelistic potential of physician missionaries in the early years of a mission:

The doctor could go where the preacher's way was closed, the relieved sufferer would listen to the message of his physician where he would have only scoffed at the strange doctrine of another, prejudice was broken down, countries were thrown open, and even when the field was well occupied few could command such large audiences as the worker among outpatients and none came into such close personal contact with the unconverted as those who tend them in hospitals.⁴¹

Medical missions were thus a pragmatic means of gaining access to the unconverted.⁴²

When the Canadian Presbyterian mission to Korea began in 1898, physicians were hired with the expectation that neither evangelism nor medical work would be done to the exclusion of the other. Bill Scott, a member of the Canadian Presbyterian mission who arrived in Korea in 1914, wrote a history of the Canadian mission in 1975, describing how at the beginning of the mission, "medical work was evaluated largely on the extent to which it contributed to the winning of converts."⁴³

As the mission developed, this thinking changed and medicine became a compassionate service which missionaries could provide. In the early twentieth century, missionaries, including the Canadian Presbyterians in Korea, became aware of the tremendous work and long-term responsibility involved in transplanting Christianity. Mission theory found new expressions in the social gospel movement, and through this, there was a heightened sense that Christians bore a responsibility for the future direction of foreign societies.⁴⁴ This new approach to missions highlighted the compassionate provision of social services, medical services in particular.

In Korea, the earlier mission model of pure evangelism existed, in parallel with the emerging social gospel model. The two ideals of mission were simultaneously applied and remained unresolved until 1913, after

which time the view of the social gospel took a stronger hold and largely replaced the traditional evangelistic mission model.⁴⁵ As a result, from 1898 until 1913 missionaries were assigned to ambiguous, and at times conflicting, goals.

In this context, as an ordained minister and a medical doctor, Robert Grierson sought to balance the uncertain goals of the mission by combining his two occupations.⁴⁶ The difficulty in combining both roles was evident from the beginning of Grierson's tenure in Korea. During his first year in Seoul, Grierson had planned to refuse medical calls so that he could tend to the important responsibility of language study. In spite of this, in April he confessed in his diary that he was doing some medical and surgical work which he felt he could not refuse.⁴⁷

In 1899, Grierson traveled to Wonsan to join the Footes and MacRae where he had intended to complete his language instruction before beginning official medical and mission work. Although he resolved again to refuse all patients and devote himself entirely to language study, Grierson's plans were short-lived as he was compelled to attend to the medical needs of local Koreans. He recalled that, "we had scarcely time to get into the house we had rented when we were besieged by sick people . . . so piteous and persistent were the calls for help that it did not seem humane to refuse; and very reluctantly study was almost entirely laid aside and medical and surgical work undertaken."⁴⁸ Thus, the needs of the Korean population influenced how mission work was pursued.

Although Grierson again tried to limit the number of appointments, his home in Wonsan was inundated daily with patients seeking treatment. Grierson worked out of a make-shift clinic in his house and examined patients in his living room. In his report to the FMC for 1900 he wrote of his distress at the large number of Koreans seeking his medical help. Describing "the scores who swarmed about the house daily" and "the throngs of people about our house," Grierson seemed overwhelmed.⁴⁹

Despite these interruptions, he learned to speak excellent Korean in a short time which was an asset in his travels to rural communities. These itinerant journeys lasted anywhere from two weeks to a month, during which time he traveled from village to village, preaching and providing minor medical assistance. Grierson's long periods away from Wonsan prevented him from opening a permanent medical practice in 1900.⁵⁰

Grierson left Wonsan to open Sung Chin station in May 1901.⁵¹ As the sole resident missionary in Sung Chin station, Grierson assumed

extensive responsibility for establishing and managing the station. In 1901 he detailed just a few of his chores at the station: "Property selection, house building, well-digging, preaching, book-selling, doctoring, traveling . . ." ⁵² He was assisted from 1902 to 1904 by the Rev. Alex Robb who joined the mission staff in 1901, but the work at the station was still tremendous, even for the two men. ⁵³ When Robb returned to Wonsan, Grierson resumed solitary management of Sung Chin station. He continued to spend a significant amount of time traveling, both on itinerant journeys and visiting Wonsan. Thus, it is not surprising that in his annual reports to the FMC from 1901 to 1905 there was only the vaguest mention of medical work at the station. ⁵⁴ As late as 1909, Grierson admitted that "medical work is but an incident in the life of Sung Chin station." ⁵⁵

