

The Making of a Renowned Doctor: The Early Experiences of Edmund Dipper (1871–1919)

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Abstract: Dr. Edmund Dipper, a distinguished German doctor practicing in China during the tumultuous decades of the 1920s and 1930s, rose to near-legendary status during the Republican era. Yet, the historical trajectory leading to his acclaim remains shrouded in conflicting narratives. Dipper's formative years demonstrate that his success in China stemmed from a multifaceted background encompassing education, religion, and military service. This was coupled with an unwavering commitment to excellence in medical practice and adaptability and resourcefulness in navigating cross-cultural settings. These factors allowed him to successfully avoid strife between church factions when managing the Faber Hospital. Furthermore, Dipper's remarkable intercultural acumen enabled him to seize a crucial historical opportunity. By adeptly navigating the German Hospital through the repatriation of German citizens after China declared war on Germany in 1917, he not only preserved his own standing but also safeguarded the hospital's key personnel. This strategic maneuvering laid the groundwork for his illustrious career trajectory. Dipper epitomizes a subset of Western doctors in China during this era, underscoring the imperative to further explore their nuanced historical contributions.

Keywords: Dipper, distinguished German doctor, Faber Hospital, German Hospital

摘要: 狄博尔是一位活跃于 20 世纪二三十年代的著名德医，在整个民国时期，他几乎都以名医神话的形象出现在世人眼中。但关于其名医养成之路的历史实相却隐藏在矛

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盾的历史陈述之中。狄博尔的早期经历显示了他的成功既得益于教育、宗教以及从军的成长背景，又得益于他对精研业务的不懈追求，更源于他的机敏性格以及在跨文化环境中生存的能力。这些因素使他顺利地避开了管理福柏医院时的教内倾轧，也让他抓住了管理德国医院的历史机遇，在敌侨遣返风波中使自己和德国医院的骨干成员免于遣返，由此奠定了日后辉煌事业的根基。狄博尔是同时代西方在华医生群体的一个缩影，他们所呈现出来的历史面相亟待挖掘。

关键词：狄博尔，德国名医，福柏医院，德国医院

1 Introduction

Edmund Dipper (1871–1933), from the Swabian region of Germany, was one of the most famous Western doctors in Beijing in the 1920s and 1930s. Zhou Zuoren 周作人 called him “the best famous doctor in Beijing” (北京第一名医) (Zhou 1957, 92), the sinologist Sven Hedin said he was “far greater as a doctor than all the doctors at the Peking Union Medical College Hospital,”¹ and Lu Xun 鲁迅 (2011, 293) even asked him for advice on contraceptive techniques. He epitomized the pinnacle of medical care sought after by elite echelons in Beijing, comprised of influential figures from political, business, academic, and artistic realms.² Revered as a paragon of social stature, he was actively courted in elite circles, becoming not only a symbol of their refined status,³ but also assuming a mythological persona akin to legendary healers depicted in literature.⁴ Dr. Dipper indeed boasted several notable successes in his medical practice. In 1921, he rescued the eminent British philosopher Bertrand Russell from a precarious health condition (Chao 2001, 409). Subsequently, in 1924, Dr. Dipper skillfully and successfully performed laryngeal surgery on the esteemed Peking Opera singer Zhu Qinxin 朱琴心 (*Eastern Times* 1924). That year he also efficaciously treated Emperor Puyi’s ocular ailment, earning substantial fees that were referred to as the largest received by a

1 “Als Arzt war er viel grösser als alle die der P.U.M.C.” Sven Hedin to Peter Krauß. For the original image, see: https://inlibris.com/de/item/bn58755_de/ (accessed January 1, 2023).

2 Dr. Dipper diagnosed and treated many well-known celebrities, including Zhou Zuoren, Yan Fu 严复, Feng Guozhang 冯国璋, Shaoying 绍英, Puyi 溥仪, Lin Shu 林纾, Luo Yinggong 罗癭公, Sun Yat-sen 孙中山, Bai Chongxi 白崇禧, and others. See Zhou (1957, 92), Yan (1986, 801), Zhang (1920), Shaoying (2009, 57, 65, 129), Lin (2020, 86), Shi (1948), *Republic of China Daily (Shanghai Edition)* (1925), and *Beijing Gazetteer* (1929).

3 According to Jin Baoshan’s 金宝善 (1985, 127) recollection, when the parents of “rich people” were sick, they would feel unfilial if they did not ask famous German doctors to treat them. Obituaries often include phrases such as “I once asked the medical officers of the German legation Dr. Dipper and Dr. Krieg for treatment, but unfortunately the medicine was not efficacious and (he or she) passed away” (曾经请过德国公使医官狄博尔、克利博士等医治，不幸药石无灵而逝世).

4 For example, Lu Xun once based the character of a famous doctor in the novel *Brothers* (弟兄) on Dipper (Zhou 1957, 92). A famous doctor character named “狄博尔” (Dipper) also appears in the works of Zhao Boyan 赵伯颜 (1928, 81), Chen Dabei 陈大悲 (1931, 5, 14), Beiou 北鸥 (1945, 99), and others.

doctor at the time (人谓医金之昂，可谓至矣) (Fenqiu 1924). Notably, in 1932, Dr. Dipper played a pivotal role in saving the life of the ailing British politician Victor Bulwer-Lytton (*Shun Pao* 1932), further cementing his reputation as a medical luminary of his era. Numerous medical anecdotes have been penned about him, however, the extant written records pose a challenge when discerning fact from fiction.

As a German doctor who dedicated the majority of his professional life to China, Dr. Dipper bore witness to a spectrum of historical events and societal transformations. His journey encompassed the inception of the German medical framework in the “model colony” of Qingdao, the adversities faced by “enemy aliens” residing in Beijing during World War I, and the zenith of his renown as a prominent medical figure in the capital during the dynamic decades of the 1920s and 1930s. A historical study of his personal experiences can not only illumine the living conditions of Western doctors in China in modern times, but also help us to explore some aspects of the history of medical exchanges between China and foreign countries and the history of medical society in modern times.

In comparative terms, Dr. Dipper’s tenure as the director of the German Hospital, which he assumed control of in 1919, has garnered more widespread recognition, overshadowing the lesser-known narrative of his ascent to prominence within the medical fraternity. His medical career in China can be divided into two distinct chapters: pre-1919 and post-1919. Before 1919, Dipper relied on his individual merits to navigate his professional journey, adapting adeptly to the intricate political and diplomatic milieu of China during that time. This period marks the genesis of his rise towards becoming a renowned medical luminary, a narrative central to the focal point of this paper. Conversely, after assuming directorship of the German Hospital in 1919, Dipper orchestrated its transformation into a formidable entity within the Chinese medical landscape. However, this phase also saw him embroiled in multifarious ways in contemporary political, social, and cultural currents, warranting separate examination.

Dipper’s activities have been noted by several historians, including Wolfgang Uwe Eckart (1989, 120–123) and Yuan Weiman 袁玮蔓 (2020, 69–70), whose monographs delve into the historical development of medical exchanges between China and Germany. Additionally, Lydia Gerber’s (2002, 207) comprehensive work on the German Protestant missionaries in Qingdao sheds light on Dipper’s involvement in this milieu. Fong Ho Nam’s (2005, 143–148, 173–175, 188–189) master’s thesis, which examines the colonial medical systems in Hong Kong and Qingdao, offers further insights into Dipper’s career. Furthermore, Jia Changbao’s 贾长宝 (2018) essay on the history of the German Hospital in Beijing provides valuable perspectives on Dipper’s contributions within that institutional framework. Renate Jährling’s (2022, 25) recent publication of a concise chronology detailing Dipper’s life serves as a valuable resource in enhancing

our understanding of Dipper's persona and his affiliations within the German medical community in China during early decades of the twentieth century. However, it is noteworthy that none of the aforementioned studies constitutes a dedicated discussion focusing solely on Dipper. While these works provide valuable insights into various historical contexts and events associated with Dipper, there remains considerable room for conducting a detailed and comprehensive analysis of specific historical episodes related to him. Within both Chinese and foreign academic circles, Dipper's life remains a significant lacuna, representing a notable gap in scholarly research. This absence underscores the necessity for in-depth studies dedicated to elucidating Dipper's multifaceted persona, his contributions to medicine, and his interactions within the socio-political milieu of his time. The objective of this paper is to meticulously collate and analyze primary source documents in both Chinese and German, with the aim of examining the historical facts and unraveling the trajectory of Dipper's evolution as a renowned doctor. Through this examination, the paper seeks to elucidate the key milestones and influences that shaped Dipper's journey to prominence within the medical profession, while also illuminating relevant historical contexts.

2 Early years: Educational background, ecclesiastical contacts, and military influence

Edmund Dipper was born on August 7, 1871, in Widdern, a small town in Württemberg. His father, Heinrich Dipper Sr., worked as a teacher in Stuttgart,⁵ where Dipper and his two brothers spent their early years.

