

杭州扶輪社社長--蘇達立醫師

戰火的歲月中--為杭州百姓提供了生命的蔭庇

Dr. Stephen Douglas Sturton -- President of Hangchow Rotary Club
provided life-saving shelter for the Hangchow people during the war years

By Herbert K. Lau (劉敬恒) (Rotary China Historian)

31 January 2020



Dr. Stephen Douglas Sturton (蘇達立醫師), CBE, OStJ, MC, FRCSI, MD, MA (*Cambridge*), MRCS, LRCP, MB (*Cambridge*) (1896 - 1970) was an English medical missionary. He worked in Hangchow (*Hangzhou*), capital city of Chekiang (*Zhejiang*) Province, Republic of China (中華民國浙江省省會杭州市) for three decades, and was the last of the Church Missionary Society's (CMS) English missionaries to leave the country. Sturton was a missionary during China's war times, when he worked to protect his Hospital---the CMS Hangchow Hospital (known to Chinese as Kwang Chi Hospital 廣濟醫院), set up refugee camps, and worked on the front line to save the lives of thousands of badly wounded soldiers. He received medals for his work and at one point even treated General Chiang Kai-Shek (蔣中正委員長). Eventually, Sturton was detained by the Japanese and taken to two concentration camps. After being freed he returned as Medical Superintendent again of the CMS Hospital. He detailed his experiences up to being freed from the internment camp in his book 《From Mission Hospital to Concentration Camp》.

Sturton holding the Classification "Hospitals" was one of the 24 charter members of Hangchow Rotary Club (杭州扶輪社) which was admitted to Rotary International on 23 June 1932 with Charter #3525. The Club was the first Mandarin speaking Club in history.

Unfortunately, the Rotary Club was terminated on 31 December 1943 after the city was captured and occupied by the Imperial Japanese forces in December 1937. After the War Victory, Sturton took the leadership in re-organizing the war-torn Hangchow Rotary Club and served as its President. On 23 April 1947, the Club was re-admitted to Rotary International.

Regrettably, the Club had to be terminated again on 21 December 1950 when the political and social environment was not favourable for Rotary in the People's Republic of China (中華人民共和國) since its establishment by the Communist Party of China (中國共產黨) on 1 October 1949. Sturton was forced to leave the country after 30 years of medical service.

To the Secretary of Rotary International:

We, the undersigned president and secretary of the provisional Rotary Club of Hangchow, are pleased to inform you that on 22nd of April, 1946, this provisional

(date)
Rotary club was organized and now seeks admission as a member club of Rotary International.

This club has seen and has adopted or agrees to adopt upon receipt the constitution for a Rotary club prescribed by convention of Rotary International for adoption by all member clubs of Rotary International. The club will adopt by-laws based on the by-laws recommended by Rotary International for a Rotary club, with the understanding that any deviation from the recommended by-laws will not be out of harmony with the provisions of the club constitution or the constitution and by-laws of Rotary International.

The officers of the club are as follows:

	Classification	Address
President: <u>Stephen S. Thurton</u>	<u>Physician + Hospital</u>	<u>C.M.S. Hospital</u> <u>Hangchow, China</u>
Vice-President: <u>Barn. E. Lee</u>	<u>Education + University</u>	<u>Hangchow Christian University, Zaikow, China</u>
Secretary: <u>K. S. Wang</u>	<u>Association</u>	<u>Y.M.C.A. Hangchow</u> <u>China</u>
Treasurer: <u>D. D. Lao</u>	<u>Hotel</u>	<u>Lakeview Hotel</u> <u>Hangchow, China</u>
Board of Directors:		
<u>Gordon R. Gilbert</u>	<u>Education, School</u>	<u>Wayland Academy</u> <u>Hangchow, China</u>
<u>C. T. Tsai</u>	<u>Public Utility, Electricity</u>	<u>Hangchow Electricity</u> <u>Company, Hangchow</u>
<u>W. H. Chian</u>	<u>Social Worker</u>	<u>41 Western Dan Sahn Road</u> <u>Hangchow, China</u>
<u>H</u>		

This club agrees that it will meet once each week, even though it may not be possible to meet for luncheon or dinner. As soon as conditions permit the club will have its meetings in connection with luncheon or dinner.

The club agrees that it will adhere strictly to the classification principle of membership and that it will not admit members with classifications which duplicate those of other members of the club. A list of the members of the club, together with their classifications, and business and residence addresses is attached hereto.

If possible we desire that the number assigned to the former Rotary club in this city be assigned to this club.

We understand that no charter fee will be required and that per capita tax is to be paid to Rotary International, beginning 1 July, 1946, at a preliminary rate of the equivalent of fifty cents U.S. currency per semiannum, to be paid at the current rate of exchange, with the understanding that gradually as economic conditions improve the per capita tax will be increased until the club is paying to Rotary International at the then current rate of exchange per capita tax at the rate established by Rotary International for all Rotary clubs in the world.

The club desires to subscribe to "The Rotarian" for all its members; subscription rate \$1.00 U.S. currency per semiannum. (This clause is optional -- please delete if it does not apply.)

The club has (does not have) the charter issued to the former Rotary club in this city.

Stephen D. Sturton
President

K. S. Wang
Secretary

April 27, 1947
Date

Regular weekly meetings are held:

Day Thursday

Hour 12:30

Place Y.M.C.A.

*Recommended
for readmission
C. I. W.*



Thirty Years of Medical Services to Chinese People

Stephen Douglas Sturton (12 September 1896 – 28 September 1970) was a British physician and medical missionary affiliated with the Church Missionary Society. A graduate of Cambridge University, he arrived in Hangchow, the Republic of China, in 1921 with his wife and served as a surgeon at the CMS mission hospital, succeeding Dr. David Duncan Main (梅滕更醫師) as its head in 1928. Sturton provided medical care amid China's civil unrest and Japanese occupation during World War II, during which he was interned in a concentration camp. He later recounted these events in his 1948 memoir 《From Mission Hospital to Concentration Camp》. For his contributions to healthcare and missionary work, he was appointed Commander of the Most Excellent Order of the British Empire (CBE) and continued service until returning to the United Kingdom in 1951 following the Communist takeover.

Childhood and Formative Influences

Stephen Douglas Sturton was born on 12 September 1896 in Cambridge, England, to Richard Sturton, a chemist holding qualifications as a Member of the Pharmaceutical Society (MPS) and Justice of the Peace (JP), and Mary Emma Sturton, his cousin and wife. The family resided in Cambridge and included eight members, with Stephen among several siblings. His youngest brother, Clement Sturton (born 1900), later pursued a career as a medical missionary before dying in a riding accident in 1936. Raised in a Calvinistic Baptist household, the Sturtons maintained a strong missionary tradition, with eleven relatives---predominantly from Mary Emma's side---serving as missionaries, eight of whom worked in the Ch'ing Empire (大清國) (Imperial China) and four affiliated with the Church Missionary Society, which Sturton would later join.

Sturton's childhood was marked by typical activities such as playing cricket, visiting Sidney College Farm, and sailing, contributing to a relatively happy early environment. A pivotal formative influence occurred around age eight in 1904, when members of the China Inland Mission lodged with the family and conducted regular prayer meetings, exposing young Sturton to overseas evangelism and igniting his interest in China. This was reinforced by visits from a family friend engaged in medical missionary work in China, who shared stories and presented Sturton with Chinese artifacts, further nurturing his aspiration for missionary service in that region. These experiences, amid a familial ethos steeped in Baptist piety and missionary zeal, laid the groundwork for his eventual shift to the Church of England in 1920 and commitment to medical evangelism.

Education and Professional Training

Sturton received his early education at Lyndewode House School in Cambridge, followed by Perse School, also in Cambridge, where his science teacher encouraged him to pursue a career as a medical missionary. In 1912, he enrolled at Emmanuel College, University of Cambridge, to study medicine, earning both a Bachelor of Medicine (MB) and Master of Arts (MA) upon graduating in 1918.

Following graduation, Sturton gained practical experience as a dresser at the First Eastern General Hospital in England. During World War I, he served as a Surgeon Sub-Lieutenant in the Royal Naval Volunteer Reserve aboard the destroyer H.M.S. Paladin, and was demobilized in January 1919. He then worked at St. Bartholomew's Hospital in London, followed by positions at the Royal Sussex County Hospital in Brighton as Assistant House Surgeon and later House Physician.

In January 1920, Sturton qualified as a Member of the Royal College of Surgeons (MRCS) and Licentiate of the Royal College of Physicians (LRCP), enabling him to practice surgery. His professional preparation for missionary service included family influences from an early age---sparked at age 8 by interactions with China Inland Mission members---and a pivotal 1920 encounter with a Church Missionary Society doctor from Hangchow Hospital, which directed him toward CMS work in China.

Initial Call to Missionary Work

Raised in a Calvinistic Baptist household, he transitioned to the Church of England in 1920, marking a pivotal shift. That same year, upon returning to England and attending his hospital's chapel, Sturton experienced a profound personal conviction, later describing it as realizing that "God had definitely called [him] to the mission-field". This sense of divine vocation was reinforced shortly thereafter when he encountered a returning CMS missionary from the Hangchow Hospital, whose accounts of medical needs there aligned with Sturton's training and aspirations, prompting him to apply to the CMS specifically for assignment to that facility.

Following his 1920 qualification and this conviction, Sturton gained further practical experience as a medical attendant in Jamaica and South America, sent by his hospital, providing initial exposure to overseas missionary work. In preparation, Sturton underwent specialized missionary training at Oxford during a vacation period.

30 Years of Missionary Career

Early Assignments and Arrival in China

Sturton married Rose Emily Jelley on 26 July 1921. Accompanied by his wife, who trained as a nurse and contributed to missionary nursing efforts, the couple departed England on 11 November 1921 under CMS auspices, arriving in Hangchow on Christmas Eve 1921 to commence his career as a medical missionary. Sturton joined the CMS Hospital (廣濟醫院) which was established in Hangchow in 1871 as one of the earliest Western medical facilities in the region.

Upon arrival, Sturton's primary initial assignment involved intensive language study to acquire proficiency in Chinese, facilitated by a dedicated teacher provided by the Mission. Concurrently, he integrated into hospital operations by assisting in the pathological laboratory, X-ray department, and outpatient clinic, allowing him to apply his surgical expertise from St. Bartholomew's Hospital and the Royal Sussex County Hospital while adapting to local medical needs. By the end of 1922, he advanced to managing a medical ward in the men's hospital section, where his wife served part-time as a nurse, treating patients amid the challenges of limited resources and emerging regional instability. These early duties laid the groundwork for his succession to Dr. David Duncan Main, with whom he collaborated as early as November 1924 on hospital initiatives, including trials of patient garments.

Medical Practice in Hangchow

Sturton succeeded Dr. David Duncan Main as superintendent in 1928. As a qualified surgeon holding fellowships from the Royal College of Surgeons in Ireland (FRCSI) and memberships from the Royal College of Surgeons of England (MRCS) and Royal College of Physicians of London (LRCP), Sturton focused on delivering Western-style surgical and general medical care to local Chinese patients, emphasizing empirical treatments amid prevalent infectious diseases and injuries common in early 20th-century China.

The Hospital under Sturton's oversight operated with dedicated facilities including a men's ward, women's ward, isolation ward for initial patient assessments, and an operating theater, enabling segregated care and basic surgical interventions. His practice extended to specialized leprosy treatment, serving as superintendent of a dedicated leprosy hospital in a nearby village, where he managed care for afflicted patients through isolation protocols and symptomatic relief, reflecting the era's limited but pragmatic approaches prior to advanced antibiotics. Daily operations involved collaboration with local staff and fellow missionaries, as evidenced by joint efforts with Main in 1924 to trial patient garments for improved comfort, underscoring attention to practical enhancements in hospital hygiene and patient welfare.

Sturton's tenure emphasized causal interventions grounded in observable outcomes, such as surgical repairs and infection control, while navigating resource constraints typical of missionary outposts. He also attended to community leaders, providing medical services during local negotiations in the interwar period. These efforts established the Hospital as a key provider of evidence-based care in Hangchow, treating thousands annually though exact figures remain undocumented in available records.