Grierson's attempts to maintain a regular medical practice were, therefore, impeded by his extensive responsibilities as an evangelist. He was also responsible for serving as pastor, supervising evangelism in connection with medical work, and managing the boys' school. As pastor of the church in Sung Chin, Grierson was responsible for leading weekly church services, managing the daily needs of his congregation, which included visiting the newly converted and their families and officiating at marriages, funerals and baptisms. Grierson also taught Bible study classes during the week to members of his congregation. ⁵⁶

In addition to his duties as pastor, Grierson's status as a founding member of the Canadian Presbyterian mission to Korea placed an increased burden on his shoulders. He was responsible for attending meetings in Wonsan every year which considered the future direction of the Korean mission as a whole. While on his year-long furloughs in Canada, Grierson spoke to Presbyterian congregations and mission conferences to raise awareness and funds for the Canadian Presbyterian mission in Korea. He also corresponded frequently with the FMC, keeping the committee members informed of the status of the mission's work and their needs for either supplies or funds. ⁵⁷

These responsibilities left little time for medical work which was still significant and could not be avoided. Physician evangelists were responsible for infusing every activity in their clinics with the evangelistic spirit of the mission. ⁵⁸ As the only physician in Sung Chin, Grierson oversaw the operations of the dispensary and hospital, coordinating medical staff training and teaching a number of his assistants himself. Responsibility for finding suitable Koreans to send to medical or nursing school fell to him,

as did the supervision of the evangelistic work at the hospital.⁵⁹

As early as 1906, when Grierson returned to North America on furlough, he was frustrated and dissatisfied with his inability to fulfil both his medical and evangelistic obligations. Grierson articulated his dissatisfaction when he addressed a student volunteer convention in Nashville, Tennessee, on the subject of medical missions. He disagreed with the preceding speakers who had lauded the practicality of sending evangelists trained as physicians into foreign missions and instead argued that mission boards should divide responsibilities so that separate mission staff pursued either evangelism or medical work:

The view of medical missions which they hold is that the medical man should not be confined to doing distinctly medical work, but that he should rather combine the medical with the evangelistic. That which I hold is that he should do medical work only, and that he should leave the evangelistic work to other persons to whom it is given.⁶⁰

His words may have had some impact on his own denomination. Citing reasons that Grierson was over-extended in his medical and evangelistic work, the Canadian Presbyterians in Korea requested another missionary in 1908, either a physician or minister, to assist him. They felt that both services were suffering from a lack of appropriate attention. The missionary, likely Grierson himself, writing the unsigned report of the Sung Chin station for 1908 elaborated:

As this is a work of love, the only philanthropic work we do and the only scientific medical equipment for a population of over half a million people cannot be discontinued, we must have either another doctor to relieve Dr. Grierson, or another evangelist missionary to take a part in the pastoral over-sight of the immense field.⁶¹

By characterizing medical work as a “philanthropic” and loving service, the station report suggested that medicine was seen as valuable beyond its ability to provide access to the unconverted.

Grierson’s difficulties were compounded by a financial crisis in the FMC(ED) which had administered the Canadian Presbyterian mission in Korea from 1898 to 1908. In 1908 the FMC(ED) was financially unable to respond to repeated and urgent calls for additional staff in Korea. This

caused tremendous frustration as the small mission staff tried to minister to growing numbers of converts without adequate support from Canada. Grierson even threatened to resign if the FMC(ED) did not increase the financial assistance needed to secure the position of the mission in Korea.⁶²

In response to this crisis, the FMC(ED) requested assistance from the Western Division of the FMC (FMC-WD) later in 1908. The latter agreed to enter Korea and assist by opening a mission station. This did not resolve the financial difficulties of the FMC(ED) but it did provide additional staff for the mission. The seven new missionaries established their stations in Hoiryung and Yongjung in the far north on the border of Manchuria, fast-growing centres of Japanese commerce that were filling with Korean immigrants.⁶³ While the new staff and mission stations assisted in the mission's outreach to a greater number of Koreans, the dispersal of the staff and resources did little to alleviate the pressures at the original station, Wonsan, Ham Heung and particularly Sung Chin.