Edmund Dipper's family were staunch Protestants, maintaining close ties with Württemberg Pietism (*Der Württembergischer Pietismus*). His two older brothers, Eugen Dipper (1866–1951) and Heinrich Dipper Jr. (1868–1945), held significant positions within the Basel Mission, a Protestant Lutheran organization headquartered in Basel, Switzerland, which had been dispatching missionaries to China since 1847, particularly focusing on the Hakka settlements in Hong Kong and Guangdong. With a history intertwined with the Taiping Heavenly Kingdom, the Mission skillfully utilized medical practices and educational institutions as integral components of their missionary endeavors (Klein 2002). Heinrich Dipper Jr. visited the Mission's diocese in Guangdong as "China Inspector" (*Chinainspektor*) from 1913 to 1914, subsequently serving as Mission President from 1915 to 1926.⁶ This family association with the Basel Mission likely had influence on Dipper's life choices.

5 "Personal-Bogen des Dr. Edmund Ludwig Dipper," M 430/1 Bü 477, Landesarchiv Baden-Württemberg, Abt. Hauptstaatsarchiv Stuttgart (Baden-Württemberg State Archives, hereafter referred to as "LBW").

6 Heinrich Dipper to Reginald McKenna 1914.8.14, CO 129/418, pp. 393–394, National Archives (Kew, United Kingdom).

In June and July of 1889, Edmund Dipper successfully completed his high school graduation exams at the Stuttgarter Karls-Gymnasium (*"Nachrichten"* 1889, 48). Subsequently, he embarked on his journey into higher education by enrolling at the Universität Tübingen in the autumn of that same year, with aspirations to pursue a medical degree. However, his academic pursuits were momentarily interrupted when he made the decision to join the German Army. On April 1, 1890, Dipper enlisted as a musketeer in the 125th Infantry Regiment. Six months later, he was transferred to the reserve to allow him to resume his studies. Dipper's tenure in the army was marked by commendable aptitude and achievements, as evidenced by the high marks bestowed upon him by his superiors. His leadership capabilities, service record, exemplary character, steadfast mindset, and proficient professional skills were all noted and recognized. Such accolades not only affirmed Dipper's suitability for military service but also hinted at his potential for assuming a future role as a military doctor.⁷

On May 4, 1892, Dipper briefly enrolled in the Faculty of Medicine at the Universität Strassburg (*"Verzeichnis"* 1892, 25). However, his primary focus remained on obtaining his doctorate in medicine from the Universität Tübingen and passing the State Medical Examination (*Staatsexamen Medizin*). In 1895, he embarked on a clinical internship, laying the groundwork for his practical medical experience. On May 27 of the same year, he was appointed as an assistant physician at the Bürgerhospital in Stuttgart by the government of Württemberg (*"Personal-Nachrichten"* 1895, 208). During this period, he also joined the hospital affiliated with the Evangelische Diakonissenanstalt Stuttgart, under the mentorship of Professor Karl Friedrich Steinthal.⁸ Dipper held Steinthal in high regard, considering him a lifelong teacher in the field of surgery. This phase proved to be pivotal for Dipper's medical training and the refinement of his surgical skills. Moreover, it served as a critical juncture in the expansion of his professional and personal networks. His association with the hospital facilitated important business and personal contacts, while also serving as a conduit for the recruitment of German female nurses for the German Hospital (Schönleber 1955, 9–10, 29, 40, 131). In 1896, he successfully completed his dissertation on *"Progressive Muscular Atrophy"* and was awarded his doctorate (Dipper 1896). After completing his studies, he established a private medical practice in Plieningen, a district of Stuttgart.

The European economic crisis of the 1870s led to a surplus of physicians within German society, a phenomenon that persisted into subsequent decades. Moreover, the ascension of Wilhelm II as emperor of the German Empire in 1888 heralded a shift in societal priorities, as the *"world policy (Weltpolitik)"* of the German government increasingly emphasized the significance of the military class, bolstered by the nation's militaristic traditions. This shift in societal values made the military an alluring option

7 *"Dienst-Zeugnis, 1890.9.30,"* M 430/1 Bü 477, LBW.

8 *"Sanitätsrat Dr. E. Dipper,"* M 430/1 Bü 477, LBW.

for young doctors, offering not only elevated social status but also substantial financial rewards (Tamm 2003).

Shortly after establishing his private clinic, Dipper made the decision to re-enlist as a conscript and army doctor. From October 1897 to May 1898, he served in the 13th Field Artillery Regiment and the 119th Infantry Regiment. Through his commitment and competence, he advanced steadily up the military medical hierarchy. On June 3, 1898, he attained the position of assistant physician (Assistenzarzt), marking the beginning of his formal tenure within the military medical system. Subsequently, on April 6, 1900, he was promoted to the rank of attending physician (Oberarzt) (“Veränderungen” 1900),⁹ reflecting his growing stature and responsibilities within the military healthcare infrastructure. Throughout this period, he consistently garnered high ratings from the military medical system,¹⁰ underscoring his dedication to delivering quality healthcare and his adeptness at navigating the intricacies of the state apparatus.

Dipper’s military service remained localized in Württemberg, allowing an ideal balance between his professional obligations and family life. In 1898, he married Eleonore Schmid, the daughter of a pharmacist from Tübingen. However, their marital bliss was short-lived as Eleonore passed away shortly thereafter. This heart-breaking loss prompted Dipper to reassess his circumstances, contemplating a departure from his hometown. Subsequently, he began to explore opportunities that would allow him go in search of new horizons.¹¹

At this time, spurred by the “world policy,” various Protestant missionary organizations experienced a surge in activity within Germany. The Stuttgart industrialist Paul Lechler, and members of the organization “Verein für Ärztliche Mission” he had established as a medical auxiliary of the Basel Mission in 1898, became medical missionary career pioneers in Germany (Lechler 1934, 16). On learning from Lechler that the “Allgemeinen evangelisch-protestantischen Missionsverein” (AEPM) were seeking a doctor to establish a missionary hospital in Qingdao, a newly acquired leased territory in China, Dipper eagerly grasped the opportunity. In September 1900, he was offered the position during the annual meeting of the AEPM in Hamburg. Without hesitation, he accepted the appointment, and in October of the same year he set sail for China to commence his mission.¹²

Dipper’s trajectory to becoming a medical doctor in Germany towards the close of the nineteenth century exemplifies prevalent characteristics of physicians of that era.

9 “Personal-Bogen des Dr. Edmund Ludwig Dipper,” M 430/1 Bü 477, LBW.

10 “Qualifikationsbericht, 1898.3.17,” M 430/1 Bü 477, LBW. “Qualifikationsbericht, 1898.5.10,” M 430/1 Bü 477, LBW.

11 “Sanitätsrat Dr. E. Dipper,” M 430/1 Bü 477, LBW.

12 “Sanitätsrat Dr. E. Dipper,” M 430/1 Bü 477, LBW.

Hailing from a Protestant family entrenched in various local church organizations, his upbringing fostered strong ties to his religious community, which often influenced his life choices. Additionally, his rigorous training in modern medicine and tenure in hospitals, coupled with his service as a military doctor, afforded him valuable clinical experience and honed his medical skills. His military career was shaped not only by his social background but also by his personal decisions, highlighting his adaptation to, and identification with, the state system. This alignment with state institutions laid the groundwork for his future collaborative efforts with the German legation in China. Furthermore, his inherent restlessness and propensity for experimentation, amplified by the tragic loss of his wife, served as a catalyst for his venture into China. This bold move underscored his willingness to embrace new challenges and chart unconventional paths in pursuit of his aspirations.

3 The Qingdao period: Internal strife within the AEPM about managing the Faber Hospital

Instead of proceeding directly to Qingdao, Dipper capitalized on the opportunity afforded by the voyage to China to visit and inspect along the way Western hospitals that had been established in Hong Kong, Guangdong, and Shanghai.

Dipper spent from November 13 to December 6, 1900 in Hong Kong. "Upon my arrival," he describes, "I sought out the German missionary organizations and was directed to the Berliner Findelhaus. There I inquired about suitable accommodation and was subsequently guided by the Dean, Mr. Richard Zimmerling, to the boarding house for missionaries in Hong Kong by the Rheinische Mission. However, as the boarding house was occupied by refugees, I accepted the kind offer of Mr. Zimmerling and settled in his private house" (Dipper 1901b, 95).¹³ Thanks to the extensive network already established by the missionaries, he was able to navigate his entry into China smoothly with minimal complications.