Expansion of Hospital Facilities

Upon assuming the role of Medical Superintendent of the CMS Kwang Chi Hospital on 1 October 1928, Sturton oversaw significant enhancements to the institution's infrastructure, building on its existing capacity of approximately 500 beds, three operating rooms, and ancillary facilities including a maternity hospital, tuberculosis sanatorium, trachoma clinic, and nursing schools for men and women. The Hospital treated around 4,000 inpatients annually at that time, reflecting its role as a major medical center in the region.

Sturton's early focus was on the leprosy ward, where he had taken responsibility in 1924 for improvements such as new rooms and clinics integrated with a Christian-oriented treatment approach. By 1930, with funding from the British Leprosy Mission, he facilitated the construction of brick-and-wood structures comprising separate male and female wards, an isolation facility for new admissions, a dedicated clinic, and St. John's Chapel on the grounds. These additions elevated the Leprosy Hospital---affiliated with the main CMS facility---to one of China's best-equipped centers for leprosy care, emphasizing segregated wards, staff dormitories, and spiritual support alongside medical treatment.

Following his release from Japanese internment in 1945, Sturton prioritized post-War restoration and further expansion amid rising demand, particularly for leprosy patients. In 1948, collaborating with Dr. James Laidlaw Maxwell (馬雅各醫師), he planned upgrades to the leprosy hospital, culminating in 1949 with the creation of China's first "leprosy village" farm at Hongjian Ridge (紅尖嶺) in Wukang Town (武康鎮). This innovative site integrated agricultural labor with therapeutic care, serving as a model for relocating and sustaining the leprosy program amid political upheaval, and marking a shift toward self-sustaining community-based facilities.

Experiences during Chinese Civil War

In 1924, Sturton had his first experience with the Chinese Civil War, where he worked in the Hospital's Red Cross unit, going into active fighting zones to treat badly wounded soldiers.

As tensions escalated, on 1 February 1927, Sturton and his family took a leave of absence. They returned to England, and Sturton spent his time researching tropical diseases at the University of Liverpool. Soon after Sturton's return to England, Hangchow fell to the Nationalists, and in March 1927, the CMS Hospital was taken by the Chekiang Provincial Government. Upon his return in March 1928, Sturton collaborated with fellow CMS members to negotiate the Hospital's restitution while acting as medical attendant to Hangchow's Anglo-American community during the interim period of uncertainty.

In approximately 1928, Sturton joined a Red Cross unit comprising 72 members in Hsuehchow (Xuzhou) (徐州), where he led the second branch of a field hospital dedicated to treating critically injured soldiers from the front lines. During this assignment, he personally attended to General Chiang Kai-Shek and Madame Chiang (蔣中正伉儷) when they fell ill, and upon mentioning the CMS's loss of control over the Hangchow Hospital, Chiang intervened to facilitate its return---the leper asylum on 23 June 1928 and the main facility on 1 July 1928. These efforts underscored Sturton's frontline medical contributions and diplomatic navigation amid the war's disruptions to missionary infrastructure.

The fall of Hangchow by Imperial Japan Aggression

On 1 October 1928, Sturton assumed his duty as the Hospital's Medical Superintendent. The Hospital returned to its normal conditions, minus the medical school. At the end of 1932, Sturton took his second leave of absence and returned to England. Here, he spent his time working in the Biochemistry Laboratory at Cambridge and doing work on behalf of the CMS.

At the beginning of 1934, Sturton and his wife returned to Hangchow. Here, Sturton participated in “medical raids”, where he and his unit frequently traveled to different locations, up to 60 miles away from Hangchow, to treat patients.

In July 1937, the Imperial Japan launched full scale aggression to China, from Peiping (北平) (*Beijing*) and moved quickly towards the eastern coast cities. It became obvious that Hangchow would fall to the Japanese. A Red Cross Committee was formed and Sturton was elected Secretary of the Red Cross. The unit opened refugee camps for civilians and treated soldiers in the CMS Hospital. After the Chinese army retreated and Japan entered the villages, the Red Cross camps had an estimated 17,000 people.

Hangchow fell to the Japanese army in December 1937, shortly after the Battle of Shanghai (淞滬會戰). The matter that finally cleared away any hesitation there may have been about remaining was the request in November 1937 from the Provincial Governor and Mayor--- that CMS Hospital should take over from them the inmates of a hospital they had been running with between three hundred and four hundred seriously wounded Chinese soldiers whom they could make no provision for. They put them in a school next door, provided all necessary equipment and money, also a staff which vanished just in time to make room for the staff of the Huchow (Methodist Episcopal South) Mission Hospital (美國衛理公會湖州福音醫院) under Dr. Fred Prosper Manget (孟傑醫師) to take over. These latter had evacuated to CMS a body and were moving back hoping to find work. They reached CMS at the psychological moment and took charge of the wounded soldiers next door, and though CMS got most of the credit they did most of the work! CMS had already quite a number of wounded soldiers in their own Hospital and there was a busy time before the Japanese came, preparing all who could be moved for evacuation “across the river”. During the month that was left CMS evacuated about three hundred and CMS left with just over two hundred when the city was occupied. May it be said to the credit of the Japanese that they never interfered with these men in any way except that after seven months 100 convalescent were taken away and put under more careful guard but not in any way ill-treated, and after another seven months the remainder were allowed to go free without any restrictions. This whole piece of work reflected credit on all concerned, CMS Hospital staff, the Huchow Hospital staff, the Chinese Central Government who paid for all those who came to the Hospital, the Chekiang Government who paid for those whom they handed over to CMS and the Japanese for their scrupulous “non-interference.”

The Leper and Tuberculosis Hospital outside the city was also kept going in an efficient way, (CMS evacuated the orthopaedic children to the city hospital) and not interfered with though CMS had many alarms and excitements such as finding free Japanese cavalry men mounted on top of the hospital hill one day---the walls were not intact and these men were scouting!

The local Red Cross Committee with headquarters in the CMS Hospital also did a notable work---they concentrated about 3,000 women and children in their various mission YMCA and some other compounds and they just had enough foreign men (and two women!) to help the very efficient Chinese workers they had in the oversight of all these places and again they have to record a very successful piece of work. It needed constant care, day and night, (for Hangchow was much the same during the first three months of occupation as all other East China cities) to

prevent soldiers from coming in, to persuade those who had got in to go out, to get the Military Police in specially difficult cases. But again the work was successfully carried through without any of the regrettable incidents reported from Nanking and elsewhere, largely due to the fact that their refugees were all collected into compounds that could be kept closed and that they had in most cases a resident foreigner as the last line of defence or at any rate continual visits from a responsible person. The Japanese Military Police also helped in a great measure but at first they were very few in number.

It took several months before the refugees were all evacuated but at last only on which still has nearly 1,000 villagers from burnt out areas was left. Sturton also spent his time visiting nearby towns where fighting took place, treating people, and rescuing refugees. Additionally, he went twice a week to a Japanese camp to treat its Chinese patients.

In May 1939, Sturton and his wife went back to England, and Sturton returned to Hangchow in May 1940 without his wife and kids. During this time, he got an infected mosquito bite that resulted in permanent heart damage.

World War II Internment

On 7–8 December 1941, the Imperial Japan attacked the American naval base at Pearl Harbor in Hawaii, and declared war on Britain and the United States. In those cities of China that were captured by the Imperial Japanese forces, any personnel of American and British subjects or of the Allied nationalities were detained. In Hangchow, the Japanese military allowed Sturton to stay and treat patients at the CMS Hospital. Despite wartime disruptions, including bombings and resource shortages, he managed hospital operations and provided care to both Chinese patients and refugees. They treated 200 patients a day until the Japanese had a failed campaign and took the Hospital. Sturton was forced to leave the Hospital and spent his time doing quiet medical work around the city.

On the afternoon of 11 November 1942, Sturton was arrested by Japanese soldiers in Hangchow, along with a colleague, and transported to the Haiphong Road Camp in Shanghai (上海海防路集中營), an internment facility for Allied civilians. In this Camp, he and other internees were designated as “non-working prisoners of war” with the rank of sergeants. Leveraging his medical expertise, Sturton was assigned to perform healthcare duties among the prisoners. Conditions included overcrowding, harsh treatment, interrogations, and strict confinement, affecting a multinational group of civilians.

Sturton was later transferred to Fengtai Camp near Peiping (北平豐台集中營), where he endured further internment hardships until August 1945. His nearly three-year captivity ended with liberation by American forces following Japan’s surrender on 15 August 1945. Upon release, he returned to Hangchow to resume oversight of the Hospital, documenting his internment experiences in the 1948 memoir 《From Mission Hospital to Concentration Camp》, which details the transition from medical missionary work to wartime imprisonment.

Post-War Operations

After World War II, Sturton resumed leadership of the CMS Hospital in Hangchow, focusing on reconstruction amid widespread devastation from wartime occupation. The facility, which had been partially repurposed for refugee care during internment, treated an influx of patients suffering from malnutrition, untreated injuries, and infectious diseases, with Sturton overseeing the repair of damaged wards and restoration of surgical capabilities. Hyperinflation, peaking at rates exceeding 1,000% monthly by 1948, severely strained operations, forcing reliance on barter systems and mission subsidies from Britain to procure supplies like anesthetics and bandages.

As the Chinese Civil War (國共內戰) intensified from 1946, the Hospital became a frontline medical hub, admitting over 2,000 casualties in 1947 alone from battles between Nationalist and Communist forces encroaching on Chekiang Province. Sturton coordinated with local Red Cross branches to establish temporary clinics and evacuate non-combatants, while navigating Nationalist conscription demands that threatened staff and patients. Despite these pressures, the CMS team maintained neutrality, providing care irrespective of factional affiliation, which earned temporary goodwill from both sides but exacerbated resource shortages as supply lines collapsed.

Communist Takeover and Final Years in Mission Service

The Communist takeover of Hangchow occurred on 3 May 1949, when People's Liberation Army units entered the city with minimal resistance after Nationalist withdrawal. Sturton and fellow CMS missionaries opted not to evacuate, committing to cooperation with the new regime in hopes of sustaining the Hospital's public health role. They participated in early "reform" meetings, surrendering mission-held lands under the agrarian reform laws enacted that summer, which redistributed properties to peasant committees.

Following the Communist victory and the founding of the People's Republic of China (中華人民共和國) on 1 October 1949, Sturton remained at CMS Kwang Chi Hospital in Hangchow, continuing his surgical and administrative roles despite policies targeting foreign religious institutions and personnel as vestiges of imperialism. The Communist regime's nationalization of hospitals and suppression of missionary activities led to the arrest or expulsion of many Western doctors, but Sturton evaded custody through discreet operations and a focus on medical service over evangelism, allowing him to treat patients amid resource shortages and ideological scrutiny.

Operations persisted into 1950, with the hospital integrating Communist health campaigns, such as anti-opium drives and mass vaccinations, though ideological scrutiny intensified, including mandatory "thought reform" sessions for staff that critiqued missionary "imperialism". Sturton's persistence enabled the Hospital to provide care during the early 1950s transition, including handling endemic diseases and surgical cases, though under increasing oversight from Communist health authorities who demanded alignment with state directives. By mid-1951, as expulsions of remaining foreigners accelerated, he managed the handover of facilities while ensuring continuity of services for local staff and patients. Escalating restrictions---including

asset seizures and expulsion orders amid the Korean War's anti-foreign backlash---compelled the remaining CMS personnel, including Sturton, to depart China, marking the end of foreign-led mission medicine in Hangchow. The CMS Kwang Chi Hospital was fully nationalized shortly thereafter, renamed under state control.

Sturton departed Hangchow in 1951, after 30 years in China since his 1921 arrival, becoming the final English missionary of the Church Missionary Society to exit the country. His tenure underscored the challenges of sustaining apolitical humanitarian work in a hostile ideological environment, where foreign missionaries were systematically marginalized to assert national sovereignty over healthcare.

Later Life and Writings

Service in Hong Kong and Return to England

After overseeing the transfer of the Church Missionary Society's Kwang Chi Hospital in Hangchow to the Chekiang provincial People's Government in 1952 for over RMB 320,000 Yuan (in pre-reform currency), Stephen Douglas Sturton departed China amid the new Communist regime's restrictions on foreign personnel. This handover, completed as tensions escalated with the Korean War and the expulsion of many Western missionaries, marked the end of Sturton's 30-year tenure as the last CMS medical superintendent in the city.