Grierson's difficulties continued and in 1911 the annual mission report to the FMC described how his multiple responsibilities caused difficulties for the Sung Chin mission, "Medical work in Sung Chin can never be conducted satisfactorily while the doctor in charge is so immersed in Church, school, administrative, class, theological and other work."⁶⁴ The report acknowledged that medical work was done inconsistently and that the dispensary would have to be open at regular hours to ensure a trusting and returning population of patients. In spite of the flagging success at the dispensary, evangelistic duties persistently took priority over medical responsibilities.⁶⁵

The following year, in 1912, Grierson boldly decided to devote himself to medical work in the coming year and absolve himself of evangelistic duties outside of the hospital and dispensary. He stated, "until we have a doctor with no other duties, we shall have a medical work only in name; and the medical work unsatisfactory as it is, will but limit the activities of the senior missionary in his other important spheres."⁶⁶ Grierson felt that he could still make a significant contribution to the mission effort by dedicating himself solely to his medical practice. He argued that he could still find time for quiet, individual preaching during his medical work but was not likely so easily to integrate medical work into a full time evangelistic career as had formerly been expected. Calling the practice of medicine a, "beautiful, useful, and Christlike profession," Grierson viewed medicine as an indispensable element of the mission's

work in Korea and argued that while there were numerous evangelists in Korea from the various Protestant missions, there were very few physicians in his territory and they were difficult to come by and not easily replaced.⁶⁷

When Grierson decided to devote himself fully to his medical practice he believed that his medical work was an extension of the gospel message of love and compassion. This was affirmed by his observation that his Korean patients needed and sought a reliable medical service at the mission station. The rising social gospel movement in North America prompted many missionaries similar to Grierson to observe social inequalities in their mission fields and look beyond their goal of conversion and carefully examine their role in improving the moral fabric of the non-Christian societies.⁶⁸

Grierson's sentiments were repeatedly echoed by other physician missionaries in Korea writing for the journal, *The Korea Mission Field* from 1912 to 1916. In this venue they began to articulate a new vision of how medical work fit into their mission objective. An editorial in 1912 articulated the change in thinking, "Not long ago a missionary who studied theology and medicine was believed to be doubly equipped for the foreign field; now, such procedure is considered unwise because concentration and not diffusion is *the word*."⁶⁹

Purely humanitarian justifications for providing medical service, indicating a shift in the missionary focus from the individual's state of grace to the moral character of all of society, began to appear in *The Korea Mission Field* after 1912.⁷⁰ In 1916, the journal published an article by A.M. Sharrocks, a physician missionary who supported the provision of medical service purely on the basis of compassion:

It is time for us to turn our attention more directly upon the sick man and, purely out of compassion for him in his present need, do our best to give him relief. . . . any society or church that uses its medical work chiefly for its own propagation is far from being Christian in the true sense and deserves only to fail in its ultimate aim.⁷¹

The new compassionate justifications for medical service articulated the obligation of the West, privileged with its advanced medical technology and scientific knowledge, to bring scientific medical treatment to the mission field.⁷² As a result, the new interpretation of the role of missions insisted that the West had a responsibility to share its knowledge by

providing medical care and in teaching native physicians. Dr. S.P. Tipton, an American Presbyterian, wrote in *The Korea Mission Field*: “Medical science as we know it to-day is a product of Christianity, and we are under more of an obligation to non-Christian lands to give them a knowledge of this science and to heal their sick than we are to give them an education or any other accompaniment of Christianity.”⁷³

In this vein, the development of western medicine was expected to be for the benefit of all, and as a witness to God, must be shared. In 1914 Hugh Weir, a physician in Korea, described this relationship between medicine and the Christian Gospel:

We find that medical missions are an essential part of the Gospel, that they are a part of the fruit of that tree whose leaves are for the healing of the nations. No one would venture to preach Christ without living Him too, and the work of a mission hospital is . . . an inevitable outcome of His Spirit.⁷⁴

Grierson’s decision to leave evangelism to develop a medical practice foreshadowed these forthright justifications for medicine on the mission field from 1912 to 1916. He had argued since his furlough in 1906 for a separation between medical and evangelistic work because he had personally experienced disappointment and frustration in trying to serve as both a physician and an evangelist. Grierson championed the cause of medical work in Korea but he was constrained by the practical realities of the mission which struggled to balance the provision of services with the ultimate goal of evangelism. Robert Grierson’s career bears witness to the practical conflicts between the evangelistic and social gospel models of mission that defined his career as a “Minister of the Gospel and Doctor of medicine”⁷⁵ in Korea from 1898 to 1913.