During his time in Hong Kong, Dipper managed to visit several major missionary hospitals, including the Nethersole Hospital and Alice Memorial Hospital, both overseen by Robert MacLean Gibson, a medical missionary associated with the London Missionary Society. Additionally, he toured "a large general government hospital," as well as a hospital attached to the Catholic nursery operated by a French missionary. Of all the hospitals he visited, he gained the most from his experiences at the Alice

¹³ "Nach meiner Ankunft in Hongkong fragte ich mich durch nach einer deutschen Mission und kam auf diese Weise zuerst in das Berliner Findelhaus. Dort bat ich um weitere Auskunft, wo ich passender Weise Unterkunft finden könnte. Der Hausvater, Herr Zimmerling, brachte mich nun in das Haus der Rheinischen Mission, die in Hongkong eine Art Boarding-House für Missionare hält. Dort war jedoch alles mit Flüchtlingen besetzt, und so nahm ich das Anerbieten Herrn Zimmerlings, bei ihm zu bleiben, mit Dank an."

Memorial Hospital. Here, he was given the opportunity to observe medical practice that provided him with “a first insight into the prevalent afflictions among the Chinese” (Dipper 1901b, 95).¹⁴ He noted “a predominance of ophthalmologic and dermatologic conditions, and kinds of afflictions possibly due to their advanced culture” (Dipper 1901b, 95).¹⁵ The latter likely alluded to pains and illnesses related to childbirth. These observations proved instrumental in broadening Dipper’s perspective on medical practice in China, playing an important role in shaping his future medical pursuits (Dipper 1901b, 95). Upon his arrival in China, he demonstrated a keen awareness of the pressing needs within the local community. Recognizing the importance of addressing these needs effectively, he seized the opportunity during his return to Germany on leave to expand and refine his expertise in specific areas. This strategic approach reflects his astute business acumen, which served as the cornerstone of his success throughout his career. By proactively enhancing his skills and knowledge base to better meet the needs of the community he served, he laid a solid foundation for his achievements in the field of medicine.

On November 21, Dipper had the opportunity of accompanying August Köllecker, the parish priest of the Berliner Missionswerk, on a four-day visit to Guangzhou. During this excursion, he had the chance to explore the hospital operated by Dr. John M. Swan, affiliated with the Presbyterian Church in the United States of America (PCUSA), where he observed medical practice activities conducted entirely in Chinese. Additionally, he visited the lunatic asylum managed by Dr. John Glasgow Kerr of the PCUSA, where he was struck by the institution’s “simplicity but modernity,” tailored to meet contemporary needs. These visits served as the catalyst for Dipper’s initial involvement with the Medical Missionary Association of China, where he was listed as an “Active Member” for a period (“List” 1907). He also participated in medical exchanges with Charles K. Roys (1908), an American medical missionary practicing in Shandong. On November 25, Dipper returned to Hong Kong in preparation for his journey northward. There, delayed by ship schedules for eight days, precluding a planned visit to the Puji Hospital 普济医院 in Dongguan, managed by German missionaries of the Rheinische Missionsgesellschaft, he fortuitously encountered Gottlieb Olpp, the doctor from this hospital. This encounter afforded him the opportunity to glean insights into the operation of German missionary hospitals, enriching and contextualizing his understanding of their medical practices (Dipper 1901b, 95). Dipper and Olpp maintained a lifelong friendship thereafter.

On December 9, Dipper arrived in Shanghai, where he was accommodated by

14 “Ich habe dort zum ersten Male einen Eindruck von den Krankheiten bekommen, unter denen das Chinesenvolk hauptsächlich zu leiden hat.”

15 “Es find dies hauptsächlich Augen- und Hautkrankheiten und vielleicht noch die Krankheiten, die sie der vorgeschrittenen Kultur verdanken.”

Heinrich Hackmann, the pastor of the AEPM. There, he spent six days continuing his survey, and thanks to the assistance of two German doctors, Erich Paulun and Oskar von Schab, he was swiftly able to establish communication with his predecessors in the medical mission. He visited Dr. Henry William Boone and his approximately twenty-five colleagues, gaining valuable insights into their experiences. Additionally, he visited a general hospital staffed by German doctors, and an infectious disease hospital constructed in Chinese architectural style. Regrettably, however, he missed the opportunity to visit the Margaret Williamson Hospital, famously known as the Red House Hospital. Resuming his journey on December 15, four days later he arrived in Qingdao. There, he was warmly received by Wilhelm Schüler, the pastor of the AEPM, who generously offered him accommodation at his home (Dipper 1901b, 96). Dipper wasted no time in commencing his medical activities in Qingdao. He also quickly realized the importance of fluency in Chinese for the operation of a hospital in China and consequently commenced learning Chinese.

Dipper's dedication to learning Chinese yielded promising results when he established a clinic with capacity for fifteen patients at the school operated by the AEPM on the Dabao Island 大鲍岛. Guided by his Chinese teacher, he made significant progress within a few months, enabling him to communicate with his patients in short sentences during consultations, a development that bolstered his confidence and motivation. Furthermore, he went on a journey to Gaomi 高密 with Richard Wilhelm 卫礼贤 to visit a clinic established by the AEPM. The ophthalmologist Li Ben-king 李本庆, the administrator of this clinic, had once received medical missionary training from the PCUSA. During a critical period of tension between the German navy and the Chinese populace in the winter of 1900, Li had prevented a bloodbath, for which he had garnered widespread praise and secured funding for the establishment of this clinic ("A Century of Missions in China" 1907, 499; Wilhelm 1901, 191).¹⁶ Impressed by Li's capabilities, Dipper sought his assistance in managing the outpatient department. In addition to these endeavors, Dipper steered through the establishment of the Faber Hospital, an undertaking of paramount importance in his medical mission (Dipper 1901a).¹⁷

The origins of the Faber Hospital went back to Ernst Faber 花之安, a Sinologist who was the first missionary dispatched by the AEPM to the newly acquired Jiaozhou Bay Leased Territory. Upon his arrival in Qingdao, Faber envisioned the establishment of a

16 Richard Wilhelm took all the credit for mediating the conflict in Gaomi. In fact, most of the mediation and care of the injured were done by Dr. Li Ben-king and Wilhelm's wife, Salome Wilhelm (Ballin 2003, 11–12).

17 There was another "Faber-Krankenhaus" in Qingdao. This hospital was co-founded by a Qingdao German expatriate association and the AEPM. It was built in 1906 and opened the following year. The hospital had advanced facilities and treated European and American expatriates. Although the hospital managers claimed to have developed it into a general hospital, in actual operation it was more like a high-end sanatorium (Claussen-Wunsch 1976, 315).

sizable missionary hospital to cater to the medical needs of Chinese patients. However, he tragically succumbed to dysentery on September 26, 1899, before he could realize his vision. In his will, he bequeathed his entire estate, totaling approximately 40,000 to 50,000 marks, to the AEPM. He stipulated that these funds should be utilized to advance the missionary endeavors of the AEPM in Qingdao, particularly in the establishment of a missionary hospital (Gerber 2002, 170–171; Eckart 1989, 119–120).

Following his passing, the AEPM initiated preparations for the hospital project. The hospital in Gaomi could be viewed as an offshoot of this larger initiative. The Faber Hospital, envisioned as a substantial missionary hospital in Qingdao, was an ambitious undertaking. Fortunately, the German Government of Jiaozhou supported the project, recognizing the potential of medical care “to alleviate suffering and foster trust among the local populace, particularly amidst concerns regarding the presence of German military forces” (Eckart 1989, 120).¹⁸ As a demonstration of commitment, the Jiaozhou Governor allocated a plot of land measuring approximately 10,000 square meters, situated between Dabao Island and Xiaobao Island 小鲍岛, for the construction of the hospital. This strategic location, nestled between Church Hill and the harbor, was deemed ideal for the operation of a big hospital (*Denkschrift* 1902, 27). The construction of the hospital was made possible through a combination of funds, including the bequest from Faber’s estate and a grant from the AEPM. Edmund Dipper was appointed as the sole doctor tasked with overseeing the construction and development of the hospital.

Drawing on his prior research, Dipper dedicated significant effort to the planning and construction of the Faber Hospital, aiming to ensure its facilities were comprehensive and well-designed. He carefully considered various factors, including mitigating the impact of cold northerly winds, optimizing the layout of walls and sewers, and minimizing costs by entrusting the construction to Chinese contractors. The initial construction of the hospital comprised a small three-story building accommodating sixty patients, a separate shelter for fifty patients with infectious diseases, and a designated area for attending doctor’s consultations and surgeries (Figure 1). Dipper’s planning also encompassed consideration of future staffing needs, the influx of patients from the Chinese hinterland, medical student training, private rooms for Chinese dignitaries, segregated women’s consultation rooms, and provisions for future expansion. A notable feature of the hospital was the establishment of a separate shelter specifically for typhoid patients, a feature not commonly found in other medical facilities of the time.¹⁹ However, Dipper encountered challenges in

18 “manche Noth zu lindern und der Bevölkerung neben der Furcht vor den deutschen Waffen auch wieder Zutrauen einzuflößen.”

