THE
WAY OF THE DOCTOR

A Study in Medical Missions

BY

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WITH A FOREWORD BY

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TO
MY MOTHER

Contents

FOREWORD

DURING my long service in various parts of India I was greatly impressed with the value of Medical Mission Hospitals. I saw them at work from the Punjab Frontier, where a high administrator declared Dr. Pennel's influence with the wild border tribes to be worth a regiment of soldiers to the Government, to Assam, where a Mission Doctor had built, largely at his own expense, a Hospital second to none in the province. Therefore I welcome Dr. Fletcher Moorshead's book describing the principles, methods of work and training of Medical Missionaries, which will bring the value and necessity of such work before a large public who only need to be informed of the intensely interesting and invaluable labours of Medical Missions in many parts of the world to be induced to lend far greater moral and material support to this great civilising and educative movement.

The time has passed when the field of Medical Missions was mainly of a pioneer nature in opening up to Christianising influences the dark places of the world where a footing could not be obtained in any other way. Great as their services have been in this respect in the past, at the present time it is becoming increasingly recognised that a well-equipped, but not extravagantly housed Hospital furnishes a most valuable element in well-organised Missions in foreign lands, through which many not likely to be reached in other ways are brought within the orbit of Missionary

influence. In addition they supply Medical and hygienic care of the workers, to the great benefit of their health and saving in invaliding due to preventable illness, with the accompanying disorganisation of the work.

Medical Education is another branch of Medical Missionary work fraught with immense possibilities for good, especially in China, where in 1922 nine out of twenty-nine Medical Schools were Christian. It is particularly pleasing to note that no less than thirteen English and American Societies co-operate in the work of the Shantung Christian University ; for there is no greater obstacle to Christian influence in heathen lands than the unhappy divisions of the Christian Church. Moreover, it has been truly said that Medicine is the noblest of professions but the vilest of trades, so the enduing of a new indigenous Medical Profession with the high principles of Christianity is no small gain in itself to any country. There is also vast scope for Medical Missionary education in Tropical Africa, where nothing short of training an indigenous Medical Profession will adequately provide within a reasonable period for the hygienic and medical care of the scattered population. This crying need is well voiced in the concluding chapter of this book, " When is the Doctor coming ? "

The author rightly emphasises the necessity of providing, as the minimum staff of every Mission Hospital, at least two qualified practitioners and two trained nurses, without whom adequate work, which appeals so strongly to the indigenous races, is

not possible. The high moral and educational qualification and long training needed to equip Medical Missionaries for their arduous and difficult task, as correctly set forth in this work, appear at first sight to greatly limit the choice of workers ; but that rare spirits ready for the task have been, and are still being obtained for the Mission Field, I can testify from personal experiences. I count among my most cherished experiences the friendship of such men as Dr. Pennel of Bannu and Dr. Hearne of the Dublin University Mission in Chota Nagpore, to mention only two who have gone to their rest martyrs to their zeal in carrying out Christ's command to preach the Gospel to every creature ; both died of infection contracted in the course of their professional work. I take this opportunity of saying that when a Medical Student I was only deterred from taking up what I regarded as the highest ideal for a Christian medical man, namely the work of a Medical Missionary, by a feeling that I was not altogether fitted for that high calling, partly on account of a poor ear for sound, which made it very difficult for me to learn to speak any foreign language.

The chapter on " Woman's Medical Work " describes the important special field of work among the most influential classes of women in such countries as India and among Mohammedan peoples, where male doctors are not permitted to see the purdah women, the reaching of whom through Medical Women is essential to full success, and I can testify to the remarkable openings here for professional work, including a vast amount of surgery, openings which

should not fail to appeal to Christian Medical women. The same applies to a great extent to well trained nurses.

Last, but not least, stress is rightly laid in this volume on the value of associating scientifically trained Medical men with their other Missionary colleagues, for although the supposed antagonism between religion and science, so prominent half a century ago, has given place to a large extent to more rational ideas, the idea is not altogether dead.

I trust that this book, which only lacks space to present a complete description of what Medical Missions have already accomplished, will at least serve to bring home to many the almost infinite scope afforded by Medical Missions for advancing Christianity and raising the social status of the peoples of the dark places of the earth. I trust also that it will result in an increasing number of the best of the rising generation of the Medical Profession, in every sense of the word, offering themselves for the Mission Field, and also in greatly increased financial support to enable their self-sacrificing work to reap the richest harvest.

L. R.

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AUTHOR'S PREFACE

A LITTLE more than twelve years ago a book was issued, entitled "The Appeal of Medical Missions," in which the present author sought to state the case for Medical Missions. That book is now out of print, and out-of-date. When, therefore, from more than one quarter, the suggestion was made that the book should be republished, it was felt better to contemplate the writing of what would be a new book on the subject, rather than bring out a revised edition of the former one. This present book represents the result of that conclusion.

Two main objects have been kept in mind in the presentation of the subject. The first is to afford such a statement of Medical Missions as might enable the members of the Church in the homeland to obtain a better grasp of the share that Medical Missionaries are taking in the spread of the Gospel. An experience of some years in work amongst the home Churches has led me to the view that the average Christian man and woman has only a very small idea as to the true greatness of the service which is being rendered by our missionary doctors and nurses. Now and again they hear about the work, when a Medical Missionary visits the Church of which they are members. At other times they read of Mission Hospital work in

the pages of a Missionary periodical, or, at rare intervals in the columns of a newspaper. But when it comes to a real insight into this department of the work of God overseas, and to a worthy conception of the place of healing in the advancement of the Kingdom, then there would seem to exist a demonstrable lack of knowledge and vision. If then a growth is to take place in the interest taken in Medical Missions on the part of the Church at home, an interest that shall be something more than the product of fleeting impressions, and which shall reveal itself in the fuller dedication of life and gifts to the work, the defect above noted needs to be remedied. It is as a definite contribution to this end that the following chapters have been written.

Secondly, it is my aim to provide those young men and women who are contemplating a medical or nursing career on the Mission Field, as well as those who may be called upon to advise them during their years of preparation, with such facts as may enable a balanced view of Medical Missions to be obtained. The importance of this point can hardly be emphasised too strongly, and it is hoped that subsequent pages may supply something of value along this line.

I wish to acknowledge my indebtedness to many kind friends, including several of my colleagues in the Baptist Missionary Society both at home and abroad, for information that has been placed at my disposal. Special thanks are due to Dr. Webb

Anderson, Dr. Harold Balme, Dr. Howard Cook, Dr. Thomas Cochrane, Dr. Thomas Horton, Dr. Arnold C. Ingle, Dr. Lechmere Taylor, Dr. H. H. Weir, Dr. Percy Wigfield, and to my wife, both for their kindness in perusing the first draft of the manuscript and for their invaluable criticisms and suggestions respecting the literary form and matter of the subject. I am further indebted to my friend and neighbour, Mr. Arthur Birnage, for his sympathetic interest in the endeavour and for his goodness in reading the manuscript. To Sir Leonard Rogers I am most grateful for the fresh token that he has given of his interest in Medical Missions by contributing the Foreword.

R. FLETCHER MOORSHEAD.

London,
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I

THE WAY OF THE DOCTOR

"It is difficult to imagine a loftier cause to which a man may offer the devotion of his life. Here in this country we help our hundreds of patients who could find another doctor round the corner. In Asia and Africa the Medical Missionaries help the thousands, the millions, who have no other touch with Christ's teachings, and no other means of receiving the benefits of the civilisation that has developed only in a Christian Community."

DR. EUGENE F. DUBOIS,
Professor of Medicine, Cornell Medical School, New York.

IT is of more than usual interest to observe the way in which men and women of different vocations make their approach to the problems and possibilities presented to them by their life and service. The observation becomes a revelation of the oft undreamed of resources with which human nature has been endowed, and which, when trained and directed, can be consecrated to high ends. The differing responses to the challenge of human need and Christian duty are in themselves an index of the many avenues through which the Spirit of God interprets Himself to the souls of men. The ministry of His Kingdom is essentially one in which monotony has no place.

The diversity of gifts of which St. Paul speaks is a fact proclaimed clearly in the experience of men. Fashioned alike by nature and by grace, men and women all down the ages have revealed God in their own particular way. They have found their special talents for service claimed and used by a process of Divine selection. With one it has been a call to

preach, and with another the summons to dedicate an aptitude to teach, or to employ the literary faculty. And, in the midst of it all, the way of the Doctor has stood revealed as a mighty "highway to the human soul."

For undeniably the service of healing does unfold before those who find in it their vocation a clear and ample way of approach to the greatest problems that beset human life. The man who has become possessed of the power to heal has been placed in trust of one of the most potent points of contact between the Divine Father and the children of men. Something altogether distinctive has been committed to him for the service of God and men. His is a way which few will gainsay, and by availing himself of it, the doctor can mediate a redemptive ministry which men need and God waits to give. The issues of life and death are of necessity matters of intimate concern to those who, in the service of healing, often stand close to the frontiers of this life and of that which lies beyond. To all such the way of the healer may well prove, in the experience of his patients, an approach towards God, or, wrongly used, the reverse.

It is with this particular ministry of the work of the Church overseas that this book is concerned, and ere we pass the threshold of our subject it will be helpful for us to learn what we can, in a preliminary way, respecting the meaning of this "*Way of the Doctor.*" There are, we suggest, four distinct objectives that are brought within the reach of the Christian Missionary through this method of presenting the Missionary message.

I The Way of the Doctor is the way of a Friend.

Hardly anything more true can be said about Medical Missions than that the Missionary Doctor* starts out upon his errand with the talisman of a simple, straightforward friendliness in his hand. It shines through and illuminates his actions and words. To those amongst whom he finds himself the Medical Missionary appears as the friend seeking to help them in their hour of physical need. Not so much does he at first seem to them the bearer of a new religious faith, and as such to be greeted with suspicion and prejudice. It is as the friend of man, needy and suffering man, that the doctor secures his first foothold in the life and heart of a non-Christian community. And herein do we discover one of the initial secrets of the Way of the Doctor.

The understanding of all this, in its bearing upon the missionary problem, is so perfectly natural that we need hardly do more than state it. The facts of life enable us to realise the enormous power, for good or ill, of simple human friendliness. People who appear insensitive to almost everything else, will prove capable of being won by the exhibition of a friendly deed and word at some well-chosen moment. And out upon the Mission Field, when it is a case of approaching men and women of another race and religion, and with a totally different scheme of life and thought, the power of such a friendliness cannot be exaggerated.

Let us try to grasp that it is just this very thing that

*References in this book to Missionary Doctors and their work should be read as applying to Men and Women Doctors alike, except where otherwise stated.

the non-Christian heart yearns for time and again. Not so much a message as a friend. Somebody rather than something ; one who comes close home to human need, and who can prove, by his willingness to try and meet it, that he cares, and wants to help. This getting alongside the need of another, and lifting the burden of life, even if but a little, is peculiarly the opportunity of the Doctor, and when it is dedicated to the Missionary service its value is unmistakable. Beginning as a friend the Missionary Doctor lifts the latch of the otherwise closed door, and starts in such a way that presently it becomes possible to speak of that Lord in Whose Name he has come. The Christian message can never be altered, but the Way of the Good Physician makes all the difference.

II The Way of the Doctor is the Way of a Deliverer.

It is obvious that if the Doctor is out for anything at all, he is out, and all out, to save life. That is his business, and the aim and essence of his vocation. For that purpose he is called to the bedside of the sick, and for no less a task does he spend his energies and employ his skill in the relief of suffering. He is looked to as the one who can be trusted with responsibility in critical hours of illness, and his ability to take such steps as may mean the saving of a life is often the sheet-anchor of a distressed household.

Now if this is true to life in the experience of a Christian land, no less is it true in a non-Christian community, where the Doctor functions in the same way. Indeed, it may be said that still more does the Doctor figure there as the life-saver, for disease

rules in those places with fell sway, and the familiar words of the psalmist concerning human kind are abundantly true: "They are like grass which groweth up. In the morning it flourisheth and groweth up; in the evening it is cut down and withereth." The haunt of known and unknown maladies, and the hunting-ground of sudden sickness and speedy death, is, by the very facts of the case, the place of all places where the Doctor becomes a veritable deliverer. He is recognised as the one who may be able to avert a fatal issue, and his presence in such a community, once his power is known, is cherished with gratitude.

This being so, it is not difficult to see how real is the reinforcement that the doctor brings to the forces of the Gospel in Mission lands. The history of Missions is full of incident that establishes the validity of this point. Because the Missionary Doctor can bear the boon of healing just where it is so necessary, and gain thereby an influence over communities and households, he is able both to deliver lives from death and to convey the message of life to human souls. In two ways it is given to him to walk the way of the deliverer. Moreover by so doing the Doctor is enabled to win such a vantage ground for the whole work of a mission, as has meant, in instance after instance, the retention of a foothold that would otherwise have been lost. The Way of the Doctor has therefore a vital significance in the spread of the Gospel. It is not a question merely of his ability to save life, though no Christian Mission can be indifferent to a service of that kind, but back of it all lies the winning of such an opening as shall lead to the exercise of a yet greater redemptive ministry.

The Way of the Doctor is often the only possible one whereby that can be fully realised, and to include a place for him in any mission scheme is to display a wise statesmanship in the affairs of Christ's Missionary enterprise.

III The Way of the Doctor is the way of an Interpreter.

Life is full of questions, and the problem of human personality is one of age-long interest. The question—"What is man?" starts an enquiry that carries those who explore it a very long way. One thing is clear, the human equation is more than the physical structure of the body in which we live, move and have our being. Yet it is inseparable from it, and the ego cannot be fully understood or appreciated apart from the casing which constitutes its temporary home. Equally, human life with all its possibilities cannot reach out to its finest objectives until it is interpreted in the light of the whole man, body, soul and spirit. The sacred character of that gift which we speak of as life requires to be taught, and its meaning unveiled, if it is to be a truly dedicated life in the trinity of its being.

Now the Doctor is essentially a student of life, and he of all men should be the one who can interpret it with force and clearness. To the men and women whose sole conception of life has been material, the Christian Doctor can point to something higher, and to those who have sinned against their bodies, and suffered in their whole being, the Doctor, who is Christ's man, can unfold life as it should be lived on a new plane. It is a great opportunity that is thus

opened before the medical profession, and would to God it were more used!

When we face life as it exists in the non-Christian communities on the Mission Field, with all its sordid degradation and all its wasted and prostituted powers, it becomes overwhelmingly evident how loud is the call for the Missionary Doctor. To him is given specially the opportunity of instilling necessary truth concerning the use and misuse of physical life and the prevention of disease. At the birth of new life, in the prevention of infantile mortality, in the hygienic training of the young, in the fight against some of the great social evils, and in many other ways, the Missionary Doctor can influence the mind of a community upon the value of life to an encouraging degree. In his function as the interpreter of some of the unrealised meanings of life, the Doctor can shed a light upon an otherwise dark way. Above all, the Missionary Doctor can declare that message of hope in Christ which illumines the grave and teaches the secret of eternal life through Him.

In the presentation of the Missionary message, the Way of the Doctor proves also to be the way of the interpreter in the new revelation that it gives of the love of God. It is that tangible expression of the central message of our Faith which Our Lord enjoined in the parable of the Good Samaritan. It makes plain what is often so hard to be understood, by the non-Christian, of the teaching of Christianity. The Doctor on the Mission Field, in healing disease and relieving suffering, reveals the Father-heart of God, and by his unselfish service makes it easier for those

new to the Gospel to understand its meaning. This is one of the most valuable contributions that the Way of the Doctor offers to the cause of World Evangelism.

IV The Way of the Doctor is the way of service.

The facts dealt with under previous headings have implied that the Missionary Doctor stands for service to men for God. It may be well, however, if this characteristic feature of the Way of the Doctor be singled out for special comment. All Missionary activity is a service, by whomsoever done, whether recognised or unrecognised. The whole enterprise is such and nothing less. But there is something about the work of the Missionary Doctor which is clearly stamped with the hall-mark of service and sympathy, and by which the presentation of the Gospel acquires a peculiar and forceful appeal.

The doctor who goes forth at the bidding of his Lord, and at the call of human need, to spend his energies and time in bringing healing to the needy peoples in uninviting and out-of-the-way corners of this earth, may humbly feel that the word applied by Christ to Himself is true also of the disciple who seeks thus to follow in His steps; "I am amongst you as He that serveth." It is not gain or fame at which the Missionary Doctor aims, else he would stay where those may be won. It is not getting but giving that constitutes the magnetic secret of his life. The Rotary motto, "Service not self," is true of him if it is true of anyone. And the fact that he, as Missionary, lives thus in the service of man as the servant of His

Lord, adds an element of tremendous force to his living appeal.

And when we come to think of it, was there ever a moment when this exhibition of Christianity was more needed? We are faced with stubborn and disconcerting racial suspicions which breed strife. We are confronted with a rising tide of excessive nationalism which seeks to establish barriers even in those higher things in which, as Lord Hugh Cecil has reminded us, there should be internationalism. We are met with those grim walls of caste and colour prejudice which would set classes and nations in water-tight compartments and induce competition where there should be co-operation. We submit that in such a situation it is the peculiar function of Medical Missions, by those social implications of the Gospel which they reveal, to manifest our world message in a fellowship of service—a great task worthy of the loftiest ideals of the Medical profession, and needing for its fulfilment men and women full of the love of Christ.

How often, touched by the healing service of ministering hands, the Doctor has been asked by some observant questioner—"Why should you come here to do this for our outcastes?" The sight of service freely rendered, without thought of fee or reward, has come home with convincing power, and compelled the admission—"there must be something in it after all." To serve like this where such service is unknown, and where the sense of trusteeship has never yet been grasped, or scarcely so, is in itself a distinctive revelation of the Christian religion. When, for the sake of the Name, the Missionary Doctor goes forth on his way,

he exhibits by his own service the "goodness which reveals the glory."—

> "This is the way the Master trod,
> Should not the servant tread it still?"

Here, then, we have some indication of the approach afforded by the Medical Missionary method to the problem of Missions. It can hardly be disputed that the contribution is of a solid and enduring nature. There is nothing in what we have seen of the Way of the Doctor which lends support to the too current belief that Medical Missions are only concerned with pioneering a way for the Gospel. Such a view is totally inadequate, and reveals an entire misapprehension of the character of the service rendered by Medical Missions in the work of the Church overseas. The work of the Doctor is of permanent value in the extension of the Kingdom of Our Lord. The *raison d'être* of Medical Missions is not exhausted when the initial obstacles to the spread of the Missionary message have been overcome; that is but the beginning of the application of the Doctor's way. A ministry of this kind is essential to the full presentation and understanding of the Christian way of life, and as such it has an abiding function to discharge in the mission of the Church.

In the words of Dr. Dugald Christie: "Let the whole work of Medical Missions be lifted to this higher place as a necessary and fundamental part of Missions, not a mere aid to them. Let this be our practical aim; and so shall we hasten to the time we are all longing for, when the whole world shall stretch out its hands to God."

II

"THE WAY OF THE MASTER"

"And the blind and the lame came to Him in the temple; and He healed them."—*Matt.* 21, 14.

THE share that was taken by the work of healing in the earthly ministry of Jesus Christ is known to every reader of the Gospels. There is hardly anything more plain than the fact that Our Lord filled many of the precious days and hours of His life amongst men with acts of healing. His journeyings here and there became conspicuous by the relief of suffering and the cure of disease. "He hath done all things well. He maketh both the deaf to hear and the dumb to speak," was the comment that passed from lip to lip wherever He went. Other Jewish teachers had contented themselves with teaching the Law and the Prophets; here was one Who healed as well as taught, and by so doing introduced a new era in the way of God with man. Clearly enough Jesus was not only the bearer of a new message, but the exponent of a new method.

A study of the twenty-six recorded miracles of healing wrought by Our Lord will be found to reveal much that is significant. This particular work occupied a growing share in His service. Whereas five instances of healing are recorded as taking place in the first year of Christ's ministry, the number rises to nine in the second year, and reaches eleven in the

third year. Different classes of people were represented amongst those he succoured—the son of a nobleman, the mother-in-law of a disciple, the servant of a Roman army captain, the daughter of a synagogue president, the daughter of a heathen woman, and several blind beggars! Everywhere He turned the pilgrimage of pain into a pathway of praise.

Four features of this healing work of Our Lord claim special attention, in the bearing that they have upon the subject of our present study.

I Jesus Christ never employed healing simply as a means to a greater end.

We mean by this that Our Lord did not work His cures in order that men and women might be influenced to listen to His message. He never subordinated His ministry to the body until it became a bait whereby His ministry to the soul secured a hearing. "He went about doing good" for its own sake, and "because God was with Him." It was the spontaneous outflow of Divine Love and tenderness that *must* heal and could not be restrained. Never was there a suspicion of ulterior motive.

It is of significance also to note the allusions that are made in each of the Gospels to the volume and extent of Our Lord's healing work. The cures that He wrought were not limited to a few individuals whom He met occasionally during His journeys. The records tell us that "He healed many," and that "great multitudes" followed Him, seeking and receiving physical relief. This ministry of succour was no minor incident of Our Lord's Mission amongst men. It was

one of those features of His work which stood out prominently, and was the means of influencing the people in a widespread manner.

Again and again do we read that when He healed someone He took the patient aside, out of the public gaze, and did the work of restoration unobserved. And when the act had been completed, how often was the healed man forbidden to broadcast the news! To heal, simply to heal, was one of the works of God in the ministry of the Saviour.

Let us take one instance of His regard for physical need. It was the end of a Sabbath in Capernaum, in the first year of His ministry. He had been busy all day preaching and healing in the synagogue and home, and now it was past sunset, and "the whole town was assembled" seeking His help for their many sick friends! If the work of physical relief were a mere incident in His mission, and a purely optional feature of His programme, then here surely was a moment when He might well plead the pressure of other and greater matters. But what do we find that Christ did? "He laid His hands on them all, one by one, and cured them." They came in search of bodily healing, and not a solitary sufferer was disappointed. The prophecy of Isaiah, "Himself took our infirmities and bare our sicknesses," was to find an exact and literal fulfilment in this remedial work of Our Lord. The presence of sickness was an all-sufficient reason for Him to crown a crowded day with ministry to the body.

The same unstinted, unhesitating bestowal of the blessing of healing runs through the whole narrative of our Lord's life on earth. Healing was, to Him, part

of His mission, the natural approach to the problem of human suffering. It was an end in itself.

Yet how feebly has the Church grasped this fact in the ministry of its Lord. How often has the work of the healer in the service of the Gospel been regarded as something that was purely subsidiary and entirely optional. Good enough, but not the main thing. A work to be classified under " Philanthropic Agencies " rather than in the mid-current of the Church's activities. Even when it has been recognised, it has frequently been based, in the arguments of its supporters, upon the extent to which it could be shewn contributory to the ingathering of converts to the visible Church.

There is no support for any such partial and ineffective views of the work of healing to be found in Our Lord's ministry. If it was a service for God it was also a service to men, and in the goodness which was the fragrance of those precious years, Our Lord was ever and anon giving glimpses of the Glory which He came to reveal.

II Jesus Christ never allowed healing to obscure the existence of spiritual need.

If what we have emphasised in the previous section is correct concerning the place that Christ assigned to healing in His mission amongst men, this also is equally true, that in His hands healing was never allowed to divert attention from spiritual issues. There was never any confusing of the two. Bodily needs must be responded to, but the existence and reality of sin and the necessity of salvation must never be forgotten. There often is a link between the two maladies, but

a cure needs to be worked in both spheres, and Christ did it. With Him nothing availed unless it went to the root of the matter. There was no doubt about His diagnosis, and so there was no uncertainty in His remedial measures.

Take the healing of the paralytic recorded in each of the three synoptic Gospels. Was there ever such a strange method of approach as to this bedridden, helpless sufferer, whose state seemed to call for the exercise of immediate physical healing—"Man, thy sins are forgiven thee"? But Christ was never blind to the spot where the deepest mischief lay, and sometimes, as in this case, He wished to prove the power of His forgiving grace by restoring the evident physical condition. Had He been content to heal the latter without awakening the man's sense of moral guilt, and of His power to pardon, what an incomplete cure would have been wrought!

It was so all along. Our Lord came as the bearer of a full salvation, and He was ever seeking that His ministry for suffering humanity should lead on to the conquest of the deadlier foe of mankind. Nothing less could satisfy Him; and we must not, in our modern fight for health, be lured into a satisfaction with results that are, after all, but of secondary importance to the Missionaries of the Cross. We may rightly extol our healing mission, but not to the forgetting of the spiritual issue. "Proclaim God's message . . . do the work of an Evangelist." There rings out the insistent call to every servant of Christ who essays to follow his Lord in the work of healing. We can do none else if we would copy Him.

III Jesus Christ accompanied His cures with the word and touch of compassion.

There is something particularly human, as well as Divine, in the healing ministry of Our Lord. It is the living Person of the Son of Man Who stands revealed in the Gospel as the healer of men, One Who wore our flesh, knew what it was to suffer. He it was Who mingled with His acts of healing the look and word and touch of compassion. His comprehending vision saw into human suffering, need, sorrow, and His touch became a therapeutic agency of quickening and consoling power. Jesus healed men as the Lord of Life Who could banish disease "as if it were a servant under orders," but His human tenderness gave the most appealing charm to His works of mercy.

We draw attention to this, because, if we are to realise something of the hidden depths inherent in the healing ministry of Jesus, we must not fail to observe that it was also a comforting ministry. Jesus was not content simply to be the physician Who could heal disease and restore function. He was also the sympathising Friend. To work a cure that brought life and health was the more apparent aspect of His wonderful deeds, but to comfort human anguish with human sympathy—who shall tell what that meant to those to whom the word of compassion was spoken? His presence brought peace, and reset many a life while restoring the afflicted part of a disabled life.

Watch this Gracious Physician as He approaches the funeral procession outside Nain. His first act was to console the grief-stricken mother with the word, "Weep not." See Him as He addresses the woman whose

touch had brought healing to her incurable hæmorrhage —"Courage, my daughter, go in peace." Jesus was seeking, so it would seem, to reveal Himself as the one through Whom was imparted new hope and freedom from care. When He was brought into touch with a life, this Physician gave it a new start and outlook.

That a ministry of this nature cost Jesus something is obvious. He reveals it more than once, and it could not be otherwise. Healing of this kind is bound to be costly, for the Physician gives of Himself. In a way that is supreme and final Jesus sets before His followers all through the ages a type of healing in which the "*sursum corda*" note rings out with unfailing clearness. "His compassions fail not" was as true a description of His service of healing as of any other of His merciful deeds. Christ healed by a process of self-ministry than which no service can be more exacting or costly.

Do we want our modern enterprise of Medical Missions to approximate to that of its Lord? Then let us take good heed that to all other arts and knowledge there is added the Divine secret of compassion. Those of us who are called to stand in Christ's Name by the bedside of strange people, and to seek, on His behalf, to make our ability to heal a highway along which men and women shall find God, must never forget that in all our healing we are called to shew compassion and to bestow comfort, as well as to conquer disease. The biggest human gift which we can make to the cause we love is a compassionate personality. But it costs! It means draining ourselves; a process whereby we enter into the sorrows of others, and help

to bear them. That sort of thing needs cultivation and is the fruit of the dedicated life.

IV Jesus Christ completed His cures with a challenging call to purity and service.

One of the distinguishing marks of the healing ministry exercised by Our Lord was the emphasis that was laid, ever and again, upon the future well-being of the one who was healed. It was not enough that the present state of some poor sufferer should be relieved; there was his subsequent life to be kept in mind. Jesus Christ was never content with the passing moment, the merely temporary dealing with a patient. His eye was ever upon the larger issues of life, and the after-care of a soul was to Him a matter of infinite concern.

The significance of this fact is borne out and illustrated by Christ's method with the impotent man at the pool of Bethesda. It might have been thought that it was sufficient for this chronic sufferer, who had been bedridden for thirty-eight years, to receive the boon of being able to walk once more. But what do we find? "Afterward Jesus findeth him in the temple and said unto him: 'Behold thou art made whole: sin no more lest a worse thing come unto thee.' 'Sin no more'" ! There is Christ challenging all that was best in the man, and pointing the way to purity of life. It was the unerring touch of the Healer of both soul and body, and the call to the higher life.

Again, notice how Christ sought to summon those whom He had healed to enlist in the service of the Kingdom. Health restored and life renewed were

not to be regarded in any passive sense. They were to be a call to action. We find this illustrated in Christ's dealing with the Gadarene demoniac. This unhappy victim of mental and spiritual disorder sought most naturally that he might remain with his Deliverer. Nothing, so he may well have thought, could be more fitting, more calculated to show his devotion to the One Who had done so much for him. But that was not Christ's way. To him it was infinitely more important that the patient should become the Missionary, and that the slave of the past should now stand forth before men as one of God's free-men. So we read: "Return to thine own house and show how great things God hath done unto thee." It was the challenge of service.

It will thus be seen that the healing ministry of Jesus Christ was always something that aimed at the moulding of a character and the consecration of a life. Purity and service were the twin ideals that He held out before those whom He healed, and the influence of His works of healing extended into the far reaches of many a life. Has not this a lesson for the Church to-day in its Medical Missionary enterprise? If we would follow the Master we cannot rest content until we have sought to set those whom we have been enabled to heal upon the Highway of God. We must let our thoughts go far into the future as well as be concerned with the healing of a present sickness. Our clinics must be distinguished by their remembrance of the after-care of the patients, and by that challenge to holy living, and witness bearing, which was so real a feature of the healing work of Christ. Only

so can we hope to approximate our Medical Missionary service nearer to the standard set before us by the Master.

The reason Why.

And now emerges a question which must arrest every student of the Life of Our Lord. We have seen something of the place which healing occupied in His ministry, and almost of necessity we are constrained to ask why it was that He allowed so much of His time to be taken up with the relief of physical suffering. Those few brief years of public ministry were very precious, their opportunities all too fleeting—why, then, was it that so many days and hours were occupied with what would to-day be spoken of as works of philanthropy? What was it that made His healing work of such importance to the supreme errand for which the Son of Man took human form and lived upon the earth? We doubt whether any finer answer has been given to this question than the one suggested by Dr. Dugald Christie when he said—" Christ came as the supreme revelation of the Father, and healing was one of the Father's ways of self-revelation."

In other words, Jesus Christ had before Him the ever present desire to show men His Father. Their great need was to discern God in an altogether new and direct way, such as no Jewish ceremonies could possibly reveal. And Jesus Christ knew that the revelation of God as Father would change the whole outlook of men as they thought of God. It was indeed the distinctive lesson that Jesus had to teach, and to teach that lesson He needed to do something more than to

proclaim it as a truth to be learned. He saw that beyond the affirmation there needed to be a demonstration revealing what kind of Father God is. The love of God required to express itself in some way that could be comprehended by man, and what finer demonstration could there be than that of healing and comforting those who needed His Fatherly care?

And so Our Lord healed the sick. He did exactly what men could understand any good human father doing for his children, had he the power. Such a father would succour them in their sorrow, care for them in their hours of pain, be concerned to bring them deliverance out of sickness, and prove one who could comfort them in times of anguish and loss. For Jesus to do all that was to present His message about God as a living object lesson. Men saw the kind of Father God was as they saw His Son moving about amongst them as a sympathising Healer. A ministry of that kind was more than goodness; it was revelation. It was the unveiling of the Fatherhood of God in the Person of His Son, as the Healer of men.

There is yet another reason that we may discern as affording a clue to the large share that Christ gave to the service of healing in the days of His Flesh. Did He not seek to place a new value on human life and personality, such as no non-Christian religion has ever conceived? By the very fact that we, as His children, are dear to God, so was it needful that every part of our personality—physical, intellectual and spiritual—should be included in the redemptive work of His Son.

Are we saying too much if we suggest that in this

conception of the healing ministry of Jesus Christ there lies a deeper and fuller meaning for the work of Medical Missions than has been generally realised? There is something here which gives to the work of healing in the service of the Gospel a sublimer task than many have imagined. The healer becomes more, far more, than the emissary of health and the agent of a good deed. He stands invested with the solemn commission of seeking to do as His Lord did, and thereby revealing to others a new idea of the Divine Fatherhood, and a wider view of the Christian Redemption. What dignity and heightened purpose is thus imparted to the work of the Mission Doctor and Nurse! This is indeed following in the steps of the Son of God. It is claiming a part in the direct succession, and discharging a mission which has the most vital bearing upon the spread of the Evangel.

It is not wonderful, as we think thus of Medical Missions, to hear now and again how the patients coming to a Mission Hospital have associated the Doctor who has ministered to them with the Jesus in Whose Name the work is done. It is not surprising that the Doctor has been supposed to be the One whose messenger he is, and that with difficulty some poor heathen has been restrained from acts of worship addressed to the visible representative of His Lord.

In the light of what we have just been thinking, a new and larger place can be seen for the service of Medical Missions. It is the way of the Master, the way of Him Who came to reveal the Father! And because of this, it is a way that must claim the devotion of those who are His Disciples.

III

WHERE THERE IS NO DOCTOR

"Only a brute beast is deaf to the wail of little children, to the broken-hearted sobs of suffering women, or fails to understand the silence of a stricken man."

(Dr. Webb Anderson, of London, late of China.)

IT is not proposed to set forth in this chapter an array of harrowing facts, designed to work upon the emotions and distress the heart of pity. Were this our purpose it would be easy to accomplish it, for the records of Mission Hospitals could supply us with abundant material. Nor is it our aim to collate examples of absurd and often barbarous methods employed by the ignorant charlatans who pose as "doctors" at innumerable places in the suffering lands of the Mission Field. We have no wish to hold such up to ridicule, or to appear forgetful of the fact that not so very long ago things were done in the name of medicine in this our own land which might equally be made the scorn of the larger knowledge of to-day. If it be desired to know instances of the maltreatment meted out to the sick in some spots on the Mission Field, reference can be made to the Appendix, in which has been gathered a few facts from the recent history of a number of Mission Hospitals in India, China, and Central Africa.

The aim that we have before us at this point is to quicken the imagination and stir the conscience,

rather than to sway the feelings of the readers. It is along these lines that we shall hope to make the most permanent impression concerning the immense physical necessity for the maintenance and extension of the service of Medical Missions.

To begin with, we would ask those who read these lines to try and imagine what they would feel like if to-morrow the entire agency of skilled healing, the resources of Medical Science that we have all around us, were made as conspicuous by their absence as they have been evident by their presence. Our doctors would be so reduced that greater London would be left with less than a score, and whole tracts of the rest of the country condemned to get along with a solitary doctor here and there. As for Medical Officers of Health, they would be practically non-existent, and public sanitation, fever isolation, mental hospitals, and sanatoria for the tuberculous, would suffer virtual extinction.

In the matter of Hospitals, instead of a condition of things in which there is a hospital bed for one in every three hundred or so of the people, we should find the number cut down, so that the proportion would be one bed to about every twenty-six thousand or more of the population! In fact we might expect only to have something like a score of *small* hospitals for the whole of England.

As for the Nursing profession, that would be similarly attenuated until we should find ourselves asked to endure a state of affairs in which the magnificent Nursing service of to-day was replaced by a mere handful of Nurses, one trained Nurse having, for instance, to do duty for a whole Hospital.

