

WORLD DOMINION

The World Dominion Movement advocates Informed Continuous Co-ordinated Evangelism to reach everyone at home and abroad. Its basis is belief in the Deity and Atoning Death of the Lord Jesus Christ, the World's Only Saviour, and in the Final Authority of Holy Scripture.

Editor: THOMAS COCHRANE.

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to missionaries. Only thirty or forty years ago Hunan was the centre from which blasphemy and hateful literature, with vile illustrations, emanated. To-day this Christian work is independent of any foreign missionary society.

Medical Progress in China And the Function of Mission Hospitals

THOMAS GILLISON

IT has been my privilege for over fifty years to watch with growing interest and satisfaction the steady advance made by China in the introduction of many modern amenities.

Among the many educational and scientific advances that have been made, modern medicine has not lagged behind.* Fifty years ago the medical treatment of this vast population was almost wholly in the hands of men who had no scientific training, no knowledge of anatomy, or of the circulation of the blood, so that surgery was out of the question, and superstition and age-long prejudice, especially among the ignorant portion of the population, were (and still are) hindrances to be dealt with.

What, however, is the state of things to-day? The Government in Nanking has an active and efficient Ministry of Public Health, with branches under modern-trained men in the provincial capitals. It is their duty to promote hygienic measures in their several districts, such as the annual vaccination in schools, colleges and other institutions against smallpox; anti-cholera inoculations; improved water supply and drainage in large cities. Emphasis is laid on physical drill for boys and girls; literature is prepared giving information as to how dysentery, malaria, trachoma, etc., are spread, and in school text-books simple health maxims are included, all of which have an enlightening effect.

The number of modern-trained Chinese physicians and

* In our next number we hope to publish an article, by Dr. Bernard Read, on 'Chinese Medical Literature.'

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surgeons—not a few being specialists—is steadily on the increase. I quote Dr. Wu Lien-teh (of international fame for his plague prevention work in Manchuria) as saying, 'The Republic of China may now claim to have at least 400 modern hospitals, 15,000 modern medical practitioners, and over 30 medical colleges.' These latter, of course, imply the translation of up-to-date medical text-books into the Chinese language, as well as original works in Chinese by the teachers themselves.

Another *sine qua non*, for any true medical advance, is an efficient nursing staff. Such was not in existence forty years ago—or even later. To-day there are Government nursing schools and nurses. The figures for these I have not to hand, but it will give some idea if I quote the figures for the missionary side of the work. There are 1,329 graduate nurses working in the mission hospitals, of whom 271 are foreigners, 1,057 are Chinese and one is a Korean. Attached to the hospitals are 134 nursing schools, of which 116 are registered with the Nurses' Association of China. Nurse pupils number 3,751. (October, 1935.)

Many other evidences of advance might be given, but time and space forbid. There falls, however, to be mentioned the formation in 1932 of the Chinese Medical Association. This was formed by the amalgamation of the National Medical Association of China and the China Medical Missionary Association, and the journals of these respective Associations were merged in the *Chinese Medical Journal*, which is now the official organ of the medical profession in China, while the Chinese Medical Association is practically the equivalent of the British Medical Association in Britain. This Association is international in its composition though, of course, the Chinese are the predominant partners. It has both a unifying and an elevating effect and is an efficient medium between the medical profession and the Chinese Government.

It will be agreed that with these radical changes taking place throughout this land, mission hospitals and medical mission policy, in order to be of the greatest use, must adapt themselves to the changing circumstances. In the midst of

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all this advance mission hospitals have not been standing still. We have to-day in China—especially in some of the larger cities—hospitals, whose buildings, equipment, staff (medical and nursing), work undertaken, and results obtained, would compare favourably with many of our home hospitals. We have already said that these are chiefly in the large cities, for the simple reason that such high-class institutions are expensive to run and can only exist in cities where wealthy patients can afford the high fees which are necessary to pay for salaries, equipment, etc.

What about our country hospitals? It is estimated that some seventy-five per cent. of the population in China is rural. The problem, therefore, is first a financial one, for most of these country folk cannot pay ordinary hospital fees. Furthermore, floods and famine are for ever driving the poorest into the large cities in hundreds of thousands, seeking work which they generally do not find. Those who live on the border line of poverty in this land form a vast multitude, and when disease comes their condition is pitiable indeed, as I can testify personally from long experience.