Sturton continued missionary and medical work, including a posting in the British Crown Colony Hong Kong (英國殖民地香港) from 1963 at the Hong Kong Sanatorium & Hospital (養和醫院) as a medical practitioner. Here, he was the head of the Department of Radiology. In Hong Kong, he was also a member of the Anticancer Society and the Leprosy Mission. In 1965, he was ordained to the priesthood and assisted at St. John's Cathedral (聖約翰主教座堂), before his final return to England in 1969. This repatriation reflected broader patterns among Protestant missionaries following the 1949 Revolution, where operational challenges and ideological conflicts prompted withdrawals despite prior contributions to public health infrastructure. His permanent resettlement occurred in the United Kingdom, where he resided until his death.

Publications and Reflections

Sturton published 《From Mission Hospital to Concentration Camp》 in 1948 through Marshall, Morgan & Scott, a 128-page account detailing his transition from medical missionary work in Hangchow to internment during World War II. The narrative draws on his firsthand observations of hospital operations amid civil unrest and Japanese occupation, emphasizing the challenges of maintaining medical services under duress. Reviewers described it as a compelling record of missionary perseverance, highlighting Sturton's role in sustaining care for thousands despite wartime disruptions.

Earlier, around 1946, Sturton issued 《Medical Work in China》, a pamphlet issued by the China Society that summarized his contributions to healthcare in the region, including hospital expansions and public health initiatives during the 1930s and early 1940s. This shorter work

focused on practical outcomes, such as treating patients amid the Chinese Civil War, without delving into personal introspection.

In 《From Mission Hospital to Concentration Camp》, Sturton reflected on the interplay of faith and medicine in crisis, noting the ethical tensions of neutral humanitarian aid in conflict zones and the resilience required to adapt Western practices to local needs. He critiqued the limitations of mission resources against overwhelming geopolitical forces, attributing sustained operations to disciplined organization rather than isolated heroism. These writings, grounded in archival medical records and diaries, underscore his view of missionary service as a causal chain linking individual effort to broader communal health improvements, unmarred by ideological overreach. No further major publications are documented post-1948, though his accounts informed later assessments of Protestant medical missions in China.

Family Background and Marriages

Sturton married Rose Emily Jelley on 26 July 1921, shortly after meeting her while serving at the Royal Sussex County Hospital in Brighton, where she worked as a nurse. The couple departed for Hangchow, China, later that year to commence missionary service, with Rose contributing nursing support to the CMS hospital efforts. They had two daughters: Rose Mary Stephanie, born 7 January 1923, and Edwina Ruth, born 14 October 1925. In May 1939, amid escalating tensions, Sturton and his family returned to England for safety. He resumed duties in China alone in May 1940. Rose Emily died on 5 June 1960 at the Hong Kong Sanatorium & Hospital in the British Crown Colony Hong Kong.

Following her death, Sturton remarried on 23 June 1962 to Dr. Olive Gwendolin Clouston (née Fisk), whom he had first encountered as a fellow medical student at the University of Cambridge---Sturton at Emmanuel College and Clouston at Girton College---where their acquaintance began in a dissecting room. Both had previously married others, but they reconnected after becoming widows and widowers. No children resulted from this union, which lasted until Olive's death in 1966.

Sturton returned to England in 1969 owing to deteriorating health, marking the end of his active service and allowing him to work on an unpublished second book reflecting on his experiences.

Rotarian Dr. Stephen Douglas Sturton (蘇達立醫師) passed away on 28 September 1970 in Braunton, Devon, at age 74.

Interests and Personal Challenges

Sturton's personal interests were deeply rooted in evangelical Christianity and medical service, prompting his decision to pursue missionary work abroad following his medical training.

He married Rose Emily Jelley prior to departing for China, and the couple had two children, with the family relocating to Hangchow together in 1921.

Among his personal challenges were the strains of extended family separation and wartime perils. After returning to England with his wife in May 1939 amid escalating tensions, Sturton returned to China alone in May 1940, leading to his internment by Japanese forces from late 1942 to 1945, initially in Haiphong Road Camp in Shanghai before transfer to Fengtai Camp near Peiping.

This ordeal, involving harsh conditions and uncertainty for his family's safety in England, tested his resilience, as he later documented in his firsthand account 《From Mission Hospital to Concentration Camp》 (1948), emphasizing themes of faith amid adversity.

Legacy

Contributions to Medicine and Public Health in China

Sturton arrived in Hangchow on 24 December 1921 to serve at the Church Missionary Society Hospital, where he initially worked in the pathological laboratory, X-ray department, and outpatient clinic while learning Chinese. By late 1922, he managed a medical ward, and from October 1923 to 1927, he directed the Hangchow Medical Training College (廣濟醫校), training local medical personnel until its closure. Appointed Medical Superintendent on 1 October 1928, he oversaw a facility with 500 beds, three operating rooms, and annual inpatient treatments of about 4,000, alongside specialized units for maternity care, tuberculosis, trachoma, and nursing education for men and women.

In leprosy treatment, Sturton assumed responsibility for the Hospital's ward in 1924, enhancing it with new rooms, clinics, and a Christian-oriented care system for its initial 60 patients, establishing the facility as one of China's best-equipped leprosy centers. By 1930, supported by The Leprosy Mission, he constructed brick-and-wood wards for male and female patients, an isolation unit, a dedicated clinic, and St. John's Chapel, improving hygiene and isolation protocols. He recruited specialists, including Dr. Phyllis Haddow (郝惠琴醫師) in 1928 for chaulmoogra oil therapy (effective in about 40% of cases) and Dr. James Laidlaw Maxwell (馬雅各醫師) in 1947, who introduced sulfone drugs, drawing patients from neighboring provinces and aligning treatments with global standards. In 1949, amid rising caseloads, Sturton founded China's inaugural "leprosy village" farm at Hongjian Ridge in Wukang Town, integrating agriculture with therapy to promote self-sufficiency and serving as a national model.

Sturton's public health efforts extended through Red Cross leadership. Elected Secretary of the Hangchow Red Cross Committee in July 1937 amid Japanese aggression, he coordinated refugee camps that sheltered approximately 17,000 civilians (primarily women, children, and elderly) following the Chinese army's retreat in December 1937. The Hospital under his direction treated thousands of wounded from the 1937 Battle of Shanghai and air raids, including over 1,000 Chinese soldiers between 1937 and 1939, with total cases surging to 88,000 in 1938 and exceeding 100,000 projected for 1939. In November 1937, he assumed care for 300–400 severely injured soldiers from a government hospital, evacuating about 300 amid occupation while retaining over 200 for ongoing treatment. For these wartime medical services, the

Republic of China Government awarded him a Medal of Honor in the 1930s. He later served as Vice President of the Hangchow Branch of the Chinese Red Cross Society in 1949.

Post-1945, Sturton restored leprosy operations and planned expansions amid growing demand, transferring the CMS Hospital, including its leprosy unit, to Zhejiang Provincial Hospital (now the Second Affiliated Hospital of Zhejiang University School of Medicine 浙江大學醫學院附屬第二醫院) in 1951 for use as a teaching institution following the Communist takeover. His initiatives emphasized local training, infrastructure resilience during conflicts, and innovative care models, enhancing China's capacity for infectious disease management and emergency response in Zhejiang Province.

Religious and Cultural Impact

Sturton's work as a Church Missionary Society medical missionary in Hangchow emphasized the integration of Christian principles with healthcare, establishing the CMS Hospital as a center for both physical healing and spiritual outreach. He implemented a Christian-based treatment system in the leprosy ward and constructed St. John's Chapel on hospital grounds to facilitate worship and evangelism, thereby fostering Anglican Christian practices among patients and staff. His role as Dean of the Hangchow Medical Training College from 1923 to 1927 allowed him to lecture on medicine infused with Christian ethics, contributing to the training of local practitioners exposed to Protestant values.

These efforts strengthened the Anglican Church's footprint in early 20th-century China, where the Hospital served as an institution offering spiritual support alongside treatment, aligning with CMS goals of holistic mission work. Sturton's personal faith, which prompted his 1921 arrival in China, sustained his service through wartime hardships, and his 1965 ordination as a priest in Hong Kong underscored his enduring clerical commitment. While direct conversion statistics from his tenure remain undocumented in available records, his model of service-oriented evangelism mirrored broader Protestant strategies in China, prioritizing demonstration of Christian compassion to build local receptivity.

Culturally, Sturton's initiatives bridged Western medical advancements with Chinese society, pioneering radiology in China through co-authorship of the first Chinese-language textbook on the subject 《X-ray Line Introduction》 published in 1933, which disseminated technical knowledge to local professionals. During the Japanese invasion from 1937, he managed refugee camps sheltering up to 17,000 civilians and treated over 88,000 patients in 1938 alone, earning recognition as the "Rabe of Hangchow" for protective efforts akin to those in Nanking (*Nanjing*) (南京). His leadership in the Hangchow Red Cross (as Secretary and Vice President) and as a charter member and president of the Hangchow Rotary Club---the first Mandarin-speaking Club admitted to Rotary International on 23 June 1932---promoted cross-cultural cooperation and community resilience.

These contributions elevated CMS Kwang Chi Hospital's status as one of China's premier leprosy facilities, influencing public health norms and earning Sturton a Medal of Honor from the Government in the 1930s for treating over 1,000 soldiers. His 1948 memoir 《From Mission

Hospital to Concentration Camp》documented these experiences, portraying the Chinese as a “lovable race” and preserving a narrative of intercultural humanitarianism that resonated in post-War reflections on missionary legacies.

While Sturton left Hangchow over 70 years ago, his legacy lives on. In December 2019, during the 150th-anniversary celebration of the Hospital Sturton was once Superintendent of, Sturton’s grandsons were given a Letter of Gratitude from the Hangzhou People’s Government. The letter, written to Sturton, says “You are so great a man who has done your part in the battlegrounds with a humanitarian spirit, and you are in our eyes a ‘just and righteous man’ to the city of Hangzhou.” It seems that Sturton equally loved the people he served, as he ends his book, 《From Mission Hospital to Concentration Camp》, with the statement, “I can also imagine scarcely any race more lovable than the Chinese, among whom it is my privilege to serve.”

Honors

Sturton received several honors for his medical and humanitarian service in China. He was appointed in 1951 Commander of the Most Excellent Order of the British Empire (CBE), by George VI, King of the United Kingdom and the Dominions of the British Commonwealth, in recognition of his leadership of the Church Missionary Society Hospital in Hangchow during wartime challenges. Additionally, he earned the Military Cross (MC), likely for gallantry during military medical duties. He also was appointed Officer of the Most Venerable Order of the Hospital of Saint John of Jerusalem (OStJ) for contributions to public health and relief efforts. In June 1963, he got his Fellowship in Radiology at the Royal College of Surgeons in Ireland (FRCSI), reflecting his professional standing.