19 “Edmund Dipper an den Zentralvorstand, 1902.2.26,” Abt. 180.01, Nr. 94_1, pp. 3–10, Zentralarchiv Speyer (Central Archives Speyer, hereafter referred to as “ZASP”).

month following its opening, the Faber Hospital registered sixty inpatients and attended to two hundred outpatients. Dipper further assumed additional responsibilities, including overseeing operations of the hospital in Gaomi,²³ admitting patients referred from there, managing a clinic established by the AEPM in Taidong 台东, and coordinating medical activities at the “Strandlager,” the Chinese barracks and prison. According to reports from Dipper himself and other German documents, the ethos of the Faber Hospital was characterized by its commitment to providing care to impoverished Chinese patients, often free of charge (Dipper 1902; *Denkschrift* 1902, 27). This altruistic approach underscored Dipper’s dedication to serving the local community.

The inception of work at the Faber Hospital coincided with a cholera epidemic in Qingdao. Despite the risks, Dipper insisted on admitting patients afflicted with this highly contagious disease, personally overseeing their treatment. While this approach garnered trust among the local Chinese, it also resulted in a high mortality rate and nearly paralyzed hospital operations, leading to dissatisfaction within the AEPM (Claussen-Wunsch 1976, 314–315).²⁴ During the first year of operation of the hospital, from September 1901 to September 1902, a total of 560 inpatients were admitted, with 131 deaths recorded. The primary cause of death was cholera infection. Dipper explained this phenomenon thus: “What sets our hospital apart from others is our acceptance of all patients, including those with infectious diseases. Consequently, we experienced an exceedingly high mortality rate, with 122 of the 131 deaths attributed to infectious diseases! Additionally, we treated various injuries that resulted in five deaths, and only four deaths were associated with medical procedures, which is a comparable figure to other medical institutions in China” (Dipper 1903, 31).²⁵ Despite criticism and challenges, Dipper remained steadfast in his commitment to treating patients with infectious diseases. In 1904, a new building was added to accommodate patients with leprosy.²⁶ Notably, Dipper was the sole doctor working during the construction and initial two years of operation of the Faber Hospital. It was not until the end of 1903 that another German doctor, Willy Wick, arrived in Qingdao to assist him. As tensions mounted amid the infectious disease outbreak, opposition to his methods emerged within the AEPM.

23 Pred. D. Aug. Kind, “Aussendung eines Missionsarztes nach Kiautschou, 1903.4.30,” Abt. 180.01, Nr. 94_1, p. 120, ZASP.

24 “Sanitätsrat Dr. E. Dipper,” M 430/1 Bü 477, LBW.

25 “Unsere Hospitalarbeit unterscheidet sich von der in anderen Missionshospitälern dadurch, daß wir allerlei ansteckende Kranke zugeführt bekommen. Diese Tätigkeit macht eine hohe Totenziffer. Von 131 Gestorbenen sind 122 an Infektionskrankheiten gestorben! Sodann bekommen wir hier einen größeren Zugang von Verletzungen jeglicher Art. Sie brachten 5 Todesfälle. Es bleiben für den Teil der Hospitaltätigkeit, der der Tätigkeit in anderen Hospitälern gleichkommt, 4 Tote, was ebenfalls etwa der Sterbeziffer in anderen Anstalten in China entsprechen mag.”

26 “Sanitätsrat Dr. E. Dipper,” M 430/1 Bü 477, LBW.

Dipper encountered particular opposition from his Swabian compatriot, Richard Wilhelm, and his father-in-law, Christoph Friedrich Blumhardt. The conflict between Dipper and Wilhelm surfaced in 1901, during preparations for the hospital enterprise. Wilhelm implicitly let it be known that the hospital construction plan in Taidong would squeeze the funds of his beloved school business, writing “we hope to be able to finance this construction largely from the savings made from building the school in Dabao Island” (Wilhelm 1901, 190).²⁷ This remark implied his belief that the medical venture would divert resources from cultural and educational initiatives he valued and controlled. In subsequent years, the Faber Hospital received minimal financial support from the AEPM, the hospitals in Gaomi and Taidong relying instead on donations from local Chinese communities for their construction and maintenance (Eckart 1989, 125–129). Furthermore, doctors dispatched to Qingdao by the AEPM had strained relationships with the Weimar headquarters. With the exception of Willy Wick, all other subsequent doctors responsible for managing the hospital from its inception until its interruption by World War I, including Dipper, Richard Wunsch 文施, and Eyl, did not maintain regular communication with the Weimar headquarters. Richard Wilhelm’s critical statements, “influenced more by dogma than facts,”²⁸ heavily influenced the evaluation of these doctors at the headquarters, and his communications with it tended to downplay the significance of the medical mission (Gerber 2002, 206–207). He viewed medicine primarily as a tool for socializing with Chinese elites. For example, he once advocated for the recruitment of Chinese friends to be “the healers within the AEPM” (充会中医士) (The Owner of Xijinzhai 1944). This perspective diverged from Dipper’s focus on running hospitals and clinics, reflecting deeper tensions within the church regarding priorities and approaches to missionary work in China.

There is no denying that this situation was related to the founding principles of the AEPM. From the very beginning, the organization “consciously distanced itself from the ‘Pietismus’ mainstream of the missionary movement” (Ye 2008, 76). It did not seek to preach to individual believers, but rather to pursue “Western civilization” in a general sense as a non-dogmatic ethical Christianity. Rather than aiming primarily at personal conversion, its missionary method was to send scholarly Christians to preach Christian culture to the educated upper classes of other peoples, with a focus on literature and educational work (Ye 2008, 76). In the AEPM organization in Qingdao, medical missionaries were naturally outside of the mainstream and were side-lined, so much so that Dr. Wick once posed the following to Weimar headquarters: “A question of principle now arises: Are the medical missionaries considered full members of the

27 “Wir hoffen, diesen Bau größtenteils aus den Ersparnissen beim Schulbau in Tapautau befreien zu können.”

28 “weniger faktisch als dogmatisch begründet war.”

AEPM? Or are they mere appendages with only duties and no rights?"²⁹ In this context, Dipper and his medical career soon came under criticism from Blumhardt and Wilhelm. They scrutinized Dipper's ideas, denounced him as a "purely Pietist doctor"; questioned his integrity, accused him of private medical practice and accounting confusion, and of discrediting the reputation of the AEPM in the Qingdao community of Westerners (Gerber 2002, 206–207).³⁰ This incident also demonstrated Wilhelm's desire to take control of the AEPM organization in Qingdao.

Dipper's involvement in his private medical practice grew over time, particularly amid the strained relations within the AEPM. The lack of mutual trust between himself and the other members of the AEPM became evident when, in 1903, he relocated his residence from the Faber Hospital to the European quarter, a move conducive to his private practice. Towards the end of the year, the AEPM appointed Dr. Wick to assist Dipper in managing the Hospital. Starting from 1904, Dipper's private medical practice was listed on *The North China Desk Hong List* 字林西报行名录 under the Chinese names Di Renqing (地仁清 and 狄仁清) until his departure from Qingdao.³¹ In January 1905, Dipper resigned as director of the Faber Hospital, and Dr. Wick succeeded him. Dr. Wick's rivalry with Wilhelm also intensified, especially after learning that the Weimar headquarters had ruled that "medical missionaries were not considered full members of the AEPM."³² In response, Dr. Wick decided to leave prematurely and return to Germany (Gerber 2002, 208). In light of these developments, Dipper resumed his duties at the Faber Hospital towards the end of 1906.

In addition to internal discord within the AEPM, Dipper faced competition from the hospital of Gouvernements-Lazarett in Qingdao. The chief naval surgeon of this hospital, Harry Koenig, attempted to pressure Dipper into relinquishing his right to treat Chinese patients in the "Strandlager" in accordance with the German Jiaozhou Governor's medical policy.³³ Recognizing that a long-term stay in Qingdao was becoming increasingly non-viable, Dipper sought to find a successor as a means of extricating himself from the situation. In October 1907, he reached out to Dr. Richard Wunsch in Japan, inviting him to become his assistant at the Faber Hospital. Although Dr. Wunsch found the position appealing, his thriving clinic in Tokyo prompted him to postpone his plans to move to Qingdao. Dipper persisted, sending multiple telegrams to invite Dr. Wunsch to visit him. In March 1908, Dipper made a surprise visit to Japan,

29 "es handelt sich um die prinzipielle Frage: Ist der Missionsarzt ein vollwertiges Mitglied der Mission, oder ist er nur ein Anhängsel, das nur Pflichten, aber keine Rechte hat?" "Dr. Wick an den Zentralvorstand des AEPM, 1905.7.13," Abt. 180.01, Nr. 94_2, p. 51, ZASP.

30 "Blumhardt an Kind, 1903.4.16," Abt. 180.01, Nr. 94_1, p. 132, ZASP.

31 *The North China Desk Hong List*, January 1904, 198; January 1909, 285.

32 "daß der Missionsarzt nicht als gleichberechtigtes Mitglied des Missionarskollegiums gelte."