After the Canadian Presbyterians began their work, which initially focused on conversions, Grierson and his colleagues saw the practical needs of the people and subsequently responded by trying to both evangelize and provide social services.⁷⁶ This shift in mission thought and practice in Korea mirrors the general transition described by William Hutchison and Robert Wright in their assessment of Protestant mission agencies. Evidently, mission administrators and theorists, but also missionaries working in the field, were caught between the traditional evangelical world-view which stressed conversion to Christianity as the

solution to societal ills and the new emphasis on foreign outreach which responded to the realities encountered on the mission field and sought to morally uplift society.⁷⁷ As seen in this study of Robert Grierson's career as a medical evangelist, missionaries on the field, unlike mission activists at home, experienced tension not in ideological but in very practical terms.

Endnotes

1. William R. Hutchison, *Errand to the World: American Protestant Thought and Foreign Missions* (Chicago: University of Chicago Press, 1987).
2. Robert Wright, *A World Mission: Canadian Protestantism and the Quest for a New International Order, 1918-1939* (Montreal: McGill-Queen's University Press, 1991), 176.
3. Robert Grierson, *Episodes on the Long, Long Trail*, 1957, 84, Biography File G10, United Church of Canada/Victoria University Archives (hereafter UCA).
4. Biography File G10, UCA.
5. Grierson, *Episodes on a Long, Long Trail*, 3, UCA.
6. Grierson, *Episodes on a Long, Long Trail*, 3, UCA.
7. Minutes of the Foreign Mission Committee Eastern Section, File 1 1898, no. 33, 2 and no. 34, 1, Presbyterian Church of Canada Board of Foreign Mission Fonds, Records Pertaining to the Korea Mission (1906-1913) 79.204C (hereafter 79.211C), UCA.
8. Grierson, *Episodes on a Long, Long Trail*, 11, UCA.
9. Grierson, *Episodes on a Long, Long Trail*, 13, UCA.
10. E.A. McCully, *A Corn of Wheat or The Life of the Rev. W.J. McKenzie of Korea*, 2nd ed. (Toronto: The Westminster Co. Ltd, 1904), 19-65; and George Paik, *The History of the Protestant Missions in Korea 1832-1910* (Seoul: Yonsei University Press, 1929; reprint, 1980), 192-193.
11. Paik, *Protestant Missions in Korea*, 85-86, 97-110; and R.A. Hardie, MD, "Founding of Missions in Korea," *Korea Mission Field*, February 1935, 34-37.
12. Paik, *Protestant Missions in Korea*, 186-187.
13. William Scott, *Canadians in Korea: Brief Historical Sketch of Canadian Mission Work in Korea*, unpublished manuscript, 1975, 19-25.

14. Scott, *Canadians in Korea*, 30-31.
15. "Rev. W.J. McKenzie," *The Presbyterian Witness*, 24 August 1895, 265.
16. The fact that McKenzie's death was a suicide is clarified in Helen Fraser MacRae, *A Tiger on Dragon Mountain: The Life of Rev. Duncan M. MacRae*, eds. D. D. Janice and Ross Penner (Charlottetown: Williams & Crue Ltd., 1993), 30-31; and Scott, *Canadians in Korea*, 33.
17. Paik, *Protestant Missions in Korea*, 193.
18. Young-Sik Yoo, "The Impact of Canadian Missionaries in Korea: A Historical Survey of Early Canadian Mission Work" (Ph.D. Diss., University of Toronto, 1996), 419.
19. MacRae, *A Tiger on Dragon Mountain*, 30. Duncan MacRae was the first Canadian missionary to learn of McKenzie's suicide when he visited McKenzie's followers in Sorrai in 1898. MacRae indicates that the Koreans of Sorrai were aware of the nature of McKenzie's death. However, it is unclear if the suicide was unreported in Canada due to the cultural stigma associated with suicide or if the McKenzie family and Presbyterian church were unaware of the details of his death.
20. *The Presbyterian Witness*: "Korea," 26 October 1895, 337; "Korea," 27 February 1897, 70; "A Korea Mission, Letter from Rev. G.M. Clark," 13 March 1897, 81; "Korea's Cry," 13 March 1897, 82; "The Korean Mission," 20 March 1897, 90; "Korean Mission: Letter from Rev. Dr. McKay," 27 March 1897, 101; "More About Korea," 3 April 1897, 107; "Korea," 17 April 1897, 122; "The Korean Mission," 15 May 1897, 153; "Korea," 15 May 1897, 156; "Korean Mission," 22 May 1897, 162; and "Letter From a Korean Missionary," 26 June 1897, 202.
21. Appendix No. 6, Report of the Foreign Mission Committee (FMC) 1895-96, *The Acts and Proceeding of the 22nd General Assembly of the Presbyterian Church in Canada* (hereafter A&P). Dr. H.G. Underwood indicated to the Canadian FMC that two missionaries was the minimum to open a mission. The FMC did not have the resources to provide for the mission salaries.
22. Minutes of the Foreign Mission Committee Eastern Section, File 1 no. 27, 1896, 2, 79.211C, UCA.
23. "The Korean Mission," *The Presbyterian Witness*, 20 March 1897, 90 and Scott, *Canadians in Korea*, 36-37.
24. Report of the FMC (ED) 1897-1898, A&P.