1924 年 11 月 24 日－蘇達立醫師（左）和梅滕更醫師（右）在杭州廣濟醫院試穿睡衣樣本。

醫院收到的睡褲樣品尺寸過大，是誤發的嗎？

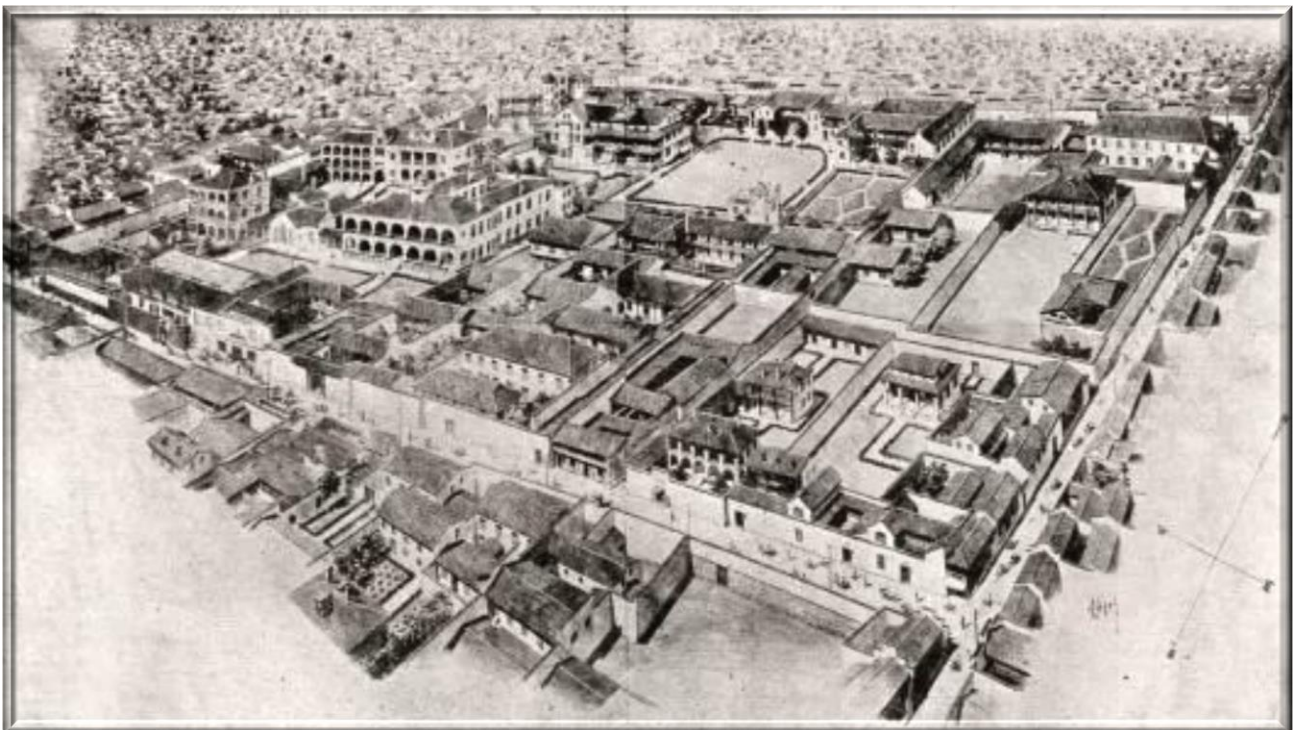
24 November 1924 -- Dr. Stephen Douglas Sturton (left) and Dr. David Duncan Main (right) trying on sample pyjamas at CMS Hangchow Hospital. Very large size sample pyjama bottoms supplied in error?

大英廣濟醫院施醫戒烟址授肄業西醫圖說

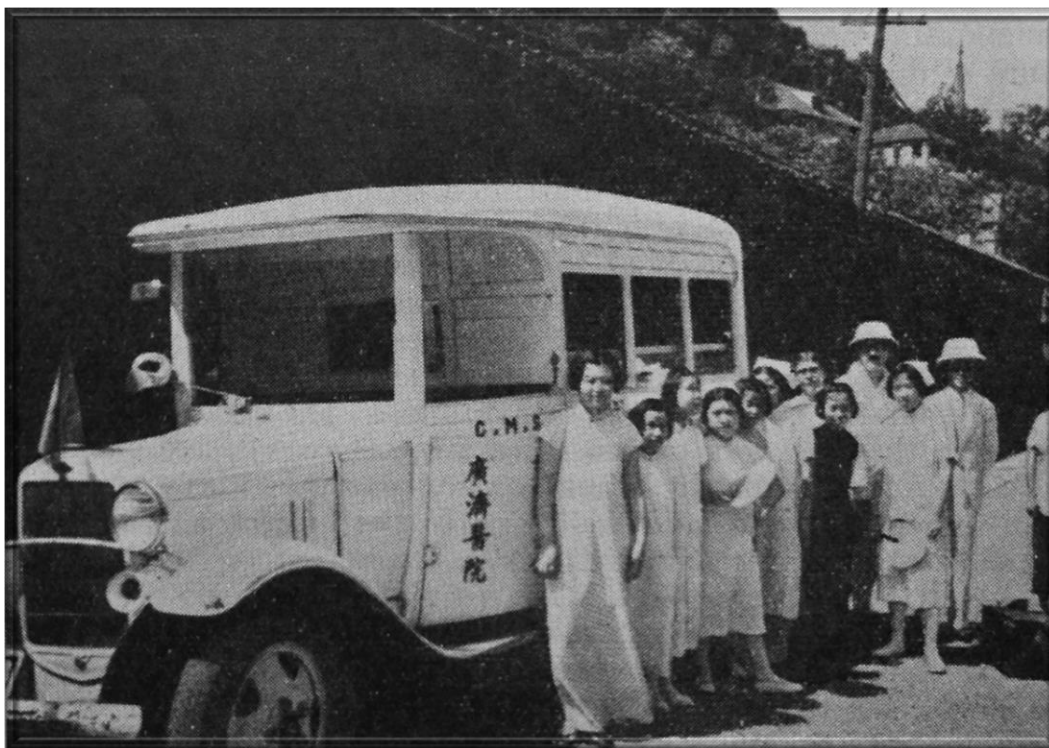


9.—A CHINESE SKETCH OF THE C.M.S. HOSPITAL. HANG-CHOW

The Chinese characters above stand for "The great English extensively Benevolent Institution for curing Opium smoking and other diseases, and for training in the Western healing art." The Chinese "Materia Medica" includes boiled spiders, scorpions' eggs, centipedes, horned toads, mummified caterpillars, and ground millstones. The need for Medical Missions is very great. There are now 366 Mission Hospitals and Dispensaries in China, treating over 1,000,000 cases a year.



英國聖公會海外傳道會 -- 杭州廣濟醫院 -- 本部大院全景素描
Church Missionary Society Hangchow Hospital – A sketch of the main hospital compound



杭州廣濟醫院員工在救護車前合影
Group photo of the CMS Hangchow Hospital staff in front of the ambulance



蘇達立醫師在寺廟內的臨時診所為患者提供門診服務。
Dr. Stephen Douglas Sturton consulting out-patient at a temporary clinic set inside a Chinese temple.



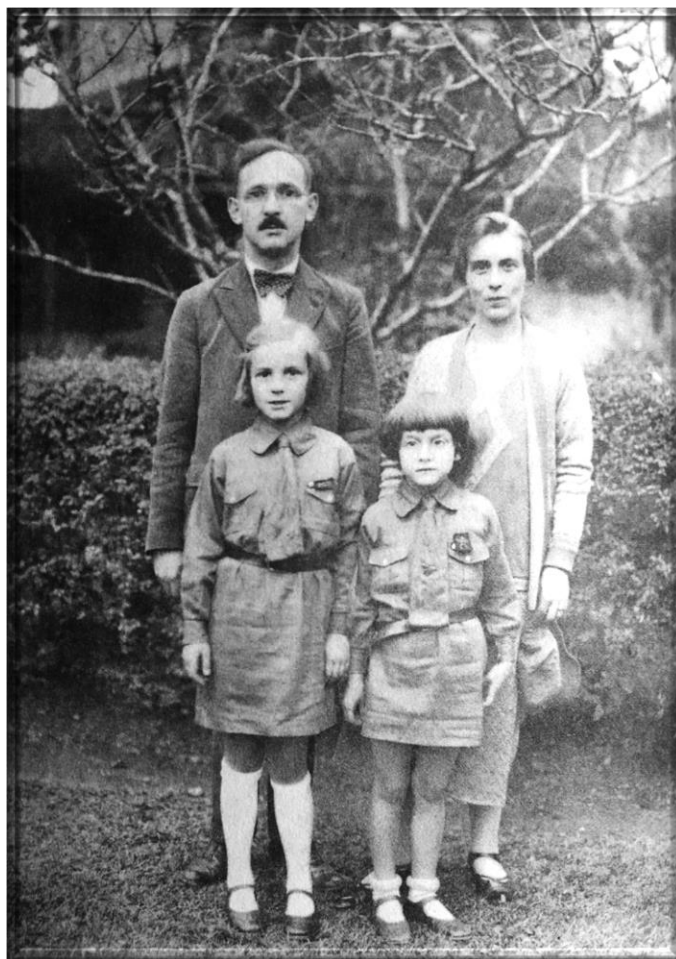
蘇達立(前右 3)與廣濟醫院職工合照

Dr. Stephen Douglas Sturton (front row R3) joined the photo with staff members of Hangchow CMS Hospital.

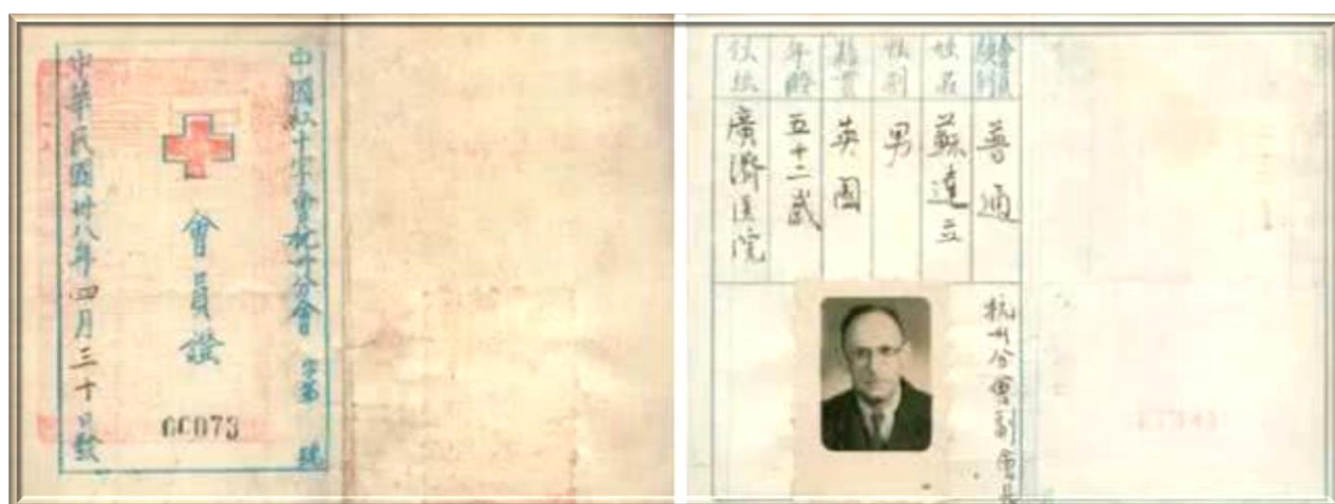


蘇達立伉儷(二排中)與廣濟醫院職工合照

Dr. Stephen D. Sturton and Mrs. Sturton (2nd row, center) with staff members of Hangchow CMS Hospital.



1939 年將妻子女兒送返英國前，蘇達立與家人在杭州的最後一張合影。
 This is the last photo of Dr. Stephen D. Sturton with his family in Hangchow,
 taken before he sent his wife and daughters back to England in 1939.