33 "Dr. Wick an den Zentralvorstand des Vereins, 1904.2.15," Abt. 180.01, Nr. 94_2, pp. 202–204, ZASP.

finally securing Wunsch's agreement to travel to Qingdao in June of that year. Dr. Wunsch's daughter recognized Dipper's underlying motive for inviting her father—to find a replacement for his impending “vacation” in Germany—and realized that the position at the Faber Hospital was not as favorable as Dipper had made out. However, Dr. Wunsch's diligent nature led him to accept the situation, demonstrating his commitment to his work. Tragically, Dr. Wunsch succumbed to typhus contracted while treating a Chinese civilian in 1911 (Claussen-Wunsch 1976, 319). In honor of his memory, the Faber Hospital was renamed the Wunsch Hospital.

Throughout his tenure in Qingdao, Dipper made significant contributions to medical care in the region. Whether through his endeavors to establish the Faber Hospital, his initiatives to combat infectious diseases, or his dissemination of surgical techniques,³⁴ he profoundly influenced the local medical landscape. However, the internal factionalism within the AEPM and intricate power dynamics within the medical system in the Jiaozhou Bay Leased Territory left him unsettled. His keen awareness and sensitive disposition soon led him to recognize that Qingdao was not conducive to the realization of his aspirations. Here, his status and connections held little sway, and his professional expertise and dedication were not fully appreciated. As a result, he increasingly felt that his efforts were undervalued and unreciprocated in Qingdao.

In July 1908, Dipper embarked on a vacation, leasing his residence to Wunsch, and departed for Germany. Although initially declaring that he would return to Qingdao after a six-month vacation (Claussen-Wunsch 1976, 319), he never did. Upon his arrival in Germany, he severed all connections with the AEPM, marking a definitive end of his association with it.

4 Through wartime turmoil: Refuge from repatriation and the establishment of the German Hospital

During his “vacation” period in Germany, Dipper seized the chance to rearrange his life, opting to prolong his military service and pursue further education. From October 8 to 28, 1909, he attended military doctor training in Tübingen, achieving an “excellent” (*sehr gut*) rating.³⁵ Following this, he pursued studies at the Hamburger Tropeninstitut and specialized in gynecology at the Magdeburger Krankenhaus. This enhancement of his expertise in infectious diseases and gynecology proved pivotal for his return to the medical field in China. Despite suspension from the army during this additional medical training, he remained registered with the “regional command” (Bezirkskommando), transitioning to the reserve rather than being discharged. Subsequently, he established

34 For example, Dr. Dipper performed the first bladder stone surgery in Qingdao (Olpp 1934, 185).

35 “Das Schreiben vom Generalsarzt, 1909.10.28,” M 430/1 Bü 477, LBW.

a private clinic in his hometown of Esslingen, Württemberg, with a focus on gynecology. While making all these arrangements for a life in Germany, Dipper's plan was anything but set in stone. He was, in fact, actively seeking an opportunity to return to China.³⁶

In 1913, an organization of German expatriates in Beijing urgently needed a German doctor. They approached Dipper, who gladly accepted the offer. On August 19, he applied to his "regional command" for permission to travel to China, which was swiftly granted.³⁷ A month later he departed for Beijing, where, like in Qingdao, he opened his own private clinic. He also married his second wife, Magda Stickforth, whom he had met in Qingdao. Her father, John Stickforth, was an engineer responsible for the building of the port of Qingdao on behalf of the German construction giant C. Vering, and her brother, Kurt Stickforth, was also a doctor whom Dipper later appointed to work at the German Hospital (Figure 2) (Claussen-Wunsch 1976, 318).



Figure 2: Edmund Dipper (left) and Kurt Stickforth (right)³⁸

At the outbreak of the First World War in July 1914, as a reservist, Dipper received a mobilization order from the German government to close his private clinic and travel to Qingdao as a military surgeon ranked captain.³⁹ However, just as he was about to board the train, the German Ambassador in China intervened and retained Dipper, appointing him as an employee of the German legation in China and Director of the "German Field Hospital (*Deutsches Lazarett*).\" Recognizing Dipper's competence and

36 "Sanitätsrat Dr. E. Dipper," M 430/1 Bü 477, LBW.

37 "Edmund Dipper an Bezirkskommando Eßlingen," M 430/1 Bü 477, LBW.

38 Sr. Auguste Ernst, "Als Diakonisse im Deutschen Hospital Peking 1924–1946 Kindheit, Ausbildung, Ausreise und Tätigkeit in China," *StuDeO-Info*, Dezember 2022, p. 23.

39 "Bezirkskommando Esslingen an Sanitätsamt XIII. (K.w.) A. K., 1916.8.3," M 430/1 Bü 477, LBW.

reliability, the German Ambassador saw him as a valuable asset during the wartime period.⁴⁰ Dipper continued to serve as a medical officer of the legation until his death, and his memorial service in 1934 was led by Oskar Trautmann, then German Ambassador to China.⁴¹

Dipper's appointment at this critical time not only facilitated the rapid growth of the German Field Hospital during the early years of the war but also ensured its survival during the repatriation crisis following the rupture in diplomatic relations between China and Germany in 1917. His leadership ensured the vitality of the "German Hospital," as it was known, and transformed it into a prestigious medical institution after the war ended.⁴² In the period preceding the establishment of the Peking Union Medical College Hospital by the Rockefeller Foundation, the German Hospital became the most esteemed medical facility in Beijing, catering to both Chinese high society and foreign expatriates. Certain aspects of the history of this process have been misconstrued by scholars.⁴³ By focusing on Dipper, however, this section sheds light on wartime Chinese policy regarding the management of enemy aliens and Dipper's effective stewardship of the German Hospital.

The history of the German Hospital is described in the *Guide to the Medical Profession* (医界指南), published by the Chinese Medical Association in 1928, as follows:

The German Hospital, established in 1903, initially aimed to provide medical care for German navy and army personnel. However, with the outbreak of the European war, Dr. Dipper assumed the presidency and expanded its services as another hospital for civilians in 1915 to include reputable Chinese individuals for diagnosis and treatment. Following China's entry into the European war, military hospitals had to close, prompting the transfer of equipment and facilities back to civilian hospitals. Dr. Dipper and his colleagues continued their service. In 1919, they advocated for hospital reforms in accordance with modern methods for the comfort of patients, leading to the completion of a new hospital in 1923. The current hospital, located in Dongjiaominxiang within the legation boundaries, features ninety beds in three categories, all under the supervision

40 "Sanitätsrat Dr. E. Dipper," M 430/1 Bü 477, LBW. "Ein Ehrentag des Deutschen Hospitals in Peking," Deutsch-Chinesische Nachrichten, 1934.10.18, p. 2.

41 "Ein Ehrentag des Deutschen Hospitals in Peking," Deutsch-Chinesische Nachrichten, 1934.10.18, p. 2.

42 According to Ce Shaozhen's (1990, 187) recollection, the words "*Deutsches Lazarett*" could still be seen on the door of the German Hospital until 1928.

43 For example, Wang Liben and Yu Haoran (2022, 176-177) claim that, as a "civilian hospital in the nature of a church hospital" (教会医院性质的民间医院), the German Hospital was changed from a "German Army Hospital" (德国陆军医院) by Dr. Dipper, who was "commissioned by the German Church" (德国教会委托), and that it was "coordinated by the Evangelical Christian Convent with its headquarters in Stuttgart" (总会设在斯图加特的基督教福音派女修道院协管). These statements appear to be incorrect.

and direction of Dr. Dipper. In addition to several assistants, the hospital employs nine German nurses and five Chinese nurses. (Chinese Medical Association 1928, 42)⁴⁴

Anna Schönleber was a former head nurse of the German Hospital. Her memoirs provide further insight into its founding and evolution, aligning with Chinese records. Following the invasion of China by the Eight-Nation Alliance, Germany established a field hospital near the Waldersee Barracks to cater to the medical needs of stationed troops and German expatriates. With the onset of war between China and Germany in 1917, the hospital transitioned into a civil German hospital, and military doctors and chaplains were discharged. After the resumption of Sino-German diplomatic relations in 1921, the hospital became a state institution again under the legation's jurisdiction, managed by Dipper as a medical officer of the German legation.⁴⁵ However, due to lack of funding from the German government, it relied solely on its own income to operate (Schönleber 1955, 30, 38–39, 67).