But we must give our imaginations a wider stretch than this. It is bad enough to imagine what our own land would be like under such conditions, but at least there would be left the network of Pharmacists, with all their medicaments, and with their remedies for this and that ailment. Furthermore, we should have that heritage of hygienic knowledge that has been handed on from one family to another, which would prove a guide in an otherwise dark time. If, however, we are to construct in our imagination what our land would be like if it were brought to the level of a land of the Mission Field in respect to Medical relief, we must cut out our system of skilled Pharmacists and let their place be taken by untrained and ignorant medicine vendors whose stock in trade is a jumble of nostrums having no scientific basis whatever. And we must try and forget all that we had ever learned about simple remedies for various ailments, and imagine ourselves back in the days of the most benighted ignorance.

Even this, however, is not enough, for if all that we have referred to were to come true in our own land, we should still be able to rejoice over the low incidence of epidemic disease, and other scourges inimical to health. Yet if once again we are to conceive a like situation to that which prevails in many a Mission land, we must imagine that in place of the comparative absence of contagious and infectious disease, our own land has become the hotbed of many a pestilential foe of mankind. And, let us remember, our public health system would be no longer with us as an ally in the prevention of disease! Almost worst of all, we

have to imagine that whereas the onset of illness is, nearly always, the occasion for the loving ministry of friends, we should find ourselves in a condition of things in which sickness often meets with neglect rather than care, and to be ill frequently means to be regarded as the abode of an evil spirit or disease demon!

Let us try and think what it would be like if either we ourselves, or some of those dear to us, were laid aside under the changed conditions which the preceding paragraphs have asked us to imagine.

It may be a case of some specific fever, sending our temperature bounding up, taxing our heart, and bringing our life into the balance for a few critical days. Skilled nursing may mean all the difference, humanly speaking, between life and death; but there is no Nurse! Or again it may be a case of some acute surgical affection demanding prompt operative treatment in order to save life; and of surgical skill there is none! On another occasion it may be a loss of vision through cataract, and the skilled oculist is wanted, and is not to be found! Instead of the help that we obviously need there comes to our side some one or other of the priest medicine men who flourish in the absence of Christianity and scientific truth. By him our symptoms are ascribed to some superstitious cause, and we have either to submit to an absurd or barbarous ordeal, or to worship at some "shrine of healing."

Pain and suffering, disease and accident, sudden illness and speedy death, are all left to work their fell end with only a travesty of treatment, or none at all. Do we recoil at the very thought of such a dire plight,

and call it a horrible nightmare? It is hardly to be wondered at if we do, but in that case let us remember that this is the lot of multitudes of suffering folk, men, women and children, in the non-Christian world to-day. And, whilst we only *imagine* what it must be like, they *suffer* and *die* under the actual thing. That is what it means to be where there is no doctor!

This does not mean that local methods of treatment never result in relief, because full weight must be given to the cures that do follow, often in an astonishing way, the employment of such measures. What must be recognised is the prevailing lack of relief, if not the aggravation of suffering, that is so conspicuous a feature of the old established systems of treatment in the non-Christian world.

But now let us set our imagination to work in yet another way. Let us go back in thought to the days of our childhood, when aches and pains were terribly real and when heavy eyes and feverish illness made life a sorrowful thing. Ah! but there was our mother, who knew what to do, and if she did not, there was the Doctor! Presently all was well, and the sun shone again. Supposing, however, we had been a small boy in China whom the writer of these lines saw a little while ago—a child who had been suffering from a pain at the inner side of one of his eyes. What should we have felt if we had been treated as he was treated? He was taken to one of the ignorant quack doctors and his eye was "needled," resulting in a dangerous abscess and unsightly squint, with a grave risk of blindness. If we had been that boy, or that child had been ours!

The very thought is torture to every fond mother, and seems too awful for words. What then must be the anguish of a loving mother in one of these other lands as she watches in helplessness the sufferings of her child! Her child is as dear to her as any child in our own land is to its mother, and we may well measure the sorrow of the one by what we know would be the grief of the other.

Let us imagine ourselves grown older, and arrived at man's estate. We have had to work hard sawing some timber, and accidentally a splinter has penetrated our flesh and lies partly embedded, causing intense pain. Obviously *the* thing is to get it out, but some "outside body-doctor" contents himself with cutting off the projecting part of the splinter, leaving the remainder where it was—because he was not an "inside body-doctor"—and putting a pitch plaster over the place! Or we have fallen down and broken a limb, and instead of nicely padded splints being applied, with the guidance afforded by X-rays, we have had some rude sticks tied around the place so closely, and kept on so long, that the circulation has stopped and part of the limb has become gangrenous! Or we have been taken seriously ill, with high fever, and instead of the true cause being discovered and appropriate treatment given, we, or our friends, have gone to some temple of healing and have worshipped a "god of medicine" in search of health!

Yet again, we have grown older still, and out there at some spot on a far countryside an epidemic of cholera has stricken us down, and life has almost been lost. In our sudden illness one of the "medical"

fraternity has "needled" one arm with sublime disregard for the presence of nerves, etc. In consequence, on our recovery, numbness has set in, and we have a maimed limb for the rest of our days! Or our sight has grown dim through cataract, and presently the blindness has become complete. The world has grown dark and nobody has cared! We have heard stray scraps of news that away in some distant town people like us have had wonderful operations done, and the eyes that were dark have seen again! But no Doctor who can do this has ever come our way. If only he would!

Childhood! Adult life! Old age! The story is all the same—a pathetic absence of the skill that can change things, and for lack of which there is all this suffering. We have imagined ourselves in the other fellow's shoes! How does it seem? How does it feel? Yet stay! We have not felt it, we have only thought it! That has been bad enough in all conscience. What must it be to *live* where the pain and sorrow and sadness are actually felt? Where there is no Doctor!

There is no lover of his fellow men, to say nothing of his God, who will not pause, and think long and deeply, as he faces a state of affairs such as we have just imagined. He will find it impossible to resist three very definite impressions, and the first is this: *It should not be.*

No other conclusion is possible to any man or woman who possesses a spark of common humanity. It was surely never intended that such ignorance and superstition and malpractice should hold sway over the

physical sufferings and sorrows of multitudes of our fellow human beings. The fact that one man lives in the temperate zone, and another in a land of the tropics, that the one has a white skin and the other a coloured one, is no possible reason why the one should have all the benefits of medical science and the other languish and die for want of them. Granted that the peoples who have been longer in the enjoyment of those benefits are more sensitive to pain and suffering than others, it does not follow that the latter do not know, to their bitter cost, what unrelieved suffering means. The sentient frame of the African, the Chinese, and the Indian belongs as much to that great human family of which it is written "In the image of God created He them," as the European and American. To leave the one to suffer untold anguish in the hour of physical need, when the same need is being met in the case of the other, is a sin against humanity and against its Creator. Again, and very emphatically, *It should not be.*

Then there is a second equally definite impression which must arrest the mind as this subject is considered: *It need not be.*

We shall hope to deal more especially in a subsequent chapter with what medical science has achieved in the conquest of pain and disease. At this point we only want to indicate the obvious fact that the appalling amount of physical suffering in the non-Christian world is, to so large an extent, utterly unnecessary. *It need not be.*

We are told that the average duration of life in China is abnormally short, that the Chinese death-rate

is not less than forty per thousand (in England in 1923 the comparative figure was 11.6 per thousand) and that a high percentage of children born in China die in their first year. We are informed that in Uganda only one child in four survives, as compared with England, where only one child in twelve dies! The figures for India are equally illuminating, and the broad fact is that we are faced with a wastage of human life of needless dimensions. And what we should ever remember is that antecedent to these mortality rates lies that vast sum of unregistered and unregisterable suffering of which so much is due to removable causes.

It is quite admissible to argue that disease is more difficult to control and death more swift in certain regions of the earth's surface than in others. The play of epidemics, the scourge of bacterial organisms, the dead weight of inertia of many a national and religious custom inimical to health, and the vast problem of dense populations that run into hundreds of millions, all contribute to make the fight for health excessively difficult. Progress, of necessity, has to be slow, and we may be thankful that in the passing of the years progress is being made. But when everything is said that can be said to explain the existence of so much suffering and death in the non-Christian world, we are still left to face the challenge that is presented to us by the fact that very much of this load of pain and sorrow is capable of being lifted. Science confirms that assertion, the facts of history substantiate it, and our own conscience tells us the same. *It need not be!*

And now we come to our third impression—which is akin to a resolve. *It must not be !*

If the ground we have been traversing on previous pages has proved sufficient to command our judgment, then this final verdict will be the unanimous assertion of every Christian heart. Nothing less is open for us without doing despite to that faith whose dictates we profess to follow. In so far as we hold it within our power to take any share in making possible the conquest of healing, the resolve to do so must animate our whole being. We must say, and lead others to say : *It must not be !*

Moreover, there is a wider aspect to this great problem than the purely national one. It is not as if the different lands of the world were a series of segregated camps, each shut off from the others. The case is utterly different ; the life of the world has become welded into one by the combined activities of science, education, commerce, politics and travel. The question of health is an international one. Our very system of quarantine witnesses to that fact. The spread of disease has to be withstood.

It is a law of science that an infective organism becomes more virulent by passing through an intermediary " host " of low resisting power. To leave, therefore, considerable tracts of the earth's surface and populous communities exposed to the ravages of disease, and to the de-vitalising influences of infective organisms, is to incur an international danger. To prevent disease anywhere, we must fight it everywhere. It is a fact of some significance in this connection that the Influenza pandemic of 1918-19 passed

through China before commencing its devastating journey through Europe and North America! The League of Nations has of necessity to concern itself with the scourge of Typhus in South Eastern Europe! The Medical Missionary is consequently engaged upon an errand which is international in its sweep and reflex in its benefits.

It is not because of this fact merely, or chiefly, that the disciples of Christ are compelled to meet the challenge of a suffering world with the resolve—*It must not be.* For them the dominating purpose is altruistic in character. These men and women of other lands are brothers and sisters of all who name the Name of Christ in sincerity. In their suffering plight they have a rightful claim upon the brotherly and sisterly care of those other members of the great human family who, by redemption as well as by creation, have been brought into a special relation to the One Father of all. The debt that is owed by one to the other is a debt of love, and is summed up in those pregnant words of the Apostle John:—

"My little children, let us not love in word, neither in tongue; but in deed and truth. . . . But whoso hath this world's good, and seeth his brother have need, and shutteth up his bowels of compassion from him, how dwelleth the love of God in him?"

IV

MODERN MEDICAL SCIENCE

"The distinguishing mark which characterises Modern Medicine all over the world to-day is its fight for exact truth in the investigation and treatment of disease, and its employment of every known form of science in the attainment of that ideal."

Dr. HAROLD BALME,
President, Shantung Christian University, China.

THE preceding chapter brought us face to face with the immense human need for the service of Medical Missions. We endeavoured, by the exercise of our imagination, to conceive what it must be like to suffer pain and disease where there was no skilled medical relief. In this chapter our aim will be to direct attention to some of those wonderful resources which it has been given to Modern Medical Science to disclose in the service of healing. It will be understood that in a book of this kind the subject will be dealt with in a general rather than in a technical manner, and allusions made only to conspicuous facts.

Let us first of all recall some of the outstanding landmarks in the progress of medicine which have characterised the past century. At the Annual Meeting of the British Association held at Toronto in 1924, Major-General Sir David Bruce, in his Presidential Address, alluded to Pasteur's brilliant unfolding of the germ theory as the starting-point of the new era in medical science. He took "medicine

out of the region of vague speculation and empiricism and set its feet firmly on new ground as an experimental biological science." The initial discovery was applied by Lister in 1865 to the art of surgery, and a revolution which has been of untold benefit to mankind was made possible in that realm. Koch, by finding the tubercle bacillus in 1882, opened up a new vista on the Medical side through which the death-rate of pulmonary tuberculosis—one of the greatest scourges of humanity—has fallen during the past half-century by more than 50 per cent. For example, the death-rate from tuberculosis in New York, which in 1907 was 209 per 100,000, in 1921 was only 89 per 100,000. And, growing out of Koch's work, many another advance has been made possible in the fight against disease.

In the same way there has been conspicuous success in the combat that has been waged against the bacterial diseases by the discovery and isolation of those organisms which have been proved to be their essential cause. Typhoid Fever was differentiated from Typhus Fever by Jenner in 1850, and has since been constantly decreasing in prevalence. The death-rate from Typhoid in this country, which was 374 per million in 1871-75, was only 70 per million in 1906-10, and is still rapidly declining. Sir Almroth Wright's preventive inoculation against Typhoid Fever, introduced by him in 1904, was another signal achievement, leading to the saving of the lives of tens of thousands of British soldiers during the Great War. Whereas in the South African War one man in four suffered from Typhoid Fever, in France, between 1914 and

1918, the proportion was less than one in 150, and the total number of cases in France was less than the number of deaths from this fever in South Africa. Another successful instance of victory over disease is to be found in the case of Diphtheria. If anti-diphtheritic serum is used in the first day of the illness, a fatal result rarely ensues. Hardly less striking are the results of inoculation against Tetanus (Lockjaw) by anti-tetanic serum. Sir David Bruce pointed out at Toronto that had it not been for the use of this serum the British Army would have lost 20,000 men in the Great War from this awful disease alone, instead of losing only 550 from it.

In the case of a number of diseases of epidemic character, such as Smallpox, Influenza, etc., it has to be admitted that further work has still to be done before it can be considered that their secrets are wholly known. At the same time it is common knowledge how tremendous has been the benefit accruing from Jenner's introduction of vaccination in 1806 as a preventive of Smallpox. The last serious epidemic of Smallpox in England was as far back as 1871-2, during which two years there were 42,000 deaths. The death-rate per million in England and Wales has fallen from 411 in 1871-5 to 0.38 in 1906-15, which fall has been assisted also by effective isolation and improved sanitation.

The wonderful work accomplished in the fight against those diseases whose haunts are the tropics is of peculiar interest to Medical Missions. Some of the most diligent workers in combating such tropical scourges as Malaria, Dysentery and Sleeping Sickness

are to be found in the Medical Missionary ranks. The discoveries of Manson and Ross in regard to the anopheles mosquito and the malarial parasite are well known, and constitute one of the most brilliant chapters in the history of tropical medicine. The connection between the tsetse fly and Sleeping Sickness is another outstanding achievement in which Sir David Bruce has taken a leading share. An encouraging advance has also taken place in the treatment of dysentery, shown by the fact that whereas in the South African War no fewer than 86 out of every 1,000 men had to be admitted to Hospital for this disease, the rate in the Great War was in no year above 6.18.

The fight against leprosy provides yet another wonderful disclosure of the progress which is being made by remedial science. All down through the centuries leprosy has stood for one of the most terrible scourges of mankind. Recent estimates have placed the number of lepers at between two and three millions, of whom no fewer than 300,000 are in the British Empire. China, Japan, India and Tropical Africa are the countries most affected. Until recently the disease was thought to be incurable, and the only effective method of dealing with the leprosy problem seemed to be that of isolation, especially of the untainted infants of leper parents. The established fact that the disease is very rarely, if ever, hereditary, afforded the promising ground for hope in this direction, and the Mission to Lepers has rendered most praiseworthy service in the effort to save the children of lepers. When, however, it is a case of trying to

stamp out leprosy by permanent isolation it is easy to realise that what is simple in theory is profoundly difficult in application.

This being the position of the problem it can readily be understood what a change came over the situation when in 1916-17 Sir Leonard Rogers, who had for long been engaged in leprosy research, and to whom we are indebted for much advance work in Tropical Medicine, succeeded in obtaining the active principle of an old Indian drug—Chaulmoogra Oil—which had been known to be of some slight benefit in the treatment of the disease. Sir Leonard Rogers found that the injection of this substance resulted in the destruction of the bacillus of leprosy in the human body, and the apparent cure of the patient. This was followed by further investigation, and Dr. E. Muir, whole time research worker on leprosy in the Calcutta School of Tropical Medicine, was able to reduce the death rate of the largest Leper Hospital in India to one-fifth in eighteen months! Dr. Isabel Kerr, of the Wesleyan Methodist Missionary Society, turned this recent knowledge to most excellent service in the work of the Dichpalli Leper Institution in Haidarabad. The following significant words appear in a report sent home to Dr. Percy Wigfield, Medical Secretary of the Society, by Dr. Lowe of Haidarabad in 1925:—

"The most important fact is that children and young adults with early leprosy can nearly all be cured. All lepers at some time in their history are in this stage and, therefore, curable. The problem lies in

getting them at this stage and keeping them under treatment for a sufficient period."

It will thus be seen what a flood of new light and hope has been shed upon the struggle with this ancient scourge, and what an honourable activity is being shown by Medical Missions in applying the fruits of recent discoveries. The British Empire Leprosy Relief Association is rendering great service in the co-ordination and assistance of the different Leper Institutions, etc., and it is a noteworthy fact that the Secretary of this Association, the Rev. Frank Oldrieve —was formerly a missionary on the staff of the Baptist Missionary Society.

Another striking advance that has been made in dealing with the diseases of the tropics is in the treatment of Yaws, one of the contagious diseases met with widely throughout the tropical world. A single injection of a drug known as Salvarsan (or a similar substance) has been found to ensure an almost magical curative effect in every stage of the disease. The disease could be stamped out in a community by the systematic use of this drug.

Other equally noteworthy examples could be cited of the recent advances that have been made in the conquest of disease—*e.g.*, the treatment of Cholera, Kala-azar, Rickets, Scurvy, etc. By the combined efforts of the Laboratory, the Hospital, and the Consulting Room, the secrets of this and that disease are being worked out and applied for the healing of the sick. Much remains to be done, but modern medical science can indeed rejoice that its ability to cope with

the physical scourges that afflict mankind has been so markedly increased.

One of the earliest discoveries has still to be mentioned, and one which made one of the biggest contributions to the alleviation of human pain and to the attainment of those surgical triumphs which followed upon Lister's great work. We refer to the discovery of anæsthetics by Morton in America (1842) and Simpson in Britain (1847). Suffering humanity the world over has never ceased to bless those distinguished pioneers for their work in discovering the value of ether and chloroform, thereby rendering it possible for surgeons to perform feats of operative skill that could never have been tolerated otherwise.

Yet another landmark was reached when, in 1895, Roentgen discovered X-rays, and brought to the help of surgery a diagnostic aid of the greatest value. This has since been developed in a striking manner on the therapeutic side to the benefit of many a sufferer. Added to this has come in recent years the discovery of radium, which has proved of very great assistance in dealing with some forms of malignant disease. The one dark spot in the whole picture lies in the direction of Cancer, but even here the researches of Dr. Gye and Mr. Barnard, made known in 1925, bid fair to bring within reach a means of finally combating this dread foe of mankind.

This cursory and fragmentary sketch of some of the encouraging advances of Modern Medical Science will, we hope, create anew in the minds of our readers a deep sense of the wonderful goodness of God in bestowing such gifts for the healing of a sick world.

From Him it has all come, and we acknowledge afresh our infinite debt to the "Giver of every good and perfect gift."

But when that has been done, a very pertinent question remains to be asked. Admitted that this knowledge has mainly come to the Christian lands, has it been given to them alone, or for suffering humanity everywhere? It is the white races which have mostly benefited by these discoveries. Was that the Divine intention, or did He mean that those into whose hands He committed the knowledge were to regard it as a trust to be discharged for the benefit of sufferers everywhere?

It is surely impossible for any Christian man or any man of goodwill, even though he does not call himself a Christian, to believe anything else than that this wonderful boon of scientific medicine was meant to be understood and interpreted in the sense of a stewardship. The hands which received it were not to regard it as for them alone, but, accepting it as a trust, to develop and employ it as an opportunity for service everywhere.

Let us pause to think for a moment of the geographical distribution of those very diseases in connection with which, as we saw just now, some of the most noteworthy medical advances have been made—Tuberculosis, Typhoid, Diphtheria, Tetanus, Smallpox, Malaria, Dysentery, Sleeping Sickness, Leprosy, Yaws, Cholera, Kala-azar, etc. Are they diseases of those regions of the earth's surface which are inhabited mainly by the white races? The reverse is obviously the fact. Medical and Surgical

Tuberculosis constitute one of the most widely spread of all the diseases from which mankind suffers. The coloured races show a lower resistance to it than do the white. Diphtheria and Tetanus are to be found in land after land. Smallpox is a disease for which coloured races, and especially the Africans, have a peculiar susceptibility. They take it more readily and suffer a heavier mortality than white races, apart from all question of vaccination. The group of tropical diseases like Malaria, etc., are naturally the ills of Africa and the East. Yet it is the white races that have come into possession of those discoveries which can bring healing to the sufferers from those maladies.

In the light of these facts, how much heavier becomes that responsibility which rests upon the more favoured races? Their trusteeship is no figment of the imagination. It is an obligation which by every moral right cannot be evaded. The modern system of mandates, and mandatory powers, that has come into force through the League of Nations, finds a moral analogy in the medical sphere. It is in entire keeping with the teaching of Christ, and must never be forgotten by those who profess His Name. We who have received the blessing of healing knowledge, and have seen those benefits applied in the realm of modern medicine, must esteem it our bounden duty to act the part of honourable trustees, and administer our heritage for the healings of sufferers in lands less favoured than our own. Only so can we carry into effect the admonition with which Our Lord closed His parable of the Good Samaritan—"Go and do thou likewise."

The work of Medical Missions has been established to enable the people of God to discharge their share in this great trust, and because its service is of this character the agency has a rightful claim upon the practical sympathies of the Christian Church. In some cases the call will come to a son or daughter of the Church to become equipped with modern medical knowledge, and then, dedicating life and talent to Him, to go forth in His Name to the suffering ones across the seas. In other cases the call will come to pour out monetary gifts for the support of so Christlike a task. In every instance it will cost something, for it is a costly service. But that is the way of the Cross, and we can never walk His way without learning that to give up, and to give out, are the twin secrets of a true and vigorous Christian life.

V

MEDICINE AND THE GOSPEL

Part I. Pioneering

In pioneer work we take the religion of Jesus Christ in its fulness, copying His own method of revealing God to virgin soil. To send a Missionary to pioneer work without a Medical branch is almost indefensible. To be obliged to do so because doctors cannot be found throws a heavy responsibility on those who might go, and do not.

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IF we have carried our readers with us in the earlier chapters of this book, we may safely assume that there will be a readiness to agree as to the close and intimate link that should exist between Medicine and the Gospel. No possible ground can be seen for the idea that they represent two divergent spheres of service. It is true enough that in the course of human history medicine and organised religion have tended to drift apart, and to appear as though they were parallel lines which had no meeting place, the doctor being concerned with the body and the minister of the Gospel with the soul. But from the Christian standpoint how utterly false is that conception of the case! Man is a human personality, and by the inherent facts of his being cannot be approached as if he were a body without a soul, or a soul without a body. Moreover, as the late Dr. Sydney Hodge said: "Christianity never ignored any part of man's nature. From the first it was a Gospel to the whole man, body

and spirit. It is the very nature of Christianity, and is the very essence of its message."

It was such an ideal, such a conception of the Mission of the Church, that, as Dr. Harold Balme has pointed out, animated the early Christians. They went forth with "a single message, a message of redemption which was to take in the whole of man and the whole of society, a redemption not merely for the next world but for this, a redemption that was to make possible all that God had in mind when he sent human beings on to this earth." And thus it came about, as Lecky, the historian, puts on record: "It was a Christian woman, Fabiola, who established the first hospital that was ever founded in the Western world; a Christian bishop, Basil of Cæsarea, who established the first Leper Asylum; a Christian monk, Thalasius, who started the first Asylum for the blind; and a Christian merchant, Apollonius, who founded the first free dispensary."

Accordingly, if to-day, in this our own land, the service of healing does not appear to have any organic relationship with the work of the Church, let us not think that they were designed to remain two entirely separate ministries. Let us rather remember that healing the sick owes its initiation to, and derives its inspiration from, the Christian religion, and that the responsibility to concern itself with work for the body as well as work for the soul has never been lifted from the Christian Church. The necessity for the Church itself to engage actively in the service of healing in a land like this may not exist, though even here it is open to argument whether more might not

be done to demonstrate the essential harmony of the two great ministries. When, however, we turn to the work of the Church overseas, and face the challenge of human need and Christian duty, there can be surely no manner of doubt that "Medical Missions" (as affirmed by the China Centenary Conference at Shanghai in 1907) "are not merely an adjunct but an integral and co-ordinate part of the Missionary work of the Christian Church."

It will be our purpose, in this and the next two chapters, to give some idea of the way in which Medical Missionary Work makes its own peculiar contribution to the propagation of the Christian faith throughout the non-Christian world. It will perhaps prove helpful if we group this part of our subject under the following headings :—

I Medical Missions as a Pioneer Agency.
- (*a*) They remove suspicion and disarm prejudice.
- (*b*) They undermine the barriers of religious fanaticism.
- (*c*) They combat superstitious fears and beliefs.
- (*d*) They introduce new ideas and ideals.
- (*e*) They reveal God as a loving Father.

II Medical Missions as a Direct Evangelistic Agency.
- (*a*) They broadcast the Christian Message.
- (*b*) They deal with the problem of personal Evangelism.

III Medical Missions as a Christian Social Agency.
- (*a*) They undermine un-Christian systems, *e.g.*, caste.
- (*b*) They teach a new valuation of human life, especially that of womanhood.

(*c*) They cultivate a public conscience in respect to suffering and its relief.

IV Medical Missions as a Christian Educational Agency.

(*a*) They have been the means, in some lands, of pioneering the work of Medical Education.

(*b*) They provide a training ground for an indigenous body of Missionary Doctors and Missionary Nurses.

(*c*) They act as centres for Public Health Reform.

Let us now proceed to examine these points a little more closely.

I Medical Missions as a Pioneer Agency.

It is important that we should rid our minds of a too narrow meaning of the descriptive phrase " pioneer agency," else we may find ourselves faced with the idea, current in some quarters, that the work of Medical Missions in pioneering a way for the Gospel is no longer required. That, indeed, may be true, if it is simply a case of dealing with some of the obstacles which formerly stood in the way of the Gospel in various places. What we must keep in mind, when we speak of " pioneer agency," is the function which Medical Missions discharge in gaining a favourable hearing for the Christian Message, and an understanding of its meaning, on the part of those individuals and communities to whom it is carried. It is to be feared that too often we have attached a geographical significance to pioneer Missionary effort. The opening of new fields and the entrance of hitherto closed doors,

have seemed to limit our conception of such service, whereas it is of equal, or even greater moment, that a way should be discovered whereby the message and teaching of Christianity can enter and change steeled hearts and sealed minds. In that sense Medical Missions have lost none of their usefulness as a pioneer for the Gospel.

(*a*) *They remove suspicion and disarm prejudice.*

In the "open letter" which he contributed to "Medical Practice in Africa and the East," Dr. H. T. Holland (C.M.S., India,) wrote :—

"If I were asked point blank: 'What part of Missionary work is most effectual as a Pioneer Agency?' I would unhesitatingly reply: 'Medical Missionary work,' and if the question were still further narrowed down: 'What department of Medical Missionary work is most effective?' I would again without the slightest hesitation reply: 'Surgery.'"

In a similar strain we find it recorded in the Report of Commission I. of the World Missionary Conference that :—

"Medical Missions are a noble feature of Modern Missions. They break down barriers, they attract reluctant and suspicious populations, they open whole regions, they capture entire villages and tribes."

This is the universal testimony of Missionary experience, and in the light of considerations upon which emphasis was laid in Chapter I. it is easy to

understand how it comes about that the work of a Medical Missionary acts in this way. The marvel is that earlier recognition was not given to the intrinsic value of medical work in pioneering a path for the Gospel amongst non-Christian peoples. Certain is it that the pioneer Missionary is time and again in need of something which will dissipate suspicion as to his motives, misunderstanding as to his errand, and opposition to his presence and preaching. Prejudice dogs his steps and warps his well-intentioned endeavours to prove that he is the bearer of a message which everybody should know. The very fact that he is a "foreign devil," or "infidel dog" leads to distrust both of him and of his message. The pioneer Evangelist finds himself up against a hard problem.

It is exactly in a position like this that Medical Missions provide the way out. The people who will hardly give the Evangelistic Missionary a chance, and who appear to have no sense of their deep spiritual need, are very conscious of the need of their bodies. Pain and suffering cannot be forgotten, and blessed is he who will bring relief and cure.

Impossible as it seems to influence suspicious and hostile peoples by any other method, medical, and especially surgical work, provides a way which leads to the very citadel of their being. The offer of sight to blind eyes, relief to some weary, pain-racked limb, or the removal of a long endured tumour, appeal to them as nothing short of miraculous. The man who can do this is somebody to be welcomed; and soon, by his ministry of healing, suspicion is replaced by confidence, and prejudice gives room to gratitude.

The following example culled from the recent history of the B.M.S. Hospital at Yakusu, Central Africa, will help to strengthen this point :—

"Confidence in the 'White Doctor' (Dr. C. C. Chesterman) has increased considerably during the year, especially in villages visited in connection with the State anti-sleeping-sickness campaign. In one village where fourteen months ago a young man was beaten to death for coming to our Hospital, the doctor is now welcomed as a friend, and this alteration in the attitude of the people towards the medical man is associated with an increased readiness to hear his Message. Our work is primarily Missionary, and as our sphere of influence is increasing, so is the dissemination of the Good News of Him Who went about doing good that men might have life more abundant."

Another instance, given to us by Dr. William Fleming of the value of Medical Missions in gaining a foothold for the Gospel is found in this experience of the B.M.S. Hospital at Chowtsun, Shantung, China :—

"A village quite near to our Hospital was hostile to the 'doctrine,' as our Gospel is called. But there was one home in which there was a Christian woman. As she was expecting the birth of her seventh baby, and as the other six had all died, she determined, much against the advice of the people of the village, to go into the Mission Hospital. In that Hospital a healthy baby boy was born, and she returned to her village. They saw her and her child, and heard what she said. To-day that village is open to Christian work, and

our native Evangelists are now heartily welcomed where once they were opposed."

The results that have followed the employment of Medical Missions for this particular purpose are sufficiently ample to justify, in an overwhelming manner, the Medical Missionary Method. The "milk of human kindness" has proved the solvent of many an initial obstacle, just as it has nourished the spirit of friendship and led to an entirely new outlook upon the Missionary and his Message. People who have utterly misconstrued his intentions have been unable to resist the helping hand.

Some years ago a Medical Missionary of the Baptist Missionary Society—Dr. Vincent Thomas—was engaged in medical itineration in a village district to the south of Delhi, North India. One morning there came to his dispensary a Mohammedan man suffering from a severely inflamed arm, the result of an untreated wound on his hand. It was a serious case, and demanded the utmost skill and promptitude in treatment. Dr. Thomas devoted every attention to the patient, and, by God's blessing, his care was rewarded by a happy recovery. The man returned to his village, and for a year Dr. Thomas did not see him again. Then it so happened that Dr. Thomas was out on itineration once more, this time in the vicinity of his former patient's village, of which it appeared he was the head-man. When he came to hear who Dr. Thomas was, and remembered how carefully he had been treated a year previously, he invited the Doctor to visit his village and speak to his people. Accepting the invitation gladly, Dr. Thomas utilised

the opportunity to preach the Gospel to the entire population of the place. After he had finished, the head-man said that he wished to say something, and the following is the summary of his statement as translated by Dr. Thomas :—

" ' Before I came to your dispensary last year, I used to hate and revile Christians, and never would I allow any " padre " to preach in my village if I could help it ; but when I came to you you never asked me whether I was your friend or foe ; you did your work well, and showed me kindness that I never deserved. Now I am ashamed of myself. I shall never treat Christians so again. They have a pitiful heart, which our religion does not give us. I shall not forget your words to us to-day. May God Most High be your guard through life, and give you peace and prosperity.' The men standing round said : ' God has worked a miracle in that man's heart, for he would never have spoken like this about Christians before.' "

The value of Medical Missions in opening a way for the Missionary into homes and classes otherwise difficult to reach finds a recent illustration in the work of a young B.M.S. Medical Missionary (Dr. Handley Stockley) in the capital city of a Province in China. One morning, just as he had completed the rounds of his hospital wards, an official appeared, bearing the card of the Provincial Governor, who was ill. Would the doctor visit him at once ? Hastily dressing, the doctor was soon on his way in the Governor's conveyance, and very shortly was in the private room of one of the leading military Commanders

of China. Medical investigation showed that the distinguished patient was suffering from Pulmonary Tuberculosis, and an intimate talk ensued over the course that should be followed. This led to the Governor desiring an X-ray examination, so as to confirm the diagnosis, and the same evening he came in his car to the Mission Hospital for this further investigation. The result showed that the clinical report had been entirely correct, and the patient and the doctor adjourned to the doctor's house to talk over things. A fellow Evangelistic Missionary joined in, and good use was made of the opportunity for the sake of the Gospel. Later the Governor was left to consider seriously the advice that had been given to him, and to adopt at once certain measures under the guidance of the doctor. At the same time the Missionaries made plans whereby full benefit should be taken of this opening into the highest quarters of the City.

Is it possible to doubt the strategic character of the pioneer service of Medical Missions?

(*b*) *They undermine the barriers of religious fanaticism.*

This brings us very specially into touch with the difficulty that exists in dealing with the Moslem peoples. As is well known, the followers of Islam, particularly in lands governed by Mohammedan authorities, such as Turkey, Persia, Arabia and North Africa, are often fanatical in the extreme. In the case of certain territories, *e.g.*, Afghanistan, the religious barrier bolts the door against the introduction of Christianity, and any direct approach with the Christian Message is impossible. Where, however, the door is closed to

the preacher, it is open to the doctor, and where there is intolerance to listen to the Message there is a willingness to receive the treatment that our Mission Hospitals so gladly give. In those places of healing, the barrier against the Gospel that bigotry has erected around many a heart becomes less adamant, and the " sapping and mining " process of Medical Missions prepares for its final overthrow.

No better illustration of this service of Medical Missions can be found than that which is afforded by the chain of C.M.S. Mission Hospitals along the North-West Frontier of India. These Hospitals face the passes which lead across the border into " closed " territory, where live the wild border tribes, and beyond, into Afghanistan. Every year, patients in their thousands come to the Hospital seeking aid, and the Christian message is lived and proclaimed before them. Men and women from over the British Border, to whom " mercy is a despised quality " throng down to these centres of the Missionary Red Cross, and learn something which softens their fanaticism. The love and service so freely manifested helps to convince these wild Moslems that the Christians are their friends, an altogether new idea of Christianity. Such work is of tremendous value in keeping the peace.

The late Dr. T. L. Pennell, C.M.S. Medical Missionary on the Afghan Frontier, in a speech that he delivered in London some years ago, gave this striking testimony :—

" Medical Missions are a peace making agency, and have averted much bloodshed. . . . I have been

among the fiercest and most fanatical of the tribes across our border, as well as on this side of it. I have never once carried arms. . . . I have lived in their villages and they have never betrayed me, or tried to take my life. . . . Could we multiply our Medical Missions,—I can say it without fear of contradiction,—many sources of misunderstanding between the Afghan tribes and the British would be removed and the periodical incidence of frontier wars diminished."

Some years ago, in one of the British frontier "affairs" to punish a rebellion of the Mohmands, a woman of that very tribe came for treatment to one of the Hospitals. When she was asked whether she expected to receive treatment in a British Hospital at a time like that—"Aren't we enemies?"—the prompt reply came: "Oh, that does not matter *here!*" The point is obvious!

A striking instance of the possibilities of influencing Mohammedans through Mission Hospital work comes to us from China.