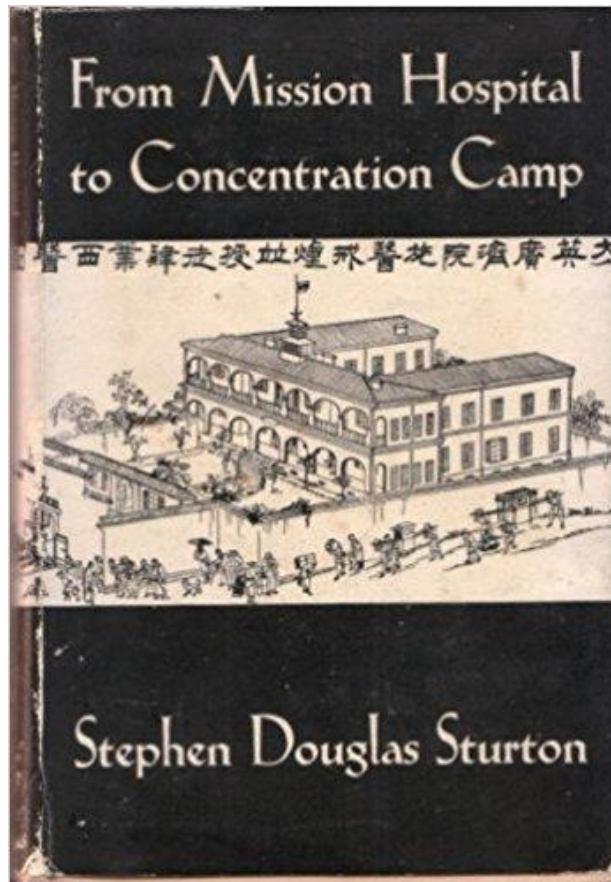


蘇達立的中國紅十字會杭州分會會員證 -- 副會長 (1949 年)
 Sturton's membership card of the Hangchow Branch of the Chinese Red Cross Society – Vice President (1949)



《國際扶輪雜誌》1938 年 9 月號：「在杭州救助 2 萬 6 千名難民的工作中，這七位杭州扶輪社的社員，始終處於最前線。」（前排左到右）田浩徵、邱約翰主教、明思德、蘇達立、葛烈騰。

September 1938 Issue of *《The Rotarian》* Magazine: "In the fore front of relief activities, among 26,000 refugees, in Hangchow, China, are these seven Rotarians --- members of the Hangchow Rotary Club."
(Front Row L-R) H. C. Tien, Bishop John Curtis, Robert J. McMullen,
Dr. Stephen D. Sturton, Edward H. Clayton



蘇達立回憶錄《從教會醫院到集中營》(1948)

《From Mission Hospital to Concentration Camp》(1948) by Stephen Douglas Sturton



「八·一四」空戰---中華民國空軍主力機型：美國製造老鷹三型(Hawk III)戰鬥機
*The 14 August 1937 aerial battle above Hangchow—the US-made Hawk III fighter plane,
 the main aircraft type used by the Republic of China Air Force*



中華民國空軍飛行員 *The Republic of China Air Force*



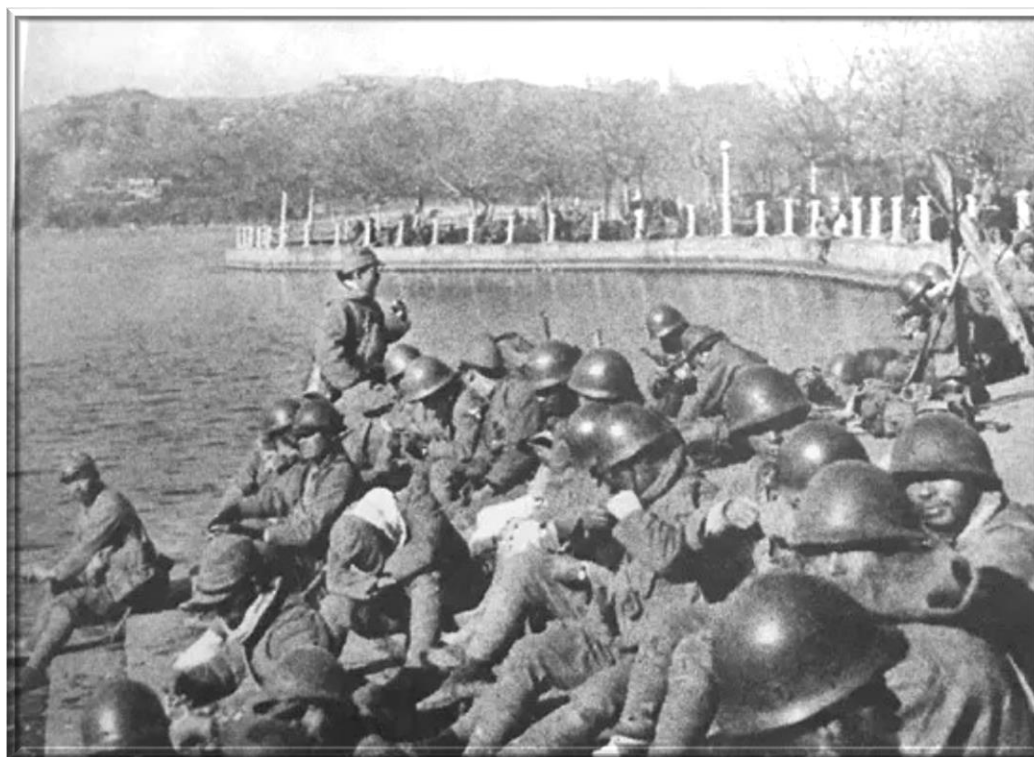
日軍騎兵踏過杭州西湖斷橋
Imperial Japan's cavalry crossing the bridge over West Lake, Hangchow.



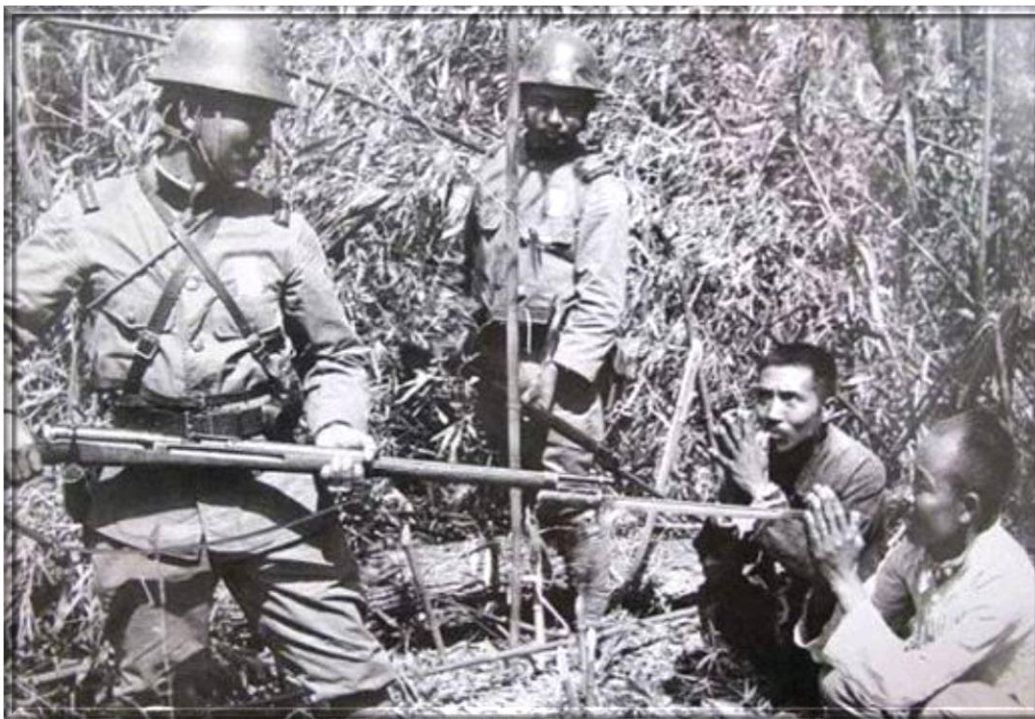
日軍坦克碾過杭州西湖湖濱
Japanese tanks rolling across the lakeside promenade in West Lake, Hangchow.



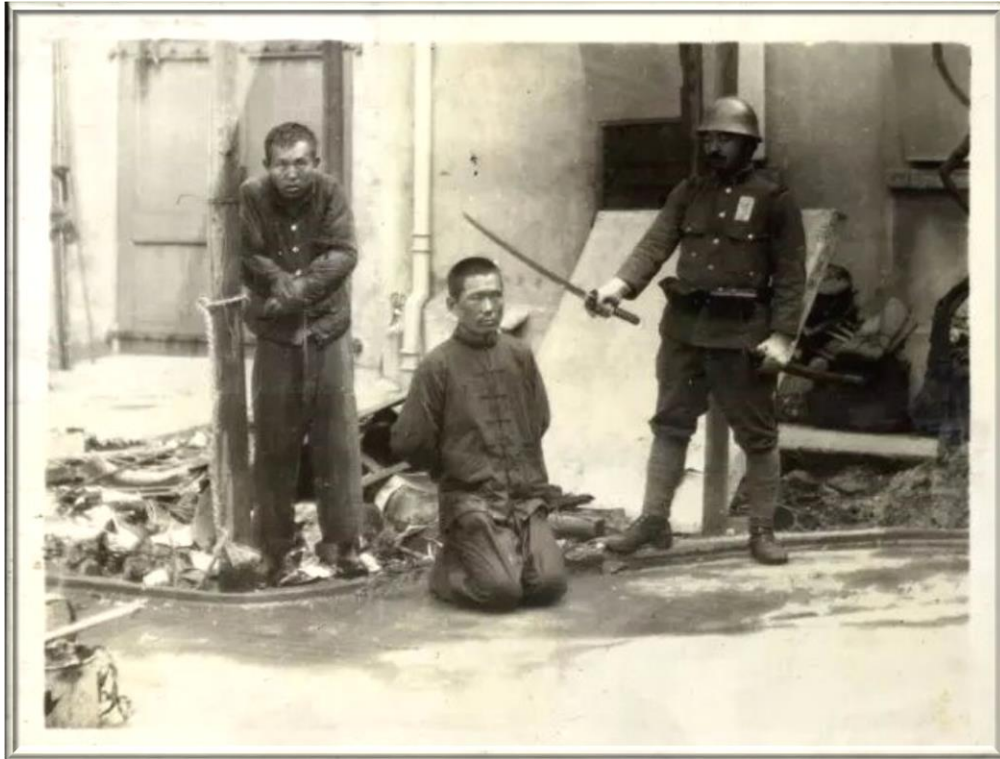
日軍在西湖邊 Japanese troops along the shores of West Lake



日軍在西湖邊 Japanese troops along the shores of West Lake



日軍準備坑殺杭州百姓
The Japanese army was preparing to massacre the civilians in Hangchow.



日軍正在殺害被俘的杭州軍民，由隨軍記者拍攝。
*Japanese soldier is shown killing captured civilians in Hangchow.
This photo was taken by a photographer accompanying the troops.*



日軍攻佔杭州後，在岳飛墓前耀武揚威。
The Japanese army displaying power and arrogance in front of Yue Fei's tomb after captured Hangchow.



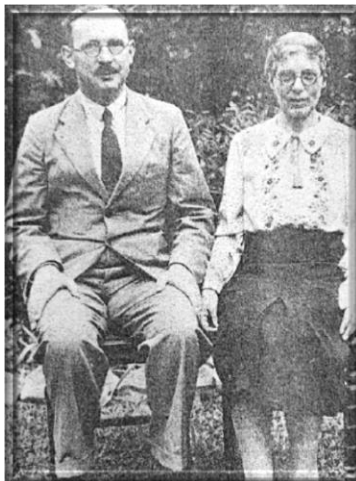
今天的「戊寅公墓」場景 Today's scene at the "Wu Yin Cemetery"



蘇達立使用過的打字機，現存於浙江大學醫學院附屬第二醫院。
The typewriter that Sturton used is now kept at the
Second Affiliated Hospital of Zhejiang University School of Medicine.