The detailed process of the demilitarization of the German Field Hospital was as follows. As mentioned above, it initially operated normally during most of the First World War, establishing a section to be used as a “hospital for civilians” (士民医院) to provide medical care to “reputable Chinese individuals” (有名望之华人). However, as China's alignment with the Allied Powers strengthened after 1917, it faced increasing challenges. In June 1917, Sir Beilby Francis Alston, the acting British Ambassador to China, contacted the Chinese Ministry of Foreign Affairs and accused the German Field Hospital of housing a radio station, suggesting that it was being used for military purposes. This accusation, however, was subsequently found to be false by the Chinese Ministry of Transportation.⁴⁶

On August 14, 1917, China officially declared war on Germany. The neutral state of the Netherlands, representing German interests in China, assumed control of German properties, including the German Hospital. Arie E. Kok, an official of the Dutch legation in China, oversaw this process. Thanks to Kok's efforts, the German Field Hospital was initially spared from closure and transformed into the “German Hospital”

44 “德国医院，设立于一九〇三年，当时系专为诊治德国海陆军人者，自欧战发生后，狄博尔君，被举为院长，至一九一五年，又添设士民医院，以便有名望之华人前往诊治，自中国参加欧战后，军人医院，势须关闭，所有院内一切设备，遂归并士民医院，而狄博尔君，及同僚诸人，均仍照旧供职，嗣于一九一九年提议将该院内部，按照近世新法大加改革，使患病者得以安适，直至一九二三年，始将新院告成，此即现在之医院，坐落东交民巷使馆界内，院内设病床九十张，共分头二三等，一切事务，悉归狄博尔君监督指挥，此外尚有帮办者数人，及德国看护九人，中国看护五人。”

45 “Dipper, Dr., Edmund,” RAV 205-2/4335, Politisches Archiv des Auswärtigen Amts.

46 “Reply: It Is Difficult to Ban Austrian People from Using Radio Communications. The German Hospital in Beijing has Confirmed that There Is No Radio Station” [咨覆奥人用无线电通信碍难禁止 北京德国医院查明实未设有电台], July 9, 1917, Ministry of Foreign Affairs of the Beiyang Government (Post and Telecommunications). File Number: 03-02-072-02-006, in the Archives of the Institute of Modern History, “Academia Sinica,” Taipei (hereinafter referred to as “IMH archives”).

without military affiliation. Dipper, facing repatriation as a military doctor, was chosen by Kok and his colleagues to remain as the director of the newly established German Hospital.⁴⁷ As Chinese government scrutiny of enemy aliens increased, “all German and Austrian travelers in Beijing” (所有德奥旅京人民) were required to regularly register at the police station. However, the Dutch legation negotiated with the Chinese Ministry of Foreign Affairs to exempt Dipper from this requirement. They argued that he was “a member of the Red Cross Society and had been authorized by the Chinese Ministry of Foreign Affairs and the Ministry of War” to be under the control of the Dutch Legation Guard.⁴⁸ From then until his death, Dipper never mentioned his status as a military doctor again, and most public documents and biographical information largely omit his experience as a military doctor.

During this period, Dipper led the German Hospital as an employee of the neutral Netherlands, under the supervision of the Commander of the Dutch Legation Guard, to provide medical care for German and Austrian “military prisoners” and “enemy aliens.” Their workload was so extensive and demanding that there was even an attempt to transfer three soldiers from German prisoner-of-war camps,⁴⁹ although this appeal was rejected by the Chinese government.⁵⁰

Insights into Dipper’s working conditions can be gleaned from his involvement in Dutch Ambassador Frans Beelaerts van Blokland’s request to the Chinese Ministry of Foreign Affairs for the replacement of the Austrian internment camp.

On October 22, 1917, an Austrian prisoner afflicted with typhoid fever was admitted to the plague department of the Shoushan Hospital 首善医院 in Beijing. Dipper was subsequently tasked with investigating the source and spread of the disease, and the initial report was issued on October 23. On October 24, the Dutch Ambassador formally raised the issue of the typhoid fever outbreak with the Undersecretary of the Chinese Ministry of Foreign Affairs. The concern was that

47 Arie E. Kok was previously a missionary for the Pentecostal Churches in the Netherlands. Due to disagreements with the church in his home country, he broke away, obtaining a position in the embassy through his excellent Chinese knowledge and communication skills (Schönleber 1955, 31–32).

48 “为红十字会所属人员，前经中国外交、陆军两部允准。” “Regarding the situation of Dipper the German and Lei Heke the Austrian” [德人狄博尔及奥人雷贺克等事], March 1918, Ministry of Foreign Affairs of the Beiyang Government (European War Files) [北洋政府外交部·欧战档]. File Number: 03-36-056-03-002, IMH archives.

49 “Deployment of German Soldiers by the German Hospital” [德国医院调用德兵事], October 23, 1917, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-111-01-013, IMH archives.

50 “Deployment of German Prisoners by the German Hospital,” October 26, 1917, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-111-01-014, collected by the IMH. “Deployment of German Soldiers by the German Hospital” [德国医院调用德兵事], October 27, 1917, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-111-01-015, IMH archives.

Austrian soldiers in China were reportedly subjected to “exceptionally poor treatment” and unsanitary conditions.⁵¹ On October 26, the Dutch Ambassador sent an official note regarding this matter, allegedly mentioning sections based on information gathered by “German doctor Dipper’s inspection” (德国狄大夫往查) and “personal visits to the sides accompanied by Dipper” (亲同狄医到所视察). Attached to the note was the health report of the Austrian prisoners’ quarters issued by Dipper.⁵² In response, the Chinese Ministry of Foreign Affairs acknowledged the concerns and stated that the conditions at Xiyuan 西苑, where the Austrian prisoners were housed, “differed slightly from Western customs, and the director was instructed to make appropriate improvements.”⁵³

On November 17, the first Austrian prisoner admitted to the hospital with typhoid fever succumbed to complications, marking the beginning of a series of hospitalizations of ten Austrian prisoners with this infectious disease. The Dutch Ambassador grew increasingly nervous and ordered Dipper to continue investigation into the outbreak. “Based on medical observations,” Dipper issued another report on November 19, highlighting “the ten-day spread period of the disease” and its “extreme danger.” The report emphasized the “necessity to address the root causes to prevent further outbreaks.”⁵⁴ Dipper identified three specific hygiene hazards in the prison camp as possible causes—flies in the kitchen, unsanitary water from the well, and the absence of ditches. The report proposed targeted preventive measures, which proved effective. Dipper stressed the urgency of “relocating the Austrian soldiers from Xiyuan,” suggesting “repatriation to the Austrian barracks on the legation grounds” or establishing “an unoccupied hospital with running water and heating facilities.”⁵⁵ On November 20, the Dutch Ambassador notified the Chinese Ministry of Foreign Affairs that the Austrian prisoners should be relocated and “an officer, together with Dr.

51 “Questions and Answers on the Dutch Ambassador Frans Beelaerts van Blokland’s Visit to the Ministry of Foreign Affairs to Meet with the Undersecretary for Foreign Affairs” [和贝使来外交部会晤外交次长问答], October 25, 1917, Dutch Ambassador’s Protest Cases for Germany and Austria (hereinafter referred to as “DEPC”) [和使为德奥抗议各案], place of publication unknown, 1921, pp. 25–27.

52 “Note Received from the Dutch Legation” [收和使馆照会], October 26, 1917, DEPC, pp. 27–28.

53 “间有与西洋习惯稍有异者，业饬所长酌加改良。” “Official Letter Received by the Ministry of Foreign Affairs from the Ministry of War” [外交部收陆军部公函], November 1, 1917, DEPC, p. 29. “Note to the Dutch Ambassador” [发和使照会], November 2, 1917, DEPC, p. 29.

54 “按医务上之观察”；“此种病症之播散时期，约为十日”；“性质极属危险”；“欲拒绝新疫发生，须从根本研究方可”。

55 “急应将奥兵迁离西苑”；“遣回公使馆地之奥国兵营”；“自来水、热气炉俱全之空闲医院”。“Direct Translation of German Medical Officer Dipper’s Report” [照译德国医官狄博尔报告], November 19, 1917, DEPC, pp. 31–33.

Dipper, should choose a new location.”⁵⁶ The following day, the Dutch Ambassador visited the Chinese Ministry of Foreign Affairs in person, warning that failure to resolve the issue with the Austrian prisoners promptly would “lead to trouble.” In light of potential discontent from the Allied diplomats, the Undersecretary of Chinese Ministry of Foreign Affairs suggested cleaning up Xiyuan as a solution. However, the Dutch Ambassador opposed this proposal, arguing that “Dr. Dipper initially entertained this idea but later doubted its effectiveness, insisting on relocation.”⁵⁷ As a result, the Chinese Ministry of Foreign Affairs committed to securing alternative accommodation with favorable conditions for the Austrian prisoners. Additionally, the Dutch Ambassador recommended arranging “a meeting including Dr. Dipper and Dutch officers to prevent any future complaints.”⁵⁸

On November 23, the Chinese Ministry of Foreign Affairs notified the Dutch Ambassador of the proposal to use Nanyuan 南苑 as the new quarters for the Austrian soldiers. They suggested a visit on the following day “at two o’clock, with the officials of this ministry and the German doctor Dipper, along with officers of the Dutch legation.”⁵⁹ When the Dutch Ambassador once more met with the Undersecretary of the Chinese Ministry of Foreign Affairs to discuss the matter on November 24, the undersecretary cited Chinese Premier Duan Qirui’s 段祺瑞 resignation as the cause of the delays, adding that the Ministry of War was hesitant to act swiftly without a clear and definitive report from Dr. Dipper.⁶⁰ The Dutch Ambassador insisted that he had instructed Dr. Dipper to submit the necessary report to the Chinese Ministry of War. This disagreement reignited the focus on Dipper’s investigative report regarding Nanyuan.⁶¹

On November 24, Dipper visited Nanyuan to assess its sanitary conditions. Subsequently, he submitted a report to Chinese officials, which was translated into Chinese the following day. The report highlighted that while the housing facilities in Nanyuan were not entirely complete and required improvement, the overall health conditions were satisfactory for habitation. However, it emphasized that the

56 “由陆军部军官会同狄大夫另选一地方，为收容该兵之用。” “Questions and Answers on the Counselor of the Ministry of Foreign Affairs Wang Jingqi Meets with the Translator of the Dutch Legation Zhuo” [外交部参事王景歧接晤和使馆卓通译问答], November 20, 1917, DEPC, p. 33.