"A young Mohammedan, after prolonged surgical treatment in a Mission Hospital, had become a steadfast Christian. He himself said that had he not been brought under Christian influence in the Hospital he would not have become a Christian. He is now engaged in fine, voluntary practical Christian work in the city where he lives, paying often for a poor patient to be treated in the Hospital.

"He recommended his uncle, the 'Mullah' at the Mohammedan mosque in the city, to visit us for the

treatment of a large carbuncle on the back of his neck. The Mullah came, was healed, and became very friendly. Recently, meeting one of our Missionaries, he agreed that Mr. —— should come and hold a service at the mosque! This was done, and a door has thus been opened whereby the Gospel is being proclaimed to the followers of Islam!"

It can readily be understood, in face of facts such as these, how invaluable is the function which Medical Missions discharge in pioneering a way for the Gospel among bigoted Mohammedan peoples.

(c) *They combat superstitious fears and beliefs.*

The way in which ignorant superstition enters into the thought of the non-Christian respecting the physical ills which afflict him has been made evident in a former chapter. Disease is regarded as due to the presence or influence of malign spirits, and this enslaving superstition acts like a dead weight upon the mind and heart of its victims. Charms are worn to ward off the disease demons, and idols of the "God of Medicine" are worshipped. The body is needled by "Medicine Men" to let out the evil spirits, and more often than not, septic mischief is introduced. "Witch Doctor" palavers are submitted to and cruel wrongs are committed upon innocent people in the supposed discovery of the cause of sickness. Fetishes are set up in the vicinity of dwellings, and homage is done to them in the hope of averting sickness. When a poor man or woman is seized with some illness, instead of being cared for, they are frequently left alone to suffer

and perhaps to die, because of the belief that an evil spirit has possessed them.

The way in which the fear of evil spirits dominates the non-Christian mind is well illustrated by the following instances cited by Mrs. Underhill (formerly Mrs. Starr, C.M.S. Medical Mission, Peshawar.)

(1) "One morning a mother brought her little boy, filthy, neglected, and half-starved, as an out-patient. I asked her the child's name to enter in the register.

"'Dirty,' she replied.

"'I see he is dirty; what is his name?'

"Again the answer: 'Khiram' (dirty).

"'Do you mean his name is Dirty?' I finally asked. Bending forward to me, in a whisper, she explained: 'You see, I have five children, and they all died, and when this son was born I longed to keep him. I have purposely treated him thus, and see'—triumphantly—'he lives!'

"By her apparent neglect of the child she had succeeded in deceiving the particular bad spirit which, to spite her, would have stolen him, and despite it all—or, as she would have said, because of it—he lived."

(2) "I have by me a little chased silver casket in a red silk case which, when I saw it first, was hung round the neck of a baby boy who had acute Ophthalmia. The mother, a rich young Mohammedan woman from the city, gave it to me gladly after careful and continued treatment had saved the baby's eyesight. 'It was warranted to cure discharging eyes,' she explained; for in the casket was a paper with the Name of God written on it; but it did no good."

All this enables us to see how the prevailing ignorance respecting the true nature of disease is intertwined with those superstitious beliefs and practices which are so often the mainstay of the religion of the non-Christian man. It is his " skeleton in the cupboard " which holds him in constant fear and presents a mighty obstacle to the opening of his heart to the Gospel. The messenger of Christ finds himself faced with those whose deadening superstitions curse alike both body and soul, the chains of which need to be broken before the Gospel can triumph in their lives. The appeal of the Gospel requires exactly that reinforcement which will prove the falsity of those claims and exchange truth for error.

Now it is precisely that help which Medical Mission work brings. It adds the weapon of scientific truth to the armoury of the Christian Missionary. By its knowledge of the true nature of disease, and the means for relief and cure at its disposal, it can demonstrate the better way of combating disease which the servants of Christ have to give. It can weaken and destroy faith in the superstition of a " Medicine Man," and lead in turn to the patient being prepared to listen to, and receive, the Christian Message.

As an instance of how this works out we may mention the following case :—

A Chinese magistrate became the subject of jaundice, and despaired of ever being well again. His friends were exceedingly anxious, and went to their Temple; before the idols they took a vow that should the official recover they would pay their vow and hold a large " theatre " in honour of the gods. The Missionary

at the place, who was friendly with the magistrate, urged him to seek the help of a Medical Missionary, then in a city some distance away. The patient was introduced to the doctor, who prescribed for him, and in a short time the patient had recovered. Returning to his town he openly said that the Missionary Doctor had cured him, and he did not wish any "theatre" to be held. He actually arranged and led an official procession to the residence of the Christian Missionary, and presented him with a scroll having these characters:—"Never tired of doing good." The purpose of the official in doing this was to demonstrate before the whole city the goodwill of the Christian Hospital, and, as it were, to refute publicly the suggestion that his healing was due to any other cause than the doctor's skill.

The same invaluable contribution that Medical Missionary work makes to the undermining of superstition and the reinforcement of the appeal of the Gospel is illustrated in the experience of a small pioneer Mission Hospital opened by the Sudan United Mission in Northern Nigeria in 1923. The people of that region are pagans and spirit worshippers. Ancestral spirits are held in veneration, for when offended they cause sickness and death, so animal sacrifices are made periodically in every household for its well-being. Accordingly, when Dr. P. W. Barnden began his work at this new centre, it was soon realised that Medical Missionary work sets its axe at the very roots of Fetishism. The fetish chief issued a proclamation, so Dr. Barnden writes in "Conquest by Healing,"*

* September, 1925.

" that nobody be permitted to visit the new doctor whose coming had brought so much sickness to the town ! " The boycott held good for a few days only, and then collapsed, for the people had proved that our medical treatment was effective in helping them, and they would not stay away. Six months later the fetish chief himself attended several times as an out-patient ! "

But it is not only in the foregoing sense that the scientific truth of Medical Missions proves of value in preparing a way for the Gospel. We live in days when in many parts of the world science is often paraded as if it were the antagonist of religion, and that to believe in the truths of Christianity is thought to be out of date ! The Christian Missionary is brought up against this cheap kind of argument in his work amongst many of the educated classes on the Mission Field. They know better ! It is, therefore, of tremendous value to the appeal of the Gospel to have associated with it the aid of a Missionary who is also a recognised man of science, and who is as keen as any other man in his quest for scientific truth. If to the cause of Christianity in the Christian world it means much to establish and maintain a close association between the Minister of the Gospel and the Christian men of science, it is of equal importance to ensure the same association in the work of Christ on the Mission Field. Missions need the service of science dedicated to the Kingdom of God.

Here, then, we see another of the ways in which Medical Missions prove their value. They stand essentially for that union between Science and Religion

which can provide the antidote to the ravages of materialistic science as well as to non-Christian superstitions. How effectual this particular service of medical science can be the experience of many Mission Hospitals can testify to-day. They stand as citadels of light and truth in the midst of doubt and error, and the assistance thus brought to the Missionaries of the Cross is obvious to all who will examine the facts of the situation. Science and Religion are welded together in the mind and heart of the people, and in the process the truth of the Gospel is commended and applied.

(*d*) *They introduce new ideas and ideals.*

Any analysis of the ways in which Medical Missions proved their value as a pioneer agency would be incomplete without some reference to the opening that they present for introducing new ideas and ideals. The service that a Mission Hospital renders to the Cause of Christ when it is commenced in a non-Christian environment is something more than healing and preaching. The hospital stands forth as the pioneer of an altogether new set of ideas which begin to operate in the mind of its patients as they come under its influence. It is a case of applied Christianity, with all that is involved in so practical an exposition of our Christian Faith.

Allusion has already been made to the C.M.S. Mission Hospitals on the North-West Frontier of India, and to the part they play in breaking down the barriers of fanaticism. These Hospitals, however, do something more; they unfold that new and

essentially Christian ethic, " Love your Enemies." To the wild tribes of the Afghan frontier, blood feuds are a constant feature of life. They will wait for long years to satisfy their desire for revenge, holding that only so can their honour be appeased. Every man has his enemy, and in extreme cases the women too participate in these feuds. Among such people the Mission Hospital uplifts a new ideal—" Do good to those that hate you." It is the Sermon on the Mount again—" It hath been said, ' An eye for an eye. . . .' *But* I say unto you, ' Love your enemies.' " The Medical Missionary by his life and service raises for the first time in the minds of these people a question about this old spirit of revenge which they have cherished for so long. The introduction of a new idea has given birth to a new ideal of honour.

Then there is the self-evident teaching of care for the needy, mercy to the stranger, and equality of treatment for all. This is, as we know, the very essence of the Christian religion, but it is poles asunder from the teaching of the non-Christian faiths ! The patient who comes into the atmosphere of a Mission Hospital finds himself in a veritable world of novel ideas which open up afresh avenues of thought in his mind. At the same time there comes the spoken Message of the Christian Evangel, and by the Grace of God his conscience becomes stirred concerning old wrongs. It may take a long time before the result of all this takes shape in his life, but a start has been made, and the Spirit of God has begun to work. The more we allow our minds to ponder the wonderful processes of heart and mind which are set in motion by the

ministry of Mission Hospitals, the more must we feel the magnetism of this Missionary method.

Dr. Victor Joy, B.M.S. Medical Missionary at Bolobo, Upper Congo, tells us of one of his assistants :—

"He is just an ordinary looking black boy of twenty-five years. Across his face are the rather handsome tribal markings of an inland tribe. He earns roughly one shilling a week ; if he cared to, he could go along to the Portuguese General Store just beyond the compound and earn seven or eight times that amount trading in cloth and cottons. But instead he chooses to stand there day after day, and often seven days in the week, gently, skilfully and patiently tending the sores of all who come to him, and they come to him, men, women and children of all tribes. . . . Ten or fifteen short years ago no native would have thought it his duty to help another even of his own tribe who had the misfortune to be afflicted with an ulcer. But watch Mpati at work, and in a quarter of an hour you will see folk of five different tribes come to him for help. That is how Jesus Christ breaks down barriers between nations. What better agents could there be to combat the callousness of heathen cruelty and indifference to misery and suffering than such men as Mpati ? "

The records of other Mission Hospitals supply ample testimony of a kindred nature. When years ago two Medical Missionaries in China with their own hands cared for a group of neglected Typhus-stricken beggars upon an open-air theatre stage opposite the gates of their Hospital—when, more recently, another Medical

Missionary, assisted by a number of Chinese Christian Medical Students, personally cared for a score or more of terribly burnt soldiers who had been left utterly unattended by their comrades—the service that was rendered was far more than an act of relief. It was essentially a living demonstration of the Christian Message which made that faith stand out in bold and striking contrast to the callous disregard that is the fruit of non-Christian faiths. True, indeed, was the cry wrung from the heart of some pain-stricken Persians who were being relieved by the late Miss Mary Bird, one of the early Missionaries of the Church Missionary Society: "We have no Hakim in the likeness of Jesus." Can it not be believed that if the Christian Church had been earlier awake to the place and power of Medical Missions in the ministry of the Gospel, we should have seen by now a yet wider acceptance and understanding of the Christian way of life? If an exhaustive analysis could be made of the life histories of the individual members of the Church on the Mission Field it is not unsafe to assume that a large proportion of those members could be traced back to the influence of Mission Hospitals.

(*e*) *They reveal God as a Loving Father.*

We have already seen, in our study of the healing work of our Lord, how healing was one of the Father's ways of self-revelation; that, as it were, Christ let His healing ministry both show us the Father and reveal the kind of Father God is to His children. We shall now see that this revelation gives us another clue to the value of Medical Missions in their pioneer ministry.

They place in our hands a means of revealing our God as a loving Father Whom Christ was sent to make known.

It is impossible for us to over-estimate the value of such a contribution to the presentation of the Gospel, for it is exactly that revelation which the world yearns for—though often unconsciously—to know God, not as a careless or angry Deity, but as a loving Father Who cares for the sorrows and sufferings of His children! There is infinite magnetism in such a revelation. It is at the heart of the Gospel. But how can it be made known to men whose conceptions of the only gods they worship are so utterly opposed to the Father God of the Christian revelation? No words will teach fully or easily this great, glad, new fact. A message of this character needs interpretation by a deed which, by its unselfish compassion, its helpfulness and its sympathy will reveal the heart of a Father. It is the glory of Medical Missions that they function in exactly that way.

Dr. Webb Anderson, late of the Wesleyan Methodist Missionary Society, South China, and now General Secretary of the Medical Missionary Association of London, relates how on one occasion in the work of his Hospital there came seeking his aid a poor suffering heathen woman. Her condition was pitiful, and, claimed the doctor's personal attention. He was engaged some time in the attempt to deal with her suffering body, and as he was bending over her Dr. Webb Anderson heard her whispering almost into his ear words like these: "Jesus, it is so painful, please be tender, Jesus." He thought at first that she was

praying, and then he realised that she was addressing him, the servant of His Lord, as if he were the Lord Himself. She knew very little, but what she knew made her see in the Missionary Doctor the One of Whom he had come to tell. The compassion which the doctor was seeking to exhibit to the sufferer radiated something of the Lord Jesus into her darkened mind, and of a truth that morning it was " the goodness that revealed the Glory."

In a recent letter, Miss Guyton, Nursing Sister at the B.M.S. Zenana Hospital, Bhiwani, North India, used these words concerning Medical Missions :—

" The greatest value of Medical Missions in my mind lies in the special opportunity which they give us of practising the love we preach, and such love, shown in a way that the people can understand and appreciate, is better understood than all we can tell them of love in the abstract. . . . A patient told me that during her journey to us the people in the train had advised her to go to our Hospital, for they said : ' They will love you as your mother and treat you as though you were their own daughter.' "

A like testimony comes from another Women's Hospital in India, about which the doctor wrote :—

" ' It is in the demonstration of the love of Christ that the Hospital is most valuable. . . . There is no doubt that the Hospital is a powerful adjunct to the Evangelistic work.' An Indian doctor at the city where this Hospital was situated, who had received

treatment from the Missionary Doctor, remarked: 'I have never met such love in all my life as I have had here.'"

We have yet to fathom all the Divine potency that is wrapped up in the revealing ministry of Medical Missions. They give an exposition of Christianity which is at once an apologetic and an appeal, and it does not need much reflection to appreciate the inherent usefulness of a form of evangelism which interprets its spirit by a deed, and which commends its message by an act of mercy. Christianity itself, as we are often reminded, is a life rather than a statement, and when that life is made an evident object lesson of the truth it seeks to enshrine the very word that is spoken is visualised and vitalised. Therein is perceived the reason why the Medical Missionary performs so distinctive and necessary a part in the work of Evangelisation. Call it what you like—Applied Christianity, Clinical Evangelism, Medical Missions, etc., the fact remains that the work done is an exposition of the central reality of our common faith. The presentation of the Christian Religion seems most squarely based when there is this association of mercy and truth, the Word inspiring the act, and the act confirming the Word.

VI

MEDICINE AND THE GOSPEL

Part II. Evangelism and Social Service

"No estimate of the results of Medical Missions really meets the case which does not place chief emphasis upon this aspect of the work, and which does not allow for the fact that what we see here is the outcome of the double ministration of the Medical Missionary. These lost ones have been found through the healing touch as well as through the saving word."

DR. HENRY T. HODGKIN, of China.

I Medical Missions as a direct Evangelistic Agency.

WE touch here the heart of our subject, and come into the most intimate contact with the Missionary realities of Medical Missions. If they have any vital bearing upon the main business of the Christian Missionary we shall find it here. Evangelism is the very soul of the Missionary crusade, and the proportionate value of any Missionary method can best be assessed at this central point. What is it, we therefore ask, that Medical Missions offer as their contribution to the supreme errand of the Christian Church?

(*a*) *They broadcast the Christian Message.*

It can scarcely be questioned that in the work of widespread Evangelism, Medical Missions present a very ample vindication of their Missionary value. As one writer has said: "Perhaps few realise that the Hospital offers a better opportunity for purely

Evangelistic work than any other form of Christian endeavour on the Mission Field." It would be most unusual to find a Mission Hospital, in actual operation, which lacked patients. The Hospital is brought into intimate contact with large numbers of people, many of whom come from a considerable distance, and from places which have never been reached by the Message of the Truth. The result is that the Gospel is carried into communities both near and distant, and, through the influence created by grateful patients, promising openings are gained for subsequent Evangelistic effort.

At the Missionary Breakfast at the Annual Meeting of the British Medical Association in 1924, Dr. A. T. Holland, of the C.M.S. Medical Mission at Quetta, North-West India, said :—

" Besides the Medical work of our Hospital we give addresses to all the out-patients, who have reached the high figure of 760 in a day, and this year the patients and their friends bought over 1,800 Gospels. As the result of this work we have friends not only in the immediate district, but also scattered all over Sind and Southern Baluchistan."

The out-patient attendances last year at the C.M.S. Hospitals on the North-West Frontier of India were no fewer than 313,544, and the in-patients no less than 10,200. These go back to their distant homes carrying the influence of the Medical Mission and something of the Message.

The experience of the B.M.S. Hospital at Bolobo on the Upper Congo illustrates in a similar way the

wonderful broadcasting possibilities of a Medical Mission. This Hospital, although situated in Belgian Congo, draws large numbers of natives from French Equatorial Africa, who do not otherwise come under the influence of Evangelistic work. About 70 per cent of the patients are from places entirely outside the Bolobo district, and the medley of languages is amazing. In 1923 the total attendances of out-patients rose to over 57,000.

In a recent report received from the Mission Hospital at Tai Yuan Fu, N. China, Dr. C. Stockley gives an account of a visit by the Doctor to a village seven days' journey from the Hospital:—

"I asked them when last a Missionary had been to their village. They said that nobody had come for two years, but that several had been from the village to the Christian Hospital to see the foreign doctor. When they knew I was a doctor from that very Hospital more than twenty people came in one evening to see me."

A letter from the Rev. W. P. Pailing, Chaplain of the University Hospital at Tsinan, N. China says:—

"Two years ago a man in the out-patient department met me and told me he had been in the Hospital several years ago, and had then gone home, joined the Church, and gained several others. They had been holding weekly meetings in this village. . . . Sometimes patients leave us full of keenness to tell their friends in the distant home and village what they have seen and heard. They take away Gospels, hymn-sheets, and tracts, which thus gain an entrance for the truth into many different places."

And not only does the broadcasting of the Message prove of such value through the numbers reached; it must also be remembered that the work of the Medical Missionary touches practically every class of Society. Rich and poor, learned and ignorant, officials, merchants and peasants, Christian and non-Christian, young and old, all sorts and conditions of men, are treated by the Missionary Doctor, and the good tidings, proclaimed by him, are put into circulation in many different directions. "It is safe to say that there is no grade of non-Christian Society that does not stand to receive some echo of the Gospel through the agency of Medical Missions."

I once visited a Mission Hospital and found in one of the wards in adjoining beds one patient from over forty miles away in one direction, and another from ten miles away in a second, while a third came from a further place no less than 250 miles away. I found in the same ward a Moslem patient from one Province, a Confucian scholar from a second, and a business man from a third. In a private ward there was an army officer from a fourth Province, and this patient was found reading the life of George Müller of Bristol and the Confessions of St. Augustine! The whole atmosphere of the Hospital seemed charged with Evangelistic earnestness. I was told of one man, now a Church leader in another Province, who had once been a patient in that Hospital, and who had found Christ there. "Pastor," he said, addressing the Chinese Pastor of his Church on a subsequent occasion, "it was not anybody's preaching, but the conduct of those in the Hospital."

From the Santal district of Bengal comes a report by Dr. J. M. Macphail, of the Bamdah Medical Mission of the United Free Church of Scotland. He tells how the Hospital commenced by him at that place in 1889 has spread a knowledge of Jesus Christ.

"A few patients have been baptized, and a great multitude of them have learned to take the Name of Jesus. Among many the Hospital is known as 'The Jesus Hospital,' and the patients are told every day that the work of healing is being carried on in the Name and at the command of Jesus Christ. Most of the patients learn Christian hymns; we overhear them praying in the Name of Jesus, and practically all who can read carry with them to their homes copies of the Gospel, the New Testament, or the Bible in their own tongue."

An instance of how modern medical treatment can prove effective in a wider broadcasting of the Gospel is found in yet another extract from the report of the Tai Yuan Fu Hospital, N. China:—

"An outbreak of Diphtheria called for the use of diphtheritic anti-toxin, which was not only most effectual but brought the doctors into touch with thousands of people. Their report emphasises the willingness of patients to listen to the Gospel, and goes on to say that 'many thousands have listened to the Gospel for the first time in the out-patient department and in the wards. Most of these patients have never seen a Bible, never heard the Gospel before, and

everywhere one goes, whether in village or city, one comes into touch with old patients who are only too ready to listen. What we need is follow-up work."

Can there remain a single doubt as to the immense significance of the Medical Missionary method in securing wider diffusion for the Christian Evangel?

(*b*) *They deal with the problem of Personal Evangelism.*

It is axiomatic of the work of every doctor, who is true to the scientific nature of his calling, that he treats patients rather than diseases. In other words, he is individual in his care of the sick. He is concerned supremely with the personal equation. It is not so much a case of treating the disease from which a given patient is suffering as of devoting time and thought to the actual patient. It is *that* which matters. Accordingly, inherent in the Medical Missionary Method is a definite approach to the problem of personal evangelism.

Two great advantages are derived by a use of this method.

(1) *It secures the personal interest of the individual patient, and establishes a common bond of sympathy between doctor and patient.*

This is borne out by the experience of many a Mission Hospital. The patients are interested in the attention which they are receiving, and their own desire to recover quickens the zest with which they follow the doctor and nurse in their efforts to heal them.

Miss Timm, Nursing Sister at the Bhiwani Mission

Hospital, N. India, dealt with this point in the following way :—

" If the patient has suffered a great deal at home because of ignorance, or neglect, the comfort and cleanliness of Hospital, and the interest taken in each one individually, all go to make them grateful. They ask why are we willing to clean up their wounds, make their bodies clean and comfortable, since their own friends will not do this? Then the opportunity comes for telling them that we are doing all this that they may know of the Saviour's love for them. When great suffering is relieved, it is then that the heart is tender and receptive."

There is no barrier between the sick folk whom he has come to heal and the doctor himself. They are there to be healed and he is there to try and do it. The bond between them is a very real one. A deep human understanding brings them close to each other and tells tremendously in Missionary service. The physician who has given his knowledge to the sick man has a special right to speak to him of the state of his soul, and the patient will listen to him with a confidence and affection which he can have for no other man. The doctor has won the " right of entry."

In a recent number of " Conquest by Healing "* an interesting account is given of the work of the Mission Hospital at Beirut in Syria, and the point we are now dealing with is emphasised :—

" The daily gathering of suffering people accom-

* September, 1925.

panied by equally anxious relatives and friends gives a good chance for group talks. All are eager to tell their troubles and ready for helpful words. . . . 'What is that verse about Jesus Christ being a Mediator between God and man?' asked a green-turbanned Moslem in the clinic waiting-room the other day. 'I heard it in the Hospital when I was here four years ago, and have been trying to remember it.'"

(2) *It places in the hands of the Missionary the immense value of the time factor.*

The patients who come to be helped at the Mission Hospitals do not usually go in to-day and out to-morrow. They remain often for weeks and months. During that period time is secured for Christian teaching to soak in, and for misconceptions to be cleared away. There is the daily witness of the life of the institution. There is opportunity not only for making an impression but for following it up.

A doctor writing home from a Hospital in North China made this statement:—

"One fact stands out above the rest. It is that during this last year 450 men, women and children have been under the daily influence of Christian teaching and practice for periods ranging from a few days to several weeks."

Miss Logan, Nursing Superintendent of the University Hospital, Tsinan, N. China, laid stress upon the same point:—

"In the wards few patients are with us less than

ten days, so during that time we have the opportunity of discussing and clearing up difficulties. Whether it be through a stay in Hospital, or through repeated visits to a Mission Dispensary, time is on our side in the realisation of our purpose to lead individuals to Christ."

These two features of the Evangelistic service rendered by Mission Hospitals are of immense importance in connection with personal Evangelism on the Mission Field. No one can doubt that for winning disciples for Christ this agency affords a unique opportunity which the Church has been all too slow to realise. The following examples will help, we hope, to press home this aspect of Medical Missions.

There is, in the Southern Cameroons, a Hospital belonging to the West African Mission of the American Presbyterian Church. To that Hospital there came one day, after a month's toilsome journey, an old man who suffered from a tumour weighing seventy-seven pounds. He had never heard of Christ before, but in the wards of that Hospital he lost his tumour and gained a knowledge of his Saviour. When the time came for him to go back he said: "I am going back to tell others what a Saviour I have found."

One of the C.M.S. Mission Hospitals on the North-West Frontier of India is situated at Bannu, and during the life-time of Dr. T. L. Pennell, who was stationed there, a Mohammedan Mullah, Syed Budshah, came for treatment. The kindness he received caused him to inquire about Christianity, and presently he left the Hospital with a Persian Testament. Careful

study led to conviction, and the Mullah decided to become a Christian. He was persecuted but held firm, and was baptized, and became zealous in witness bearing. His life was threatened, but he could not be deterred from testifying to his new-found Saviour. Dr. Pennell tried to safeguard him, but one night Syed Budshah met a martyr's death. Yet how great the joy of winning such an one for Christ ! His dying words were : " Thank God I am His servant."

In the B.M.S. Mission Hospital at Sianfu, in Shensi, China, there were twelve baptisms of patients in the year 1924, and the blessing is continuing. One of the converts, as reported by Dr. B. C. Broomhall, was a sufferer from tuberculous bone disease, and was restored to health by the treatment given. He was an educated man, and decided to show his gratitude to God by giving six months' service in teaching and preaching without any remuneration. Another patient was a well-educated lady who suffered from hip disease. Whilst under treatment she found Christ, and later brought her husband, another sufferer from tubercle, and he too accepted the Christian Message.

The C.M.S. carry on hospital work for men and women at Yezd, in Persia, where the patients are chiefly Mohammedan. At the Women's Hospital a girl of thirteen was under treatment, and her life was saved by means of an operation. She became a nurse in the Hospital, and after years of resistance accepted Christ and was baptized. She is now the senior Persian nurse, and is seeking to lead others to Christ. At this same centre a Persian doctor, who had become a seeker after truth, was received into

hospital for an operation for Cataract. While in the Hospital he accepted the truth and was baptized, and boldly declared his faith, being willing to face death for his new-found Lord.

And so we might continue, delving into the life history of Mission Hospitals the world over, and the same spiritual experience in varying measure would be found to hold good. From Roman Catholic Mexico and from Pagan Africa, from the lands of Islam and from the sub-Continent of India, from China and the Pacific, comes an unbroken testimony as to the Evangelistic fruitfulness of Medical Missions. There is no possible evading of the conclusion that in the work of Mission Hospitals the Christian Church possesses one of the very finest ways of dealing with the problem of personal evangelism. The wealth of supporting fact is so abundant that there is surely no room for uncertainty as to the God-given nature of the enterprise, and the evident call that our Lord would have us hear to engage in it with greater earnestness.

II Medical Missions as a Christian Social Agency.

We are brought by this section to a few of those secondary, yet very important, results of Medical Mission work to which brief reference must be made. As we were reminded by the late Dr. J. S. Dennis in his noteworthy book, "Christian Missions and Social Progress," Missionary effort has a Sociological sphere to fill as well as an Evangelistic." It is easy to appreciate that the Medical Missionary, of all missionaries, is the one who is most frequently brought up

against the problem of social evils, and into intimate touch with the sad results of sinful customs. His first-hand contact with the different strata of society, and the influence of his position as healer, enable him to add to the value of his service in more than one direction. We shall here touch upon examples of this wider sweep of Medical Missions :—

(1) *They undermine such an un-Christian system as Caste.*

It may truthfully be said that there is no greater social evil than Caste in India. Sir Monier Williams, one of the greatest authorities in his day on matters relating to Indian life and religions, once wrote :—

" It is difficult for us Europeans to realise how pride in caste, as a Divine ordinance, interpenetrates the whole being of the Hindu. . . . Caste rules, which we believe to be a hindrance to the acceptance of true religion, are to him the very essence of all religion. They influence his whole life and conduct."

How, then, does Medical Mission work weaken this system ?

(*a*) *It makes the relief of sickness independent of caste distinctions.*

Among the patients waiting for the Medical Missionary may frequently be seen in the same group the Brahmin, Sudra and Chamar, the Pulayer and Pariah, the Devil Worshipper, the Worshipper of Siva—men and women of all castes and creeds. This

intermingling is absolutely in defiance of caste rules, which place barriers between man and man, destroying individual liberty. By the Medical Missionary all are treated alike, and in obtaining the needed aid caste is broken, and its influence is gradually undermined. It was the privilege of the author some years ago to spend a few days as a visitor at a Medical Mission in North India. At the service which preceded the medical work he saw one morning, seated close to each other in the group of out-patients, a Brahmin, a man of the shopkeeper caste, two or three low-caste men, representatives of the agricultural caste, a Parsee, a Mohammedan, and some Christians. What other Missionary method would prove so successful in drawing all these together, and causing them, for the time, at least, to think less of their differences?

(*b*) *It illustrates and teaches human sympathy.*

Caste eradicates human sympathies and destroys compassion. A poor sufferer must never be relieved if by so doing caste would be broken. On the contrary, the meritorious course is to " pass by on the other side " and leave him to die. Medical Missions stand for the exact opposite of this, and thus are surely undermining caste by the expulsive power of a new and loftier principle. Writing a year or two back on " Caste and Medical Missions," the Rev. F. W. Hale, of North India, used these words:

" Caste is bolted and riveted down upon Indian society, and at times we feel discouraged about it and are apt to think that no assault will tell; but there are

forces at work which are wearing down weak places. . . . Of religious forces there is none more potent and persistent to this end than the work of a Medical Mission. Wherever you have a live Medical Mission you have carried a sap under the very walls of Caste."

As for other social evils which are but representative of the tyranny of false customs and the bondage of pernicious habits, no words are necessary to make it evident that to the doctor peculiarly belongs the opportunity of dealing with these sins against humanity. The patients of a Mission Hospital are truly an index of the public morals of a community, and the Hospital is the place where the one Hope of sinful men is uplifted.

(2) *They teach a new valuation of human life.*

Life is cheap in the non-Christian world, and " every man for himself " is the rule pretty much everywhere ; the sacredness of human life is a moral truth still to be learned. Outside Christ there is no glimmer of the revelation that we were made " in the image of God," and that our bodies were meant to be " the temples of the Holy Ghost." Degrading pursuits, industrial slavery, sexual sins, and the like, constitute a picture of the life which is lived by millions of our fellow human beings in the great non-Christian world. (Would that we could feel that the Christian world was free from those terrible blots !) Altruism hardly finds a place in their scheme of things. It is either exploiting or being exploited. The thought of life as a trust is an unknown idea. Its powers are thus

valued in false scales, and often prostituted instead of being dedicated. The sins of opium smoking and of drug addiction in general will occur to the minds of all as examples of the misuse of life, and the records of Medical Missions reveal how direct is their corrective and curative influence upon those who are the victims of these great evils.

In view of all these circumstances it is not surprising that womanhood suffers special degradation. In the words of a Missionary writer: "The lot of many a Hindu woman is inexpressibly sad. She is often regarded as of less value than an animal owned by her husband, and is degraded by countless barbarities and neglected in time of sickness." The stamp of inferiority is put upon womanhood almost everywhere in the non-Christian world. Truly it may be said of her, with peculiar emphasis, that she is born to suffer.

Now into all this unbalanced and sorrowful state of things comes the woman Missionary Doctor, and, as we shall see in a later chapter, gives freely of her skill to these suffering women, and lavishes her love upon these exploited and wasted lives. The demonstration that is thus afforded of the Christian way gives an entirely new conception of life to men and women alike. That in itself alone is a gain of first magnitude. Furthermore, by influencing the women, and revealing to them something utterly new respecting the meaning of their lives and the responsibilities of parenthood, a new outlook is given to the home life of these lands. The bearing that this has upon infanticide and kindred evils can be appreciated to the

full. The teaching and service of every Mission Hospital is a direct challenge to those glaring sins of heathen life. This is the testimony of those who have been witnesses of the changes wrought by Medical Missions, and every encouragement should be given to those whose energies have been directed along this particular channel.

(3) *They cultivate a public conscience in respect to suffering and its relief.*

The bearing that this has upon the Church on the Mission Field will be dealt with in a subsequent chapter ; here we are specially thinking of those movements and institutions of a philanthropic character which are directly inspired by the example of Medical Missions.

Reference has already been made to the Infant Welfare work which has been commenced in connection with several Mission Hospitals. This is a growing feature of Medical Missionary activity, and one that is most essential in view of the heavy rates of infantile mortality in so many places. In certain centres in India " Baby Shows " have been organised to stimulate interest in Child Welfare, and at the San Salvador Hospital of the B.M.S. in Portuguese Congo, a " Better Baby Society " has been established with the same end in view. How real is the educative value of such a work can easily be imagined. Then there is the care of the incurable, the blind and the insane, which a few Mission Hospitals have exemplified in a most commendable way. We must also try and realise how forceful is the example of help for the lepers,

in which service Medical Missions are participating very largely to-day.

It was our privilege a few years ago to visit the C.M.S. Medical Mission at Hangchow in China, and to see the almost endless variety of healing and social service which have been brought into being by that veritable genius of a Medical Missionary—Dr. Duncan Main. In addition to the central Hospital work, with all its many departments, there were Sanatoria for the tuberculous and Branch Hospitals for the blind, the incurable, the mentally afflicted, and many others. In fact, it seemed as if each possible need had been provided for, and the whole Medical Mission presented a wonderful object lesson of how a community should care for its sick and needy folk. The existence of such an enterprise, inspired and governed by Christian ideals, could not fail to stimulate a public conscience and arouse endeavours in the right direction.

This is but one instance of what Medical Missions have done, and the experience of many another Mission Hospital might be cited in proof of the lead that Medical Missionaries have given to philanthropic service. Happily evidence is not lacking that a public conscience is being awakened upon this matter; in different places in the non-Christian world, Red Cross Societies are being established and Hospital work for the poor is being commenced. The very fact that this has come about, and that Christian doctors, or at least those who have come under Christian influence, have generally been the mainsprings of such activities, is another index of the reflex influence of the medical work of Christian Missions.

A most interesting example is to be found in the Red Cross Hospital at Shanghai, which was at first wholly run by foreigners, but has, of recent years, been carried on by a group of Chinese doctors who have all received a modern medical training. The two leading spirits have been two brothers, Dr. Wei-lien New and Dr. Wei-Sung New, the one trained in London and the other in Boston. Dr. Harold Balme, to whom we are indebted for these facts, and who visited this Hospital a few years ago, wrote as follows:—

"They (the two doctors just alluded to) are both remarkable men, and in addition to maintaining a very successful consulting surgical practice which keeps their private nursing home continually full, they have shown great organising powers in the development of this Red Cross Hospital. The Board of Directors, the Medical School, nursing staff and employées, are one and all Chinese, but it is no exaggeration to say that the Hospital is up to the best modern standards, and puts to shame a great number of Western Hospitals in this country. I visited it on one or two occasions to find the wards full, the nursing work being carefully carried out, and the records of the patients admirably kept. The majority of the beds are occupied by charity patients, or patients who only pay sufficient to cover the cost of their food, but there are also a certain number of private beds, from the fees from which, and from the monthly grant of the Red Cross Society, they are attempting to finance the institution. These sums are proving inadequate, and as soon as the Hospital has secured the complete

confidence of the Chinese public, they intend to apply for subscriptions. Meanwhile, the Chinese Board of Directors are showing a fine public spirit in helping to keep the place going. I heard of one man who gave up a full year's salary in order to pay for the installation of the steam heating system in the Hospital, whilst another contributed a large sum for the purchase of the beautiful X-ray plant which the Hospital now possesses. It certainly is a most interesting experiment, and it is a delightful and very encouraging fact to notice that the men who have been found to carry on this work, and the women who are heading the Nursing Training School, are in almost every instance Christians."