杭州扶輪社社長--蘇達立醫師

戰火的歲月中--為杭州百姓提供了生命的蔭庇



抗戰爆發前夕，蘇達立醫師伉儷在廣濟醫院花園內合影。

有人稱他為「杭州的拉貝」(Rabe of Hangchow)，在 1937-1942 年戰亂期間，他帶領著許多醫務工作者，為杭州百姓提供了一個生命的避難所。他就是英國聖公會海外傳道會 (Church Missionary Society, C.M.S., Anglican Church) 的傳教士蘇達立醫師 (Dr. Stephen Douglas Sturton, CBE, OStJ, MC, FRCSI, MD, MA, MRCS, LRCP)。1921 年 25 歲的蘇達立接受教會使命，攜同新婚妻子從英國來到中華民國。在 12 月抵達浙江省杭州，任職於廣濟醫院 (C.M.S. Hangchow Hospital)---那是 1871 年海外傳道會在杭州創辦的西醫醫院；1928 年 10 月 1 日擔任該院院長。醫院是英國的標準和設備，服務主要集中在兩大範疇：(1)內外全科醫院；(2)癲瘋防治醫院。蘇達立在杭州，行醫傳揚基督教義先後達 30 年。

1931 年上海扶輪社 (Shanghai Rotary Club) 決定在杭州輔導成立新的扶輪社，蘇達立等 24 名社會精英參與組織了杭州扶輪社 (Hangchow Rotary Club)。1932 年 6 月 23 日獲得國際扶輪授予證書，編號 3525。這是世界上第一家華語扶輪社，也是在中華民國成立的第五家扶輪社。

1931 年 9 月日本帝國發動侵略中華，抗日戰爭爆發。1937 年蘇達立積極救治從淞滬戰場上撤退下來的傷兵，救護逃難至杭州的難民。1942 年 11 月蘇達立被日本憲兵關押在上海的戰俘集中營，後被轉移到北平的集中營。直到 1945 年 8 月抗戰勝利，日本帝國戰敗投降，才獲得釋放。

蘇達立回到杭州，繼續擔任廣濟醫院院長。另一方面，他又帶頭重組給戰亂破碎了的杭州扶輪社並擔任社長，1947 年 4 月 23 日獲得國際扶輪重新授證。遺憾的是，由於中國共產黨於 1949 年 10 月 1 日建政後，政治和社會環境不適合扶輪活動，該扶輪社於 1950 年 12 月 21 日再次被迫解散。



當杭州從天堂跌落地獄：

一所醫院，如何在戰亂中守衛整個城市？

當杭州從天堂跌落地獄：一所醫院，如何在戰亂中守衛整個城市？那是中國最為動盪的年代，一場浩劫正在向杭州撲來。而蘇達立帶領下的廣濟醫院在這場劫難中張開雙臂，遵循耶穌基督所賦予的使命，挽救千千萬萬中國人民的生命。1928年10月1日蘇達立接任院長時，廣濟醫院擁有500張病床，3個手術室，住院病人4,000例左右。另一方面，還在市內不同地點開辦了癲瘋病院、產科院、肺病療養院、防治沙眼診療所、男女護士學校等等。廣濟醫院是英國聖公會在中國不同省市創辦的14家醫院之一，也是全國最大的教會醫院之一。

烽煙歲月的戰亂中，廣濟變身傷兵醫院。無法撤離的重傷官兵，就由廣濟醫院負責照顧。早在1932年的「一二八事變」淞滬抗戰時，蘇達立就帶領廣濟醫院全體同仁，全力醫治在空戰中受傷的杭州笕橋空軍將士。蔡廷鍇將軍第十九路軍和張治中將軍第五軍部隊的傷兵，更是得到了廣濟醫院的全力救治，其中就有從杭州出征的著名的八十八師的官兵（該師一千餘名犧牲英烈，後來葬於杭州松木場陸軍公墓）——蘇達立為此獲得了中國國民政府頒發的榮譽勳章。

1937年，一場浩劫撲向杭州來。而蘇達立帶領下的廣濟醫院在這場劫難中張開雙臂，勇敢地接受歷史所賦予的使命，與千千萬萬的中國人站在了一起。在那段黑暗的歲月裡，他們用自己的身軀為中國難民們帶來了一線光明。對於每一個接受庇護的中國人來說，他們就是生存的希望。

早年的英國歲月

蘇達立於1896年9月12日出生在英國的劍橋(Cambridge, England)。1904年，一個在中國醫療傳教的朋友來到蘇達立家中做客，並送給了小蘇達立一些中國禮品，向他講述了許多中國的故事。八歲的蘇達立由此開始對中國產生了濃厚的興趣，並希望有朝一日也能成為一個傳教士去中國宣教。

1912年，蘇達立考入劍橋大學以馬內利學院(Emmanuel College, Cambridge)攻讀醫學；1918年畢業後在蘇塞克斯郡(Sussex)皇家海軍醫院任內科醫生。1920年，蘇達立遇到了一個在中國山東的醫療傳教士談起中國的情形，使他感覺到「神呼召我必須到中國做醫療宣教工作。」數個星期後他又遇見一位從杭州返英的醫療傳教士，談起杭州廣濟醫院的情形。這個由英國聖公會創辦的醫院深深地吸引了他，於是他決定加入聖公會，請求赴杭州廣濟醫院工作。

杭州廣濟醫院

1921年，蘇達立與從事護士工作的蘇安利小姐(Miss Rose Emily Jelley)結為伉儷。同年12月他們便為英國聖公會派遣，一起前往杭州廣濟醫院工作。在1921年至1926年期間，蘇達立和時任廣濟醫院院長的梅滕更醫師(Dr. David Duncan Main)有過很多交集。1924年夏天，廣濟醫院莫干山臨時院舍開張後，蘇達立應梅滕更之請上山主理其事。為改善麻風病區環境，蘇立

達爭取到英國國際麻風救濟會(The Leprosy Mission)的援助，在新病區興建起磚木結構的男女麻風病房和隔離所、診療室和聖約翰禮拜堂。醫院環境較前大為改觀，廣濟麻風病院一躍成為當時國內硬件設備最好的麻風病院之一。蘇達立還發展出，一套以基督教信仰理念為基礎的麻風院管理制度。他認為：一個成功麻風病院運作的前提是「全體職員擁有基督信仰之體驗」，惟此才能更好地理解和實踐「耶穌基督親身潔淨麻風病人」之大義。

1927 年，蘇達立回到英國利物浦大學(University of Liverpool)從事熱帶病學的研究。1928 年 10 月 1 日，蘇達立再次回到杭州廣濟醫院，並接任院長。作為放射學專家，蘇達立還兼任醫院放射科主任，成為推動中國放射醫學發展的重要開創者之一。1932 年 10 月 4 日，中華醫學會第九屆理事會學術大會在上海舉行。放射學專家首次以放射學組名義參會，蘇達立為首任放射學組（中華醫學會放射學分會的前身）主席。當時蘇達立領導的放射學組，推動著中國早期放射學普及和臨床科研。不僅如此，蘇達立與同為杭州廣濟醫院的傅維德醫師，合編了中國第一本放射學專業書籍《X 光線引階》，1933 年由中華醫學會出版，並於 1949 年由杭州新醫書局再版，改名為《X 光學手冊》(A Handbook of Roentgenology)。

蘇達立一方面秉承老院長梅滕更的核心價值觀「顯仁」，致力於廣濟醫院的穩定與發展；另一方面發揚人道、博愛和奉獻的精神，參與人道救援的工作。

四個月裡 251 次空襲杭州

1931 年 9 月 18 日，日本帝國軍隊在遼寧省瀋陽發動「九·一八事變」，百天內佔領了整個中國東北地區。1932 年 1 月 28 日，「一·二八事變」在上海爆發。擁有笕橋機場、中央航空學校的杭州，成為國民政府前線空軍基地，負責捍衛首都南京與經濟中心上海。

1937 年 7 月 7 日河北省宛平縣「蘆溝橋事變」，日本帝國軍隊藉口發動全面侵略。從蘆溝橋進攻平津地區，不久華北地區淪陷，中、日全面開戰。蘇達立正在莫干山開診問病時，從收音機中聽到了「蘆溝橋事變」的消息，便馬上下山，趕回杭州的廣濟醫院。一個月後，戰事蔓延到了杭州。8 月 13 日，日本軍隊進攻上海，「淞滬會戰」爆發。當晚，日本海軍第三艦隊司令官長谷川清下達戰令。計劃在次日發動襲擊，企圖一舉覆滅中國軍隊的航空兵力。

8 月 14 日，日本最精銳的鹿屋、木更津海軍航空隊，共出動 18 架九六式陸上攻擊機，從臺灣臺北松山機場飛向中國大陸。其中 9 架飛到杭州，奉命轟炸笕橋空軍基地。當日，由茅以升主持設計的錢塘江大橋仍在建造之中。這座中國自行設計、建造的第一座雙層鐵路、公路兩用橋，也遭到日軍空襲。茅以升在《錢塘江建橋回憶》中回憶道：「轟炸的時候，我正在第六號橋墩的沉箱裡面和工程師及監工員商量問題。忽然沉箱裡的電燈全滅了，一片黑暗……電燈一滅，大家以為高壓空氣也出了事。而沒有高壓空氣，江水就要湧進來，豈非大家都完了嗎？」

杭城上空著名的「八·一四空戰」，是中華民國空軍和日本帝國海軍航空隊之間的一次攻防戰，蘇達立是見證者之一。當天下午 4 點，蘇達立正在和聖公會浙江教區邱約翰主教（Bishop John Curtis）（杭州扶輪社社員）在開口的亞細亞火油公司（Asiatic Petroleum Co.）跟經理魏烈思（Frank Willis）一起用下午茶，享受著片刻間的歲月靜好。空襲警報突然響遍全城，蘇達立記錄道：「空襲發生在下午 4 點……空襲警報嗚嗚作響。我接到醫院電話，匆匆回去。汽車駛至

錢塘江大橋附近，被路警阻止。我們在濛濛細雨中，等候了兩個多小時。其間，聽到日本重型轟炸機飛越錢塘江上空及炸彈爆響聲，並看到數架中國空軍戰鬥機正在驚險追擊中。」

當時的杭州剛剛刮過一場颱風，中國空軍第四大隊調防笕橋機場才著陸，還來不及加油就遭到了空襲。在惡劣的條件下，第四大隊隊長高志航率領美國製造老鷹三型 (Hawk III) BF2C 戰鬥機 27 架緊急起飛，雙方在杭州城上空展開激戰。

「八·一四空戰」中國空軍僅有 1 架飛機輕傷，擊落日機 3 架、擊傷 1 架。打破了日本的「不滅神話」，取得了首次空戰勝利。第二天，又有三次空襲警報。日本報復，共出動了 16 架轟炸機以及 29 架戰鬥機。蘇達立抬頭就看到日軍飛機在杭城上空投彈，其中一次就發生在醫院上空，職員們跑到走廊上觀看。迎戰的仍然是由高志航領導的第四大隊，此次作戰共擊落日軍 17 架飛機。戰敗的日軍仍不信邪，第三天 8 月 16 日又再次報復，結果是日軍損失了 8 架飛機。中、日空軍的首次作戰，在短短三天內，日軍共損失 28 架飛機，這讓日本軍方高層大為震怒。當時負責此次空戰的木更津航空隊聯隊長石井義，因為給日本帶來了「恥辱」，不得已只能剖腹自殺謝罪。此次空戰的勝利極大地鼓舞了全國軍民，此後 1940 年，中華民國政府將 8 月 14 日定為「空軍節」，直到今天。

然而，這場來之不易的勝利並沒有帶來和平。據蘇達立回憶，在隨後的四個月裡，杭州共遭受了 251 次空襲。這座以風景優美聞名於世的城市，在一次次轟炸中，變得千瘡百孔。

烽煙歲月 八一四空戰的傷兵醫院

年前「淞滬會戰」打響之後，1937 年 9 月，包括血戰四行倉庫的許多傷兵自上海郊區搭火車來到杭州。傷兵一路夾雜著難民的擁擠，且天氣炎熱將近 38°C，還要躲過日本飛機的空襲掃射。到達杭州時，已經在沒有醫療的情況下熬過了四天四夜。廣濟醫院的醫師護士及其他職工沉著應對，妥善安置了傷兵。數星期內達萬人，住滿了所有醫院、學校、寺廟及其他公共場地。按照國際法，教會醫院可以在紅十字會的名義下救治傷兵。由於廣濟醫院為英國教會開辦，因此，也稱得上是杭州城中一個重要的「庇護所」。從「八·一四空戰」開始，廣濟醫院開始接治受傷的中國空軍及其他受傷人員。有一天，醫院接到通知要求在下午三點收容 35 個重傷者，但下午四點送進來的重傷者竟然超過 60 人。按照國際法，教會醫院可以在紅十字會的名義下救治傷兵。由於廣濟醫院為英國教會所開辦，因此稱得上是杭州城中一個重要的「庇護所」。

1937 年 11 月 5 日，日軍以 3 個師團的兵力，集結軍艦 80 餘艘，在杭州灣的澉沿鎮、金山衛和全公亭登陸。在隨後的一個多月裡，日軍相繼佔領了嘉善、餘杭、富陽等地。

日軍在杭州灣登陸後，所有人都意識到杭州的陷落將不可避免，接著就開啟了持續數周的全城大逃亡。80 萬人口最後只剩下 10 萬人，留下的大多是真正老杭州人。面對殘暴的日軍，眾多百姓的命運將如何？廣濟醫院的那些傷兵又該怎麼辦呢？