57 “狄大夫原有此意，以后觉得不能成事，非更换地点不可。”

58 “组织一会，将狄大夫及和兰军官，亦列在内，则地点之美恶，不至再有说话。” “Questions and Answers on the Undersecretary of Foreign Affairs Meets with Dutch Ambassador Frans Beelaerts van Blokland” [外交次长会晤和贝使问答], November 21, 1917, DEPC, pp. 33–35.

59 “拟定明日二钟，由该部派员，携同德医狄大夫，并邀同贵团管带，前往察看。” “Letter to the Dutch Ambassador Frans Beelaerts van Blokland” [发和贝使函], November 23, 1917, DEPC, p. 35.

60 “狄大夫并无向陆军部作非迁不可之报告。”

61 “本使已告过狄大夫，必须报告中国兵吏。” “Questions and Answers on the Undersecretary of Foreign Affairs Meets with Dutch Ambassador Frans Beelaerts van Blokland,” November 24, 1917, DEPC, pp. 35–36.

relocation of Austrian prisoners from Xiyuan should not wait for the completion of repairs at Nanyuan. Instead, it proposed finding a suitable hospital with favorable conditions, such as Dr. Wu Lien-the's 伍连德 newly built Peking Central Hospital 中央医院, as an interim solution. Dipper stressed the urgency of establishing a shelter promptly and expressed his readiness to assume additional responsibilities in this regard:

If the above proposal is accepted, it should be implemented swiftly and remain under the supervision of the Dutch Commanding Officer. As a medical officer, I decline to assume direct responsibility for the medical care of the Austrian soldiers in Xiyuan. However, should any necessary adjustments be required, I am prepared to oversee all aspects in the immediate vicinity to ensure the Austrian soldiers are relieved from their predicament at the earliest opportunity.⁶²

This incident of “shelter change” was repeatedly brought to the attention of the Chinese Ministry of Foreign Affairs by the Dutch Ambassador but was delayed for various reasons. Fortunately, due to improved hygienic conditions and warmer weather, the epidemic, though lingering slightly longer than expected, suddenly abated, bringing an end to the incident.⁶³ Dipper earned the trust of the Dutch Ambassador and the respect of the Chinese authorities, which ultimately enabled him to elude repatriation.

As the Allies emerged victorious in the war against Germany, the situation of German and Austrian expatriates became increasingly precarious, leading to a rapid escalation in repatriation. In January 1919, Dipper was contracted by the Chinese Ministry of War to “provide medical treatment to German and Austrian prisoners in the asylums,” thereby sparing him from repatriation.⁶⁴ On February 6, the Dutch Ambassador wrote to the Chinese Ministry of Foreign Affairs seeking shelter for a group of Western employees of the German Hospital, including Dipper. “The personnel of the Netherlands have had a long history of receiving medical treatment at the German Hospital in Beijing. Following the severance of diplomatic relationship between China and Germany, the German Embassy Guards were accommodated, and the hospital was placed under the management of the Dutch Embassy Guards. The service personnel of the German Hospital, therefore, became employees of the

62 “本医官对于担负奥兵收容西苑医务之责任，虽经谢绝，若得采取上项条陈，应行从速进行，仍由和国指挥官监理，遇有必要之变更时，并可随时就近主持一切，以便奥兵可以早日脱离危险。” “Direct Translation of German Medical Officer Dipper's Report about the Investigation into Nanyuan Palace” [照译德医官狄博尔调查南苑行宫之报告], November 25, 1917, DEPC, pp. 36–38.

63 “Letter to the Dutch Ambassador Frans Beelaerts van Blokland” [发和贝使函], March 28, 1918, DEPC, p. 41.

64 “诊疗收容所德奥俘虏。” “Plan to Grant the Request to Retain the German Medical Officer Dipper” [拟请准予留用德医官狄博尔事], January 1919, 30, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-067-01-022, IMH archives.

Netherlands.”⁶⁵ The Chinese Ministry of Foreign Affairs initially promised to halt repatriation, until replacements were arranged. However, most staff were eventually repatriated, with the exception of Dipper, who was granted exemption. The remaining eleven staff members of the German Hospital were only allowed to defer their departure for two weeks, following consultation with the “Chinese and Foreign Committee.”⁶⁶

The German expatriates in China also actively sought to evade repatriation by themselves. Dipper wrote to the Chinese Ministry of War in March 1919, advocating for the exemption from repatriation of “foreign assistants in the German Hospital” and their retention in service. Drawing on stipulations in international treaties, he argued that these foreign assistants should be afforded “the same treatment and protection as those of the Red Cross Society.”⁶⁷ Additionally, he appealed to compassion, pleading for leniency regarding deportation. While acknowledging the sovereignty of the Chinese government regarding the repatriation of prisoners of war, he refrained from presuming to intervene. However, he stressed the crucial role of hospital staff in “the hospital’s survival and the care of sick prisoners in Haidian 海甸 and Xiyuan.”⁶⁸ Specifically, he highlighted the indispensable contributions of individuals such as H. Eilers, nurse and pharmacist F. Beinemann, G. Philipp, who was responsible for disinfection, and W. Storch, who was responsible for technical medical services such as X-rays. If repatriation became inevitable, he insisted that “these four individuals should be permitted to remain in China, given their significant contributions to medical care.”⁶⁹ Both the Chinese Ministry of War, which employed Dipper, and the Chinese Ministry of the Interior, responsible for managing enemy aliens, supported his plea and forwarded it to the Ministry of Foreign Affairs for consideration.⁷⁰

65 “和国驻京卫队兵士，如有病症，向在北京德国医院医治，历有年所。中德断绝国交，时德国使馆卫队，均被收容，该医院即交归和国使馆卫队统领管理，并在该医院一切服务人等，已成为和国雇用之人。”

“Plan to Grant the Temporary Stay for Caregivers in the German Hospital. There Is a Name List in the Letter, Please Check It and Reply” [拟请暂留德国医院看护人等事 开列清单请查照见复由], February 6, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-067-02-019, IMH archives.

66 “Reply from the German Hospital regarding Contact and Handling in Accordance with the Order” [德国医院函复查照接洽办理理由], February 24, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-069-03-023, IMH, archives.

67 “德国医院所用洋员助手”；“应与世界红十字会享同等待遇保护”。

68 “事关医院之存废，且与海甸、西苑病俘之割割重病有密切之关系。”

69 “亦必须将后开四员请准留华，实于医务大有裨益”。

70 “German Medical Officer Dipper’s Request to Retain the Assistants at the German Hospital. Please Check and Reply” [德医官狄博尔请留德华（国）医院助手事请查照核复由], March 11, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-071-02-041, collected by the IMH. “German Medical Officer Dipper’s Request to Retain the Assistants at the German Hospital. Please Check and Handle It” [德医官狄博尔请留德华（国）医院助手事函希查照办理理由], March 14, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-072-01-031, IMH archives.

In response, the Chinese Ministry of Foreign Affairs deemed it inappropriate to submit additional exemptions to the “Chinese and Foreign Committee” for examination, fearing it would cause unnecessary complications.⁷¹ They suggested that “if the four individuals were indeed integral to treating sick prisoners in the asylum, they should be allowed to remain in China temporarily. However, keeping them within the legation boundaries could potentially lead to diplomatic issues. [. . .] It is proposed that they be relocated to the Shoushan Hospital of the asylum.”⁷² Consequently, the Chinese Ministry of War instructed Dipper and his assistants to move to the Chinese Army Hospital to avoid further negotiations.⁷³ The delicate situation prompted the Chinese Ministry of Foreign Affairs to acknowledge that “the fate of the German Hospital, situated within legation boundaries, should be subject to decision by the Allies. The Chinese authorities face challenges in intervening in this matter.”⁷⁴ Thus, they opted for the quiet approach of not intervening directly. This arrangement proved effective, allowing Dipper’s assistants to navigate these months of the sensitive enemy alien problem unscathed. Eventually, on October 17, the Chinese government officially permitted the four assistants to return to the German Hospital.⁷⁵ Throughout this ordeal, Allied diplomats exhibited considerable hostility toward the German Hospital, attempting to prohibit its operations. Despite the Hospital’s affiliation with neutral Netherlands, the Chinese government provided clandestine assistance, a result of Dipper’s persistent efforts. This successful preservation of the German Hospital marked a significant achievement for Dipper, securing the foundation for his future career. However, it is essential to recognize that Dipper’s actions were shaped by the power struggles and complex political and historical conditions among the various nations at the time. His proactive approach was largely a response to these prevailing circumstances, highlighting his adaptability.