The experience of the Wesleyan Methodist Missionary Society at Linyang, in Hunan, China, is another case in point. At this place the local Red Cross Association, whose President was a fine old Christian man, volunteered to give $1,000 if the Missionary Society would find half that amount, so as to enable a Chinese house surgeon and trained male nurse to be engaged. This challenge was accepted, and to-day there is a " Wesleyan Red Cross Hospital " in Linyang !

Do not illustrations like these help us to realise, yet more keenly, the value of that indirect influence which Medical Missions are rendering in the non-Christian world ?

VII

MEDICINE AND THE GOSPEL

Part III. Medical Missions as a Christian Educational Agency.

" Medical Education is as old as Medical Mission work itself, and rests upon a like basis of reason and necessity."
The late DR. STANLEY JENKINS.

WE now approach an aspect of our subject which has claimed considerable thought of recent years, especially in the affairs of the China Mission Field. It has a literature and a place all its own in the development of modern Medical Missions. In fact, any adequate treatment of so important a branch of the service now being rendered by Christian doctors upon the Mission Field is impossible in a book of this kind. All that we can hope to do is to include in the present chapter such a general reference to the educational side of Medical Missions as shall enable our readers to assign to this particular work a proportionate place in their estimation of the share of Medicine in the spread of the Gospel.

We shall strive to show how Medical Missions serve the following great ends :—

(*a*) *They have been the means, in some lands, of Pioneering the work of Medical Education.*

It is quite unnecessary that we should spend time in pointing out that a new stage in medical education

has been reached in some of the most important lands of the Mission Field. Things are not as they were. Great nations like China are seething with new thought. Knowledge, previously regarded as the special product of "Western" lands, is to-day claimed, and rightly so, to be an international possession. Educational revolutions have been and still are being wrought. An insatiable thirst for all that the world has to teach in every realm of human life and thought is characterising the young life of lands both far and near. There can be no putting back of the clock even if we wanted to do it. Education is the heritage of all, and amongst the varied forms of knowledge Medical Science is one of the most necessary and important.

But if this is so, it is of supreme consequence that medical education shall be inspired and directed by Christian teachers. In other words, the whole spirit and purpose of the undertaking needs to be Christian. The third Commission of the World Missionary Conference of 1910 stated:—

"The education of the world demands for its highest and best development those elements of truth which are the peculiar contribution of Christianity to the world's thought and life."

And if that is to be the governing consideration which actuates us in carrying on Christian education in general, we may apply it with special emphasis to the need for Christian medical education. The ability to heal disease is something that confers enormous responsibility which may be used or misused. If

it be allied to Christian truths and principles it will be regarded as a solemn trust and discharged as in the sight of God. If it has no such alliance, it may all too easily become changed from an instrument of good into a weapon of evil. Accordingly how vital is the necessity that medical education on the Mission Field shall be given by Christian teachers who will bequeath the sacred possession safeguarded and permeated by Christian knowledge and principle.

There lies the great ideal which has stirred the spirit and won the devotion of many a brilliant young Christian doctor from the homelands who has heard the call to this kind of work. It is the same ideal which we know is capturing, and which we believe will capture more and more, the hearts of some of those young Christian doctors who, on the Mission Field itself, are being trained to become the Christian leaders of the new medical profession in their respective countries.

Missionary organisations neither can, nor should deem it within their province to assume responsibility for the medical education of any of those nations amongst which Missionaries are called to labour in the interests of Christ's Kingdom. That is a task belonging to those nations themselves. In view, however, of all the considerations which we have noted, it is plainly self-evident that there is a need and place for such a share in this work on the part of Medical Missions as shall mean the preservation of a model type of Christian medical education; and, consequently, provision must be made for a number of highly trained

Christian doctors who shall maintain undimmed the best traditions and ideals of the Christian members of the medical profession.

To make this aim of our Medical Missionary enterprise possible, we shall need to send forth here and there a group of picked Missionary Doctors who will see in this particular service a call to them to make their personal contribution that of moulding other lives in character, in loyalty to Christ, in leadership, and in the most up-to-date professional knowledge. In the case of China it is significant to note in the report of the recent China Educational Commission, that in 1922 out of 29 Medical Schools, then in operation in China, 9 were Christian Schools. The enrolment of medical students in China in that year was about 2,000, of whom 95 were women. Of this number 441 were in the Christian Schools. The present situation in China being what it is, these figures cannot, however, be looked upon as necessarily a correct statement of the position to-day.

(*b*) *They provide a training ground for an indigenous body of Missionary Doctors and Missionary Nurses.*

1. *Doctors.*—By placing this special objective in a separate clause, we do not wish to infer that the training of Medical Missionaries is to be thought of as something altogether apart from the general question of Christian medical education. It is not so in this country, nor should we regard it as a necessity on the Mission Field. We single out this particular aim because it is well that the Christian Church at home, in facing the problem of its work overseas, should have

clearly in mind the value of what is being done to ensure the self propagation of Medical Missions with an indigenous staff.

From the first the need to train others to carry on the work of his Hospital has been foremost in the mind of every Missionary Doctor. All along this has been a foundation principle of Medical Missions. Every honour should be paid to those pioneers who under almost insuperable difficulties, entailing the absence of opportunities for human dissection, of adequate premises either for classes or for clinical work, of anything like proper equipment or a nursing system in their hospitals, yet managed to turn out a number of trained assistants who were able to render effective help, and to relieve quite an amount of suffering. This class of "unqualified" assistant, as he would be called to-day, will not figure so much in the future; but where, in the hands of a few particularly able men, this system continues, we may feel that a useful piece of work is being done.

It can readily be understood, however, that in days like the present, when the State Registration of Doctors is coming in most lands, anything that is done in the training of indigenous Medical Missionaries must be done on the lines of a sound system of professional education. For the future of our Mission Hospitals men so trained will be required. This involves the maintenance of a few efficient Missionary Schools of Medicine, and that can only be achieved by close and sacrificial co-operation between Societies.

These Union Medical Colleges have developed more particularly in China, an outstanding instance being

the Medical School of the Shantung Christian University, where thirteen Societies are co-operating. Over 70 per cent. of its graduates have already entered into Mission Hospital service.

Wherever these Colleges may be carried on it is abundantly clear that their standard of teaching must be approximated to the National system of education that exists, or will exist before long, in the land in question. That will mean, as it should, a high degree of efficiency, a proportionately heavy outlay on the part of the Societies concerned, and a policy which is directed to the recruitment of an indigenous teaching staff. Further than this, and here we touch a vital matter, these Training Schools must be places where the Missionary atmosphere is keen and strong, and where the spiritual influence will encourage men to dedicate their lives to the Missionary calling.

We have said that the proportionate cost of these Union Schools to the co-operating Societies would inevitably be heavy. That is a fact which has to be recognised, and the cost can only be justified on two conditions. *Firstly*, that such Training Institutions are the source from whence is derived that supply of trained consecrated doctors into whose hands can be safely committed the service of Medical Missions in their own land. This necessitates vigilant care in appointments to the staffs of such Institutions. Missionary qualifications must be as carefully inquired into as academic fitness. Great sympathy and patience must also be exercised in encouraging voluntary offers of service from amongst the graduates of the Colleges themselves. *Secondly*, that Societies adopt

a policy, in the staffing of their Mission Hospitals, which looks definitely toward the appointment of an indigenous staff with full responsibility. This may mean appointing a doctor trained on the Field itself, instead of sending one out from home. It may also necessitate supporting such an indigenous Medical Mission recruit from the same funds as would have gone to support a British or American doctor. It will further be needful for Societies to manifest a spirit of complete confidence in such members of the staff, even while they are feeling their way, perhaps with mistakes here and there, toward a full grasp of their new task. We suggest, however, that it is the only right course to adopt, and that it is the obvious sequel to participation in a Union Medical College.

2. *Nurses.*—There can be no possible difference of opinion concerning the necessity and value of the training of nurses upon the Mission Field. It opens up a noble vocation for the girls of Christian communities. It supplies an otherwise missing link in the efficiency of our Mission Hospital system. It provides an agency of high potential value in the spiritual witness of those Hospitals, and it brings under Missionary influence what might so easily yield to the opposite tendency. The provision of a supply of skilled nurses is the most natural corollary to all that we have gathered regarding the new medical era in lands overseas. If the one has developed, and is manifesting vigorous growth, so must the other. From many points of view, therefore, the training of nurses occupies a most important place in the educational work of Medical Missions.

We may note a few general facts respecting nursing education in China and India, taking those more advanced fields as illustrative of the growing place that the training of nurses is destined to occupy in the work of Christian Missions.

It was only in 1884 that the first Missionary Nurse went to China, and it is not two decades since the organised training of nurses was commenced in that land. Yet in 1909 the Nurses Association of China was formed, and at the present time has about 800 Chinese Graduate Nurses. In 1922 the Association was received into the International Council of Nurses. There are over fifty Training Schools with fully 1,500 nurses in training, and the Association holds a Biennial Conference in China.

It is significant that the Association has, as its main objects, (1) to establish the status of Nurses in China, and (2) to standardise the requirements of the Training Schools. It includes both Foreign and Chinese nurses.

Now from the Missionary point of view it is important to note that at the present time this new feature of the life of China is being moulded and led by Christian nurses. It is the nursing sisters who have gone forth as Missionaries, and young nurses who have been trained by them, who are shaping the new movement. In other words it is the Christian spirit and influence which is at the back of what is being done in this direction. By virtue of that fact, and because of all that it is possible for Chinese Christian nurses to do in the furtherance of the Cause of Christ, the greatest importance must be attached to this piece of educational work.

A letter received last year from the Nursing Superintendent of a big Mission Hospital in China gives the following illustrations of the Missionary value attaching to the training of nurses :—

" Shortly after we started the training of girl nurses, we received an old beggar woman into the ward. She was in a loathsome condition, had a very sharp attack of Dysentery, and used very foul language, so that nursing was by no means easy. The girl nurses were tender and kind in washing, cleaning and feeding her, but they received no thanks from her. They were almost tempted to give in, but for Christ's sake endured, and their patience was rewarded by the influence this manifestation of love had upon the other patients in the ward."

Quite recently Miss Pollard, who is the Sister Tutor at the Tsinan Training School for Nurses, paid a visit to a Chinese nurse (a former student) now engaged in work of her own in the city where she lives. In writing a report upon her visit, Miss Pollard said :—

" The number of cases she visits and helps, the orderliness of the dispensary to-day, the service which followed afterwards in the preaching hall, she herself conducting it, the quietness amongst the children and adults alike, and the close attention with which they listened to her, all helped to make one feel how well worth while is our work here.

" Not only going to the homes of the sick ones and helping them there, or in the dispensary to which the people flock, but the quiet yet powerful way in

which she spoke in the meeting, and the good behaviour among the children, made one realise she had found the secret of joy in serving, and I came away saying :— ' Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.' "

It is also a point of some significance that at the last Biennial Conference of the Nurses Association held in Canton, a paper was read, written by a Chinese Nurse, upon the subject— " How to introduce the Gospel to our patients." It was full of most suggestive matter, and we may well feel that a real value attaches to such a movement as this in the work of a Medical Mission.

In India, too, it is of interest to know, that there is a Nursing Association in being, on the roll of which there are somewhat less than 500 members, though very few of these at present are Indians. It is generally acknowledged that the training in Mission Hospitals is of the best. The Association is working hard for State Registration, but this is not yet in sight. In the meantime its efforts are being directed toward the establishment of a uniform syllabus and standard of training. It is plain that the vastness of the country, difficulties of language, diversity of conditions, and caste hindrances, delay the standardisation of Nursing in India in a way that has not been the case in China.

It is clear, however, that the service rendered by the Indian Nurses in the Hospitals is in itself a testimony to the Christian faith. Not long ago a Hindu patient in one of the Mission Hospitals said :—

"There is nothing in our religion that would make us do all the dirty jobs which your nurses do for the patients—it is only Christianity that can do that."

The influence of these young Indian Nurses is emphasised by Miss Dicks, Nurse Missionary in the Lushai Hills, E. Bengal, who speaks of the commencement of Nursing training in that Hill tribe district :—

"I know no way so simple and readily understood of showing what it is to lead a Christian life than to get patients in a ward and day after day let them watch girls of their own tribe doing things for them that they know they would not do unless some stronger force were behind them than they knew of.

"When a young nurse keeps awake all night and feeds and tends the motherless babies, and will be always ready to do some little thing to make suffering more easily borne, then it is that the marvel is reached. How can one wash dirty bandages and touch horrible sores unless a Christian ! When my first little nurse came to learn she was very surprised to know that she could serve the Lord Jesus in washing dirty clothes and scrubbing floors. But now she teaches this to others ! "

There can be no question, in view of facts such as the foregoing, that as in China so in India the training of Nurses is a direct aid to the propagation of the Christian Faith.

(c) *They act as centres of Public Health Reform.*

The China Educational Commission, already referred to, stated in its report :—"The prevention of

disease is certainly quite as appropriate a function of the Christian physician and hospital as the treatment of chronic ulcers, or setting broken bones."

In another place the Commission urged the training of men for Public Health work, recording it as its view that :—" This field offers the Christian Church its largest opportunity to manifest the spirit of philanthropy which underlies the whole Christian Movement. Christianity could do nothing more effective for China, and nothing that would further its own cause more rapidly."

To those who have studied the facts of life as it exists in tens of thousands of towns and villages on the Mission Field, it will not occasion any surprise to hear such an expression of opinion. The most elementary laws of personal and communal hygiene are either unknown or are utterly neglected ; and if it be true that " cleanliness is next to Godliness," then God's people cannot be indifferent to any movement that promotes a better knowledge of the laws and conditions of health. As one writer has put it, " Christianity for its proper functioning requires a healthy body." Yet it is notorious that such essential matters as pure drinking water, fresh air and efficient sanitation are deplorably ignored in the crowded lands of Asia and Africa.

In " Medical Practice in Africa and the East " Dr. Howard Cook mentions such facts as the following in describing the awful lack of hygienic knowledge :—

" The risk of contamination of food with flies is

not recognised, and maggots are a common accompaniment of any septic wound. The water supply is frequently of the impurest, and is usually stored in pots that breed the larvæ of mosquitoes, with the attendant risk. . . . Every principle of ventilation is violated amongst such races. The African makes no windows to his hut, and only a small door, and further obstructs the inlet of fresh air by curtains of dark cloth and a smoky fire. . . . The dissemination of infection in cases of eye diseases is largely due to the ignorance of the people."

Dr. A. A. Lees, B.M.S. Medical Missionary in China, supplies the following page out of his own diary :—

"I well remember being called out to see a poor woman suffering from smallpox. She was quite young, and her husband was very anxious about her, and was doing all he could to help her. On arrival (I did not previously know what was the matter) I found her lying on the brick bed absolutely covered with pustules of 'confluent' smallpox. The husband was also on the bed, sitting with his wife resting on his knees, and in the same clothes in which he would go out into the streets and ride in a public rickshaw. There were also one or two other adults and two or three children in the same room and no effort to keep them out, and the room was stuffy and dirty in addition."

Do we wonder, in face of facts like these, and others still worse which cannot be stated here, that the mortal-

ity rates are as high as those given in an earlier chapter ? One thing is very clear, and that is that Medical Missions have a great preventive as well as a curative function to discharge. Every hospital may become a health centre, teaching hygiene by a succession of practical object lessons. Infant Welfare Clinics conducted in connection with Women's Hospitals can accomplish great results, provided the requisite patience and tact be shewn by those in charge.

Then a most important service can be rendered through the teaching of hygiene in schools, in which connection reference should be made to the admirable school text books on hygiene now in use on the Congo. The young must be taught.

The work of the Joint Council on Public Health Education in China has achieved some really wonderful results through popular literature and exhibitions. These have shown that the people can be helped to walk in the better way, but they need to have it pointed out. The value of the service rendered by models on hygienic subjects exhibited in the Institute and Museum at Tsinanfu, China, cannot be overstated.

The future development of Medical Missions along preventive lines will, it is hoped, proceed more rapidly than has been the case hitherto. The Medical Missionary, in acting as Sanitary reformer, may well make a contribution of supreme worth to the promotion of health and the spread of the Christian Message. It is better to erect a fence at the top of a precipice than to provide an ambulance at the bottom !

VIII

HOSPITAL EVANGELISM

"We are thoroughly convinced that preaching to patients within the walls of a hospital is not sufficient to win them to Christ in the majority of cases. Neither is it enough to follow them by post or in person. We must devise a plan whereby the opposition and persecution of relatives and friends will be turned into sympathy and support."

DR. A. G. FLETCHER of Korea.

THERE has been a marked change of emphasis in regard to Medical Missions during recent years, say during the past decade and a half. If we go back to the earlier years of the enterprise we find that the dominant thought in the minds of the promoters of Medical Missions was that of their unquestioned value as an evangelistic agency. To pioneer a way for the messenger of the Gospel, to secure a favourable hearing for the message, to disarm prejudice, and to furnish a powerful interpretation of that which lies at the heart of the Christian Evangel, were the prevailing ideas relating to Medical Missions from the Missionary standpoint. And to a real extent their potency was judged by those standards, as also by the way in which the work of Hospitals contributed to the upbuilding of the Church on the Mission Field. Evangelism was declared to be their life blood.

This view of Medical Missions tended very naturally to subordinate professional to Missionary considerations. The completeness of a Medical Missionary's preparation, on the medical side, was not generally

regarded by Missionary Societies as of first-class importance. Indeed, there are authentic cases on record where medical students, looking forward to a missionary career, were actually dissuaded from finishing their course, and taking their degree, on the ground that their medical vocation must be steadfastly kept in a subsidiary place. Still more frequently was it the case that Medical Missionaries were sent abroad without any insistance upon the need for post-graduate study. In the same strain efficiency in hospital building and equipment was not looked upon by Societies as a matter of great consequence. Medical men and women on the Mission Field had to do the best they could with what they had, and all honour to those devoted Medical Missionaries who scored professional triumphs when the odds were all against them. Furthermore the history of Medical Missions shows, in a most unmistakable manner, that ill-prepared and ill-equipped as many of those earlier workers were, they did achieve through their Medical service most significant results in the advancement of Christ's Kingdom.

But now there has been a very marked change in the attitude of Societies to Medical Missions. The pendulum has swung considerably. Medical work is no longer relegated to a back place. Medical Missionaries are not only urged to prepare themselves in the most thorough manner on the medical side, but in most instances Societies insist upon a high professional standard. Post-graduate work is held to be imperative, and intending Medical Missionaries are counselled to become familiar with the latest advances in Medical

Science. The enthusiasm of the young Missionary Doctor is not damped but encouraged, and his plea for the best Hospital provision that can be given to him is viewed sympathetically. Better buildings have been erected, and these have been equipped, in not a few cases, with up-to-date apparatus. Much still remains to be done, but the advance that has been made in these respects is most significant.

The prominence that is thus given to the highest possible professional standards in the work of our present day Medical Missions is brought out very clearly as we turn over the pages of the journals of the China and India Medical Missionary Associations. These organs of the Medical Missionary body in their respective Fields are notable again and again in the contributions they make to medical science. They are indicative of the trend of Medical Missions, and in nothing is this better illustrated than in the proceedings of the regular Conferences which are held by the Associations just named. The tide is flowing strong in the direction of a thoroughgoing professional efficiency in the matter of staff, buildings and equipment.

The new generation of Medical Missionaries, speaking generally, is not going to be content with a policy of "makeshifts."

The result of all this has been of necessity to focus more attention upon the importance of giving to the peoples on the Mission Field the benefits of medical science, to the end that they may take up and carry on a like work, than upon the direct evangelistic service of Medical Missions. In other words, the contribution

of remedial science, the ministry of philanthropy, and the importance of teaching the lessons of social service, have loomed large upon the horizon of Medical Missions. Those motives, it would seem, have determined a good deal of the later thought that has been given to this branch of the work of Missionary Societies. The strictly evangelistic bearing of the agency has not thereby become less real, but it has certainly tended to receive less attention than formerly, and it is not inopportune to inquire what influence this has had upon the spiritual results.

It may be admitted at once that certain of the earlier objectives of Medical Missions do not claim as much attention because they have been to a large extent attained. Medical Missions, for instance, are not so conspicuously necessary to-day to overcome fanatical opposition to the Christian Missionary, because already, in the large majority of cases, contacts have been established. As a matter of fact, we find Mission Hospitals located in many of our base stations, and a policy has come into being whereby centralisation rather than diffusion has become the ruling principle. The point is how far these better staffed, better equipped, more up-to-date Hospitals, touching their thousands of patients every year, and attaining a considerable degree of professional excellence, are calculated to exercise as direct an influence upon the winning of men and women to Christ as was the case with the less advanced type of medical work of a former generation. This is a most important question, and at the same time it is extremely difficult to arrive at any definite answer to the inquiry.

To begin with, spiritual data are not of a kind which permit of tabulation. In the next place, Medical Missionaries as a class are amongst the last people in the world to write up the results of their work. Further, no discussion of the matter can leave out of count the far more difficult problem that has been introduced into the evangelistic work of Mission Hospitals by reason of the demands of modern medicine. The Medical Missionaries of to-day are not in the same position as were their predecessors. If it be thought that we do not seem to see, speaking generally, such considerable spiritual fruit of the work of Medical Missions as we would wish, it is needful that we should remember something of the difficulties which face the workers in Mission Hospitals. The moment we look into their work it becomes obvious with what comparative ease the evangelistic ideals can be subordinated to the interests and claims of the medical work. The enormous pressure of patients who besiege our Hospitals, the thousand-and-one details which must be attended to in the running of a Mission Hospital, the absorbing interest of the clinical work, the necessity of keeping abreast with medical and surgical progress, the training and supervision of native assistants, the lack of an adequate medical and nursing staff in so many cases, the frequent summons to cases of illness at a distance from the Hospital—all these and more make the task of doing anything beyond the purely medical and administrative work an extraordinarily difficult one. We cannot wonder if under such conditions many Medical Missionaries find themselves faced with an insoluble

problem, nor can we be other than sympathetic if some of them urge that if they are to do Medical Mission work which will approximate to scientific standards, then they have in that alone a task which must absorb their major time and strength.

To fail to recognise the significance of these features of the problem which we are now considering would mean closing our eyes to most salient facts. But if we admit all this we cannot let the matter rest there. The evangelistic ideal must never be lowered. Medical Missionaries, we may be quite sure, never ask that that should be done. They feel acutely the difficulty of reconciling the conflicting claims of their many-sided work, but they do not ask for deliverance at the cost of cutting out the evangelistic purpose of their hospital service. It is of no little significance to note an analysis of answers to a questionnaire issued to members of the China Medical Missionary Association by Dr. L. E. Sutton, of Szechuan, concerning the objectives of Medical Mission work, and published in a recent number of the "China Medical Journal."* There was general agreement that the "saving of souls" was the first objective of Medical Mission work in China, no fewer than 147 out of 210 replies placing direct evangelistic work first in importance. To make Christ known and His Message understood, was the outstanding aim of this work. No evidence pointing to a weakening of purpose in that direction was forthcoming.

Many a doctor feels most keenly that the unique evangelistic opportunities of his Hospital ministry are

* September, 1925.

not being embraced as fully as he could wish, and he yearns that more might be done in this direction. The heart of the Medical Missionary enterprise is as sound as ever it was upon this supreme question, but the task it has to discharge is a much heavier one than it used to be. It needs help.

We, therefore, come naturally to seek ways and means whereby the evangelistic witness of our Mission Hospitals may be reinforced. In exploring this question we shall derive considerable assistance from some Conferences that have taken place on the Mission Field.

The China Medical Missionary Association instituted recently a study of the religious work carried on in Mission Hospitals in China as a prelude to the discussion of the whole subject at their Hong Kong Conference. This investigation brought out a number of most interesting and significant facts. The strong points are :—

(1) The almost universal practice of the medical and nursing staffs of the Hospital of taking a very definite part in the evangelistic work.
(2) The certain evangelistic results that have accrued to the efforts of the Hospitals.
(3) The important place that personal bedside talks occupy in the whole endeavour.
(4) The tremendous influence exerted by the spiritual atmosphere of the Hospital, and the dependence of this upon the spiritual life of the staff, both foreign and Chinese.

On the other hand some equally clear needs were brought to light, the chief of which were the following :—

(1) The Hospital Evangelist requires to be one with very special gifts and training.
(2) A foreign pastor is needed to give whole or part time to the patients while in Hospital, and to follow up the work afterwards in their homes.
(3) The Hospital Staff should be Christian as far as possible, and " the size of a Hospital should be proportional to the spiritual power of its Staff."
(4) There is a need for closer co-operation between the Hospital and the Christian centres of the district. This is where, in the opinion of some, the evangelistic effort most often breaks down. The evangelists and pastors need to be encouraged to realise the privilege and duty of keeping in touch with persons who have been influenced by the Hospital.
(5) More individual interest in the patients is required.
(6) The leaders of a local Church make effective voluntary workers; this principle should be encouraged where not already in operation.
(7) The centres of medical education should be full of Missionary zeal, so as to inspire the young men and women in training with the desire to be Missionaries.

It will be seen that the weakest link in the chain of service is thought to lie in the follow-up effort, and attention may, therefore, be fitly called to the work of Dr. Fletcher of Korea. An article describing his

method appeared in a recent issue of "Conquest by Healing,"* and is of the utmost interest. Dr. Fletcher, as Head of the Tauki Hospital, has made it his aim to lead every member of his staff to feel a triple evangelistic responsibility, viz. :—

(1) For the preaching of the Gospel to every patient.
(2) For winning to Christ as many of the patients as possible.
(3) For seeing that as many of these new converts as possible are safely united with the Church.

These ends being kept in view, a double method has been brought into operation. In the first place the Hospital Staff has been organised into a Preaching Society which is responsible for the support and control of all evangelistic work connected with the Hospital. In the second place, and in a way that is unique, the "follow-up" work has been supplemented by sending evangelists to the country to reside in the non-Christian village of a Hospital convert for one month. During that time the evangelist, with the help of the convert, preaches to the relatives and friends, in expectation of establishing a new Church. This means that the convert is led into Church Membership and brought at once into personal service in winning his friends for Christ.

These are features of a method which is of great interest and which would well repay close study. If a scheme like this could be brought into operation in connection with Mission Hospitals generally, we

* December, 1924.

might anticipate, with marked confidence, that much more evangelistic fruit would result from Medical Missions.

Dr. Percy Wigfield has called attention to another form of follow-up work which he discovered when visiting the New Zealand Presbyterian Hospital at Kong Chuen, South China. These are Dr. Wigfield's words :—

" One of the rooms on the upper floor, originally intended for a private ward, has been set apart for the accommodation of circuit evangelists. Kong Chuen is the headquarters of a district in which there are fifteen out-stations, and once a week a Chinese evangelist comes in from each of these places in turn, arriving about midday. The afternoon is spent in visiting the Hospital, the clerk in charge of registrations enabling a particular evangelist to get into touch with any cases admitted from the villages in his own neighbourhood. He then takes the usual evening service, in place of one of the members of the Hospital Staff, similarly conducts Hospital prayers in the morning, and then sets out on his return journey. In this manner the Hospital is linked up with all the out-stations of the district, interest in its work is stimulated, and much valuable assistance given to the Chinese evangelists in making contacts, and in follow-up work among returned patients. Local conditions may make such a system impracticable in some areas, but where circumstances are favourable, the plan is well worthy of consideration."

The Shantung Conference of the Baptist Missionary

Society gave special consideration to the subject of Hospital evangelism in 1924, and the Rev. W. P. Pailing, Chaplain of the University Hospital, Tsinan, contributed an important paper from which the following points were made evident respecting that Hospital :—

(1) The best results from an evangelistic standpoint have been secured in cases of patients suffering from chronic diseases whose stay in Hospital has amounted to many weeks or months ;
(2) The one essential weakness has lain in the "follow-up" work. Owing to a lack of adequate systematic effort in that particular, the evangelistic endeavours of the Hospital do not show all the final results that might be anticipated ;
(3) A foreign Missionary is needed whose *sole* duty shall be Hospital evangelism, and who shall spend part of each month with the Chinese evangelists in visiting ex-patients in their homes.

There is much food for thought in the careful inquiry that has thus been made into so great a subject, and we suggest that we have here a clue both to the causes of paucity in our Hospital evangelistic results, and to the directions in which we should seek to make an advance. We need obviously to develop a greater conception on the part of the evangelistic Missionary Staff as to the part that the Hospital can, and should, occupy in the work of evangelism. Then,

too, the indigenous Church needs to have a definite consciousness created in its mind that the Hospital is an evangelistic opportunity which its own voluntary activities should seek to explore more effectually. It is to be feared that the Church has tended in many places to regard the Hospital as mainly provided for the relief of its own sick.

One other lesson that we shall need to learn is the relation that adequacy of staff bears to evangelism. We cannot expect overworked, single-handed doctors to achieve the results which would be possible were they properly reinforced. The adequate staffing of Mission Hospitals, from the medical standpoint, will be dealt with in a subsequent chapter, but we mention it here because of the vital bearing that it has upon Hospital evangelism. The points that we have emphasised above, however, show that on the evangelistic side, too, our Hospitals need a reinforced staff. Societies will need to face the appointment of well trained evangelistic workers, both foreign and indigenous. The argument that the evangelistic work can be left to the evangelistic Missionaries in charge of districts will hardly hold water for the simple reason that those Missionaries, almost invariably, are overburdened with other duties. They should be "linked up," but the work for which Mr. Pailing pleads cannot be relegated to them alone.

A final point that may be made relates to the share of the Missionary Doctor and Nurse in this side of their Hospital work. Is anything further needed in that direction? In reflecting upon that question we are inclined to think that we must go back to

the Missionary training of our doctors and nurses. What are the ideas that they are then given regarding their future work? Are they encouraged to look forward to, and to train for, a work which is going to make a strenuous spiritual demand upon them? Are we deliberately going to require in our Medical Missionary candidates some definite training and experience in personal evangelistic work here at home? We have to remember that the life of medical students and hospital nurses is, with some exceptions, a deadening thing spiritually, when faith, and habits of devotion, to say nothing of any definite Christian work, are apt to become attenuated. The easiest thing in the world is for the intending Medical or Nurse Missionary to become complacent respecting the need to prepare themselves for the spiritual side of their future work, and to think almost wholly along medical lines. If they yield to that temptation they will probably yield to a similar one later on. What, then, are we prepared to do to keep fervent and constant in our coming medical and nurse missionaries the passion to win others for Christ?

It is doubtful whether any prescribed course of theological reading, however important, is really going to touch the root of the matter. Clinical evangelism is the type of Missionary work which is the particular lot of the Medical Missionary, and that presupposes an experience in making spiritual contacts with other souls. Is there not a need here which calls for some united action? We would earnestly appeal that intending Missionary Doctors and Nurses should guard as their very souls, (1) a

definite time, even if it cannot be more than a quarter of an hour, for quiet daily prayer and meditation; (2) some definite and regular form of Christian service; and (3) any other opportunities for the cultivation of their spiritual life that may come their way. We would further suggest that all Societies should make an effort to get into close touch with those who are training to become their Medical and Nurse Missionaries, and see to it that in one way or another the needful training is secured. If the Medical and Nurse Missionaries go out filled with evangelistic ardour as well as equipped with professional knowledge, they will be saved from any degree of detachment from the general work and central purpose of the whole Mission. There is a real danger that some Medical Missionaries may regard their work too much from the professional angle, and drift all too easily into thinking that their responsibility begins and ends within the limits of their own department. From one point of view their work is bound to be confined to itself. From another standpoint the Medical needs to be sunk in the Missionary, and if this is not realised a grave loss will be sustained in the evangelistic outlook and output of Mission Hospitals.

IX

THE CHURCH ON THE MISSION FIELD AND MEDICAL MISSIONS*

"As the Christian community develops the spirit of philanthropy, and as its resources increase it will by itself, little by little, take over this phase of the Christian movement, and the Missions will rejoice to put it into their hands."—(*Report of China Educational Commission*, 1922.)

THE student of Missions does not need to be reminded that the Great War and its consequences have created an entirely new set of problems in the conduct of the Missionary enterprise. The China crises of the past year have revealed an acute phase of the changed and changing situation. No longer is it possible, or desirable, to think of the Missionary task as being largely a question of sending forth so many additional Missionaries from Europe and America. It is of far greater importance to inquire into the share that the Church on the Mission Field itself should take in carrying out the Great Commission of Our Lord. One thing is clear, we are witnessing the birth pangs of a new world order that must shortly come into being, in which the enforced readjustments of National and International life must of necessity affect the whole course of the Missionary activity of the Christian Church. We cannot say as yet what will be the precise Missionary orientation

* Parts of this chapter appeared originally in The International Review of Missions, April 1916.

of the future, but it is safe to predict that whatever happens the indigenous Church is destined to play a larger and more immediate part in the spread, direction and support of the work of the Gospel on the Mission Field than has been hitherto the case. It is therefore of considerable importance that thought should be given to the policy and practice which have governed the relation of the Church on the Mission Field to the different branches of Missionary propaganda, and not least to Medical Missions, with which we are specially concerned.

There can be little doubt as to the timely character of such an enquiry. During recent years there has been a wider recognition by most missionary societies of the necessity for more adequate and efficient equipment, if Medical Missions are to attain the best and most fruitful results. The importance of a high grade of professional work has been freely admitted, and, notably in China and India, considerable sums of money have been spent on the erection and development of hospitals of a modern type. All this is excellent, and is a welcome change from the policy of only a short time ago. But the obvious question suggests itself—What is to be the future of these institutions? Are they to remain as the permanent responsibilities of the Missions which establish them? To reply in the affirmative would be to repudiate, as regards Medical Missions, that guiding principle which points ever to an assumption by the indigenous Church of the work of the Gospel within its own area. Furthermore, there is the weighty consideration that if these progressive features of modern Medical Missions are to

have any other prospect than continued connection with a foreign missionary society, it may well mean that the multiplication of such institutions will be thought too heavy a liability to undertake, and the whole development of Medical Missions in consequence experience a serious set-back. If, therefore, we set aside as retrogade and unsound the idea of permanent connection with missionary societies, then there are plainly but two alternatives for the future of modern Mission Hospitals in those fields where it is practicable to contemplate such possibilities. They must either be taken over by the State and become Government institutions, or, they must become a definite adjunct of the local Church, staffed, administered and supported, directly or indirectly, by that Church as an exposition of Christianity.

Now for a moment let us think of the former alternative. At the first blush it may seem to involve the surrender of a powerful instrument for the propagation of the Christian Message; yet, on second thought, are we quite so sure? True enough, if the Government control is to mean something inimical to the Christian Message, then most certainly it would mean an absolute and unthinkable surrender. But is that the only conceivable possibility? Can we not believe that a point might be reached in some lands when a Governmental system might come into being which, while claiming that the work of hospitals belonged to its own sphere, would be willing to give free scope to the Christian Message and practice in such Christian Church Institutions? If we are to anticipate, as we may surely do, that from the Schools and Colleges

established by the various Missionary Societies on the Mission Fields, there are to come in growing numbers the Christian Statesmen and leaders of thought in their respective Countries, then is it too much to hope that we may see such a handling of public affairs as would not exclude the possibility of Christian Hospitals becoming part of a National System? The prospect may not seem very near at present, but it is not so remote as to be shut out entirely, or to be regarded as utterly Utopian.