杭州即將淪陷時，蘇達立是有機會撤離的，國民政府準備了專車供英美法等國人士離開。但蘇達立出於基督徒的愛心和醫生的責任心，以及紅十字會的理念，堅持留在廣濟醫院。在他的影

響下，廣濟醫院大多數人員都決心留下來。他說：「我們的首要任務就是設立難民營，以便於戰爭迫近時民眾能夠獲得逃難庇護。」

11 月 15 日，杭州市政府衛生處一位張處長找到蘇達立，希望廣濟醫院能夠接受無法撤離的 1,000 名重傷官兵。他說在杭州的一萬名傷兵，其中 9,000 名可以撤退到後方。但剩下的無法移動，只能留在杭州進一步治療。如果廣濟醫院能夠予以接受，則可提供醫院附近公立學校校舍作為臨時的重傷醫院，並可以撥付一切必需款項。

在蘇達立表示願意接受這批重傷員後，杭州市長周象賢立即支付一張國幣 5 萬元的支票。對於財政拮据的廣濟來說，5 萬元已經可以支持分院半年的經費。幾乎同時，蘇達立又收到來自英國的救濟款項。蘇達立和醫院職工慎重選擇重傷官兵 660 人，於 11 月 22 日在寒冷淒風苦雨中，將這些傷員轉移到重傷分院，由蘇夫人及其助理人員負責照顧。12 月 23 日，蘇達立記載：「傷兵也儘量運送離開，最後就剩下重傷不能移動者 202 人。」

當時美國監理會差會（American Southern Methodist Episcopal Mission）的湖州福音醫院院長孟傑醫師（Dr. Fred Prosper Manget），恰好帶領部分職員以及醫療器械撤到杭州，接手了廣濟重傷分院的工作。著名律師田浩徵（杭州扶輪社社員）擔任業務部工作，為收治難民奔走呼號。在戰亂中，難民的疾病防治一直是個難題。孟傑花了很大精力照料難民營裡面將近一萬名婦女和兒童，對他們作防疫注射、除虱和傳染病隔離。幾個星期之內，送到杭州的傷兵已達萬人。當時，連靈隱寺都闢為最大的臨時傷兵醫院。但源源不斷的傷病人還是住滿了所有醫院、學校、寺廟及其他公共大廈。而與愈來愈多傷兵相對的，是杭州城內逐漸稀少的市民。

經基督教青年會（YMCA）總幹事朱孔陽提議，由蘇達立發起邀請，杭州城內多位有聲望的外國人聯名，向中國守軍司令部，並經由英國、法國、美國駐上海總領事向日本軍方發出請求書。懇請體念傷兵、難民，並顧及天然美景和傳統文物，希望能避免在杭州市區內作戰。請求書幸獲中、日雙方軍事當局同意。但這一請求，並未起到預期中的作用，杭州最終還是從天堂跌落。

從教會醫院到集中營

蘇達立在回憶錄《從教會醫院到集中營》中寫道：「我們的首要任務就是設立難民營，以便於戰爭迫近時，民眾能獲得逃難庇護。此後，紅十字會歷 9 年之久仍在活動，戰時及戰後舉行會議 200 多次。難題實在太多，每天應付血腥場面讓人有些崩潰。而此時，我恰有撤退的良好機會。中國政府派專車護送中立國的人員撤退，但我們廣濟醫院大多數人都決心留下來。」

中國紅十字會杭州分會委員包括中、英、美、法各國人士，推選蘇達立任副會長。各個宗教組織（包括佛教）攜手設立難民營，營中懸掛起英、美、法等各國國旗及紅十字會會旗。當時，日本帝國仍會敬畏英美等曾協助日本現代化的先進西方國家。即便侵華戰爭已經持續一段時間，日、德、意軸心國陣營已經建立，日軍仍未有正式進攻已重重包圍的上海租界區及香港等西方殖民地，以避免向英美等國開戰。在無盡的恐怖中，無數婦女、兒童和老人湧進紅十字會難民營。在自己的土地上，尋求英、美、法等國旗幟下的庇護。

就像是暴風雨前夜四散奔逃的螞蟻，1937 年 10 月底開始，有能力逃走的市民，都儘可能帶著所有財物離開了杭州。到了 11 月 20 日，原本人口 80 萬的杭州城只剩下 10 萬人左右。另有約 10 萬人暫時逃離了市區，隱匿在郊區各村鎮。杭州扶輪社的 38 名社員，許多也分散了。所有人都在觀望動靜，但他們並不知道，第二天等來的究竟是黎明的曙光，還是更漫長的黑夜。

11 月 16 日，茅以升在錢塘江大橋工程處接待了一位南京政府派來的重要客人，他是南京工兵學校丁教官。在出示了一份南京政府絕密文件後，丁教官對茅以升說，如果杭州不保，錢塘江大橋就等於是給日本人造的。丁教官告訴茅以升，炸藥已直接由南京運來。

11 月 30 日，日軍出動飛機 28 架次，在蕭山縣城城廂鎮上空進行了兩個小時的地毯式轟炸。這次轟炸中，日機共投下各類炸彈 120 枚，造成近 200 人喪失性命，1,000 餘人被炸傷炸殘。

12 月 23 日，為阻滯日軍南下，茅以升揮淚炸毀了全面通車僅 89 天的錢塘江大橋，只留下殘存的橋墩。在大橋被炸的那天晚上，茅以升在書桌前寫下：「抗戰必勝，此橋必復」。

救援會決定正式開放難民營，營中懸掛起英、美、法等各國國旗及紅十字會會旗。在極度恐怖中，有 17,000 多名婦女、兒童和老人湧進難民營，尋求這些旗幟的庇護。由於蘇達立和其他傳教士多屬英美人士，而當時英美和日本並非交戰國，所以他們可以在難民營懸掛英、美、法等各國國旗及紅十字會會旗，以保護難民。

12 月 24 日聖誕節前夕，杭州淪陷。東路岡井部隊入清泰、望江兩門；北路孤川部隊進武林門西大街；西路三林部隊由鳳山門進入杭州。日軍沿途燒殺擄掠，使城市受到極大破壞。杭州由此開始了長達八年的鐵蹄下生涯。聖誕節，這個本應充滿和平與友愛的節日，對於當時的杭州百姓來說，卻是苦難的開始。蘇達立日記中記錄：「聖誕節中午，日軍開始大規模佔據杭州的房屋。傍晚衝進民房肆意掠奪，杭州慘遭恐怖統治的序幕被拉開。全杭州市 90% 被劫掠，許多婦女慘遭凌辱。12 歲到 60 歲的婦女在此時都失去安全感，時常有受害婦女被送進醫院治療。另一種駭人聽聞的事件，是日軍放火燒屋。數處火警都很靠近醫院……」

澳洲著名記者田伯烈(Harold John Timperley)當時身在杭州，每天都要領著城內亟待幫助的婦孺撤入廣濟醫院中。在其《外人眼中的日軍暴行》(The Japanese Terror in China)一書中，他寫道：「自日軍佔領杭州以來，我們的醫院（廣濟醫院）裡面就有許多受難的婦女。其中兩個因為日本兵追逐從樓上的窗口跳下，折斷了背骨，一個並且折斷了腿骨。搶劫、傷害、屠殺、姦淫、放火，有增無減。整個杭州變成了恐怖的城市，只有外國人的房屋內和收容所內是安全的。」

杭州淪陷後，蘇達立經常以紅十字會副會長的身份巡視市郊小村鎮，救治傷員。有一次在杜橋，蘇達立救出遭日軍大炮轟擊的村民 33 人；第二天又從大火中救出數位婦女。在另一個村子，蘇達立和醫院員工與日本兵遭遇。出示紅十字會證件後，仍被日軍帶到部隊檢查，核准後才放行；此行又救出 23 人。

當時的杭州，已經從天堂跌落煉獄。1938 年 2 月 18 日，日軍瘋狂屠殺餘杭縣喬司鎮居民，施放火槍燒房子，用步槍和機槍掃射群眾。日軍連續燒殺 3 天，被害平民達 1,300 餘人，燒毀房

屋 7,000 餘間，整個喬司鎮成為一片廢墟。事後，人們收集遺骸建公墓，立碑為「戊寅公墓」，俗稱「千人坑」。（圖見第 17 頁）

3 月 4 日，日軍包圍新登縣長新鄉東塢山村的午朝廟，將在那裏避難的 300 餘難民集中起來。分年齡將各人的拇指連拴在一起，並令他們下跪，然後架起機槍掃射屠殺，僅得 5-6 人倖存。

3 月 26 日，1,000 多名日軍將龍溪沿岸的村鎮燒殺。龍溪南段與京杭大運河相接，北段通往吳興匯入太湖。日軍佔領杭州後，龍溪是運送軍火物質的要道。為確保杭湖水道的安全，日軍製造了火燒百里龍溪的慘案。在 120 里的龍溪兩岸，近 150 個村莊成了一片火海。據統計，僅德清境內龍溪兩岸就有 110 個村莊燒毀，7,700 多間房舍被焚，死亡 580 餘人。

蘇達立記錄道：「1938 年初，開口已是無人地帶。只見到處是遺棄的屍體，因無人收屍而臭氣熏天。有的剛被槍彈射死不久，仍浸在血泊中；也有無頭屍體仍保持跪下姿勢；有被砍頭而未全斷；背部被劈開的…」就連慣看生死的醫師蘇達立都忍不住感嘆道：「其恐怖淒慘狀，我有生以來從未見過。」不久之後，日本憲兵侵入廣濟醫院並架設機關槍，強行擄走 103 名國軍痊癒期傷兵。蘇達立憤而抗議，並與英國駐上海領事館聯絡，英國國家廣播公司(BBC)加以報導。最後日軍當局為緩和各方譴責，允許蘇達立攜帶少量糧包探監，後來又允許每周探監診療。經過不斷交涉，日軍在 1938 年 11 月 3 日明治天皇壽辰那天釋放了其中 44 人，另外 59 人被轉移到上海關押。醫院剩下最後一批傷兵於 1939 年的復活節順利出院，醫院還為他們舉行了歡送會。

當時，美國基督教北浸禮會差會(American Baptist Foreign Mission Society)的蕙蘭中學(Wayland Academy)也是杭州城內主要的避難處。難民的數量還是遠遠超出了預設，以至於避難處的人們只能擠擠挨挨地坐在水泥地上。難民一天只能吃一頓燒得很爛的米飯，一周有三天能吃上鹽，四天能吃少量的鹹菜。蕙蘭中學校長葛烈騰(Edward H. Clayton)(杭州扶輪社社員)在回憶錄《Heaven Below》《人間世》中寫道：「(條件艱苦)但他們都不在乎。只要能進來，坐在美國國旗下，得到紅十字會的幫助，他們別無所求。」城內的避難處需要有人徹夜巡邏，以攔住想要闖進來索要婦女的日本士兵。

自杭州淪陷至 1939 年之間，蘇達立聯手醫治了中國傷兵千多人。廣濟醫院 1938 年總病例人數為 88,000，超過戰前最高峰 1926 年的 60,000 人，蘇達立在 1939 年一份報告中預估當年會突破 100,000 例。除廣濟醫院外，還有基督教蕙蘭中學、法國天主教會仁愛醫院、弘道女子中學(Hangchow Union Girls' School)及基督教青年會(YMCA)等機構作為避難所，總共接納了 2 萬 5 千多名婦女和兒童。

幸好由於廣濟醫院的特殊背景還能維持，能收到外界的援助。蘇達立新申請了「美國諮詢委員會」的款項和「美國紅十字會」的醫療用品，「中華全國基督教協進會」所屬兒童基金專門資助營區的 2,000 名兒童。蘇達立在一份寫給倫敦的通訊中寫到，他們曾在一個月內收到美國紅十字會的 98 病例的醫療用品、大量罐裝牛奶和鹹牛肉以及 5 噸麥片。這些物品的包裝袋上寫著「美國人民贈予中國人民」。