71 “若据该医官来函请求免遣，重向协约方面提议，恐多枝节。”

“German Medical Officer at the Xiyuan Prisoner-of-War Camp Dipper’s Request to Retain the Assistants at the German Hospital. Please Check and Handle It” [西苑收容所医官狄博尔请免遣送德华医院助手事请查照办理理由], March 21, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-072-03-007, IMH archives.

72 “如果因确与收容所病俘诊治有关，必须将该爱乐斯等四人暂予留华。倘仍听其居留使馆界内，亦必引起使团之烦言。……或令分别移往收容所首善医院。”

73 “迁移陆军医院居住，以免交涉。”

74 “德华（国）医院能否继续存在问题，缘该医院设在使馆界内，系有特别情形，须由使团会议。本国政府未便干涉。” “About the Assistants at the German Hospital. Please Check It” [德华（国）医院助手人等事函请查照理由], March 26, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-073-01-001, IMH archives.

75 “Regarding Requests from the German Hospital to Ask Assistants to Return to the Hospital, Permission will Be Granted. Please Check and Handle Accordingly” [德华（国）医院请飭助手回院可予照准事请查照理由], October 17, 1919, Ministry of Foreign Affairs of the Beiyang Government (European War Archives). File Number: 03-36-076-01-006, IMH archives.

The public at that time were unaware of the intricacies of the situation surrounding Dipper and his colleagues at the German Hospital who were exempted from repatriation. His success was often attributed solely to his exceptional medical skills. As Shen Junru ([1917] 2012, 74) remarked, “Medicine truly flourishes in Germany. Dipper’s prowess was unmatched, his medical expertise granting him freedom among the Germans alongside his kind and benevolent demeanor as a scholar.”⁷⁶ According to Gao Xi (2014, 100), Western medical practitioners active in China during this era formed distinct schools “delineated by language,” “each with unique educational methods, academic specialties, and health management philosophies.”⁷⁷ Among these, the German-Japanese, Anglo-American, and Franco-Belgian schools were most prominent. German doctors were held in the highest regard among Western practitioners (Ce 1990, 188). And Dipper, granted exemption from repatriation, naturally assumed leadership within the German medical school. The German Hospital played a pivotal role in maintaining this medical school, with some asserting that “the German medical school declined following the passing of Dr. Dipper” (Wang 1933).⁷⁸ Throughout the latter stages of World War I, Dipper ascended to the status of a revered figure within Chinese mainstream society, eventually becoming a legendary figure of medical renown. His wartime experiences represented a significant milestone along this trajectory.

5 Conclusion

Throughout the Republican period, Dipper stood as a somewhat mythical figure of medical renown, yet few were privy to the actual journey that had propelled him to this status. His multifaceted background, encompassing education, religion, and military service, and unwavering dedication to medical skills truly set him apart and allowed him to navigate skillfully through a variety of opportunities and challenges.

Dipper’s formative years saw these strands of education, religion, and military service interwoven into a rich tapestry. His path was defined by a relentless quest for modern medical expertise, fostered by the profound spiritual connections of his family to the church, and bolstered by his tenure in the military, which honed his political astuteness and loyalty to his homeland. These varied influences coalesced to shape the bedrock of his character and steer the course of his life’s journey.

Despite the adversities encountered during his time at the Faber Hospital, this experience held profound significance for Dipper. It afforded him the chance to meticulously study the operation of Western medical facilities in China and establish a

76 “医学确以德为最。此间狄博尔竟无人能及之，以医故在德人中独得自由，其人亦蔼然可亲，仁人学者也。”

77 “以语言为界限”、有“各自特色鲜明的教育方法、学术专长和卫生管理理念。”

78 “自德医狄博尔氏逝世，而德派中衰。”

noteworthy hospital of his own, laying the groundwork for future ambitious projects. His bold choice to admit patients afflicted with infectious diseases also underscored his unwavering commitment to medical ideals. Sensing formidable opposition within the church, he astutely recognized the intricate power dynamics at play in the colony of Qingdao, ultimately opting to depart—a testament to his perceptiveness and acute awareness of the prevailing circumstances.

Upon his return to China, Dipper found himself caught up in the turmoil of World War I. Despite the upheavals, his adept business acumen and solid political standing led to his appointment by the German Ambassador to oversee the operations of the German Field Hospital (later German Hospital). Amidst the repatriation of enemy aliens, Dipper not only safeguarded himself from repatriation but also safeguarded the operational backbone personnel of the German Hospital and its identity. Shielded by the neutral Dutch legation, and aided tacitly by the Chinese government, his remarkable achievement not only laid the groundwork for the future success of the German Hospital but also preserved his career.

As a prominent Western doctor who practiced in China, Dipper undoubtedly left a significant mark on modern medicine in the country. His life both shaped and reflected the historical context in which he lived to a considerable extent. However, despite recent growth in the study of the social history of medicine in China, our understanding of Dipper and his contemporaries remains lacking, particularly when compared with other early pioneers of Western medicine in China like Benjamin Hobson 合信, John Dudgeon 德贞, and John Glasgow Kerr 嘉约翰. The doctors of Dipper's generation followed in the footsteps of their illustrious predecessors. While the records of their professional achievements and contributions to medical education may not have been ground-breaking, their impact on their era was significant, though the narratives of their medical activities frequently have been obscured by conflicting accounts in contemporary records. It is thus crucial to acknowledge their influence and the pressing need to uncover the historical dimensions of their personal stories.

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Appendix: Concise chronology of Edmund Dipper

1871

On August 7, Edmund Dipper is born in Widdern.

1889

In the autumn, enters the University of Tübingen to study medicine and serves in the military soon after.

1890

Around October, transfers to the reserve force and returns to the University of Tübingen.

1896

Obtains a doctorate degree.

1900

April 6, promoted to chief physician (Oberarzt).

In October, appointed by Allgemeinen evangelisch-protestantischen Missionsverein (AEPM) and sets off for China.

November 13, arrives in Hong Kong to inspect the missionary hospitals.

December 9, arrives in Shanghai to inspect the Western hospitals there.

December 19, arrives in Qingdao and starts to build the Faber Hospital.

1901

September, the Faber Hospital is officially opened.

1903

Due to internal discord within the AEPM, his residence is moved from the Faber Hospital.

1905

January, resigns as Director of the Faber Hospital and devotes all his energy to private medical practice.

1906

At the end of the year, re-appointed as Director of the Faber Hospital.

1907

October, invites Dr. Richard Wunsch to Qingdao.

1908

June, Dr. Wunsch arrives in Qingdao.

July, Dipper hands over the position of Director to Dr. Wunsch and returns to Germany. While in Germany, he studies gynecology.

1913

In the autumn, invited by an organization of German expatriates in Beijing to go to China again.

1914

July, World War I breaks out. The German Ambassador to China persuades Dipper to become Director of the German Field Hospital (*Deutsches Lazarett*). Thereafter, he remains medical officer of the German legation.

1917

August 14, China declares war on Germany. The German Field Hospital is taken over by neutral Netherlands and restructured into the German Hospital for civil citizens. Dipper is elected to remain as Director and leads the medical staff in treating German and Austrian prisoners.

In October and November, the typhoid fever incident in the Austrian prisoner camp is dealt with. His medical capabilities win the respect of Chinese officials.

1919

January, employed by the Chinese Ministry of Army and exempted from repatriation.

March, submits a letter to the Chinese Ministry of Army requesting that his colleagues in the German Hospital be exempted from repatriation.

October 17, four key assistants are spared deportation and return to the German Hospital.

1921

May 20, China and Germany restored diplomatic relations.

1922

Dr. Paul Krieg becomes Co-Director of the German Hospital and runs the hospital together with Dipper.

1923

March, acts as the administrator of Shoushan Hospital 首善医院.

1924

At the end of the year, participates in the diagnosis and treatment of liver cancer for Sun Yat-sen 孙中山.

1925

February 24, Puyi 溥仪 escapes from the Forbidden City and goes to the German Hospital, where he is received by Dipper. Later, Puyi relied on Japanese help to escape to Tianjin.

1928

July, Bai Chongxi 白崇禧 is admitted to the German Hospital and treated by Dipper.

1933

March 8, Edmund Dipper dies of illness in Beijing.