It is, however, with the second alternative that we are more immediately concerned, and to that it may be well for us to devote some serious consideration.

Perhaps the first thing that strikes us as we approach this subject, is the small degree of attention which has been given to it. Nor, as far as the present writer has been able to learn, has much attempt been made to take concrete steps in the way of cementing a definite bond of union between the Hospital and the Church on the Mission Field. At the China National Conference in 1912 there were, however, signs that the importance of the matter was coming to be realised, as the following resolution of that Conference will show:—

"The time has come when the Christian Church of China should be increasingly encouraged to realise her responsibility in carrying on this ministry of healing. This work should be developed within the Church as a part of her activities, and her members should share in it, both practically and financially."

Coming from such a source, that resolution may be

regarded as a luminous indication of what should be one of the cardinal points in the immediate policy of Medical Missions. We doubt, however, whether the significance of the subject has yet gripped the consciousness of either the leaders at home or the missionary body as a whole on the field. In part this may be due to the fact that the indigenous Church has not reached that stage of development when, speaking generally, it has the strength and resource to undertake big responsibilities in a medical missionary direction.

It is not improbable, however, that another cause has been operative in delaying the entry of the indigenous Church in any vital way upon the work of Medical Missions, and that is the mistaken view that the medical aspect of the missionary enterprise is in the main humanitarian rather than definitely missionary and propagandist. The existence of this misconception is without a doubt a real hindrance to the spread of interest in medical missions amongst the members of the Church at home. It is quite easy to see that under its influence, added to that of the financial responsibility which is involved in the maintenance of hospitals, the leaders in the Church on the Mission Field might well think that any sphere of activity which was largely occupied with the healing of the body was outside the real province of the Church. It is also to be feared that this view has coloured the judgment of many missionaries and weakened the emphasis placed on Medical Missions. If, therefore, Medical Missions are to come to their own, in the mind and heart of the indigenous Church, their service to the cause of humanity must never

be allowed to assume so large a place as to divert attention from their supreme object of making known, by word as well as by deed, the Gospel of the Lord Jesus Christ. The work of healing must not be lowered in estimation, nor the mistaken view supported that Christianity and philanthropy are poles apart. Medical Missions must present a sphere of activity in which the dominant note shall be the setting forth of the evangel of Christ and the redemption of the whole man for His glorious Kingdom. It may mean, if that is accepted, that the examination of Medical Missionary candidates will have to be more searching and the vocation of the Medical Missionary set on a higher plane. It may also mean that the evangelistic work of some Mission Hospitals will have to be overhauled and reconstituted on different lines in order to bring it into closer association with the work of the local Church. But if, in the end, the sphere of the Medical Missionary and of the Mission Hospital comes to be looked upon as being as much within the scope of the Church as the Mission School, then an advance will have been made which will have a vital bearing upon the future outlook of medical Missions as a distinctively evangelising agency.

It is very necessary, however, if a full grasp of the relationship of Medical Missions to the Church on the Mission Field is to be obtained, that we should discuss the bearing that it has upon (1) the witness and life of the Church itself; (2) the future support of Medical Missions; and (3) certain bye-products of Medical Missions.

I. The Witness and Life of the Native Church itself.

In a most suggestive article on "The Philanthropic Work of Foreign Missions in China," which appeared some years ago in the "China Medical Journal," Dr. R. L. McAll, then of Hankow and now of Tsinan (L.M.S.), speaks of "philanthropic work as being part of the Church's permanent duty," and bases his argument upon the example and precept of Christ. Hardly anyone, we think, will disagree with Dr. McAll when he thus states the case for the carrying on of Medical Missions by the Christian Church, or when he goes on to say :—

"It remains part of the Church's duty, in seeking to represent Christianity, not to neglect the exercise of a Christlike Christianity. It is indeed a poor, maimed, un-Christlike Christianity that does no benevolent deeds. When the Church takes no part in philanthropic effort the world says: 'The Church talks at men's souls and lets their bodies rot away,' the truth being that one of the Christlike characteristics of Christianity is gone; while to have hospitals and asylums apart from Christianity, is to pick the fruit and reject the tree from which it grew. There must be *pari passu* the verbal explanation of the Gospel truth and a practical exhibition of it in the form of loving care for the sick and destitute. The two methods of showing the double scope of Christianity may not be omitted so long as the Church exists and human need remains."

Furthermore, there are the subjective as well as

the objective effects of such participation in active philanthropy. Who can measure the reflex influences, working for the ennobling of the character and service of the members of a Church, that come from work of this kind? The ministry of help for the suffering may prove costly in its output of self-sacrificing effort, but it never fails to enrich those who engage in it. The pathway of the Good Samaritan may involve the undertaking of many fresh responsibilities, but in the very fellowship with Our Lord that it brings, it confers a grace and benediction which none who have had the experience would ever miss again. The people who have never known what it is to plan and care for the sick, who have never had the depths of their compassion stirred by the spectacle of human suffering, and who have never been called upon to make the work of relief their *own* privilege and responsibility, will rarely display those characteristics which the service of the Great Healer of mankind requires of those who enter His discipleship. For her own sake, therefore, as much as for the vivid portrayal and interpretation of the Christian Gospel, the Church on the Mission Field needs to incorporate in her life and work the ministry of medical missions, and, as Dr. McAll says, "missionaries must lead the way and help the Church to undertake the task."

It is of no avail to point to the condition in the home land where to so great an extent the Church has no direct link with the work of healing, for as was said in a previous chapter, it is open to argument that the absence of such a direct share is to the detriment and not the advantage of the Church. But if

any case can be made out as to why the Church in the home land need not directly engage in the work of healing, there is every reason why in the Church on the Mission Field, in lands where sickness is so awful in its ravages and so widespread, the ministry of healing should be avowedly undertaken by the Church as an integral part of its service. To that end we would plead for an earnest attempt to carry out the resolution of the China National Conference already alluded to, and for the establishment of a definite link between every Hospital and the Church in its vicinity, wherever such does not already exist.

II. The Future Support of Medical Missions.

The question of the future support of Medical Missions must, for reasons that are sufficiently obvious, give food for every serious reflection. Funds from home sources do not promise to become increasingly abundant. And yet Medical Missions have arrived at a stage when there is a call, not for less support, but for more, and when any serious crippling of financial help is bound to react adversely upon the future of the enterprise. This being so, the question of self-support on the Mission Field is becoming a burning topic and deserves the closest attention.

Up to the present time, so far as we can learn, there has been no instance where the Church on the Mission Field has definitely undertaken financial responsibility for the support of any Mission Hospital. The nearest approach that has come under our notice is in connection with Anglican work in Ceylon, where

the Diocese of Colombo set on foot recently a Medical Mission among Buddhists. A good commencement was made, but before long difficulties were encountered in the raising of funds, and in the health of the Singhalese doctor, and an appeal has now had to be made to the S.P.G. for assistance. Practically speaking, the support of a number of Hospitals and Dispensaries that have been erected and maintained on the Mission Field by the various societies has been a charge upon the funds of the missions, in the sense that they have been responsible for the outlay. Part of the cost has, of course, been met year by year from the fees that have been charged to patients able to pay, from the contributions given by local sympathisers, native and foreign, and from grants made by public bodies, in all of which ways there has doubtless been a good deal contributed by native Christians as individuals. But there seems to be no instance of the Church, as such, taking upon itself the definite maintenance of a Medical Mission.

It is far from our purpose to express surprise at this position, and further still to appear in the slightest degree critical. The debt that Christendom owes to heathendom, intensified by the accumulated neglect of many centuries, is too great to allow us to exempt the Christians of the West from the high obligation to minister to the needy peoples of Africa and the East. We owe it to them to undertake that task to the utmost of our ability. On the other hand, it would be misguided kindness to relieve the newly founded Christian Churches on the Field of the privilege of engaging in this ministry of Medical Missions and so

deprive them of the joy and stimulus that come from bearing one another's burdens. Moreover, it is doubtful whether the indigenous Church will ever learn the true value and importance of Medical Missions until it has borne the burden of the work, and has in the school of actual experience learned for itself the cost of the service of healing.

It is perfectly true that the larger number of the Christian congregations on the Mission Field are poor, composed of those unable themselves to contribute much towards the support of Medical Missions. This fact, however, does not make it impossible or unnecessary for them to commence acquaintance with the problems of the work, to take what steps they can towards securing help for it, and to do something themselves for its support. To lead them to think of the work of a Medical Mission as being *their* work and *their* responsibility, rather than the all time care of the Foreign Mission, would be to make a real advance. Ere long, by careful planning, it might result in the support of beds in a Hospital, the maintenance of a native worker, the support of a branch dispensary, and the organisation of a local hospital fund. The possibility of achieving practical results along this line is not so remote as some might be tempted to fear. It is interesting to recall, on the authority of Dr. Duncan Main, that at one city in the Province of Kiangsu, China, " there were two Hospitals, one for men and one for women, built and equipped by the gentry, because they were so impressed by the effects of our Hospital work and the great benefits of western surgery. The Doctors in charge are both Christian,

and all the Christians in their town and district have ample provision for their sick poor. Other instances of this kind have been given in Chapter VI., in the reference there made to Red Cross work in China. Does not this prove that if the Native Church were definitely to take up medical work it would have a favourable sentiment to work upon in many places? We suggest that the very effort will prove of furtherance to the Church in winning to Christianity some who might otherwise remain quite outside the zone of its influence.

In this connection mention may be made of a suggestion that was offered some years ago for the appointment of Hospital Committees by the local Church wherever a Medical Mission is in existence, at any rate in all these centres where the size of the Church renders this a feasible undertaking. These Committees would have as their purpose (1) interesting the members of the local Christian communities in the work of Medical Missions, (2) organising practical help in the direction of self-support, and (3) assisting in the evangelistic work of the Hospitals and the following up of old patients. A Committee of this kind, wisely led, might do much to promote that bond between the Church and the Hospital which we have sought to advocate.

If the Church is to be encouraged in moving forward in the direction we are considering, it would seem of first importance that care should be taken (to quote a recent writer) "to avoid both the excess and the defect." This means not to erect such costly buildings, nor to conduct the work on such a scale, as shall seem utterly impossible of maintenance by the local Church;

nor, on the other hand, to establish the work on such poor and ineffective lines as to suggest inadequate ideas concerning its support. Perhaps at the present time Missions need to guard against "the excess" quite as much as "the defect." Especially, in this connection, do we require to take long and broad views ere committing ourselves to expenditure on Medical Mission plant. A further allusion to this subject is made in a subsequent chapter, where we deal with professional standards.

A Hospital Committee need not, we suggest, feel hesitant at encouraging financial assistance from non-Christian but friendly people of a philanthropic disposition. There is nothing, we submit, in the teaching of the Word of God, which may be held to contravene a policy directed toward obtaining an enlarged local income for Mission Hospitals. It would be quite another matter if such assistance were to carry with it an interference with the spirit, teaching and conduct of a Mission Hospital. The help would have to be refused if it were given subject to conditions of that kind. Seeing, however, that we know of Mission Hospital centres where to-day financial assistance is being rendered from men of good will outside the Church, without in any way touching the Missionary work of the Hospital, we may surely believe that the indigenous Church would be able to count on public sympathy were it to launch forth, with due care, into Hospital responsibilities.

An illustration of this potential sympathy can be found in an effort of the Anglican Diocese of Singapore, which set out to raise local funds to build a Mission

Hospital for women and children. A good deal of help was forthcoming from non-Christian Chinese, who, far from discouraging the Christian witness of the institution, expressed a desire that the Hospital Chapel should be built sufficiently large to allow of the patients attending it, in addition to the Hospital Staff.

It is scarcely necessary to add anything concerning the significance of the present moment for stimulating the thought of the indigenous Church along the lines alluded to here. The law of necessity may compel larger self-support on the Field. The hour may be approaching when, by reason of diminished grants from home, the future of the work will have to be faced in an altogether new way by local Christian communities. If so, may it not be that this very trial of Faith is the Call of God to a new era in the relation of the Church on the Mission Field to Medical Missions?

III. Certain By-Products of Medical Missions.

It is impossible to avoid the conclusion that this branch of the Missionary enterprise contains still unexplored possibilities for the furtherance of the work of the Gospel in the non-Christian world. A careful reading of the resolutions of the Continuation Committee Conferences held a few years ago gives quite a number of glimpses into these side issues, as we may call them, of Medical Missions. We read—" this agency, from the far-reaching and personal character of its influence, may be of essential help in shepherding large numbers of Christians in mass movements." Again we are told that " In providing a safe and suitable refuge for inquirers, where they may receive

regular teaching during periods of testing whilst practising Christianity in daily work, Medical Missions render an invaluable service," giving at the same time " a training ground for the Christian character and service of numbers of young Christians." Still further we find emphasis laid, as has also been done in an earlier chapter, upon the influence of Medical Missions in inculcating laws of hygiene, teaching public health, and generally pioneering that cleanliness which is next to godliness.

We draw attention to these considerations at this point, not because of the evidence they afford of the varied service of which Medical Missions are capable, but for the sake of laying stress upon the almost natural conclusion that if Medical Missions can discharge such functions as have been cited above, then it is of more than ordinary importance that the Native Church should be associated with the enterprise, and that the work thus accomplished should appear as part of that Mission which the Church of Christ undertakes. These side issues, as they have been called, plainly reveal what a recruiting ground for the Church a Medical Mission can be made, and how productive is the soil therein disclosed in which the Church may sow the Gospel seed. The Church surely cannot afford to neglect the utilisation of these by-products. The way in which Medical Missions " fit in " with other Missionary operations, contributing thus an element that is peculiarly their own, establishes a powerful plea for the closest co-operation between Church and Hospital.

X

WOMEN'S MEDICAL WORK

"I came crying and I go away laughing."
Testimony of an Indian Woman who had been a patient in a Women's Hospital.

AN experienced Medical Missionary who was home on furlough some years ago was frequently known to interject into his stirring appeal for Medical Missions this significant saying:—"The women and the children suffer most." It was the unerring verdict of the trained observer. No one who has in any degree been brought into contact with the facts of life in the non-Christian world can doubt the accuracy of such a summing up of the situation. The widespread degradation of heathen and Moslem womanhood, its helpless and often secluded state, the appalling ignorance and superstition which surrounds its life from the cradle to the grave, all unite to emphasise the desperate reality of that crushing load of sorrow and suffering under which countless multitudes of women and children are bowed down to-day. The fact is not capable of dispute.

The importance, therefore, of this aspect of the case for Medical Missions is of the first magnitude. The appeal is overwhelming, and there is an imperious ring about it that brooks no evasion. These women, whose hard lot and fate we shall here consider, stand at the heart of the great non-Christian world; whatever relates to them is a matter of concern to

the whole fabric of the society in which they move. This is not an affair of out-posts; it is one of the citadel. A woman of these other lands is as truly "a human being who has not only a heart to be broken, but a brain to be educated, a will to be trained, an imagination to be moved, and a life to be lived," as the women of England respecting whom those words were spoken by the Chancellor of Oxford University, Viscount Cave, on a recent occasion. She is a member of the great human family, an actual or potential Mother, and the conditions of her life and of the lives of her children are of the most vital moment to the spread of the Kingdom of God. If the women who inhabit the recesses of the Hindu Zenana, or the inner Courtyard of a Chinese house, are left unreached by the Ministry of the healer, a strategic opportunity is let slip, and a merciful boon denied, to those who stand grievously in need of it.

It is the supreme quality of the Christian religion that it reveals a God who not only loved but out-loved all others, and whose love reached out to the most needy of His Creation. For that very reason Medical work for the suffering womanhood of the non-Christian world can never fail to present the strongest of appeals for the practical sympathy of the Christian Church.

Four distinctive reasons suggest themselves as affording an ample vindication of this special service.

(*a*) *Women doctors alone can effectually meet the need.*

We doubt if it is possible for those of us who only get our knowledge second-hand to realise in any adequate sense the awful amount of unnecessary and

preventable suffering endured by unknown numbers of sick women in non-Christian lands. Men doctors may be within reach, but the tyrannies of religions and customs forbid their help being sought. "Rather my wife should die than see the face of a strange man," is again and again the terrible saying that shuts the door of hope in the face of some poor woman sufferer. For lack of a woman doctor multitudes not only suffer, but die. Here truly may be said to lie one of the open sores of the world. The case journals of those Missionary doctors who have seen something of the realities of childbirth in the East are pathetic revelations of the tragedies constantly being enacted through a blend of ignorance, superstition and malpractice.

In "Medical Practice in Africa and the East" Dr. Florence Campbell, who worked as a Medical Missionary of the London Missionary Society for many years in South India, says :—

"The native conditions of childbirth are appalling. The woman is usually put in the smallest and worst ventilated room in the house, and is not allowed into the house proper till she has had her bath. . . . There is much puerperal fever in India, chiefly due to the absence of even ordinary cleanliness on the part of the native untrained midwife. Consequently childbed mortality is very high. A patient of mine who died of acute septicæmia had been attended by an Indian midwife who at the same time had been dressing a gangrenous leg."

Dr. Mary Bisset, of the B.M.S. Zenana Hospital at Bhiwani, India, writes :—

"In India, at least, Medical Missions for women have been pioneers in training the native midwife, whose meddlesomeness and ignorance and dirt were notorious. Under her regime so great must have been the incidence of puerperal sepsis that the idea is firmly rooted in the minds of the people (I speak for my own particular district) that air, fresh air of any kind, is injurious to the woman during confinement. Hence the custom of keeping the confinement case in a small, confined, unventilated room, in which all possible inlets of air are blocked up by sacking. The doors are closed, or purdahs (screens) are hung over the door of the room and are suspended over the verandahs beyond, so that air shall not by any means visit the woman. In addition to these precautions a charcoal fire is kept burning. This custom is carried out in hot weather as well as cold, therefore it is not just cold air that is taboo. At night the door of the confinement room is closed, lest cats, who may be the personification of evil spirits, pay an unwelcome visit. The puerperal woman may not drink milk because it will occasion a purulent discharge! She also may not drink water for so many days, for if she does so her child's condition will suffer after birth! As the woman is unclean, the old, dirty, soiled rags of the house are kept for use at such a time, and old soiled bedding is also considered appropriate for such an occasion."

It is unnecessary that one should be a doctor or a nurse to perceive the hideous wrongs that are thus perpetrated upon multitudes of suffering Indian

women. The advent of motherhood is to them a time of indescribable anguish. Numbers of them collapse under its strain. The details of many of the difficult maternity cases are so awful that it is not surprising that a woman missionary doctor felt them "too gruesome to write on paper." If it is not maltreatment, it is neglect, and no wonder can be expressed that the death-rate of both women and children is so terrible.

Miss Major, a Nursing Sister of the B.M.S. at Sianfu, China, used these moving terms to describe the conditions under which children are born in that Field :—

"What suffering the mothers have at the hands of the native midwives! Their methods of delivery are appalling. The midwife carries out her operations amidst all the squalor and dirt of the home, where crowds of neighbours come to witness the birth. She uses filthy instruments, and with much pressure and pulling, the poor mother is mauled about. Oh! so many lives are lost after days of agony. We receive many cases when the midwives have done their worst. . . . When we think of the crowds of villages miles and miles away from any medical help, where mothers are suffering in this way, and many dying because of ignorance, surely this is a strong enough appeal for Medical Missions."

In face of conditions like these it can be understood at once how real and far-reaching is the help and influence of the maternity work of women doctors.

The value of this branch of Medical work is being appreciated to an increasing degree. The ante-natal clinics which have been commenced in connection with more than one Women's Hospital have proved of service in enabling the doctors and nurses to get into contact with expectant mothers, and to give advice and help that directly contribute toward the lessening of the heavy infantile and maternal mortality at childbirth. Further, the training of village women as midwives is a departure which several women missionary doctors have been developing with most encouraging results. One of these doctors writes :—

"Slowly but surely the teaching of the Mission Hospital staff is taking effect in cleaner bedding for confinement cases, and in the care of the child. Gradually the teaching that fever during the puerperal period is due to germs, and not to fresh air, is gaining ground among the younger generation, and the advantage of cleanliness is beginning to be appreciated. Many women from the city who visit our Hospital have tangible demonstrations in the maternity ward of the harmlessness of fresh air and the benefit of milk as part of the diet for our maternity in-patients. Many a woman confesses, after we have conducted her midwifery case, that she never has had such an easy time before. We rejoice that the woman has suffered less."

Apart from this question of midwifery, women and children undergo much unnecessary suffering in time of sickness. A Medical Missionary, writing upon the experiences of a Hospital in India, emphasises how

terribly prevalent are the diseases due to dirt and infection. The women seem quite content to allow flies to settle on their sores, with the result that these become riddled with maggots, a condition seldom, if ever, seen in this country. Many a time has a woman come into Hospital with a face so swollen as to be unrecognisable, due to maggots in the nose! The prevalence of different forms of Tuberculosis is largely due to the custom of putting sick women in the darkest and dirtiest room in the house, often with no windows, and with the door hung across with curtains. Added to this is the custom of spitting on the floor, which, in the absence of sunlight and in the presence of intense heat, directly contributes to a spread of the disease germs!

One afternoon in a Chinese Hospital a woman was admitted suffering from large, dirty wounds on her back. These had been caused by her husband beating her, and the treatment ordered by the Chinese "doctor" was a paste made from pigeon dung. The result was very septic wounds, and secondary hæmorrhage. And this in 1924!

On one occasion my wife and I were engaged upon a Missionary journey in North China. We stayed the night at a small town where an out-post of the Church has been established. During the evening "worship" a poor Chinese woman, the heathen wife of a member of the Church, stole up to my wife and began speaking to her, evidently in great distress. It turned out that she was the victim of a most distressing skin disease. In her shyness she sought out my wife, and began to unburden her need to her. And what a need it was!

Happily she was capable of being treated in a women's Hospital, and after a long course of treatment health was given back. In the place of healing she also found Christ. The point to note is that she was prepared to disclose her need only to a woman.

And so we might continue, citing one piece of evidence after another, all illustrative of the same fact that the immense load of unrelieved suffering amongst the womanhood of non-Christian lands requires for its lifting the service of women doctors. As we have been reminded already, men cannot meet the need. There is, it is true, a relative accessibility to women in certain lands, and among certain classes, but it is equally plain that if a great multitude of needy women are to be helped at all, then women doctors must bear the healing boon.

We turn from suffering womanhood to the distressed childhood of these non-Christian lands. Once again are we faced with one of the saddest aspects of the life of those countries. If ever there were a case for an S.O.S. signal of poignant need, we have it here. Was there ever a more pathetic spectacle than these pitiful little victims of ignorance wedded to superstition? We think of our own children and their bright, shining eyes and smiling faces. Can we imagine what we should have felt if one of them had been doomed to suffer as was a little girl in China a year or so ago. She was only eight years old and was brought into a Mission Hospital one day, quite blind in both eyes. How came it about? One dusty day, so the story came out, those eyes, once so bright, had become

inflamed. "After a restless night the Chinese 'doctor' was called in, and the explanation given was that the fire in the eyes was due to evil spirits, which must be driven out. . . . He then proceeded to heat a piece of thin wire, and when it was red hot, he plunged it into both eyes, with the inevitable result. Those eyes will never see again. A visit to a Mission Hospital and a simple lotion would probably have put things right." But now——!!

Three years ago a little scrap of a child was brought into the Mission Hospital at Chowtsun, N. China, horribly scarred from a bad burn which she had received when only three months old. The Nurse Missionary, Miss Walker, described her in these words:—

"All over her chest is a big scar, and one side of the little mouth is drawn down, but the cruel thing is that the parents had bandaged the child's arm up to its chest at the time of the burn, and had never undone it; so here she was at two years, with the lower part of the arm grown to the upper muscles and skin all in one, the hand only being left free from the wrist, which she waved near her face. . . . Being a baby girl, of course, it did not matter! Now, however, for some reason or other, the child was brought to Hospital. Happily, the surgeon was able by operation to restore the arm to a fairly straight condition, and the scar is nearly healed. . . . She is a most winsome child, and has become the pet of the ward."

Let us pause for a moment, and allow the light and shade of these two incidents to obtain their true valuation in our minds. What does it all mean?

Little children! Children, whose very helplessness ought to be their shield, doomed to suffer like that! The thing is almost incredible, were it not a ghastly fact, and only one amongst many similar facts. If it were not for the presence of the Mission Hospital, even though its power of restoration is limited, incidents of this kind would be an unrelieved tragedy. One thing is plain, the justification of such an enterprise as Medical Missions will never be wanting as long as the mute yet eloquent appeal of the suffering childhood of these other lands can have its pathetic need made known.

Moreover, had we but space to present it, there is abundant material to prove that in case after case hearts and homes and districts have been opened to the Gospel by reason of the healing of some such child. Quite recently one woman doctor gave an instance of this very kind. In her district there was a very bigoted Hindu family, not at all friendly to Christian Missions. A young boy of the household became desperately ill, and the Mission Doctor, who had been shewn by past experience to be better than the "hakims," was called at once, and her instructions implicitly obeyed. They were quite willing to give any food suggested, and even to allow the Mission cook to prepare it, if it were thought better. The boy recovered, and presently the mother called the doctor and said that she would like to send the boy away to a Missionary High School to which is attached a Hostel for Hindu boys. This is a splendid institution, and the Hostel, in charge of an Indian Christian graduate, has a fine influence.

Can we fail to recognise the striking value of a service of this kind, which not only goes right to the centre of one of the most appealing needs of the non-Christian world, but obtains an entry for the Gospel through the gate of childhood.

(*b*) *Women doctors can teach a new lesson to the men.*

In a former chapter, in dealing with Medical Missions as a Christian social agency, we have made some reference to this aspect of our subject ; and we venture to think that no difficulty will be felt in appreciating the significance of this point. The way in which the work of a woman doctor changes the whole outlook of the men in regard to their women folk is wonderful. A blow is struck at false teaching as to the inferiority of women, and an advance made toward their social emancipation. The woman doctor, by her service, reveals a desire to heal and uplift these degraded sufferers, and she brings with her a skill and message that does it. When we send forth women doctors, and set in operation measures of relief for sick women, we are helping most directly to lift the men as well.

Mrs. Underhill relates how on one occasion a Pathan brought his wife on a donkey to one of the Mission Hospitals on the North-West Frontier of India. She was ill with pneumonia, and was weak and exhausted. The poor woman was at once admitted, and her husband told that he could find a place for his donkey at the city gate, where there was stable accommodation. In view of his wife's serious state he was told to return and stay with her. He thought for a moment and then said : " The woman is weak and ill : she will be

safe. The donkey is in good condition (*i.e.*, might be stolen); I shall stay with the donkey."

The moral of this incident is too obvious to require any comment! It shows up in a very glaring way one of the awful sins of heathenism, and reveals its dehumanising character. To leave our suffering heathen sister where the scheme of non-Christian thought has placed her, and do nothing to uplift her, would be to leave untouched one of the most despairing features of these lands. Christianity calls us to raise an entirely new standard for the women, and women doctors enable that to be demonstrated in a way that cannot be mistaken.

(*c*) *Women doctors can help to win the homes.*

We have seen enough to show that one of the buttresses of superstition is ignorance, and it is in the homes of the non-Christian world that we find both ignorance and superstition most strongly entrenched. The women constitute its citadel. They cling with the greatest tenacity to those superstitious beliefs and practices which flourish in the absence of knowledge. Disease to them implies an evil spirit. To be sick means that some god or goddess must be appeased by a sacrifice.

It will, therefore, be readily understood how potent is the work of the woman doctor, since to her is given the opportunity of entering the home, caring for the sick inmates, and changing their outlook. She can free them from their superstitious bondage by scientific skill. Moreover, her ministry as healer can open for her a door into homes and minds otherwise closed to the Christian message.

All this is borne out repeatedly by incidents in the history of Medical Missions. A woman doctor wrote some years ago :—

"The best Zenanas are open to the Medical Missionary. The common experience of pain makes them seek relief, so we are asked to call. Some of our best hearers are in these homes. . . . In one such home, when one of the daughters was ill with remittent Fever, I had many opportunities of talking with her and the other women of the family about Christ. The grandmother of the girl was the most attentive listener. . . . To her there was something fresh in the Gospel that was good news. I lent them books, they gathered in the sick room and read voraciously. . . . One never knows when the crisis of decision for Christ may come."

Another Missionary Nurse writing recently said :—

"It would be impossible to gain an entrance to the majority of the Zenanas were it not for the woman Medical Missionary."

Often the contact made in the home leads on to the Hospital and is continued there. A Zenana pupil remarked to her teacher : "I heard all about Christianity from you, but I never really knew what it meant until I went into the Hospital."

A Missionary Nurse working in China reported recently how a woman who had lived next door to a preaching hall, but had never taken the trouble to listen, had, in her sickness, sought to be admitted into Hospital.

"From almost the first day she had evinced a great interest in the Gospel story. When she was sufficiently well to get up she persuaded a Church member patient to teach her to read passages of Scripture. . . . Before leaving Hospital she confessed that she was trusting Christ, and was going back to her distant town to try and live the Christian life."

(d) Women doctors can help train indigenous Medical Missionaries.

This aspect of the service of women doctors is specially valuable and particularly needed in some Fields, and we mention it for the sake of completeness. As the subject of education is dealt with in Chapter VII. we need not discuss it here.

It is undoubted that the service of women doctors makes a vital contribution to the work of bringing the women of heathen lands nearer to Christ. The argument for this phase of Medical Missions, and the appeal that it presents to the educated Christian girlhood of the home Church, is both powerful and pathetic. It is certain that if a girl of eighteen to twenty wants to put her life to the greatest usefulness both for God and humanity, she can hardly select a calling more calculated to fulfil this ideal and to call out the noblest and finest elements in her nature. Of all bits of glorious and heroic work that are to be found on the globe to-day, that of a woman Medical Missionary stands out pre-eminent. "Noblesse oblige" is stamped upon it all. Shall such a service ever lack volunteers?

XI

THE WAY OF THE NURSE

"I dressed him, God cured him."
A saying of the French surgeon, Ambroise Paré, placed as an inscription over the gateway of the French College of Surgeons.

IT will be generally acknowledged that the service which a nurse can render in the hour of sickness is very often as necessary as the care bestowed by the doctor. The Medical and Nursing Professions are mutually complementary, and it is as impossible to picture a hospital in this country without a nursing staff as it is to imagine one without a doctor. When, therefore, in the work of Medical Missions, we find a growing sphere for the service of Nurse Missionaries it is only what must be expected from the nature of the undertaking.

It is, however, most essential that we should become clear as to the particular type of work which falls to the lot of the Missionary Nurse, so that there may be no uncertainty as to the qualifications which she ought to possess. The following classification suggests the chief ways in which a Missionary Nursing Sister fulfils her vocation :—

(*a*) The Nursing Superintendence of Mission Hospitals.
(*b*) The practical demonstration of care for the sick.
(*c*) The reinforcement of the evangelistic witness of Mission Hospitals.
(*d*) The training of an indigenous nursing service.

The last point has already been dealt with in Chapter VII., and we shall, therefore, deal here only with the other three aspects of a Missionary Nurse's service.

It will be understood that in drawing separate attention to the particular service of the Missionary Nurse we do not wish to overlook the fact that very much of what has been stated in other chapters concerning the Missionary Doctor applies as truly to his nursing Colleague.

(*a*) *The Nursing Superintendence of Mission Hospitals.*

The evident way in which a nursing sister of the right type can add enormously to the efficiency of a Mission Hospital needs no argument. Her presence means time and again a world of difference in the professional running of an Institution of this kind. Indeed, the marvel is that Medical Missionaries of a former generation were able to achieve such triumphs of healing as they did in hospitals without nurses. Nothing but an infinitude of care in every detail could have brought this about. It meant, however, ceaseless toil on their part which could only be justified in the absence of any better alternative. It should also be remembered that many of the Mission Hospitals of former years did not give scope for such advanced professional work as is generally possible in those of the present day.

The place and usefulness of trained nursing superintendents in the efficient conduct of modern Mission Hospitals can, therefore, be easily understood. A nursing sister can relieve the doctor of the personal

care that he must otherwise give to the patients' diet, bedding and clothing, and she can see that those essential items in their medical and surgical treatment for which a trained nurse is needed are properly carried out. The work of preparing patients for surgical operations and in caring for them afterwards is another obvious direction in which the skill of the nurse can find ample play. What she does in these ways adds most directly to the prospect of recovery in many a suffering case, and her presence in a Mission Hospital proves an invaluable asset in the successful management of the institution.

(*b*) *The practical demonstration of care for the sick.*

The insight that previous pages have sought to give into the work of Medical Missions will have revealed how notable is the disclosure that Mission Hospitals afford in respect to the Christian law of service. To the non-Christian mind it is something so utterly novel as to arrest attention. When, therefore, Missionary Nursing Sisters are seen engaging in lowly acts of personal service for some poor suffering individual, and discharging a task which the relatives of the sick person would not do, a telling demonstration is given of " the better way." How this impresses the people for whom it is done has already been pointed out in dealing with the service rendered by the young probationers trained by our Nurse Missionaries. As a Missionary Doctor wrote recently :—

" A man in agony and distress is not likely to listen to the Christian appeal if his body is left unattended,

but when he has been taken into a comfortable bed and has had his wounds dressed, and finds himself in the midst of every kindness, his heart naturally opens. This applies to the relatives and friends too in many cases."

What, however, we are most anxious to emphasise at this point is the value of a missionary Nurse's work in giving an example of service to the professing Christians of a community, and especially to the young nurses under training. They cannot be inspired with the ideals of the nursing profession simply by being told what they should do. Too often the menial character of many a necessary duty appeals to them as degrading, and they are tempted to neglect it or to carry it out ineffectively. They need to see the nursing sister herself roll up her sleeves and personally discharge duties in the cleaning of a ward and the care of a patient, which, however unpleasant at times, cannot be omitted without failing in the service owing to the sick. It is personal example that tells in this, as in everything else.

A Medical Missionary remarked to the author the other day on the change he had seen wrought in his women's ward when the nursing sister, tired of telling her nursing assistants what they should do, and finding it left undone, had performed the unpleasant task herself. They looked on in amazement as they saw the foreign lady soil her own hands, and perform such repugnant acts: it was impossible to stand by and let her do it all, and they could not but follow where she had led the way. It was a lesson that only example could teach.

We mention this because it is of real importance for the nursing sisters who are sent out as Missionary Nurses to regard this practical nursing service as important, in its time and place, and as valuable and necessary a part of their work, as the tutorial and administrative duties which claim so large a share of their daily labour and thought.

(c) *The Reinforcement of the Evangelistic Witness of Mission Hospitals.*

This function of the Nurse Missionary is of very great importance to the Evangelistic ends which our Mission Hospitals are designed to serve. The clinical or bedside Evangelism which is so marked an opportunity of our Mission Hospitals can never be as fully embraced as should be the case, if dependence has wholly to be placed upon an overworked Medical staff. The personal work that tells so strongly in securing individual acceptance of Christ makes big demands upon the time and energy of those who engage in it. What is needed is such a reinforcement in the spiritual appeal of Mission Hospitals as shall redeem, at yet greater worth, the unrivalled opportunities that they offer in the matter of personal Evangelism.