到 1939 年夏，難民數量已大為減少，傷員救治工作也暫告結束後。蘇達立夫婦啟程回英國休假探親，醫院暫由郝惠琴醫生(Dr. Phyllis Haddow)任代理院長。兩個月後，蘇達立把夫人

留在英國陪同兩個女兒，自己則幾經周折回到了廣濟醫院。可是回來後不久即因蚊蟲叮咬而患了血中毒，不得不臥床休息四個月。但他尚未完全痊癒，即投入到救難工作中去，繼續耶穌基督的使命。

1941 年日本帝國海軍於美國時間 12 月 7 日對美國領地夏威夷的珍珠港(Pearl Harbor, Hawaii)海軍基地偷襲，太平洋戰爭爆發。偷襲珍珠港事件被視為向美國和盟國宣戰，日本帝國同時入侵英國殖民地香港及中國境內各同盟國租界。美國、中華民國及一眾英聯邦國家，隨即在同一日對日本宣戰。12 月 8 日，日本將其佔領區內西方人統統視為敵人。當日上午，蘇達立正在醫院教堂做禮拜，從外籍同事口中得知日本向英美宣戰的消息。中午時分，駐杭日軍即派憲兵到醫院進行了搜查，沒收了無線電和一些「違禁」書刊，加派了監視哨，蘇達立他們與外界聯繫幾乎中斷了。傍晚，日軍突然闖入廣濟醫院，稱「你們仍有自由，但是我們要執行任務，逐屋搜查」。此後，醫院的院務雖然能夠繼續維持，但處在日本憲兵隨時「監視搜查」中。

8 月 31 日，日軍突然下令要徵用廣濟醫院以醫治他們的傷兵，逼迫蘇達立將醫院移交給日本軍事醫務機關。

1942 年 11 月 11 日，蘇達立因為「幫助治療中國傷兵」之罪名，被四名日軍憲兵拘捕，第二天就被押送到上海海防路集中營(Hải Phòng Road Camp)監禁。集中營內關押了英、美、丹麥、比利時、希臘等國的 360 名外僑，年齡最小者 21 歲，最大者已 74 歲。日軍稱他們為「危險的戰犯」。蘇達立記載：「營犯中時常有人隨時被憲兵提到總部詰問或被特別拘禁，時間從 24 小時到 3 個月不等。各國男女混雜，擁擠污穢，受盡凌辱和飢餓。」

1945 年 6 月底，蘇達立隨同其他外僑被強行「轉移」到北平郊區豐臺一個「在日軍嚴密軍事管制防衛，甚至連日軍士兵都不允許閱讀任何報紙」的集中營。直到 1945 年 8 月日本帝國戰敗投降後，才獲得釋放。抗戰勝利後，蘇達立重獲自由並再次擔任廣濟醫院的院長兼麻風病院院長，繼續為杭州市民服務。經過幾年的努力，杭州廣濟麻風院的聲譽又逐漸傳遍全國。1948 年，鑒於麻風治療住院的病人日漸增多，蘇達立與醫務部主任馬雅各(Dr. James Laidlaw Maxwell)一起籌劃麻風病院擴大事宜。（詳情請見第 26-27 頁[獻身麻瘋防治事業的蘇達立醫師]）

離開中國赴香港

1949 年 10 月 1 日，中國共產黨在北京建政中華人民共和國。1950 年 6 月 25 日朝鮮戰爭爆發，掀起「抗美援朝」的熱潮，參加戰爭 16 個盟國的僑民必須離開中國。1951 年，蘇達立等聖公會有關負責人，將廣濟醫院估價舊幣 32 多萬元，租給浙江醫院作為教學醫院。同年，蘇達立等外籍醫生回國。離開杭州前，他和昔日戰友田浩徵律師一起騎著自行車來到錢塘江邊，站在錢塘江大橋上，最後一次注視著這座他曾經生活與工作 30 年並為之付出一切的城市，深情地與她道別。這個曾在風雨如晦的時刻守護著杭州的醫療傳教士，帶著對中國人的愛，帶著心靈的創傷和苦痛回到了他自己的祖國，卻留下一座歷經風雨滄桑的醫院，依舊矗立在杭州這片土地上。

蘇達立雖然身返英國，心裡卻始終牽掛著中國人民。不久，他又到香港養和醫院行醫，直到力盡方休。1970 年 9 月 28 日，這位忠於其信仰與使命，深愛中國百姓，並在危難中拯救千萬生命的「杭州的拉貝」，在英國黛芳的布朗頓(Braunton, Devon)辭世，享年 74 歲。

獻身痲瘋防治事業的蘇達立醫師

痲瘋病（Leprosy），又作麻風、麻瘋、癩病、癘風，醫學領域稱為漢生病或韓森氏病（Hansen's Disease）。是由痲瘋桿菌與瀰漫型痲瘋分枝桿菌引起的一種慢性傳染病，主要經由飛沫傳染，但傳染性並不強。感染初期不會出現症狀，潛伏期可達 5 至 20 年。男性患者比女性患者多。此症主要侵犯人體周邊神經，以及皮膚、黏膜。早期的症狀包括皮膚出現紅色或白色斑塊、丘疹以及結節，並且喪失感覺。如果沒有妥善治療，晚期痲瘋會對患者帶來嚴重的傷害。可能造成失明、耳聾、魚鱗癬、爪型手、鼻樑塌陷、眉毛脫落、獅樣臉（leonine faces）以及四肢潰爛等。過去由於痲瘋病人外貌有巨大改變，因此人們認為痲瘋病是危險的不治之症。在十九世紀後期到二十世紀初年的中國，痲瘋病相當普遍的傳染，是令人聞之色變、高度污名化的疫病。很長的一段時間，政府採取隔離政策，建村建病院。一般民眾對痲瘋病人避之唯恐不及，視他們為「瘟神」。這種高度懼怕與厭惡之情，也連帶影響了社會對痲瘋科醫生的觀感。自此，痲瘋不再只是「單純的疾病」，更牽涉社會福祉、污名歧視和結構性暴力等議題。

基督教會把救治痲瘋病人視為對耶穌愛德的繼承，是慈愛精神的表現。傳教士以他們慈善博愛與奉獻的精神救治患者的同時，引導他們逐步恢復對生活的信心。教導病患者學習手藝或耕種，幫助他們回歸正常生活。由於專業的管理，加之治療水平提高，使以前認為不能治療或制止蔓延的痲瘋病，得到了良好療效。不少治癒者出院與親人團聚，並能正常從事勞動生產。

英國劍橋大學（University of Cambridge）醫學博士蘇達立，原先是一名海軍軍醫。1921 年，他受英國聖公會派遣至杭州廣濟醫院和痲瘋病院從事 X 線攝片及痲瘋病治療工作，隨後即擔任廣濟醫院和廣濟痲瘋病院院長。蘇達立接管痲瘋病院時條件較差，當時的痲瘋病院在市區的廣濟醫院設有痲瘋病門診，同時在松木場許家灣小石山設有痲瘋住院病區。病區的房屋由於維護較少，已經十分破爛。醫院整體環境也不夠理想，在外界的聲譽也不高。至 1924 年，才收治痲瘋病人 60 名。加之 1927 年時國民政府從英國人手裡收回廣濟痲瘋病院，公立經營了 16 個月。期間經費困難，病人死亡率高。部分病人自動出院回家，防治工作更是遭到嚴重挫折。

面對此種情況，蘇達立積極與英國國際痲瘋救濟會（The Leprosy Mission）聯繫。1928 年又從國民政府手裡接管了廣濟痲瘋病院。收回痲瘋病院後，為改善痲瘋病區環境，蘇達立積極爭取英國國際痲瘋救濟會的援助，於 1930 年在病區新建了磚木結構的男女病房、禮拜堂（聖約翰堂）、診療室等。環境較前大為改觀，廣濟痲瘋病院一躍成為當時國內硬體設備最好的痲瘋病院之一。

作為痲瘋病院的院長，痲瘋病治療不是蘇達立醫師的強項。雖然他也參與治療痲瘋病人，但他重點通過吸引痲瘋防治專業人才來院工作或訪問的方法，來提高醫院痲瘋治療水準。1928 年，他聘請了郝惠琴醫師（Dr. Phyllis Haddow）來院負責痲瘋病的治療工作，主要使用口服大楓子油及肌肉注射大楓子油乙酯兩種方法。據觀察約有近 40% 患者治療有效；後來曾經有許深德醫師（Dr. Lee S. Huizenga）來杭州時，提出了許多有關痲瘋治療方面的建議，促進了痲瘋治療水準的提高。1947 年，更請到了世界著名痲瘋專家馬雅各醫師（Dr. James Laidlaw Maxwell）來廣濟

癲瘋病院工作。他使用礮類藥治療癲瘋病的成熟經驗，使廣濟的癲瘋治療水準與國際癲瘋治療水準接軌，並由此吸引了大批鄰近省市及軍隊癲瘋病人前來就診。

護理工作也在蘇達立負責期間得到加強並取得成效。癲瘋病院的歷任英國護士長毛禮斯小姐 (Sister S. Morris) 等，均訓練輕症癲瘋病人從事癲瘋護理及清潔工作。緩解了護理壓力，使眾多的病人收益很大。有些病人可以自行清洗潰瘍，包紮傷口，測量體溫，肌肉注射，分擔了不少護理工作。對於同時有精神病的患者，也專闢病室居住，以便照顧、護理。同時也保證了其他病人治療生活的安心、寧靜。

當時廣濟癲瘋病院的生活，也一定程度得到改善。蘇達立通過各種途徑，積極爭取英國國際癲瘋救濟會對病人的定期生活補助；並與杭州的市長等交涉，獲得了一定糧食物資援助；還爭取到了讓病區癲瘋病人，在病院周圍自由活動的權利。醫院安排了輕症病人從事園藝、燒飯、看管大門、洗衣等工作，通過病人間的互助改善集體生活。同時，還挑選了兩名擔任過小學教師的病人，來指導沒有文化的病人學習文化。醫院也不斷吸收有文化的輕症病人，參加基督教的一些宗教活動。

1941 年 7 月太平洋戰爭爆發之後，日本侵略者將蘇達立等人送往戰俘集中營，廣濟癲瘋醫院無人過問。那時病人四散逃難，只剩下 18 名肢體殘疾病人無家可歸。在醫院附近挖野菜度日，生活苦不堪言。1945 年抗日戰爭勝利後，國民政府對癲瘋不加過問。廣濟癲瘋病院仍然由英國聖公會接管，蘇達立仍然兼任癲瘋病院院長；並恢復了與英國國際癲瘋救濟會的聯繫，癲瘋病院逐漸恢復原狀。蘇達立居住在杭州廣濟醫院內，廣濟醫院有許多日常事務需要他處理。但無論工作多忙，他都堅持每週一次到癲瘋病院，處理行政管理事宜並親自治療病人。通過幾年的努力，杭州廣濟癲瘋病院的聲譽又逐漸傳遍全國。

1948 年，鑒於癲瘋治療住院的病人日漸增多，蘇達立與醫務部主任馬雅各一起籌畫癲瘋病院擴大事宜。1949 年在武康上柏的鴻漸嶺，創辦了中國最早的「癲瘋村」形式的農場。其農場經營與癲瘋治療相結合的經驗與成效，引起了國內外許多同行的重視。上柏癲瘋農場成為日後廣濟癲瘋病院遷移武康的基地。

1949 年 10 月 1 日，中國共產黨在北京建政中華人民共和國。1950 年 6 月 25 日朝鮮戰爭爆發，掀起「抗美援朝」的熱潮，參加戰爭 16 個盟國的僑民必須離開中國。1951 年，蘇達立將廣濟醫院/廣濟癲瘋病院完整地移交給人民政府後，即要離開他生活了近 30 年的杭州返回英國。1963 年前往香港行醫，繼續服務中國人民。1970 年 9 月 28 日，蘇達立在英國辭世，享年 74 歲。

蘇達立作為一名醫學博士的外國人，三十年如一日，為浙江的癲瘋防治事業超我服務，無私奉獻。他通過爭取外援，重用人才，改善服務，創建農場等舉措，使廣濟癲瘋病院處於當時中國癲瘋防治的領先水平。浙江癲瘋防治的歷史，將永遠記住他的名字——英國傳教士蘇達立醫師。