25. Minutes of the Foreign Mission Committee Eastern Section File 1 1898, no. 33, 2 and no. 34, 1, 79.211C, UCA.
26. "Rev. Robert Grierson, BA, MD, CM – Last of the Pioneers," *The Observer*, 15 March 1958, Biography File G10, UCA; "A Devoted Missionary – Rev. W.R. Foote, D.D.," *The Bible Class Magazine*, 1930, 3, Biography File F5, UCA and Scott, *Canadians in Korea*, 44.
27. MacRae, *A Tiger on Dragon Mountain*, 10-12.
28. Scott, *Canadians in Korea*, 42-43.
29. MacRae, *A Tiger on Dragon Mountain*, 33.
30. MacRae, *A Tiger on Dragon Mountain*, 41-47.
31. MacRae, *A Tiger on Dragon Mountain*, 49-53.
32. Scott, *Canadians in Korea*, 49.
33. Third Annual report of Rev. Robert Grierson, MD, Korea, 120, A&P 1901.
34. Scott, *Canadians in Korea*, 49.
35. Paik, *Protestant Missions in Korea*, 276-279; and MacRae, *Tiger on Dragon Mountain*, 79.
36. MacRae, *Tiger on Dragon Mountain*, 55-58.
37. Scott, *Canadians in Korea*, 48-49. The plan to move to Ham Heung was not realized until 1905. While Duncan MacRae was initially able to choose a mission site and purchase some buildings, a smallpox and cholera epidemic, and then war between the Japanese and Russia over Korea, made it too dangerous to establish mission facilities in Ham Heung until 1905. Kate McMillan and the MacRaes, therefore remained in Wonsan and assisted the Robbs and Footes in the interim.
38. Paik, *Protestant Missions in Korea*, 276-279.
39. Paik, *Protestant Missions in Korea*, 127-138.
40. Paik, *Protestant Missions in Korea*, 127-138; Alwyn Austin, *Saving China: Canadian Missionaries in the Middle Kingdom, 1888-1959* (Toronto: University of Toronto Press, 1970), 167-184; and Ruth Compton Brouwer, *New Women for God: Canadian Presbyterian Women and India Missions, 1876-1914* (Toronto: University of Toronto Press, 1990), 53-91.

41. "The Place of Medical Mission Work in Korea," *The Korea Mission Field*, July 1914, 191. *The Korea Mission Field* was published primarily for the readership of Protestant missionaries in Korea, but also for the mission supporters in North America. A majority of the submissions are from American Presbyterian missionaries and mission stations with occasional Canadian and Australian news and contributions. The journal included short news articles, letters from missionaries, reports from mission stations, opinion pieces and articles on subjects of interest to the varied Protestant mission community in Korea. The opinion pieces and articles about methods of mission are highly informative in revealing the goals of missionaries on the field and how they perceived their work in light of shifts in the mission model.
42. Arthur H. Norton, MD, "Possibilities of Evangelism in Mission Hospitals," *The Korea Mission Field*, July 1914, 200-201; Rev. Allen F DeCamp, "Things Done and Not Done," *The Korea Mission Field*, July 1914, 191-193; W.T. Reid, "The Medical Missionary as Preacher," *The Korea Mission Field*, October 1916, 261-262; and A.H. Norton, "The Healed and Converted Patient as a Preacher," *The Korea Mission Field*, October 1916, 262-265.
43. Scott, *Canadians in Korea*, 63.
44. Richard Allen, "The Background of the Social Gospel in Canada," in *The Social Gospel in Canada: Papers of the Interdisciplinary Conference on the Social Gospel in Canada*, ed. Richard Allen (Ottawa: National Museums of Canada, 1975), 2-35; and Austin, *Saving China*, 81-85.
45. Scott, *Canadians in Korea*, 63, 117-125.
46. Scott, *Canadians in Korea*, 63.
47. 01 April 1898, Diary of Robert Grierson, MD Missionary to Korea, 37, file 1, Vol. 2270, MG 1, Public Archives of Nova Scotia Maritime Missions to Korea Collection (hereafter PANS MMKC). The diary is typed and dates from August 1898 to March 1900.
48. Report of the FMC (ED) 1899-1900, 117, A&P.
49. Report of the FMC (ED) 1899-1900, 118, A&P
50. Report of the FMC (ED) 1900-1901, Annual Report of Dr. R. Grierson, 118-120, A&P. The annual reports of the FMC in the *Acts and Proceedings* of each General Assembly initially included full reports from each missionary, signed by them. In later years, the reports of the FMC quoted from the personal missionary reports or used information contained therein to complete a more general report of Committee work in Korea. In any case, the authors