The nurse comes into even closer touch with the patients than the doctor, and her service is more constantly in evidence. The opportunities of kindling a spiritual fire in the hearts of her girl probationers, and to set them on a like trail, is in her effective grasp. The Evangelistic Ministry open to the Nursing Sister in our Mission Hospitals is a service which counts more than can be told in the things that matter

most. All this will help us to see that the sending forth of Nursing Sisters, who will keep before them the spiritual aims of their vocation, is an enterprise well worth the doing.

With the foregoing points clearly in our mind, coupled with what was said in an earlier chapter upon the training of indigenous nurses, we can now consider the actual qualifications which the calling of a Nurse Missionary demands.

First, it will be evident that the Nurse Missionary must have a complete and thorough professional training. She needs to be fully trained in every sense of the word. In addition to her general certificates, she should have in practically every case a Midwifery certificate; while a knowledge of other special branches of Nursing, such as that of acute fevers, of eye diseases and of tropical affections, so far as may be possible, is also of very real value. In addition some knowledge of dispensing, and of the administration of anæsthetics, will prove a welcome help in the actual working of many a hospital and dispensary, and may easily prove almost indispensable.

Beyond all this, however, the Missionary Nurse requires to be prepared for Administrative duties, and therefore should have held a staff post in some hospital at home in order to develop qualities for that work. This must be stressed very strongly. There are plenty of excellent nurses of fine Christian character who would like to serve Christ in the work of Medical Missions, but they have no experience of, or aptitude for, the executive side of their profession. They would never become Sisters of wards, or Nursing

Superintendents, if they were to remain in their profession at home. Their sphere would lie in the valuable but different direction in which they have not to administer or direct, but simply to carry out orders. Now what we have seen of the calling of a Nurse Missionary makes it evident that except in isolated cases such Nurses are not fitted for service in Mission Hospitals. As an Evangelistic Missionary a Nurse of this type may render a service which is all the more valuable because she has professional training, but she should not be given the post of Nursing Sister in a Hospital.

There is, however, another point that must be stressed as strongly. The Nursing Sister, let her be as fully qualified as she can be, is not fitted to be placed in charge of a Mission Hospital, or to undertake independent Medical work. It is entirely a mistake to place Nurses in that capacity, for they may be called upon to act as if they were doctors, and tempted to undertake professional responsibilities for which they are not qualified. To put them in such a position is a disservice alike to their own great profession and to the yet greater service to which they have dedicated their lives. The training of a Nurse does not fit her for independent Medical work; it fits her simply to become the invaluable assistant, in a nursing capacity, of the doctor who is her professional chief. Accordingly Nurse Missionaries find their true sphere (1) in the wards, or (2) in the Nurses' Training School of some Mission Hospital, or (3) in the Nursing service directly associated with a given Hospital.

Second, it is obvious from what we have seen of the vocation of a Missionary Nurse that she must have a wider preparation than that given by her nursing training. If the Missionary Nurse is to train Nurses on the Mission Field, if she is to superintend the nursing in a Mission Hospital, if she is to be a teacher of the Christian Message in her Hospital wards, she must be able to acquire a good knowledge of the language and be prepared for the necessary study. Not every Nurse is fitted for that, and a test in language study, before sailing, is a wise step. Still further, the Missionary Nurse needs to have a mind and outlook which has been prepared by general education for grappling with the problems that she, no less than any other Missionary, will have to meet on the Mission Field. She is to be more than a Nurse. She will figure in the eye of her patients as the representative of Christianity, and that makes a big demand upon qualities of mind and heart. Supremely the Missionary Nurse must be possessed of the innate refinement which is the heritage of all choice souls. Only so can she stoop to the lowest task, and rise to the necessary heights of true Christian leadership.

Third, it is of the utmost importance that the Missionary Nurse should be fitted to unfold to other souls the Christian faith that has claimed and won her own allegiance. She needs to know her own Christian position, and also the lines of approach to the beliefs of those amongst whom she is to work. In all but exceptional cases this postulates a course of Bible Study and Missionary training, with attendance at such lecture courses as are arranged by the Board

of Study. Above all, there is required the dedicated life in which the whole personality has been given to the Lord, and consecrated by Him for spiritual service. Without that, how difficult it will be for the Nurse to endure amidst the many disappointments of a Missionary career !

Thus do we see rising before us the vision of a noble vocation, demanding much of those who enter it and at the same time offering some of the most glorious possibilities on earth. Away yonder, where the way of the Nurse is all unknown, there are aching hearts and bruised lives which the tender, skilful ministry of the Missionary Nurse may be the means of healing in a twofold sense. There are overworked doctors to whom the presence of a Missionary Nursing Sister would make all the difference in enabling them to achieve a greater Medical efficiency and a stronger spiritual influence in the work of their Medical Mission. There are young Christian girls to be shown the beauty and strength of a new way of service. All that and more awaits the Nurse who will spend and be spent for Christ's sake. Are there any who might go, but hang back ?

XII

THE DOCTOR AT WORK

"The Medical Missionary never goes to his rest feeling he has done all he would like to have done, but happy is he who knows he has done what he could."

DR. JOHN KIRK of China.

THE story which previous pages have unfolded will have prepared us for the glimpse which this chapter seeks to give of the actual practice of a Medical Missionary. The facts which have already been brought to our notice have made apparent how strong and necessitous is the plea for the doctor's help. What we shall now endeavour to learn are the ways along which the doctor makes his response to the appeal.

We may classify the main departments of a Mission Doctor's service as follows :—

(1) Dispensary or out-patient work.
(2) Visits to homes or out-call work.
(3) Itineration or touring work.
(4) Hospital or in-patient work.
(5) Branch Dispensaries.

The doctor's work as a social and health reformer grows naturally out of all of these departments, and it can readily be understood that in many other ways, by his presence in a district, he can become influential for good. The chief thing we want to do

here is to discover just how the doctor finds his work develop along these lines.

(1) *Dispensary work.*

This branch of Medical Missions may be compared to the out-patient practice of a hospital in this country, so far as the medical work is concerned. It may be commenced in some needy Mission Station by a doctor commencing the work as a pioneer, beginning where and how he can, and developing as opportunity and resources permit. A room in the doctor's bungalow may see the early beginnings; in any case the doctor has of necessity to feel his way and do the best that he can with the possibilities at his disposal.

In many instances the dispensary is commenced by one of the non-medical Missionaries, who has been appealed to for medical help, obtaining a few simple drugs and treating patients perhaps in a room of his own house. Gradually the work grows; patients come in larger numbers, and present diseases which, in their scope and severity, are beyond the skill of untrained help. The need for sending a doctor is then considered; and if it seems that the place is suitable and a Medical Missionary forthcoming, he is added to the staff and takes over the charge of the dispensary.

By this time, perhaps, a special building has been obtained and assigned for the purpose; if not, the doctor quickly finds it necessary to secure and adapt such an one. A stock of medicines in common use and a few surgical instruments are supplied, and the doctor sets apart definite hours each day for seeing patients. On these days the work commences with an

evangelistic service, usually consisting of prayers and a Gospel address. If there is no special waiting-room in which this can take place, it is often conducted on the verandah of the dispensary or in some adjoining courtyard.

The service is brief but to the point, and aims at dealing with the great topics of Sin and Salvation. Then the doctor goes to his consulting-room, and there interviews his patients one by one. Whilst he is doing so, those remaining outside are having the Gospel explained to them by another Missionary, or by evangelists who sell and distribute Gospel literature amongst the patients and their friends.

Here comes a great opportunity of learning the spiritual needs of individual souls, and of opening up a way whereby they may be led to think of Christ.

The patients, having been seen by the Medical Missionary, either receive prescriptions to take into the dispensing room, where a trained assistant makes them up, or are sent into an adjoining surgery or verandah to have ulcers dressed, abscesses lanced, and other minor surgical work performed. This goes on until all the patients have been attended to, and the work often runs into several hours. Many of the cases are of a routine and trivial character, but not a few will be serious, requiring treatment beyond the power of the dispensary to offer. An idea of this kind of practice may be gathered from the following account of a series of patients attending a dispensary in Inland China.

"Who is this that comes in first? He is a small market gardener who has sold his vegetables and has

now come to have his eyes looked at. We look at them. Very red and inflamed they are, and as we look closely we see that there is what looks like a piece of flesh growing from each corner of his eye toward the pupil. This is a most common disease in China, and thousands suffer from it. Often these fleshy masses grow right across the pupil and completely obscure vision. We explain to him the remedy—removal of the growth. Of this he is rather afraid, so a little ointment is given to him to use, and we ask him to come on some other day. Then we shall have similar operations, and he will be able to see that they are quite painless. We tell him that there are amongst the patients some who have been operated on and from whom he can learn the result. So his courage rises, and he is operated on, getting great benefit, and as a consequence, sending many another patient up to the dispensary. Many of these are accompanied by friends, and as all who come hear of Christ and His love for them, the number of these thus reached by the Gospel is much larger than the number of actual patients.

"Now another patient comes in, and we begin by asking him his name.

"'What is your honourable name?'

"'My unworthy name is Wang.'

"'What is your exalted age?'

"'I am unworthy. I have wasted fifty-two years.'

"'Where do you come from?'

"'Your little brother comes from Wang family village,' and so on, in similar language. Then 'What is his precious ailment?' and we find that he has been

suffering from very bad Dyspepsia, which he dates from a certain day, many years ago, when he ate a bowlful of cold rice, and it upset him! Another cause which he may assign is the fact that his child committed some fault, and he was angry with him, 'just after taking a meal,' and he has had pain 'at the mouth of his heart ever since!' We give him medicine, and advice regarding his food; also regarding his temper, for could you see a Chinaman, 'eating wrath,' as he calls it, you could well understand that he might have indigestion for the rest of his life, no matter how long since his last meal!

"Now, whom have we here?

"A man comes in carrying an old woman on his back. We soon find that she is his mother. Indeed, if we have been in the country for a while, we should know that at first glance.

"What is the matter?

"We can tell almost at once, for the poor old lady's breathing is most distressing. She has Asthma badly. We cannot cure her. She has had it more years than we are old. She wishes she were dead, she says. We try to cheer her, telling her of a home where there is no sickness and no sorrow, no squalor, no choking smoke permeating every inch of breathing space, where all is peace and rest and joy. She shakes her poor old head sorrowfully, and sadly says: 'Woa pu tung tei' (I don't understand). Poor soul! she does not, indeed. She has not known what it is to look forward to a bright and glorious home, and an eternal rest. We give her something to relieve her, and with many thanks from mother and son she

passes out. But what regret lingers in our heart that she did not hear the Gospel when she was younger, and might have understood! And so we go on. Twenty, forty, sixty or more cases, just such as this, and a few more acute diseases, together with some more interesting cases amongst them, such as tumours which need removing, abscesses which must be opened, teeth to be extracted, a fractured limb to be set, etc. It does not sound very romantic, does it! No! a Missionary's life is not always romantic. There is much of the humdrum in it; but there is the blessed joy of knowing we are where He would have us to be, and doing what He would have us do, and that is all the reward we look for."

The valuable work thus accomplished by Mission Dispensaries will appeal to all, but it is easy to see that from the point of view of professional efficiency it has serious limitations. Large numbers of patients may be dealt with, but unless there is a Hospital in addition to the Dispensary many, very many, of these cannot be cured, or in any sense adequately treated. The work is extensive, but if it stands by itself alone it lacks the quality of intensiveness. Moreover, the medicine that is given is often taken irregularly, or not at all, until the approval of the "gods" is obtained. Directions as to dose and frequency are forgotten or misunderstood, so much so that patients who have been given powders to take have been known to swallow the paper wrapper and throw away the powder! Surgical dressings carefully applied have been removed "to see how the treatment was

getting on," and the case spoiled. These and many other disadvantages pertain to the medical work of a dispensary, and occasion frequent disappointment.

It must not, however, be thought from this description that dispensary or out-patient work on the Mission Field is nothing but a series of scientific misadventures, or is on all fours with the sort of hurried work that is often characteristic of general practice in certain localities at home. In the out-patient room of a Mission Hospital most interesting medical and surgical problems not infrequently present themselves, and the doctor who is keen and alert will often get on the track of things well worth knowing and doing. There is scope for the microscope in investigating blood, and other conditions. Some maladies rarely seen at home are found here in the fully developed state, and there is an abundant field for the practice of skilled diagnosis. No intending Medical Missionary need feel, therefore, that the dispensary work he may be called upon to do will prove sterile on the scientific side.

On the evangelistic side a wide hearing is gained for the Gospel, and valuable service rendered in the removal of prejudice and the creation of a favourable feeling. There is, however, this drawback, that there may be no opportunity for more than a passing impression to be made, as most of the patients come only a few times. It is perfectly true that much evangelistic success can be and has been attained, but longer and fuller opportunities are required for "following up" the impressions created. Therein lies the great utility and supreme advantage of a

Hospital, whereby the initial success of the dispensary can be conserved, and made to yield the richest fruit. Hence does it come about that from both the medical and the evangelistic sides of the work there arises an irresistible demand for the establishment of a Hospital.

(2) *Visits to Homes.*

This section of the work of a Medical Mission follows naturally upon that of the dispensary. Once the doctor has begun seeing patients, there come to him requests that he would visit some who are too sick to leave their homes. Or it may be that patients who have been seen in the dispensary become too ill to attend again, and their only hope lies in the doctor going to them. More especially does this branch of work fall to the lot of the woman doctor, though in many lands the male missionary is appealed to for help of this nature. Obviously, it is work which carries with it many opportunities.

Think for a moment of the openings that visits to homes afford for giving new ideas concerning the care of the sick, and habits of cleanliness and hygiene in general. The Medical Missionary can assume the rôle of health instructor and sanitary reformer. It is true, alas, that the efforts put forth in this direction are apt to be rendered null and void by the superstition of the people and their appalling ignorance, yet, slowly but surely, the influence thus exerted by Medical Missionaries is destined to accomplish very important results.

The deplorable conditions that such visits reveal,

and the difficulties which beset the Medical Missionary who tries to render skilled help in heathen homes, may be gathered from the following extract from the diary of Dr. Gladys Rutherford, of the Bhiwani Zenana Hospital, N. India :—

" One day, answering a call from the city, I saw inside a typical city house. In the outer-room goats were kept. Across a small square courtyard the zenana, a low-ceilinged room, contained the patient. It was completely dark, although midday. After a few moments' pause, which was necessary for our eyes to get used to the darkness and smoke, with the aid of a lantern we found half this room filled to the ceiling with fuel-dried cakes of cowdung. In the other half, along the wall, were four women squatting on their heels, each with a baby, and there were several other children of various ages. On a low string bed, attended by two more women, was the patient, gasping for breath, in great pain, and having high fever. All this in an area of 8 feet by 12 feet ! She had acute pneumonia. Hospital was suggested, and after some discussion the relatives agreed. But Saturday was an inauspicious day, and it was not till the next afternoon that the sufferer arrived, and, surrounded by the fresh air and light of our Medical ward, together with the excellent nursing there available, proceeded to make a good recovery. . . ."

The records of Medical Missionaries who work in Africa and other Fields are indicative of the same need for this ministry in the homes of the people. In the

case of some doctors and nurses working amongst the native peoples of South Africa, journeys to kraals form a considerable part of their efforts and exert a wide influence.

(3) *Itinerating work.*

By this is meant the carrying out of a tour amongst villages or towns lying at a distance from the Mission Dispensary, and here again, as in the case of visits to homes, the work follows in natural sequence on the establishment of a Medical centre. Many of the patients who have come to the dispensary represent places situated at a distance, and their coming and return home will suggest to the doctor the necessity and importance of devoting some time to touring in the district, not only for the sake of following up his old patients, but in order that something may be done, even in a small way, for the larger number of suffering people who are yet untreated.

Previous to the tour, news is often sent to the places which it is intended to visit, so that patients may gather in time to be seen by the Medical Missionary. The time spent in each place varies; sometimes it is only a day or two, at others a week or more, and it is the longer periods which yield most result. The kind of Medical work undertaken consists of simple operations, the administration of remedies for minor ailments, and the attraction of severer cases to the Hospital. From an evangelistic standpoint this work is distinctly encouraging, and has proved of marked value as an agency for spreading the Gospel. The patients and their friends will often gather round

the Missionary at the close of the day, and, having experienced the blessing of his skill, willingly listen to the message he has to give. Moreover, it is customary before commencing the actual medical work to spend a short time in explaining the Gospel message, so that all may have an opportunity of hearing the Truth.

The value of this Village Medical Evangelism, as we may call it, is also considerable in bringing the Medical workers into intimate touch with the life of the people. It is to be feared that sometimes the Missionaries doing Institutional work are somewhat cut off from that close intercourse with the people which means so much in leading them to understand that Christianity has a Message for them in their daily lives. When a Missionary doctor or nurse, whom the people have come to know in Hospital, goes out on tour looking up old patients, teaching ignorant villagers simple laws of hygiene, doing a sort of welfare work on broad lines, and interpreting the Gospel Message in terms of local life, a real service is rendered to the establishment of an indigenous Christianity.

As an actual description of this branch of work let us cite the following extracts from the records of a " Congo Medical Itineration," carried out by Dr. Chesterman of Yakusu, Central Africa.

" It was with the knowledge that in a certain forest region there was a great deal of good which a Doctor might do, and a boundless store of ' good news ' which a Missionary might share with or communicate to others, that this Medical Itineration, the first worthy of that name, was undertaken.

" We were but a small party with the minimum

of baggage—a personal box, a chop box, a roll of bedding and odds and ends box, together with cooking pots, table and chair and gun, and of course two boxes of medicines. . . .

" On Monday morning we left the river and civilisation, and with a few additional carriers plunged into the depths of the forest. We reached a group of five large villages by four that afternoon, after a midday halt at a smaller one halfway between. A warm bucket bath removes the feeling of weariness, and a sense of well-being returns after partaking of that recurring decimal, the Congo fowl. The boys feast on a large monkey which the hunter has brought down, so that the full moon finds us at 8 p.m. seated comfortably under a large tree in the middle of the village, with a big crowd in front of us. Not a bad time to communicate, that ! Just a spice of romance, recovered from the realms of reality, and just a glimpse into the gloom of generations gathered like the dark shadows all around. The Superintendent Evangelist, a man of choice spirit and charming character, as I found, rose to the occasion. As the soft light of a lamp was reflected on to a picture of The Good Shepherd he went out with His Master ' over the mountains wild and bare,' in search of those lost sheep. So many of them, so lost ! Probably ninety-nine out of every hundred have never properly heard His call before.

" Next day spent in doing good, at least we hope so. We weed out ten of their number suffering from Sleeping Sickness, and start them on the road which may mean life instead of death. Scores come and seek for the satisfaction of a felt need, *i.e.* salvation

from that dread fear of disease so deeply rooted in all primitive peoples for whom the abnormal is always the terrible.

"The weekend was memorable, spent as it was in a rest house situated between the radiating 'main streets' of three of the largest villages I have seen in Congo. A young and energetic chief brought nearly the whole of his town to hear the story of the Prodigal Son on Sunday morning.

"The Dispensary Session which followed was not without its humorous side. We commence with a little speech describing the various sorts of medicines we have brought and the ills they are meant to cure, the mention of each of which produces a deep guttural groan of assent. They are quite prepared, too, for the announcement that they must bring along their cash to buy what they want—their own doctors have impressed that upon them—but what does seem strange, seeing that the medicines are laid out for sale and that they have their money handy, is that it is not a market. No shouting, no haggling, no crowding and snatching, half the fun gone! Just one by one to the Doctor is at first a tame game. However, they soon tumble to it, and some rich fellow wants to buy half the stock and make a corner in medicine for the itch. He explains that he has a family, large, large, LARGE. Others sit on the edge of the crowd trying to sum up courage. 'Shall I shew him that ulcer on my ankle?' says an old woman not quite certain about it all. 'Can he really surpass Fala?' (an awful kind of ulceration attributed by them to special magical agencies) asked another.

' Yes, he says that his needle can frighten it away,' someone tells her.

" If this sort of thing comes out of this Medical itineration then the 150 long miles walked and the hundreds of folks ministered to in those seventy odd villages through which we passed, and all the palavers settled, words spoken and prayed, may be counted with the words of our text as one of the sacrifices with which God is well pleased."

It can well be understood that the possibility of carrying on such itinerating work must to a large extent depend, firstly, upon the presence of a medical colleague who can take charge of the work at head-quarters, and, secondly, upon the efficiency of local helpers. Its intrinsic success as an evangelistic instrument is also closely connected with the presence of trained assistants to follow up the work and continue the explanation of the truth. Granted that such necessary help is available, then there can be no doubt that Medical Itineration is of great worth as an evangelising agency.

It has often provided the means of entering hitherto unreached territory, as has been shewn in the experiences of the C.M.S. Medical Missions on the N. W. Frontier of India. We would almost go so far as to say that in one way or another Medical itinerations are indispensable.

(4) *Hospital work.*

The late Dr. Roberts, of Tientsin, wrote on one occasion : " The universal opinion of those in the work

seems to be that the value and efficiency of their work is in direct proportion to the presence or absence of a Hospital." This may be taken as the testimony of Medical Missionaries in all Mission Fields. We therefore come now to a consideration of what may be called the crowning feature of Medical Mission practice. It is not that any one of the other branches of the work is lacking in value, for all have their place and power, as has been seen already, but there are potentialities in hospital work which give it a paramount position in the Medical Missionary enterprise. As Dr. van Someren Taylor, of China, once said :—

"From a medical standpoint medical work without a Hospital is almost useless . . . the Hospital is the base for work, as well as the workshop, of the Medical Missionary."

Let us think for a moment or two of the professional side of the Mission Hospital. How does it most frequently evolve? The doctor, let us suppose, has settled down to his station, established his dispensary work, paid visits to patients in their homes, and done one or two itinerations. He has acquired first-hand knowledge of the diseases he has to treat and the kind of sufferers he has to relieve. What, then, is the demand that next confronts him? It is the need for a Mission Hospital into which he can take patients; for how else can he treat satisfactorily a good proportion of the people who claim his aid? He has come across cases of blindness due to cataract, and only in a Hospital can those cataracts be removed. Patients

ill with pneumonia, dropsy, and other serious medical and surgical diseases have come into his consulting room, and of what use is it for them merely to have medicine given to them as out-patients? The doctor knows that there is but one means of doing anything effective for these patients, and that is to get them under close and constant observation in the wards of a hospital.

One doctor commenced hospital work in the premises of a pea-nut store which were rented after much difficulty.

Yet (1) by performing tracheotomy for diphtheria, (2) by applying a ligature to the bleeding vessel of a child " in full view of a crowd of anxious relatives and curious neighbours who peered through the windows and doorway," and (3) by restoring sight to an old beggar blind through cataract, more was done to undermine opposition than by tons of argument. Even the extraction of a tooth may in such circumstances achieve great indirect results!

Adapted premises soon become too small, and it becomes necessary to erect a properly built Hospital, which is the next stage in the equipment of the Medical Mission. Here the doctor can undertake the successful treatment of that numerous class of cases for which dispensary or itinerating work is of no avail, and thus make his work in every respect more efficient and more worthy of the cause.

Then there is a third class of Hospital of what may be called the metropolitan type, situated in the larger centres of population and often connected with a Medical School. This is most frequently carried

on as a piece of co-operative effort, and has its own particular field of service.

It must, however, be pointed out that no Hospital can do what should be expected of it unless there is an adequate staff. To this we shall refer more especially in a later chapter; we content ourselves here by stating that as a general rule every hospital should have *at least* two Medical Missionaries and two foreign nursing sisters in charge.

It must be remembered that the practice of a Mission Hospital will provide the Doctors with a large variety of medical and surgical diseases, from the most simple to the most intricate. Numerous cases met with will call for careful investigation by laboratory methods. The whole field of Tropical Medicine lies before the Missionary doctor, and unless quality is to be sacrificed to quantity it stands to reason that there must be some approach to adequacy in staff and equipment.

We should like to emphasise that the intending Medical Missionary need have no fear that possibilities for proper clinical and pathological investigation will be found lacking in most Mission Hospitals which have been placed upon a modern footing. Societies are showing increasing sympathy with requests from their Missionary Doctors for laboratory equipment, for X-ray apparatus and other modern requirements. Up to the limit of their possibilities they are ready to provide their Doctors with the essential requirements for a good grade of Medical work.

Here is a page, depicting a visit to his Hospital ward, from the diary of Dr. Gordon Spear, who was

for a time engaged in Mission Hospital service in Central Africa :—

" In the first bed is a little boy of about twelve, and his mother is never very far away. He came to Hospital one morning so swollen with dropsy that he was literally a bundle of complaints. He could hardly walk, and his eyelids were so distended that he was almost unable to see between them. He was suffering also from dysentery, and altogether presented a very unhappy appearance. He was soon settled in one of our trestle beds and given a red hospital jacket and a blanket. His mother had to be admitted also, as she wished to look after him, and she has been quite useful in seeing that he takes every drop of medicine that is given to him ; she is most insistent on this. To-day he is looking quite different, though not well. He sits up in bed and laughs heartily when nurse and I speak to him, or stop as we pass to have some little game. He struts down the ward sometimes when no one seems to be about, and is reducing his size to quite reasonable dimensions.

" Farther down the ward on the same side is a man who has a tropical disease for which there is at present no remedy. The Universities and Medical Research Laboratories at home are now working on this disease, but we can only relieve him and put him at greater ease than in his native hut, and when he is better he will go out—not well—but in a little more comfortable condition than when he came in.

" At the end of the ward is a man with tuberculosis ; his wife is with him. He is waiting until we can send

him home up the Lualaba river. The fight that the African can put up against tuberculosis is a poor one at best. This man is young, but he has not much chance, though while he is with us we are doing all we can. Opposite is the bed where the other night a sub-chief from up-river slept. He came to Yakusu with a high fever and was admitted immediately, but he had been drinking great quantities of palm wine and was more drunk than sober when I saw him. Handicapped with alcohol he had no power of resistance, and in twelve hours he was obviously moribund. If possible we prefer to discharge these people before they die. Relatives prefer this also. Being a sub-chief he had a considerable following. I gave a little address to all the friends on the evils of drinking, and then the man was carried away on a stretcher to his canoe for the up-river journey back home. It was a mournful procession as the little group moved off, wailing loudly as if the patient were already dead. I have heard nothing since, but I do not think he arrived home alive.

" Returning up the ward we meet a pneumonia case doing well. Farther up is a casualty patient admitted after an accident with an axe. In the last bed nearer the door are two patients—a woman from far down river and her little boy, a delightful little fellow, always bubbling over with smiles and chuckling with pleasure if I stop and look at him. If I play with him for a moment he peals with laughter. The mother has sleeping sickness, and rather advanced too. She is affected mentally by the disease, but we have got her under treatment now and hope to

do something for her. She has no friends here and knows little Lokele, so she lives in hospital for the present."

After what has been said on previous pages it is easy to realise how greatly a hospital contributes to the successful prosecution of the Evangelistic efforts of the Medical Mission. It will prove helpful for us to observe the way in which the spiritual work of one Mission Hospital in China is carried on. This is how a doctor recently described it :—

"During this year efforts along three distinct lines have been made to intensify the evangelistic fruitfulness of our Mission Hospital. . . .

(1) *Hospital Patients.*

"(a) In addition to the daily services in the wards, and the personal work of our two Hospital Evangelists, we have attempted to introduce the National Phonetic Script. We felt that it would be a great cause for thankfulness if our patients could be taught to read the Word of God.

"(b) The learning and singing of hymns is a recent addition. Each afternoon the Hospital Evangelist has taken one of ten specially selected hymns. He has gathered a small group of patients in the ward, teaching them the words and tune, and explaining the Gospel Message the hymn contains.

"(c) Follow-up work has been found to be one of our greatest problems. Good seed sown in the Hospital may bear no fruit unless definite plans are made to keep in touch with patients after they have left us.

We have tried to meet this need by means of pastoral letters written by the evangelists, and sent to each patient's home by post. It is gratifying to see how welcome such letters have been, and in the replies we have received to them, all the patients speak not only of the healing received in Hospital, but of the messages of truth spoken to them. Letters have also been sent to the Pastors who live in, or near, the same village, giving them details of sick ones, and asking them to try and make visits to their homes. We hope that in this way help will come both to the individual and to the Christian Church.

(2) *Hospital Staff.*

" Before beginning the morning work in the wards, doctors, nurses and coolies meet together in the Hospital for Morning Prayers. This quarter of an hour helps to make us feel that we are all united in God's work and that each individual counts. . . .

" An encouraging development has been a Sunday evening meeting for our nurses. This has proved to be a stimulus, and on several occasions we have received help from outsiders.

(3) *The Chinese Church.*

" A group of forty important Church members was invited to the Hospital to meet with us. After tea, short addresses were given in which we expressed our desire for closer co-operation with Church members in our work. A visit to the wards followed, and we trust that the interest shown will lead to further developments."

This sketch of the evangelistic endeavours of one Hospital will enable us to gain a further idea of how our Medical Missions are seeking to function as Missionary Institutions. True indeed are these words of Dr. John Kirk in "Medical Practice in Africa and the East":—

"The medical feat—the healing and prevention of disease, the relief of human suffering—is the beginning, not the end, of their enterprise. The end results of a Mission Hospital cannot be tabulated in statistics, for they belong to the Kingdom which cometh not with observation, bringing peace and hope to human hearts."

(4) *Branch Dispensaries.*

The establishment of a ring of branch dispensaries is the natural and necessary complement to the work of the central Hospital. It is, moreover, in an almost equal way, the normal outcome of the itinerating tours conducted by a Medical Missionary.

There are two reasons which make the establishment of branch dispensaries a wise and valuable development of the work of a Hospital centre. In the first place, such branches will enable the needs of village districts to be in some measure met, when otherwise the people living in those areas would be left to depend upon the occasional visit of a Medical Missionary. In the second place, branch dispensaries are a most important means of keeping a central Hospital in touch with the district which it is supposed to serve.

There are many districts which present conditions

of great physical need, though they are in themselves unsuitable for the erection of a fully-equipped Hospital. It may be that the population is a scattered one, or far removed from lines of communication, and hence too much out of contact with populous areas to render the establishment of a Hospital an advisable course Yet, at the same time, there may exist an urgent need for something in the way of Medical Missionary effort to bring to the people living in such districts the blessing of the twofold healing for which Medical Missions stand. Thus arises the place and utility of branch dispensaries.

These excellent additions to the work of a Medical Mission, which can be brought into being without much expense or difficulty, prove a veritable godsend to many a needy place. A small building can be rented or erected, and a supply of common medicines and simple apparatus supplied to the assistant in charge. If he be sufficiently competent, then provision may be made for a few in-patients, so that the dispensary may attain to the utmost degree of beneficial service. But whether that is done or not, it will invariably be found that branch dispensaries can make a most effectual contribution to the healing of large numbers of patients in the districts where they are established. Especially to the Christians who may be living in villages around a mission centre, these dispensaries are calculated to be of great help.

There is also this further value in branch dispensaries, that by means of them a central Hospital can keep in intimate touch with the population of a considerable area. Patients who come to any of these dispensaries

are brought within the radius of the influence of the Medical Mission. In the trained assistant who is in charge they see a representative of the medical missionaries who are working at the Hospital. Should their ailments require more in the way of treatment than the branch dispensary can undertake, they can be induced to go to the Hospital and become in-patients. In other words the branch dispensaries not only render their own special service to the people of their immediate districts, but they can provide a necessary and valuable link between the various parts of a wide village area and the Mission Hospital at the centre.

It is very important, however, that the branch dispensaries should be placed under the charge of properly trained and earnest Christian assistants, and that they should be visited at regular intervals by a Medical Missionary from the central Hospital; for unless conducted in the true Missionary spirit, they may prove a weakness rather than a strength. In view of the training work to which allusion has already been made, there is every reason to believe that the necessary number of assistants possessing consecrated efficiency for the work of these dispensaries will not be lacking in coming days.

Reference may here be made to the value of branch dispensaries at training centres. We are reminded by Dr. Howard Cook of the scheme initiated by him and his brother in Uganda, whereby after their Medical Students had had a year of Medical Training they were stationed for a few months in a branch dispensary, before returning to the Medical School for another

year. The process is then repeated, and thus the branch dispensaries are staffed and the students helped in their training by having periods of limited responsibility under observation.

As an instance of the encouragement and success which can be derived from the work of branch dispensaries, we can point to a recent experience of the Palwal Men's Hospital, N. India (Dr. Moore). After years of sowing, 1923 saw a time of reaping ; and where was it that the ingathering commenced ? It began in a *Medical* out-station, where for a long period a faithful Indian Medical Evangelist had laboured in a branch dispensary. The canal near by became the scene of nearly a score of baptisms, the fruit of service in this outpost.

We must now bring to a close this sketch of the main features of the practice of Medical Missions. Before doing so, however, it is necessary to draw attention to two other directions from which important demands are made upon the time and strength of Medical Missionaries. We refer to the work of training, and that of Hospital administration.

In regard to the first of these, it will be readily recognised how indispensable is the necessity of raising up a staff of trained helpers.

This is a vital part of the work of every Medical Missionary. We do not, of course, refer in this connection to the education of fully qualified students, which can only be properly undertaken in specially equipped and staffed Medical colleges, but to the training of helpers for the routine daily tasks of Medical Missionary work. For instance, there are the

dispensing of Medicines, the dressing of wounds, the performance of ward work, the preparation of patients for operations, attendance upon those in bed, and many other essential duties which must be provided for and which at the same time no doctor can accomplish satisfactorily if unaided. It is manifestly necessary, right from the start, to look out for suitable helpers who can be trained to undertake such work, and happy is the Medical Missionary who is successful in his task of selection. At first this work of training will claim a large share of his time, and it will require, all through, infinite patience and grace. Again and again it may bring disappointment, and possibly it may seem as if the return were hardly worth the time and toil expended. Yet, in the end, it will rarely be found to refuse a rich recompense in the creation of a band of diligent and devoted assistants. Beyond this there will be the joy of knowing that something has been accomplished in diffusing a knowledge of healing amongst the people of the land.

In this connection allusion should be made to the Institute of Hospital Technology recently started in Central China, which has for its object the training of technicians for Mission Hospitals. These "technicians" are those who have been taught to carry out the routine everyday duties of Hospital wards and laboratories, *e.g.*, recording of temperatures, preparation of blood films, examination of "specimens," entering up of bedside notes, etc. All this sort of work takes up a large amount of time which the doctor can ill spare, and yet he cannot neglect these essential details. If he can have amongst his assistants one or more

who have become skilled in this technical work it stands to reason that his own time is economised in the interest of work which he alone can do, while the efficiency of the Hospital is increased. The Institute deserves the utmost encouragement.

Then in regard to the work of Hospital administration. This is a task which gives to the Medical Missionary in charge of a Hospital much labour and thought: and strangely enough it is one of which many who go out as Medical Missionaries possess little or no experience. It includes those business and financial relations which concern a public institution. The Medical Missionary has to keep the Hospital books, organise the general life and work of the Hospital, engage and pay the native staff, frame annual estimates of the receipts and expenditure, and attend to the many questions that concern the administration and maintenance of such an establishment. He must be prepared to be many things in turn. He may have to doff the rôle of the physician and to don that of the architect and builder. He may have to spend hours considering matters which lie far apart from his professional work, and yet may affect closely the whole success of the Medical Mission. This administrative work does not rank in importance with other departments of a Medical Missionary's work, but that does not minimise the large share that it takes in the daily routine of a Medical station. There is not a Medical Missionary of experience who will not endorse the truth of this statement. No review of the practice of a Medical Mission would be complete without some reference to this aspect of its work. In directing

attention to it we would express the opinion that, as far as possible, all intending Medical Missionaries should secure, before departure for the Field, some acquaintance with Hospital administration and sanitation.

We have now seen the Missionary Doctor at work. What an amazingly full and fruitful life is disclosed! How free from the slightest approach to monotony! If ever there were a service which held in its grasp the very "*Joie de vivre,*" surely it is this! To spend one's days in winning back health for some poor sufferer, in fighting the scourges that afflict our race—there is the force of an irresistible attraction about such a service! And when to that is added the joy of imparting the Message of the Gospel, we touch high water mark! It is easy to understand why some of the finest Christian men and women in the Medical Profession have given themselves to this calling. They have gone "all out" for it. They have been willing to pay the supreme penalty of a selfless devotion. Will the Church at home back them up as it should? Or are these Doctors to be put out of action because their supports are not brought up? God forbid!

XIII

PROFESSIONAL STANDARDS

"There is plenty of room for mediocre doctors in the home countries—let them stay there."

DR. ERNEST MUIR,
School of Tropical Medicine, Calcutta.

IT does not need much reflection to enable any intelligent observer of a work of this order to realise that it needs and calls for the best. It is supremely a case for high standards. Poor work, shoddy work, does no good anywhere. It generally turns out to be far too expensive! The best always pays in the long run. This is true of life all round, but particularly so in those callings which are governed by high ideals and master passions. There it is a case of "noblesse oblige." The best because it is for the best! There is no getting away from such a conclusion, and by reason of it we can recognise with ease that Medical Missions must seek and obtain the best in staff, administration, buildings, equipment and support.

We wish to draw special attention to this aspect of our subject in order that there may be no room for low conceptions of medical work undertaken by Missionary Doctors upon the Mission Field. It is to be feared that in the past there has been a tendency in some quarters to adopt an unworthy and inadequate view of the work accomplished by Medical Missionaries. An influential leader in the medical profession

mentioned in our hearing, not very long ago, that he thought Medical Missionaries were generally those members of the profession who would probably not have got on in their calling had they remained at home! When his point was challenged and he was reminded of certain very plain facts, and told what some of his professional colleagues thought upon the subject, he admitted, quite frankly, that his opinion had been formed upon general impressions with very little basis of fact!

It is also very evident that a large number of those who sit in the pews of our Churches, and are numbered amongst the supporters of Missions, have very inadequate views of the medical work carried on by their Societies. The inclination has been, too often, to imagine that the average medical practitioner in this country possesses a superior status, and is possessed of better qualifications than the doctor who is a Missionary. It seems difficult for many Church members to believe that a man can be a doctor and a Missionary at the same time. That limited and warped outlook is happily disappearing, but it still exists and needs to be corrected by such facts as it is our aim to supply.

Now no friend of Medical Missions will wish for a moment to maintain that every Missionary doctor is a tip-top man in his professional abilities. Candour forbids any such affirmation. Just as there are differences in the professional eminence of doctors in this country, so are there grades in the professional standards of those who have been sent forth as Medical Missionaries. There is nothing strange or surprising

in such a position, and happily Medical Missionary service has a place for doctors of varying professional attainment. It is no part of our purpose to introduce any special pleading into our representation of Missionary Doctors and their work. What we do want to show is that the professional stamp of the Medical Missionary, recruited in the present day by Missionary Societies, is one in which ability and attainment, character and personality are noteworthy in an eminent degree.

Let us look first at a few facts concerning the personnel of the Medical Missionary force. On the annual list of Medical Missions for 1926, published by the Medical Missionary Association of London, there are the names of 465 doctors holding British Medical qualifications. The larger number of those have proceeded to the higher qualifications. The fact that out of that total of 465, no less a number than 38—roughly one in every twelve—have won the coveted distinction of Fellowship of one or other of the Royal Colleges of Surgeons in Great Britain and the Irish Free State is significant in itself. Along with that point goes another which is equally worthy of note. No fewer than 64—roughly one in every seven—have taken the M.D. degree of a British University, whilst another 283, well over one half the total number, have obtained the distinctly high degrees of Bachelor of Medicine and Surgery of those Universities. Three have the M.R.C.P. Diploma of the Royal College of Physicians, seven hold the D.P.H. Diploma (Public Health), and twenty-two have obtained the D.T.M. Diploma (Tropical Medicine). These latter groups are of considerable

significance, too, for they speak of special post-graduate work in Medicine, Public Health and Tropical Medicine. It is evident that as far as medical credentials go the Missionary Doctor has something very substantial to show.

But that is by no means all. The biggest and most important thing to take note of is the professional excellence of so much of the work that these Doctors are achieving. This is not a book written especially for professional readers, or we might enter at this point into some details that would appeal to them. To such readers we commend "Medical Practice in Africa and the East," which is a revelation in itself. So far as our present purpose is concerned we may cite the following illustrations, for which we are indebted once again to the writers who contributed to the mine of information contained in the work just mentioned.

"There is an Eye Clinic at Shikarpur, North India, conducted by the Medical Missionaries of the Quetta Medical Mission during an annual period of six weeks to two months. In one recent year, during 29 days, no fewer than 1,203 operations were performed for Cataract, and 1,209 for other diseases of the eye, besides 185 general surgical operations. That works out at an average of nearly 90 operations a day, and these were usually shared by two men. So many out-patients were in the habit of coming that in some weeks the Doctors estimate they must have seen over 2,500 new cases.

"At the old Cairo Mission Hospital in one year over

13,000 cases of Ankylostomiasis were treated as in-patients, and by means of a new treatment the larger number of these were cured.

"At a small Women's Hospital at Tai Yuan Fu, North China, with only one woman doctor, in one year, out of 130 obstetrical cases, 26 required Cæsarian Section, one of the most serious operations in midwifery.

"At a Hospital in Central Africa research work is being conducted on the treatment of Sleeping Sickness, and papers have been contributed to the Royal Society of Tropical Medicine and Hygiene and published in the Transactions of that scientific body."

In his extremely able and valuable book—"China and Modern Medicine"—Dr. Harold Balme gives some illuminating facts as to the share taken by Medical Missionaries in research work. He points out that it was Dr. Samuel Cochrane, Dean of the School of Medicine of the Shantung Christian University, who first traced one of the most important links of evidence leading to the secret of that dread disease, Kala-azar. To-day, by the modern method, in place of a mortality rate of 90 per cent, we have a recovery rate of 80 per cent for this disease when treated.

The Far East is "the happy hunting ground of Intestinal parasitic disease," and, as Dr. Balme points out, it was two Medical Missionaries, the late Dr. O. T. Logan and Dr. F. W. Goodard, who mainly contributed to the knowledge now possessed concerning the distribution of the parasites.

The chief Medical Scientific Journal of China is the

Journal founded by the China Medical Missionary Association and now issued monthly. One of the most valuable works that has been published on the Tropical Diseases of China was compiled by two Medical Missionaries, Drs. Jeffreys and Maxwell.

And so we might continue, but space forbids. We venture to think that the few facts submitted will have made it evident that the Missionary Doctor is one who is qualified by his record of work to take an honourable place in the ranks of his profession. In the words of Dr. John Kirk :—

"The physicians and surgeons who are needed for our Mission Hospitals to-day are men and women the homeland cannot give without feeling its loss."

Their work justifies the fullest confidence, and merits the amplest support that the Home Church can give.

But now we must take into consideration certain important matters which have a most vital bearing upon the subject which we have just been discussing. It has been established that as far as the doctors themselves are concerned there is at the service of Medical Missions a high standard of professional ability. What is to be said of the conditions attaching to their work? Is it adequately recognised that a stamp of worker like this requires for his effectual service certain essential conditions. His work may be frustrated and his life spent in shallows unless certain facts are appreciated with perfect clearness.

First—*The Medical Missionary cannot do his proper work single-handed.* His vocation is essentially one that calls for team work, and this wants to be kept

in mind both at home and on the Field. For the doctor to be saddled with a Hospital and expected to run it without at least one medical colleague and two nursing sisters is not only unwise, but utterly wrong. It may be, of course, in the early stages of a Medical Mission, when pioneering is the order of the day, that one doctor has to go ahead, as it were, and lay the foundations alone, as so many of the heroic Missionary Doctors of the past generation have not hesitated to do. It may also be the case that at times the exigencies of Missionary service will necessitate one doctor being left single-handed for a time. Happy is he if by that time the training work referred to in an earlier chapter has provided assistants who can do a good deal of the routine work, etc. What does demand recognition both by the Board at home and by the Medical Missions on the Field is an agreed policy of supplying established Hospitals with a *minimum* staff of two doctors and two nursing sisters. Whether one of the doctors shall be a doctor trained on the Field itself must be determined by the personnel available. That certainly should be the aim.

A policy such as the preceding may involve limiting the number of Hospital centres, but in the end it will prove far more effective to establish only those Hospitals that can be kept adequately staffed than to start a larger number, and be compelled to leave some of them in a constantly understaffed state. A system such as that puts a premium on early breakdowns and imposes a discount on professional standards.

Second—*The Hospitals cannot yield the best results in the absence of proper buildings and equipment.*

This is axiomatic, but it requires to be carefully interpreted. There is nothing in such a statement to imply that each Hospital must be built and equipped according to the latest standards current in Europe and America. Indeed, it might easily prove a drawback, rather than a help, to aim at something which was to be a perfect model of elaboration. There is hardly anything in the work of Medical Missions which calls more clearly for sanity and balance of judgment, than this question relating to the Hospitals. The best does not necessarily involve the latest or the most expensive!

At the same time let it be clearly realised that there are certain requirements which are indispensable, while others cannot be regarded as coming within that category. The Mission Hospital should be a model of order, cleanliness, brightness, and good arrangement; and while planned to meet all the scientific demands of the work it has to do, it should yet be so built as not to create a sense of being utterly foreign in the mind and eye of the people on the spot. It must be assured of a plentiful supply of good water, and a system of sanitation that will accord with those public health requirements which, it may be hoped, will one day be deemed efficient in the country where it is located. Lighting and heating should be the best which conditions allow. Simplicity should characterise the ward furniture; and the operating theatre, pathological laboratory and X-ray room (which should be classed among the essentials) should be provided with the requisites for sound work, without unnecessary refinements. In addition,

proper accommodation should be reserved for the isolation of patients who have contracted infectious diseases. Effective screening of the Hospital against the invasion of biting flies should be held to be absolutely necessary in those regions where these are prevalent.

The points to which we have just drawn attention naturally lead on to the problem of how such Hospitals are to be supported. It is obvious that the cost of work of this order cannot be light, and in these days of financial stress the question of ways and means is bound to emerge. What is to be said on that score?

The first thing which should be emphasised is that the Church at home must never lose sight of the fact that Mission Hospitals are in the mid-current of the Missionary activities of the Church. They are all that we have seen them to be. If, therefore, they are worth doing at all, they ought to be done well. Not for an instant must it be thought that hospital work for the other races can be conducted without that due regard for matters which are considered as absolute essentials for similar work in this country; money must not be grudged. That does not mean that all at once a brand new Hospital, replete with everything that the eye of the up-to-date doctor might set his heart upon, must be brought into being in each place where Medical Missionary Work is to be done. "Rome was not built in a day," neither can the fully equipped Hospital be made suddenly to appear. Young Medical Missionaries must specially be cautioned against impatience in this direction, and they must be as willing as were their predecessors to get where they

want to get by the double process of enduring and improving. Local Materia Medica will often prove quite as effectual as more expensive items imported from home. The Missionary Doctor must strive to excel in ingenuity.

The next thing to be said is that when the initial years have been surmounted, a good deal of progress can be made toward self-support in the case of most Mission Hospitals. The ultimate goal is not for the Mission Hospital to remain chiefly a foreign institution, but, as we have pointed out in an earlier chapter, for the hospital to become an integral part of the service of the Church on the Mission Field. The Church there, as well as the Church here, must be educated to see in the work of Medical Missions a most real and effectual way of expressing the Gospel. It follows from this that care must be taken not to develop Mission Hospitals on such a scale of expenditure as almost to forbid a hope on the part of the indigenous Church that they may ever support such an enterprise. Efficiency must be interpreted in terms of local life and conditions, and not solely on the lines of the West.

We are not to think or plan, build or equip, as if the Hospital were to represent the Home Church or Society. It is to represent its Lord, and to be developed as a part of His Church *out there.* If that is the guiding principle much may be done, as was suggested in Chapter IX, to encourage support by the indigenous Church along its own way, which will not necessarily be our choice.

Then there is a third point to be kept in view; Mission Hospitals can secure a good deal of local

income through providing superior accommodation for private patients and charging remunerative fees for the same. It is positively wrong for well-to-do patients to be treated in Mission Hospitals on the free gratis principle. That sort of thing is to encourage a wrong spirit and outlook on their part, and to add unduly to the burden of the Church at home. Private wards and pavilions for paying patients should figure in every well-considered Hospital scheme; and the Missionary Doctors at a Hospital should make it their aim to build up the work of the Hospital in such a way that the cost of treating the deserving poor, who must never be excluded from the benefits of treatment, is derived at least partly from the fees and subscriptions received from the richer sections of the community. Experience has shown that this can be done. A policy like this may of necessity mean at the start that money has to be found from home to build and equip the superior accommodation required, usually as a separate building; but it is money which may well prove to be a fruitful outlay in subsequent years. It is doubtful if this point has received all the weight that rightly attaches to it in the plans that have been adopted for Mission Hospitals.

All this will enable us to see that the maintenance of professional standards can be achieved without imposing an intolerable strain upon home resources, and therefore from the standpoint of finance as well as from all other points of view the policy here enunciated is, we suggest, the sound line to follow in the work of our Medical Missions.

XIV

THE DOCTOR AND HIS FELLOW MISSIONARIES

"I was sick, and ye visited Me . . . Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me." St. Matt., 25 : 36, 40.

THE care of the Missionary Staff and the preservation of a high standard of health throughout a Mission ought to be generally regarded as one of the most important responsibilities of the doctors attached to a Missionary Society, and no argument is required to emphasise so obvious a duty. Though the obligation may be peculiarly heavy, and carry with it a strain all its own, it can never be looked upon save as a labour of love which brings a rich reward. Doctors—and Nurses also—may well feel that no part of their manifold service is calculated to be more gratefully acknowledged.

In certain quarters a line of distinction has been drawn between the service that Medical Missionaries can render in ministering to the physical needs of their fellow Missionaries, and the primary task for which they were appointed as Missionaries of the Gospel. We suggest, however, that to draw any such line is to reason falsely and to create an artificial division. By the very nature of the case every Medical Missionary must act as a Health Officer of his Mission, and the service that he discharges in that direction is as truly Missionary in character as any other part

of his work. The contribution that he may make toward keeping his fellow Missionaries in physical fitness may easily prove as big a share in bringing nearer the supreme ends for which the Mission exists as any of the more obviously evangelistic work in which he is engaged.

We propose to review this part of our subject under the following three heads :—

(1) The Missionary Doctor and his Home Board.
(2) The Missionary Doctor and his fellow Missionaries
    (a) In the prevention of sickness.
    (b) In the treatment of sickness.
(3) The Missionary Doctor and School Health.

1. *The Missionary Doctor and his Home Board.*

It is to be feared that Societies have displayed in the past a strange forgetfulness of the clear call to provide Medical Officers for their Missionary force. It may have been unconscious, but it is none the less regrettable. Mere economy would decree otherwise, to say nothing of the constraints of affectionate remembrance. The biggest asset of any Missionary Society is the life and health of its Missionary Staff, and it is surely incumbent upon a Mission Board to see that necessary provision, as far as possible, is made for the physical needs of the men and women who have volunteered their lives. The Medical Missionary is the natural Health Officer, and it should be a matter of devout thanksgiving that the growth that has taken place in the number of Medical Missionaries has made possible, in a more effectual way than could be the case formerly, medical help for the Missionary Body.

When, however, Mission Boards have recognised this fact, we need to ask how far they have taken the next and most obvious step of definitely entrusting their Missionary doctors with the task of exercising supervision over the health, and all that makes for the health, of the Missionaries of their respective Mission Districts. This is an eminently practical question which may well claim more than a passing thought from those concerned in Mission administration. The Missionary doctor, if he is to function as a Health Officer, needs to have his province defined, and to have the support of his Home Board in those practical measures for the maintenance of health which he may commend to his colleagues.

It is becoming the common practice of Societies to have Medical Officers at their Headquarters and to accumulate records of the health of the Missionary Staff. The complement of this should be to commit definite health duties to the Medical Missionary on the Field, and to recognise him as the Health Officer of his Mission. There are many advantages to be gained by strengthening the hands of the Doctor in this direction. The periodic medical examination of Missionaries, as well as the systematic adoption of preventive measures, would ensure the detection and correction of the beginnings of ill-health and would ward off many an occasion of invaliding from the Field.

II The Missionary Doctor and his fellow Missionaries.

(a) In the Prevention of Sickness.

There are hardly any who will deny the importance

of a diffusion amongst the Missionary Body of proper knowledge regarding the preservation of health. The need for it is obvious. How frequently does the Home Medical Officer of a Missionary Society discover in Missionaries on furlough clear evidence of a loss of health from perfectly preventable causes, owing to the laws of health in the tropics having not been properly understood. Errors of commission and of omission have occurred simply through lack of knowledge, and as a result, sickness has occurred, meaning suffering to the Missionary, interruptions to his work, and expense to his Society.

The plain fact is, that it is the many small indiscretions, as well as the more serious ones, which lie at the back of a great deal of the ill-health found amongst Missionaries. Sun helmets have not been worn quite as scrupulously as should have been done, exposure to cold currents of air has not been remembered as a real danger when the body has been overheated. The necessity for the proper cooking and boiling of certain articles of food and drink has been allowed to be passed over, with disastrous results, or the importance of adequate rest periods in the programme of the Missionary service has been forgotten, and the nervous reserves have been allowed to run low. And much of this has come about because there has been no one on the spot whose advice can be given and accepted as authoritative.

A need of this kind cannot be met entirely by the issue of printed instructions, or the giving of courses of lectures to Missionaries before they go out, valuable as both those steps can be. The presence on the

Field of the trained expert is the biggest precautionary step that can be taken, and the fact that a Missionary Doctor is in a position to render such service in the maintenance of a proper standard of health adds immensely to the value of Medical Missions as a health agency.

(*b*) *In the Treatment of Sickness.*

No argument is needed to enforce this point. The annals of Missions reveal how often sickness takes toll of health and life on the Mission Field. Every year there is a Roll of Honour in almost every Society. Missions are costly! It is, therefore, of the utmost importance to have a Missionary Doctor within reach when he may be needed. For the sake of our Missionary brothers and sisters it is surely only right that these trained workers should be provided in each Mission. It is the way of love as well as the way of economy.

In "The Appeal of Medical Missions" an instance was cited which may well be repeated here :—

"Two Lady Missionaries were designated for a station in tropical Africa, and one reached it some months in advance of the other. Within two months she was stricken with a serious fever, and no Medical Missionary was at hand. All that devotion could do on the part of her fellow Missionaries was done, but the fever could not be controlled and a fatal result ensued. The second Lady Missionary went out later, and was shortly followed by the arrival at the station of a Medical Missionary. A month passed, and

she too was laid low with a fever similar to the one from which the former lady had died. For days her life lay in the balance and taxed to the utmost every medical resource. But finally the fever yielded and her life was spared. In comparing these two cases, is it not permissible to draw the deduction that the difference in their respective issues was accounted for, under God, by the presence of the doctor on the second occasion ? "

If that is so, who will deny the value of the service that Medical Missions can render in caring for sick Missionaries !

Need anything more be said to strengthen the case for the appointment of more Medical Missionaries, for the sake of their colleagues as well as for the welfare of the work ?

(3) *The Missionary Doctor and School Health.*

This aspect of the health duties of a Medical Missionary has received increasing attention of late and is of great importance. As in Britain we have our School Medical Service for the purpose of caring for the health of the rising generation, so upon the Mission Field care should be exercised over the health of the boys and girls in our Mission Schools and Colleges. The Medical Missionary is the natural person to discharge this function, and in this way the doctor should become the close ally of his educational colleagues.

A work of this kind carries with it the necessity for a periodic and thorough inspection of the scholars

and students. The results of the examination should be carefully noted, as early defects can thus be discovered and corrected, and a healthy physical system promoted. Mission history has revealed how often tuberculous disease, to mention no other, develops in the pupils attending Mission Schools. If regular medical examinations were carried out much might be achieved both in a preventive and in a curative direction.

The hygienic conditions of Mission Schools, the dietaries required by children, the adjustment of hours of work, of play and of sleep, and many other matters, are all of first importance to the well-being of the children. The Medical Missionaries, acting as health officers, can give the necessary guidance to superintendents and teachers, and afford them invaluable assistance in their work.

XV

THE PREPARATION OF THE MISSIONARY DOCTOR

"There is no one from whom greater love is sought than from the doctor."—A saying of PARACELSUS.

THE point that we now reach is of vital significance to the whole Medical Missionary movement. Medical Missions, as the late Dr. J. L. Maxwell truly said, are what Medical Missionaries make them. The human equation in the work of Mission Hospitals is the biggest thing, and the one which should receive the most careful thought. It is here that quality tells, and tells tremendously; the quality that relates to character, personality and devotion, far more than to academic distinctions. What the Medical Missionary is, much more than what he knows, is the pre-eminent consideration.

First of all, let us remember that the Medical Missionary is a member of the general missionary body. He is, it is true, a specialist in the ranks of Missions, but he is none the less a *bona fide* representative of that noble army of workers whose primary and persistent purpose is the spread of the Gospel. Because it so happens that his particular work necessitates many differences both in his preparation and his actual service, that is no reason for viewing him in any other light than that of a Missionary. The Missionary enterprise is not a series of disconnected units, it is one organic whole, and has one predominant aim characterising every part. That aim is to obey

the Saviour's last command and carry the message of His redeeming love to all mankind, and whatever prefix the Missionary may have attached to his name such a word is not, and must not be, more than an adjective of distinction.

Then, in the second place, it is necessary to keep the fact well in mind that the Medical Missionary is a Missionary entrusted with a twofold piece of work. The aim may be, as we have already seen, one and indivisible, but the contribution that the Medical Missionary makes toward the accomplishment of that end runs along two perfectly distinct and yet inseparably connected paths of service. As was stated at a London Conference on Medical Missions, "A Medical Missionary is a legally qualified medical practitioner, called of God and set apart for the twofold work of preaching the Gospel and healing the sick." That is to say, neither of those capacities, taken separately, makes him a Medical Missionary, nor can he assume that title if they fail to exhibit between each other the closest harmony and co-operation. The true conception of a Medical Missionary lies in this blending of two vocations into a single, though two-sided, ministry. Therein, as we saw in an earlier chapter, lies the very genius of Medical Missions, and it is of first importance that the stamp of this ideal should be impressed upon the Medical Missionary from the earliest days of his preparation.

In the third place, there is another quality of immense importance with which the Medical Missionary needs to be endowed. He requires to be one who can adapt himself to his environment,

and possesses the great gift of being able to live and work with others in a small community. This, indeed, may be regarded as a *sine quâ non* for all Missionaries, and not less so for the Missionary Doctor. It often falls to him, as it does to his professional brethren at home, to find himself in positions calling for the exercise of tact and patience, in which he both bears and forbears. To be able to win his way, by an equable and sunny temperament, to the hearts of his colleagues may frequently prove an almost indispensable qualification for the Medical Missionary.

In addition to these two essential considerations there is yet another of whose relevancy there can be no question; we refer to the necessity of the Medical Missionary being one who is not lacking in general educational culture. Everything points to the significance of this element in his fitness for service. The prolonged and arduous professional training, the peculiarly exacting nature of the subsequent life work, the insistency with which it claims the best of brain and heart, all indicate how imperative it is that the Medical Missionary should be one who possesses a wide mental horizon, and whose capabilities are not small. No wealth of professional talent can adequately compensate for deficiency here. The life and work of a Medical Missionary is not a vocation where educational preparedness is measured by the number of medical degrees that may have been obtained. Behind all that there is an elemental need for a brain enriched and disciplined by a store of sound learning and general knowledge, in which languages and science should have a liberal share.

Then there is one further matter which requires careful consideration, and that is, the sheer necessity for the Medical Missionary to be one whose physique and capacity for physical endurance are beyond question. He will have claims made upon his stock of bodily stamina and vital energy which would try the strongest. His duties will often call for a lavish expenditure of physical powers, and demand such a concentration upon exhausting work as is bound to mean a serious drain. If he starts well, if he commences with a good supply of constitutional vigour and wisely develops and conserves it, then the tasks which fall to his lot will stand a high chance of being discharged satisfactorily. With an indifferent constitution the case may be otherwise, and it is, therefore, very important that physical robustness should enter largely into the make-up of the prospective Medical Missionary.

We commend these considerations to the attention of all intending Medical Missionaries, and to those called upon to advise them. A right perspective at the start may mean almost everything in the attainment of the desired goal, and it is a disservice to Medical Missions to speed the going forth of those who are lacking in these essential requirements.

Keeping in mind these points, let us now review the main aspects of the two divisions of his training.

I : The Professional Training.

This may be considered under four sub-headings : (1) Pre-Graduate ; (2) Post-Graduate ; (3) Probationary ; (4) Furlough.

(1) Pre-Graduate.—There is no need to refer to this at any length for the obvious reason that the training before qualification is in no way different from that required of any student of medicine. The same time has to be spent, the same classes are taken, the same examinations passed. The Medical Missionary student must "walk the Hospitals" just as any other medical student, and hold exactly the same appointments as are obligatory in those whose intention it is to practise in their own land. The only difference lies in the fact that, whereas the latter will probably never be far outside the reach of whatever skilled help they need in the course of their practice, the prospective Medical Missionary goes to a sphere of service in which he may have to depend wholly, or nearly so, upon his own resources. Consequently, if in any way the work done by the two students is to differ, then it should rather be in the direction of increased thoroughness on the part of the one who is to go abroad.

As to the question—which of the possible medical qualifications should the Medical Missionary student work for?—we would unhesitatingly advise that which confers a University degree. Not that the diplomas of other examining bodies are in any way to be regarded with disfavour, but rather that with the spread of modern education upon the Mission Field it is desirable that Missionaries engaged in scientific work should be graduates of a University and possess academic status. Moreover, speaking generally, the knowledge required for most University medical degrees is in advance of that needed for the diplomas of other

bodies, and that is all to the good, for reasons stated already. There are, however, the Fellowship Diplomas of the Royal College of Surgeons of England and of the Royal College of Surgeons of Edinburgh, which can in no way be regarded as inferior to University degrees, either in the severity of the examinations or in the prestige that they confer. Indeed, the first named stands out as one of the most coveted distinctions of the surgical world, and if it is possible for any Medical Missionary student to work for one of these diplomas, in addition to his degrees, he should not hesitate to do so.

Amongst other things, the pre-graduate stage of the Medical Missionary should be conspicuous for earnest, conscientious, practical work. He will need all the clinical experience he can gather, as well as all the book knowledge he can acquire. He should duly attend the practice of the special departments, and familiarise himself with the technique of clinical investigations, pathological work, etc. Further, he should early establish, in the estimation of his teachers and in the opinion of his fellow-students, a character for thoroughness and keenness. In a certain sense the credit of the calling he is taking up rests in his keeping, and however he may lack brilliancy he should never gain the reputation of being a " slacker."

The Medical Missionary student should endeavour to take as many of the hospital appointments open to students as he can make use of. Whenever there are school examinations to be taken, scholarships or prizes to be competed for, he should try with a laudable emulation to obtain a good place in the list—not just

for the sake of the immediate distinction such may bring to him, but pre-eminently because this work provides an excellent training for the sterner tests that will be his in later days. It is also of importance that the value of athletics should not be forgotten, both because of the need to maintain and improve a good physique and in the interests of the cultivation of true manliness.

Thus would we set a high ideal for the pre-graduate section of the Medical Missionary's professional training. The immense importance of laying a strong foundation for the strenuous life that is inseparable from this vocation can never be exaggerated. The best, and only the best, must be the goal always aimed at, and the temptation to be satisfied with something less must be steadfastly resisted. From the beginning of his student days the injunction of the Great Apostle —" Thou, therefore, my son, endure hardness as a good soldier of Jesus Christ "—should be the note ringing in his ears. And if, at times, the task seems long and its toils too wearying, the Medical Missionary student can surely claim and receive that grace and help which only His Lord can give

(2) Post-Graduate.—The Medical Missionary has now become a fully qualified medical practitioner, and to that extent has completed the greater section of his professional training. He has come to the point at which his offer of service can approximately be communicated to the Society with which he desires to become connected. Yet at the same time he has by no means qualified himself for immediate service on the Field. Indeed, if he goes out at this stage it may be

to court a great disaster to his career, and to learn in the wrong place and by bitter experience what he should have acquired in post-graduate training here at home. It is, therefore, highly necessary that we should consider the most approved manner in which the Medical Missionary candidate can now proceed to add experience to his knowledge.

There are two things that naturally suggest themselves as essential divisions in his post-graduate work; first, the experience that can be gained in general medical and surgical practice, and, secondly, the special experience that is required, for one going abroad, in certain particular sections of scientific medicine.

As to the first of these, we are persuaded that nothing is more valuable or more likely to give what is required than resident hospital appointments. Indeed, the holding of at least one such post should be regarded as an indispensable part of the post-graduate training of the Medical Missionary. In no other way can he so well acquire that practice in clinical observation under expert supervision, and that intimacy with the treatment of medical and surgical diseases, which it is essential he should possess when called upon later to undertake the work of a Hospital on the Field. Furthermore, it is of supreme advantage to a young medical graduate to have the opportunity of working immediately under the eye of a master in the profession. and to have his natural weaknesses in diagnosis and practice pointed out and corrected. Then, too, whilst he is engaged in preparatory work for one of the higher examinations, a resident appointment carries with it a high degree of intrinsic value.

One point should be emphasised, and that is that whatever other appointments may be held, a surgical resident post should not be omitted. Surgery of necessity bulks very largely in the practice of almost every Mission Hospital, and there are cases where the failure to hold a surgical house appointment before going out, placed the young Medical Missionary at a very grave disadvantage. At least six months should be devoted to the work of such a post.

In connection with this general part of his post-graduate training there is one caution which we would venture to give to the Medical Missionary candidate, and that is, not to allow his off-time to be disturbed by too many outside calls for meetings or other evening engagements. An occasional meeting in addition to Sunday services can do no harm, but a jealous guard should be kept against anything like habitual invasion of the time he has at his disposal during this period.

We come next to the second part of the post-graduate training, viz., that which gives special experience in certain particular branches of medicine. As to this, no hard and fast rule can be laid down, and each case must be dealt with upon its merits, with due regard to the field in view. But speaking generally, there are five branches of Medical study from which the Medical Missionary candidate will do well to select subjects to which to devote from six to twelve months of his time before proceeding abroad. These are: (1) tropical medicine, (2) eye diseases, (3) practical bacteriology, with in addition, in some cases, public health, (4) difficult midwifery, and (5) ear, nose and throat diseases.

The first named of these can be studied at one or other of the special tropical schools now established, and for those going forth to most Mission Fields a course at such a school should be rigidly regarded as an essential. It would be well, also, if those taking the course were to obtain the diploma in tropical medicine, for which an examination has to be passed.

In the case of Missionaries proceeding to Belgian Congo a course of study at the Brussels school of Tropical Medicine may be commended, especially because of the value that may afterwards be attached to such a course on the part of Belgian officials on the Congo. It is also of the greatest importance that intending Missionary Doctors in lands where English is not the language of the governing authority should acquire some knowledge of the official language before proceeding to the field.

In the case of some Medical Missionaries proceeding to India advantage can be taken of the school of Tropical Medicine now established in Calcutta.

The study of eye diseases should be pursued at a special Ophthalmic Hospital, in connection with which, in most cases, courses particularly designed for post-graduates will be found to-day. If the field in view be India, China, North Africa, Palestine, Persia or Arabia and certain other lands, it will well repay the Medical Missionary to obtain, if he can do so, a junior clinical assistantship under one of the Ophthalmic Surgeons. If that is impossible, then at least three months should be devoted to regular attendance upon the practice of the Ophthalmic Hospital which has been selected. In any case, care should be taken to

include one of the classes on the operative surgery of the eye which are arranged from time to time at most eye Hospitals.

Practical bacteriology is increasingly important, and six weeks given to a laboratory class in this subject will be of great value. There is hardly a field where the technique and knowledge thus gained will not prove most useful. Those, however, who take a Tropical Course will find that the laboratory work connected with it provides a good training in bacteriology methods, and an additional course is unnecessary. The study of public health may be very valuable in the case of those proceeding to fields like China, where sanitary reform is bound, ere long, to be an important topic, and where the Medical Missionaries are looked to for a lead in such matters. A course of lectures on Hospital administration, as usually held in connection with the D.P.H. course, will also be of real value in view of what Medical Missionaries have to do on the field in the administration of their own hospitals.

A course of difficult midwifery particularly applies to women Medical Missionaries, and should, in their case, be deemed essential. On the part also of men, a study of the subject for those going to certain fields is very important. The practice of one or other of the lying-in Hospitals affords scope in this direction, and from one to three months given to this study will prove later an expenditure of time amply repaid. In a similar way, experience in clinical and operative gynæcology at some Hospital for women may mean to the Medical Missionary candidate, man or woman, considerable gain.

Finally, a study of throat, nose and ear diseases at some special Hospital devoted to that class of affection is of real value, and can often be worked in with the class of practical bacteriology and attendance at an eye Hospital. As in the case of the last-named, if it be possible to obtain a post as junior clinical assistant it will be well to do so, inasmuch as this confers the privilege of performing many of the minor operations and becoming proficient in the technique of the methods of examination. Generally speaking, three months will prove sufficient for this section of post-graduate training.

There are, of course, beyond the foregoing, other branches of Medical practice, *e.g.* skin diseases, which may with great advantage claim a share of the time at disposal provided the question of age does not outweigh other considerations. And it may be that in the place of some of those to which we have specially drawn attention, such other work should be included. However that may be, enough will have been said, we think, to make it apparent that there is ample to occupy the time and energy of the Medical Missionary candidate ere he sails for his destination.

On the other hand he should not undertake more than he can adequately deal with, nor should he allow his time to be frittered away in running from one hospital to another. He should, in the first place, carefully think over his available time, and then by consultation with those best qualified to give advice, map out a scheme of the work that seems most necessary and that can be properly carried through. Having done so, he should as determinedly give himself

to the study of the subjects selected as he did previously to the work of his hospital appointments. The result, by God's help, will then be all that could be desired.

(3) Probationary.—Not much need be said under this heading; but it is necessary to emphasise that the Medical Missionary, during the two years of his probation on the field, and whilst he is pursuing his language studies, should not be severed from contact with Medical work. It is, of course, of highest importance that the primary claim of this period should be language study, and that he should not be placed in charge of Medical stations, or where he will perforce have to respond to the call for Medical help. On the other hand, the young Medical Missionary, if he sees no Medical work, will get "rusty" and hence he should be placed at some station where there is at least one senior Medical Missionary whose work he can watch, from whose experience he can learn, and under whose guidance he can familiarise himself with the diseases of the people, and the most successful modes of treatment. Too often, by being denied such an advantage, Medical Missionaries have suffered in their professional work; and though it may mean delay in opening up fresh Medical stations, the new Medical Missionary should be carefully shielded during his probationary period and given the opportunity to add the coping stone to his professional preparation.