of the specific station reports, or more general reports on the status of medical or educational work in Korea, are not consistently named.

51. Scott, *Canadians in Korea*, 48.
52. "Korea Mission: Letter from Rev. Robert Grierson," *The Presbyterian Witness*, 23 November 1901, 378.
53. G. Engel, "Memorial Minute," 1, Biography File R7, UCA.
54. Report of the FMC (ED), Annual Report of Dr. R. Grierson, A&P 1902, 1903, 1904, 1905 and 1906.
55. Quoted in Scott, *Canadians in Korea*, 63.
56. Song Chin Station Reports and Annual Reports of Dr. R. Grierson, Report of the FMC, A&P 1902-1906, 1908-1914.
57. Song Chin Station Reports and Annual Reports of Dr. R. Grierson, Report of the FMC, A&P 1899-1914. Missionaries typically went on furlough after six years of service in the mission field.
58. A.M. Sharrocks, MD, "Can Less than Two Doctors in a Single Hospital Achieve the Best Results?" *The Korea Mission Field*, January 1916, 15-19; and C.S. Hoffman, "The Hospital as an Evangelistic Agency," *The Korea Mission Field*, February 1916, 48-50.
59. Song Chin Station Reports and Annual Reports of Dr. R. Grierson, Report of the FMC, A&P 1901, 1902, 1908, 1909, 1912, 1913, 1914.
60. Song Chin Station of the Canadian Presbyterian Mission in Korea Report for 1912, Box 1 File 8, 79.204C, UCA.
61. Report of the FMC for 1907-1908, Report of Sung Chin Station for 1908, 137, A&P.
62. Grierson to McKay, 10 May 1908, and Foote to McKay, 12 October 1908, Box 1 File 3; and McKay to Grierson, 24 February 1909, Box 1 File 2, 79.204C, UCA.
63. Mansfield to Armstrong, 28 July 1911, Box 1 File 6; Mansfield to Armstrong, 30 April 1912, and Barker to Armstrong, 8 April 1912, Box 1 File 7, 79.204C, UCA.
64. Report of the FMC on Korea, 97, A&P 1912.
65. Report of the FMC on Korea, 97, A&P 1912.

66. Song Chin Station of the Canadian Presbyterian Mission in Korea Report for 1912, Box 1 File 8, 79.204C, UCA.
67. Song Chin Station of the Canadian Presbyterian Mission in Korea Report for 1912, Box 1 File 8, 79.204C, UCA.
68. Brian Fraser, *The Social Uplifters: Presbyterian Progressives and the Social Gospel in Canada, 1875-1915* (Waterloo: Wilfrid Laurier University Press, 1988), 23-38.
69. Rev. Allen F. DeCamp, "Things Done and Notdone [sic]," *The Korean Mission Field*, July 1914, 189.
70. A.M. Sharrocks, MD, "Can Less than Two Doctors in a Single Hospital Achieve the Best Results?" *The Korea Mission Field*, January 1916, 15-19 and A.M. Sharrocks, MD, "Medical Work – Its Aim," *The Korea Mission Field*, July 1916, 175-179.
71. A.M. Sharrocks, MD, "Medical Work – Its Aim," *The Korea Mission Field*, July 1916, 177.
72. A.M. Sharrocks, MD, "Medical Work – Its Aim," *The Korea Mission Field*, July 1916, 175-179.
73. Dr. S.P. Tipton, "Why I am a Medical Missionary," *The Korea Mission Field*, July 1916, 193.
74. Dr. S.P. Tipton, "Why I am a Medical Missionary," *The Korea Mission Field*, July 1916, 193.
75. Biography File G10, UCA.
76. Scott, *Canadians in Korea*, 63, 117-125.
77. Hutchison, *Errand to the World*; and Wright, *A World Mission*.