There is also this further point upon which emphasis should be laid, *viz.* the great importance of the young Medical Missionary learning, during this period, to understand local customs and to grasp the indigenous

point of view. None but Medical Missionaries of experience can adequately realise how essential all this is to successful work, but the fact of its immense importance enhances the value of this probationary period of training.

(4) Furlough.—What has been said already concerning the extent and variety of a Medical Missionary's professional training will, we think, make it easy to understand that it is necessary for the period of furlough to be utilised, in part, for the acquisition of fresh knowledge. Medical science is forever advancing, and nothing is easier than for Medical men who are immersed in busy practices in this country to get out of touch with new discoveries. How much more will those who are working as Medical Missionaries in the Foreign Field remain unaware of, and their practice be unaffected by, these advances. They have small time even for perusing Medical journals; and working, as so many of them are, for long periods in isolated places, it is next to impossible for them to do other than get into arrears, so to speak, with their Medical knowledge.

Herein, then, lies the obvious need that part of the furlough of a Medical Missionary should be given up to refreshing his acquaintance with medical science. He should be given time free to attend some Hospital, and to take, if necessary, one or other special course of study which his experience on the field has shown to be of particular importance. Moreover, not only should a sufficiency of time be granted for this purpose, but the Medical Missionary should be afforded all the guidance that can be given by the Medical members

of the Home Committee, and, where required, financial assistance should be rendered. It should in no way be regarded that time and money spent in this way is an expenditure which is of less value than that given to deputation work, great as is the importance of the latter. Rather should it be held that for the Medical Missionary to avail himself fully of every opportunity that is open to him of establishing an up-to-date contact with modern medicine is to make a direct and vital contribution to the efficiency of the great work with which he is entrusted on the field. Facilities are plentiful to-day, in all the main centres in the homeland, whereby Medical Missionaries can obtain " refresher " courses, and it is to be hoped that this part of their post-graduate training will take a recognised place in their furloughs in a far larger measure than hitherto.

II Missionary Training.

We now commence the consideration of an aspect of the Medical Missionary's training which is of first importance, and which, while in no way obscuring the necessity of the former obligation, is yet that which must be kept always in a foremost place. It has already been observed how essential it is that the Medical Missionary should be pre-eminently a Missionary, and that he should never forget that he is called to witness as well as to heal.

Speaking at the Ecumenical Missionary Conference held in New York in 1900, the late Dr. C. F. Harford said :—

" I should assert in the most unhesitating manner

that the Medical Missionary must be every inch a Missionary. It is the one who can aid the body who will have influence on the souls of the patients, and if there is a dissociation between the medical and the spiritual, the primary idea of the Medical Missionary is gone. We want then, as Medical Missionaries, persons of the deepest spiritual power. There is no need of any elaborate theological training, nor need the Medical Missionary be a great preacher, but experience in the sacred privilege of soul winning, and the power and knowledge to point clearly the way to everlasting life, should be regarded as indispensable."

In the same strain the late Dr. Jacob Chamberlain of India spoke at this Conference, using the following words :—

"The idea is confirmed that no man and no woman should assume to be a Medical Missionary without putting the great emphasis on the second word, *i.e.*, Missionary. Anyone who goes out as a Medical Missionary, and does not put the emphasis on the second word, is a misfit in the Missionary ranks."

But now there arises the practical question as to the extent and character of this evangelistic work of the Medical Missionary. Does it mean that to the Medical Missionary will fall all the different forms of missionary labour which attach to the calling of the Evangelistic Missionary? Clearly and emphatically No! To expect one who has to meet responsible and exacting demands of medical and surgical work, coupled, as they often are, with insufficiency of skilled help, to add to his duties the function of a pastor,

a teacher, a preacher, and a general missionary superintendent, is to lay a premium on inefficiency, and insure an early breakdown. To make such an attempt is neither necessary nor expedient. The Medical Missionary must be an evangelist, but his service in that supreme task must not be expected to overstep the limits of his special sphere.

That is to say, the Medical Missionary will, to the utmost, work as a preacher of the Gospel amongst the patients who seek his aid. He will leave no stone unturned to win souls for Christ in his hospital and dispensary, and when engaged elsewhere on his errands of mercy. If, in addition, the Medical Missionary has time for further evangelistic effort, beyond the bounds of Medical work, it will be to him a coveted privilege to redeem such opportunities for the sake of Christ. But if no occasions like that present themselves he need not repine, but rather esteem the more highly the unique opportunities which come to him through his medical work.

One word of caution should, however, be spoken here. The Medical Missionary will be performing a disservice to the whole cause if, in order to do what may appear to be the more spiritual side, he neglects the rightful claims of his medical work.

True, he must never shelve the general supervision of the evangelistic work of his Medical Mission, but if his pressing medical duties forbid his taking part in all the services, if his work as a doctor effectually prevents his taking all the share he would like to do in such work, then the Medical Missionary should regard it as his part to see that others—fellow

Missionaries and native helpers—are redeeming the opportunities which the medical work has opened up and which he can himself utilise so sparingly.

Now if from what has been said we may deduce the general character of the Medical Missionary's evangelistic work, it will be easy to determine wherein he needs to be thoroughly well grounded, and the lines along which his preparation should proceed.

He will require to possess :—

(1) A knowledge of the Bible, (particularly the Gospels and Epistles) and how to use it.
(2) A clear grasp of the fundamental doctrines of the Christian faith.
(3) A knowledge of the evidences of Christianity.
(4) An intelligent acquaintance with the religious beliefs of the people amongst whom he is to labour.
(5) An experience of definite evangelistic work, especially of a personal nature.

There is nothing in this which need alarm any Medical Missionary candidate, nor is there one point which he will not be thankful to have studied when he is brought face to face with his missionary work on the field. In view of that work, the above may be regarded as the minimum of efficient preparation, nor is it more than any well-qualified Christian worker at home should be expected to possess. We are fully aware of the onerous demands upon time and strength which confront medical students of the present day in regard to their professional work, and in no sense of the word would we wish to weaken the close and earnest attention which those preparing for Medical

Missionary work should give to their medical training. The highest skill and widest ability are needed on the Mission Field. But when all that is said and allowed, the imperative necessity for preparedness in relation to what is essentially the supreme purpose of the work must be conceded. To undertake the work of a Medical Missionary, and yet fail to secure an adequate Missionary preparation, would be but to retain a title that would come dangerously near to being a misnomer.

It is therefore of material importance that due consideration should be given to the problem as to how this Missionary preparation of the Medical Missionary can best be secured.

Two possible ways of solving the problem were suggested by the Report of the Fifth Commission of the World Missionary Conference; and, taken together, they would seem to afford sufficient promise of covering the ground. One is what may be called the external, and consists in plans whereby the Medical Mission student can be helped, by organised effort, in the direction desired. The other may be described as the internal, and is that preparation which he can work out for himself. Both are important, and both should find a place in the experience of every Medical Missionary candidate.

To begin with the *first*, the suggestion is made that the Secretaries of Missionary Societies, together with those of the Student Christian Movement and the Missionary Training Institutions, should early get into touch with as many as possible of their medical candidates, and so be in a position to help them by guidance, etc., all through their student days.

Then there is the instruction that is given by the Medical Missionary training institutions to the students preparing under their auspices. This consists both in systematic Biblical instruction and in actual experience in evangelistic mission work.

Taking as an example the training given by the Edinburgh Medical Missionary Society, we find that the students who are prepared under its ægis have first of all yearly courses of lectures on the Bible and associated topics, Christian Doctrine and Evidences, Missionary Methods and Principles, Church History, and the outlines of non-Christian religions. They also have prepared for them a scheme of Bible study which they follow for themselves in daily reading. All this, it will be observed, covers most essential ground. Then, in addition, the students engage in practical evangelistic work in the Cowgate District of Edinburgh, where the Society has, as its mission headquarters, an Institution known as the Livingstone Memorial. Here a resident Doctor is kept, and an active dispensary work carried on, in which the senior students take a large share. Open-air preaching, dispensary services, and all the work of a busy home mission centre give to the embryo Medical Missionaries splendid scope for their training, and many a doctor upon the Mission Field to-day looks back with gratitude upon his " Cowgate " experiences.

The same may be said of the training afforded by the Medical Missionary Association of London. The students accepted by this interdenominational body reside at its hostel and pursue their studies at one of the London Hospitals. The resident Superintendent

of the Association gives the students special theological instruction in the elements of the Christian religion, while they obtain practical evangelistic experience at one or other of the home Medical Missions connected with the Association.

For those students unconnected with any Medical Mission training college, considerable help can be derived from the Bible Study Circles organised by the Hospital Christian Union at their Medical Schools. Emphasis should also be placed upon the importance of definite denominational work in connection with the Church to which any intending Medical Missionary may belong, so far as the limitations of time permit.

Then in the *second* place there is the preparation that the student can effect for himself. This is of paramount importance, because the more he schools himself to habits of personal devotion, Bible study and Christian service, the more will he lessen the risk of sinking the missionary in the medical, and the stronger will he become as a seasoned soldier of Jesus Christ.

It will be readily realised that the temptations to faith and character to which a Christian medical student is subjected are often acute ; the temptations go very frequently right to the foundation. These testing experiences cannot be shirked, however, and the Medical Missionary student must wrestle with them and become victorious. Otherwise he will stand no chance when he faces yet greater odds on the field. The Mission Field has no room for those who are assailed with doubts that have never been faced and overcome.

We would therefore urge, with great earnestness, the importance of every student cultivating a life of

private devotion, Bible study and prayer, and maintaining regular attendance at the services of the House of God. Beyond this it seems to us most important that when opportunities offer for evangelistic work in the open air and in Mission Halls on Sundays, these should be seized, as well as any openings for personal work amongst fellow-students, and with patients in the wards. There is nothing that so keeps a man's faith and love true and bright, as personal service for the Christ who has redeemed him. And if all through his student days this aspect of his Missionary preparation is regularly maintained, there will be no fear that the Medical Missionary student will come to his field of work other than well prepared for a life of loving, successful testimony for His Lord.

There is always a terrible danger of spiritual declension during student and post-graduate days, and the imperative necessity of maintaining, at all costs, the habits of personal devotion and regular Christian work, to which we have alluded, is very great. Pathetic examples could be given of quite a number of intending Medical Missionaries who have suffered spiritual shipwreck during their student career. In instance after instance, it is feared, the lapse has had its origin in a neglect of private devotions, in a failure to cultivate the inner Christian life. The "morning watch" has been omitted or slurred, the "daily portion" has been crowded out, and the pressure of other claims has been allowed to invade the time that should have been kept sacred for the soul. We, therefore, plead that Medical Missionary students should keep zealous guard over their spiritual life, and

so school themselves to regular habits in this connection that by the help of the Holy Spirit they shall come off victorious.

The question as to whether Missionary Societies should make provision for their accepted medical candidates to devote a certain period, before sailing, to a course of special preparation at a Missionary college or training home, depends upon the necessities of each case. If such a course be arranged with the idea that it might take the place of Missionary preparation of the kind described above, during student days, we would most strongly deprecate it. Nothing can take the place of the early and systematic association of the medical and the missionary in the life, thought, and work of the one whose purpose it is to devote his life to this service. At the same time there are, without doubt, occasions where the addition of a course of special Missionary study, after graduation, is of the highest advantage, and is, indeed, necessary. It should certainly be insisted upon whenever there is any suspicion of missionary unpreparedness on the part of the Medical Missionary candidate ; and if there be any difficulty in fitting in a course at some special college, an excellent alternative is to be found in a time of reading and evangelistic work with some master mind in the ranks of the home ministry.

The Church Missionary Society has established a finely-conceived scheme for the combined Missionary preparation and post-graduate study of their accepted Medical Missionaries. It covers a period equivalent to three terms. In the first term, Missionaries elect reside in a C.M.S. Hostel, half-time is devoted to post-

graduate study at special clinics, and the other half to Missionary preparation. In the second term, the whole time is given to post-graduate work, *e.g.*, a course of study in tropical medicine. The new Missionary is, however, kept in touch with the Missionary atmosphere through residence in the Hostel. In the third term, the whole time is given to Missionary preparation, after which the recruits sail for the Field. This final period of Missionary preparation includes Bible study, outlines of theology, practical evangelistic work in home Medical Missions, etc., phonetics, language study, and methods of approach to those of non-Christian religions.

The lecture courses arranged by the Board of Study for the Preparation of Missionaries are a further means of giving to the intending Missionary most valuable assistance. Vacation courses are planned by the Board each year, and offer instruction that is a gain both to the new recruit and to the Missionary on furlough. In term time, the lectures, which are arranged by the Board in London, are held at hours which admit of candidates attending the lectures in conjunction with other post-graduate work. Another aspect of preparation is that of phonetics and language study. This is now possible at the School of Oriental Studies in London, and many a new Missionary can derive great value from a course of preliminary study at this School in the language of his future Field. In view of the difficulty that is often experienced in securing sufficient time for the study of the language on the Field, it is to be hoped that they will not be sent out in future without a course of this kind.

XVI

THE HOME BASE

"Aim determines achievement."

IT is fitting that one of the closing chapters of this book should be concerned with an inquiry into the home end of the Medical Missionary enterprise. The more the work of Medical Missions becomes revealed as an agency of supreme worth in the spread of the Gospel, the more are we obliged to consider how best we can secure for it the most efficient administration and the most liberal support. The issues that have challenged our sense of Christian duty as we have traversed the ground covered in previous chapters, have been too serious to admit of evasion or postponement. Here certainly was to be heard the plainest of plain calls for resolute thinking and prompt acting. There is a summons for help that brooks no delay. How shall we respond, and that most effectually?

There are certain important considerations which at once demand attention. The first is that the Medical Missionary enterprise is a form of Missionary activity which raises special problems because of its dual nature. The distinctive combination of professional and Missionary aims which it presents calls for peculiar care in dealing with it, and obviously requires an administration at home which is prepared to take cognizance of that fact.

In the next place it is a phase of the whole

Missionary endeavour which possesses an attraction and an appeal beyond the ordinary. The sheer humanity of it is one of its unique charms. There is a fascination about it which is capable of arousing a deep enthusiasm. There are chords in the heart that Medical Missions can touch when other Missionary appeals seem to fail, and there is a logic about this service which stirs the mind as well as moves the heart. Who shall say that when Medical Missions make this appeal they are not discharging a real spiritual service toward those to whom the appeal is made? Is it not true that when men and women are drawn into sympathy with such a work as this the best in them is touched, and that, consciously or unconsciously, they are led nearer to the Lord in whose Name the appeal is addressed to them?

A third consideration is this, that Medical Missions cannot be properly supported apart from special giving. This may sound strange at first, but experience has shown the truth of the statement. To attempt to carry on a fully organised Medical Mission in dependence upon the ordinary grants that the straitened funds of a Mission Society allow, means either a breakdown in the staff or inefficiency in the work. The work cannot be done as it should be done without special contributions for this purpose.

These three considerations indicate the sort of Home Base that the work of Medical Missions may rightly claim as its due.

First.—*A special administration is required for the organisation of the Medical work undertaken by Missionary Societies.*

This particular administration of Mission Hospital work can be effected in more than one way; but there are many who think that the policy of having a Medical Mission Committee with a Medical Secretary is one of the most successful and efficient methods of attaining the end in view. Such a Committee can make a special study of Medical Missions and apply the knowledge thus obtained to the work committed to their charge. From the standpoint of the staff on the Field, this Committee can be regarded as an assurance that there will be no overlooking of matters that are vital to the success of the work; from the standpoint of the Society and Church at home, it will be a guarantee of wise policy in the maintenance and development of Medical Missions.

It is, of course, essential that a Committee of this kind should include representatives of the medical and nursing professions. Not that the Committee is a professional one, but that the counsel of Christian doctors and nurses is so valuable in a work of this order. Seeing that there is now a British Advisory Board on Medical Missions appointed by the Conference of British Missionary Societies, and including in its membership a number of leading doctors in full sympathy with Medical Missions, it may be anticipated that the Medical Committee of any society would not find it difficult to secure for its own purposes a quota of Christian medical men and women.

The advantage of having a Medical Secretary is held by many to be of real importance. Substantial reasons are advanced to support the inclusion of a doctor in the Executive of a Mission House, quite apart from the appointment of a Medical Committee;

and if Medical Missions are to receive that specialised attention which we have seen they call for, it is difficult to see how that can be ensured without a Medical Secretary, appointed, if possible, on a whole-time basis.

Second.—*A special advocacy of Medical Missionary work is essential.*

In general terms this will be agreed to; and some surprise may be felt that we should think it necessary to set forth the conclusion in this emphatic way. What, however, we have in mind is not an advocacy which is purely general in its reference and which simply includes Medical Missions amongst other forms of Missionary activity. By special advocacy we mean a presentation of Medical Missions as a separate phase of Missionary service, at times and to gatherings which are definitely arranged for the purpose.

There are two points that need to be recognised in this connection. The first is the obvious opportunity that Medical Missionary work presents for securing an interest amongst many professing Christian people who are only nominally interested in Missions. We may wish that they were whole-hearted in their interests, but common observation compels the admission that there is a large unreached constituency of people of this kind in the Home Churches. To interest them in Medical work on the Mission Field means the opening of a new window in their minds toward the whole Missionary enterprise; it creates a new interest, and while gaining them at first on the medical side, a process is started which may lead to that larger recognition of the work of Missions which we desire that they should gain. To say that all this

can be brought about without specialising in Medical Mission propaganda is against the facts of experience and contrary to what we might expect would occur.

In the second place, in Medical Missions we have abundant wealth of material with which to interest and inform the Church at home, and it is only right that there should be special opportunities for making use of it. A work like this is not an extra, or by-product of Missions. The Way of the Doctor is too large and too worthy to be put off with a merely general presentation; it deserves better than to be advocated in "compressed tablet" fashion, leaving people with altogether inadequate views of the work of Mission Hospitals. For the sake of the enterprise itself, room should be found for a special advocacy of Medical Missions upon which can be built up that fuller and more intelligent grasp of the subject which is vital to the future.

We plead, therefore, that encouragement should be given to the policy of having special gatherings for the consideration of Medical Missions, at which speakers would deal specifically with this department of the work; and also for the issue of special literature dealing with the subject. There is no reason to doubt that if this were done by Societies, either separately or in co-operation, valuable reinforcement would be gained for the whole cause of Missionary interest in the Home Church. This, we believe, would be the unvarying testimony of those Societies which have already established Medical Auxiliaries or Departments. If Medical Missions are to be furthered and their possibilities brought within realisation, the

method here advocated would seem to be an essential condition.

Third.—*Special funds are required for the maintenance of Medical Missionary work.*

We touch here upon controversial ground, for there is a considerable body of opinion in Missionary Society circles which is opposed to the policy of special funds. It is argued that such funds are apt to divert, quite as much as to increase, Missionary income. The point is made that the appeal of a special fund is prone to confuse and irritate the constituency in the Churches, and that it may easily lead to competitive activity in the work of collecting.

We admit the reality of these dangers and the force of the criticisms that may thus be made against a special Medical Mission Fund. When, however, every allowance has been made for its possible disadvantages we are still left with the firm belief that the policy of raising such a fund is strongly based and wisely conceived.

To begin with, a Medical Mission Fund affords a security for that support for Mission Hospitals which, as we have seen, their work requires. Granted that the appeal is well made and the work of Medical Missions set forth as it should be, there is small reason to doubt that sufficient money will be obtained, especially if it be understood that the proper maintenance of the medical work depends upon this Fund.

In the next place, a Medical Mission Fund provides the channel along which the interest aroused in Medical Missions, as a result of the distinctive advocacy, can express itself. It is, indeed, the natural corollary

of the special presentation, and it may be fairly argued that the one would be stultified without the other.

In the third place, a Medical Mission Fund does result in a good deal of new money being secured. This is the voice of experience, and the testimony of actual fact. The Medical Auxiliaries that have been organised in connection with some Societies have proved by their record that the possibility of obtaining additional—not diverted—funds is no figment of the imagination. The new call has elicited a fresh response. Further even than this, it has been shown that the launch of a Medical Auxiliary has reacted in a stimulating way upon the General Fund. An increase has taken place in the older Fund which has been greater than the increase in the Medical Fund itself. Is it too much to suppose that this addition to the Main Fund is one of the results following upon a fuller recognition of our Lord's purpose in the carrying on of His work?

Human nature, even Christian human nature, has its weaknesses! Many people do not give until they are approached, and to a very large number the appeal of a special fund results in more than would be secured if there were no appeal for such special help.

Yet again, a Medical Mission Fund affords Societies the opportunity of interpreting the need of one part of their work in terms of an appeal which touches humanitarian as well as purely Missionary interest. The existence of such a Fund challenges, in a direct way, the men and women in our Churches who, for one reason or another, do not subscribe to Missions. They are often strong advocates of philanthropic causes, and

are touched by the thought of suffering. A Fund like this affords an admirable opportunity of pleading for, and gaining, their co-operation in Medical Missionary effort.

One final point in favour of a Medical Mission Fund is that in view of the special ways in which money has to be expended in Medical Missionary work, it is preferable for the Funds employed in such work to be obtained, and spent, apart from the general funds of Missionary Societies. The latter are in the main given by people who do not actually have Hospital work in their minds when they give their missionary subscriptions. They might, indeed, be surprised if they thought that any considerable proportion of their money was to be devoted to such a purpose. It therefore puts things in a clearer light when there is a separate Fund for Medical Missions. Furthermore, the general funds at the disposal of a Missionary Society ought to be regarded as primarily intended for the work of Missionaries sent out for preaching and teaching. If, however, Medical Mission work as well has to be supported out of these funds, there is an obvious danger that the special and obviously necessary work done by the doctors and nurses may absorb contributions which should be used in other ways. The temptation is a real one, and is met by the operation of a special fund.

We submit that the foregoing points give the advocate of a special fund for Medical Missions most ample ground for his appeal. Experience and reason unite together in the support of such a policy.

It must not be thought, however, that a special fund of this sort involves a competitive organisation

with any other department of a Society, or that the establishment of a Medical Mission Fund must of necessity mean a duplication of administrative machinery. Anything that might work in either of these directions in the affairs of a Missionary Society is to be strongly deprecated. A Medical Mission Fund can be dealt with in the Finance Department which deals with all the other financial business of a Society, and it can be so conducted that, while it records the monies received and expended on account of medical work, it recognizes that that work is a part of the whole, and not a separate entity.

We have thus sought to sketch what seems to be the kind of Home Base organisation which the Societies may find most effectual in providing what is required to carry on their medical work. There are, of course, many other details of Home Base work to which no allusion has been made, but sufficient will have been said, we hope, to give a correct idea of the organisation and fund we have in mind. May it not be claimed that the carrying forward of a Medical Missionary propaganda of this kind would bring a blessing not only to the particular work concerned, but to the whole work of a Society? It is to be hoped that in the "urge" for unification in Missionary organisations which has been manifested in some quarters of late, there will be no sinking of the identity and utility or the Medical Mission appeal. It may also be asked whether the time has not come when a closer co-operation than prevails at present might be established between the Medical Mission Departments of the different Societies.

XVII

WHEN IS THE DOCTOR COMING?

"The parting message of a Chinese Student lives in my memory. We were saying goodbye ere leaving. 'Have you any word for me to carry home to our friends in England?' I asked. With quiet earnestness came the reply, '*Shoe ch chin Ren*'—'Spend all to Save.'"

DR. G. WHITFIELD GUINNESS of China, C.I.M.

I HAD written the above title for this closing chapter, and was intending to add a final appeal for Medical Missions, when there came over me a feeling of sheer inability to convey a tithe of what it means to need a doctor and to want in vain. I laid down my pen and leaned back in my study chair. "*When is the Doctor Coming?*" . . . What could I say that would bring home the reality? My mind began to dream, and as I mused there rose before me a picture of a distant scene. It became familiar as the door of memory swung open. And this is what I saw.

It was the gate of a Mission Compound in North China, at a small town on the Yellow River. My friend, Dr. A. C. Ingle, and I were on a visit to that Mission Field, and were being greeted by a group of the Elders of the Chinese Church. But there in the midst of the scene was a peasant woman, and she was blind. She had been led close to us, and her story was being interpreted. Blind for many years! Blind, and seeking light! And in the wide stretch of thickly populated country where she lived, not one single doctor!

We looked into those sightless eyes, and saw that it was a case of cataract—something that seemed curable by an operation. Those eyes might see again if only a doctor were there long enough to do it and had the Hospital in which it might be done. And because those conditions could not be met we had, with aching hearts, to see her turn back toward her village home, blind still.

How it all came back to me! Those blind eyes; that sad old face; that disappointed hope; that longing that could not be suppressed—to see once more! How easy it was to understand it all, and how overwhelming to think that this poor sufferer was but one of a crowd of many!

"*When is the Doctor Coming?*" Yes, this was what it meant!

Once again memory became active, and before me I saw a letter that had arrived not long since from a lonely Nursing Sister who was "holding the fort" at a distant Mission Station in Inland China. She was doing her best, bravely, uncomplainingly; but she was not a doctor, and upon her heart there rested the intolerable burden of suffering people whom she could not heal, but whom a doctor could relieve. Where was he? Would he never come? In vivid phrases she referred to the condition of some of the patients who sought her help.

"One man brought his wife, who had a malignant disease of the mouth. This is a case for a doctor, but alas, there is no doctor here. . . . They have walked a hundred *li* (over thirty miles) to get here,

only to find that the help they need is not to be obtained. Palliative treatment is given, but they return home disappointed and hopeless!"

"It is a cold winter morning. An old man comes in, with one hand bound up in filthy rags. The rags off, a large open wound on the thumb is laid bare. The bone is exposed and necrosed. He tells us that the pain is terrible, and pleads that we will help him. He is told that it will want the skill of the doctor, and that there is no doctor here."

"Men, women and children come in with bad eyes. Some can be cured, but many need operative treatment. These are told that they must wait. They ask how long. We tell them we do not know, but we feel that unless it is soon, some of them will be blind."

"*When is the Doctor Coming?*" How infinite the pathos that lies behind those words when they stand out against such a background of human sorrow and suffering!

"And still the people waited there
The blind, the halt, the lame;
And still the messages were sent,
And yet no doctor came.

"And so the days passed into months,
And months passed into years,
None came to heal their sicknesses,
None seemed to heed their tears."

My mind ceased to wander. This was a case for action, not for dreams. These were facts to be proclaimed upon the housetops, not thought about in a comfortable arm-chair. Here was something that stirred all the chivalry of one's nature and summoned one to be up and doing. "And yet no doctor came!" The words seemed to pursue one, and refused to be silent. I thought back over some of the ground that we have sought to traverse in previous chapters. It was not just a few pathetic cases of suffering which made an instant appeal to the emotional side of one's nature; that was touched, and rightly so, but back of the pathos there was hard fact, stubborn fact, fact which would not let one go.

Another word began to sound in my ears, a word that appealed to my conscience and demanded to be heard. *Preventable!* No word could so well fit the case. This welter of human suffering, this challenge of abiding pain, of unfettered disease and unhindered death, was so largely *preventable.* What else is the outcome of the evidence which these pages have laid before us? It was not the unfolding of a sorrow that simply could not be helped and therefore had to be endured. It was something *that could be helped* to a very great extent, *that might be prevented.*

But if preventable, why not prevented? It was impossible to allow one's thoughts to run along such lines without realising that something had gone wrong. Knowledge and skill sufficient to stem this tide of unrelieved human anguish, this flood of preventable suffering, was available in abundance. That could not be denied. But instead of being looked upon as

a trust, it was being regarded as a possession. While the people that had it could rejoice in the benefits of their heritage, the people who had not got it must suffer! Was that the Divine intention? It could not be, for God has no favourites. His plan was never that! The rule of His Kingdom is nothing less than "Freely ye have received, freely give."

Christian discipleship involves trusteeship, and the existence of so much preventable suffering implies a failure in our trusteeship. We have been trusted to pass it on, and we have kept it back! We have proved wanting in an elemental virtue. We have not played the part of the Good Samaritan, and these other members of the great human family have had to pay the cost of our forgotten Trust!

There is no getting away from that argument. With such a challenge before the Christian world, can it be true that doctors are still lacking?

No, thank God, trebly no! There are young volunteers willing to go, offering to be sent. For the honour of their profession, and above all for the sake of the Name, there are a number of young doctors and nurses not only willing, but eager, to go forth as servants of the Christ. Some of them are in training, others just thinking of starting, and a few have already got through their course of study and are practically ready to go. "God wills it," is upon their banners, and the light of a holy zeal burns in their eyes. Some of them are the sons and daughters of the Manse and of the Missionary home. Behind them lies a great tradition. Before them is blazed the trail of unstinted

service. They have seen the vision. They are ready with their lives.

But how are they to be sent? That was the inevitable challenge that rose in turn to demand an answer. Those distant places from which the call came, and where the peoples have waited still in pain, need wait no longer if these young recruits can be sent. Is the Church ready to send them? Are those who cannot go themselves willing to send a substitute, willing to give of their substance whilst others give of their lives?

Thank God for the fact that many are doing this, freely, gladly doing it. For the love of the Christ, choice souls here and there, in Church after Church, are rallying to the standard of Medical Missions, and subscribing to the Medical Funds of their Societies. The widow's mite and the gifts of the rich are mingling in this part of the Lord's Treasury. Doctors, Nurses and Hospitals are being supported, and this enterprise of two-fold healing is being furthered in many a needy spot on the great Mission Field. It is blessed and comforting to realise that much, very much, is being done.

Yet still it has to be confessed so many places are waiting, waiting for the doctor. When will he be sent? When will those volunteers be sped on their way?

You who read these pages, will you not take your share in the response that is needed? Perhaps you can give some substantial offering that will enable your Society to do more in Medical Missions. Perhaps you can give some smaller gift that will encourage

others to do the same in your Church and circle. Perhaps you can pass on the message of the clamant need by voice or pen, so that others may know of it. Perhaps you can help by stimulating and organising Medical Missionary interest in your church or district. Will you not do something, nay, will you not do your best ? If you do not know what you should do, ask the Lord, who understands your capabilities better than you do, to show you what *He* would have you do, and to give you the courage and earnestness to do it.

It is on the note of intercession that we would write our closing words. However much we may be limited in other directions, we are not limited here. To each of us is given the glorious privilege of joining in the concert of intercession that reaches the Throne. Let us not fail in that supreme act of devotion. The hard-pressed workers in far places need this beyond all else, and they plead for it. The Lord Himself waits for it. Let us make it the crown of all our service and the spring of all our giving as we seek to follow the Master in the Way which, while on earth, He daily trod—the way of ministering to the bodies and the souls of those for whom, in the end, He gave His life.

APPENDIX

Instances of the Treatment of Ignorant Quack Doctors.

1. " *Hedgehog.*"

A POOR young fellow was brought to a men's hospital in China literally full of " spikes " and needles. We called him " Hedgehog." He had had Diphtheria, and his friends still believed in needling ! A needle was sticking out on both sides of the lower angle of the jaw, and another in the middle of the abdomen. He had been ill for six or seven days, and was practically gone.

Another patient suffered from Colic, and had had dirty needles stuck in both his hands, causing a serious inflammation.

2. *Needling for Ulcers.*

A girl of ten years of age in China suffered from Ulcers due to footbinding. These were treated by " needling," which was followed by gangrene of both legs, and several patches of gangrene of one of the thighs. One foot literally dropped off just after she was brought to hospital. To save the life, both legs had to be amputated below the knees !

3. *Needling for Typhoid Fever.*

A young man who was a theological student in China was taken ill with Typhoid Fever and admitted to a Mission Hospital. His uncle, a " Native doctor," visited him one day, and not caring for the treatment employed by the Missionary doctor, obtained his nephew's permission to carry out a little operation

of his own. When observing eyes were absent from the ward he took out a dirty needle and " needled " the patient in three places in the abdomen. Three days later acute peritonitis set in, and on the fourth day the young man was dead ! Typhoid Fever is found all over China, and this is often the only " treatment."

4. *A Plaster for a Discharging Wound.*

A common " treatment " in China is to apply a sort of tarry preparation spread on paper to conditions like a discharging wound. The " plaster " prevents the discharge of the pus and causes it to burrow, resulting in the extension of the original lesion when simple drainage might have been sufficient to lead to a cure.

5. *A Plaster for Tumour of the Jaw.*

A young wife of a Chinese official became the subject of a small Tumour of the Jaw, and a " Native doctor " applied a " plaster." This was made up of earth with some gelatinous material, etc., and was altogether filthy. The " treatment " was kept up for some time, and three months later, when the poor patient was brought to a Mission Hospital, the tumour was broken down and Tetanus (lock-jaw) was just commencing. In a few days death ensued. Terrible sores result again and again from these plasters, and these end all too frequently in pitiable suffering and death.

6. *For Eye Trouble.*

The Eyelids of sufferers in China have been fastened back over the eyebrows by means of needles and plastered over with mud !

7. *A Priest Doctor's " cure " for Neuralgia.*

One day an Indian Evangelist in the Khond Hills of India, while in a village, saw a priest doctor at work,

A man of the village, troubled by Neuralgia, went to the house of the priest to seek his aid. The priest told him to wait till he had inquired of the village god. Then going to the back of the house he sat down before the three stones sacred to the village god, and there he seemed by muttered invocation to ask the will of the god; but really he sought with his hand till he found two small beetles in the dust. Secreting them in his mouth he returned and announced that the god had revealed the cause of the trouble, whereupon he seized the patient by the shoulders, bit him savagely in the back of his neck, and sucking at the wound spat out the two beetles on the ground, declaring that those creatures had been inside the man's head and caused all the pain. So the sufferer went home cured!

8. *Cow-dung for Dog Bite.*

A little girl about five years old in Central India was bitten on the leg by a dog. The wound was plastered with cow-dung and wrapped in filthy rags. When these were removed and the leg carefully washed, a terrible septic wound was disclosed. It was feared that amputation might have to be performed, but after weeks of treatment the wound healed.

9. *Opium for Sick Children.*

A common practice in India is to give Opium to babies to quiet them. One child of eighteen months was given an overdose and brought to a Mission Hospital in a comatose condition. It meant hours of continuous treatment before the little life was saved, and many others die as a result of this terrible custom.

10. *Black Ashes for a Compound Fracture.*

A boy of nine was brought to a Women's Hospital in

North India with a Compound Fracture of the right arm. A plaster of black ashes was bound on the part with dirty rags, under which was a suppurating wound, with the broken ends of bone protruding from the wound ! Two peacock's feathers had been tied around his wrist to hasten recovery.

11. *The Treatment of a Village Exorcist.*

In instances where a swelling is persistent amongst aboriginal tribes in India the village exorcist is called in, and he often makes cuts in the affected limb, in addition to ordering the sacrifice of some animal, which latter is to appease the angry spirit who has caused the complaint !

12. *Cold Air for Pneumonia.*

The mothers in Congo are so ignorant and foolish that they will bring a baby in high fever, and perhaps with acute Pneumonia, straight out from a hot home into damp, chilly, night air, and then, after exposing it perfectly naked, wash it in cold water, and expect it to recover.

13. *Pepper for Babies.*

A baby in Congo with a spasm or any illness causing unconsciousness has a strong pepper solution poured into its nostrils and eyes, and is given to drink other medicines made from herbs, which often cause serious injury to the internal organs.