Dr. James L. Maxwell, in a paper read at the missionary session of the Association Conference held in Canton last November, speaking of the old-time mission hospitals in China, says, 'We cannot go back to the earlier days, and we would not if we could, but the question has to be faced whether what we call our efficiency of to-day may not have been bought at too high a price—namely that of being able to give a less and a decreasing amount of help to those who need it most, those least able to afford the increasing cost of modern hospitals, . . . and whether the earlier hospitals were not more efficient in dealing with the common illnesses of a poverty-stricken people. I am not prepared to answer the question myself, but I am absolutely clear that such a question requires a plain and unequivocal reply.'

In view of the vastness of the need and of the inadequacy of home grants, fees, etc., to meet that need, some form of fresh adaptation is clearly called for, and the co-operative friendliness of the Chinese Government opens up vistas of progressive usefulness along new lines. Some of these are

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already being tried here and there by one mission or another, but it may be helpful if we attempt, though somewhat sketchily, to tabulate them below. The call is for co-operation, and for co-operation of many kinds.

1. *Co-operation Between Missions.*

(1) In large cities, the more expensive type of institution should, where possible, be a *union* hospital, so as to secure an adequate foreign staff; one mission supplying a physician, another a surgeon, another an eye specialist, besides a technician and foreign nursing staff. The salaries of the Chinese staff and the running expenses can usually be met out of fees and subscriptions received locally. Needless to say, medical and pharmacy schools and institutes for hospital technicians should be union concerns.

(2) For the sake of economy, missions should unite in some kind of central agency for the purchase of drugs, hospital equipment, etc.

(3) Concerning country hospitals, missions should consult with each other so that not only should there be no overlapping, but hospitals should be planted with regard to the needs of a fairly wide area as a whole.

(4) A method that has been tried in Honan is for doctors of different missions in a given area to go on circuit from station to station, one being a surgeon, one an obstetrician, another an eye specialist and so on, a method which is particularly valuable in the equipment and post-graduate training of their doctors.

2. *Co-operation with Local Chinese Business Men and Others.*

The incorporation of local Chinese business men on hospital Boards of Management is becoming increasingly common and is valuable from several points of view. It gives not only Christian business men, but others of goodwill, an insight into the working of this form of Christian philanthropy and also a personal interest in its problems and their solution. It calls out their latent sympathy and is an important link between the hospital and the general community. The advice of such men is not only valuable in the matter of raising funds, but in many other ways as well. Looking to the future years, when the management will naturally pass into Chinese hands, this period of co-operation is a valuable experience, but to be effective such Boards must have real, not merely nominal, control.

3. *Co-operation with Chinese Government Authorities.*

This is a vital and perhaps the most important part of our subject, needing consideration under several headings:—

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(1) *Co-operation in preventive medicine, hygiene, etc.*—From the minutes of the Council on Medical Missions we cull the following. After stating that having consulted with the National Health Administration in Nanking as to co-operation in preventive and rural work, it was deemed essential that someone should be set aside who could give his time to the work. Dr. E. H. Hume was appointed and was officially recognized by the authorities in Nanking. Dr. Hume has been working hard, consulting with missionaries, trying to solve problems that have already risen or are likely to arise.

The minutes go on to say :

‘The National Health Administration has made it plain that it would welcome co-operation with the mission hospitals in the national health programme without interfering in any way with the Christian teaching and Christian ministration of the mission institutions. . . . This is a great opportunity which may, if missed, result in stagnation and suffocation of much of our work, but which, if taken at the flood, will bring forth more glorious opportunities of wide service for God, and for the people of China.’

The experiment has been made in more than one province in China, but I have only space for one example. It is from Chang Teh in Hunan. Dr. Tootell reports :

‘Definite public health participation started early in the year when the epidemic of meningitis broke out in the city. We became the treatment centre for all cases, and our city dispensary was used by the provincial Public Health doctors for a diagnosis centre. All city public bodies united to send the suspected cases in, and all fees for treatment were borne by the provincial and county authorities.’

(2) *Co-operation in Rural Medical Centres.*—This is perhaps the most difficult part of the problem which both the Chinese Government and the missionary societies have to face. The difficulties are twofold, i.e., finance and personnel. The number of centres required to meet the needs of, say, 250,000,000 people is very great and there is but slender hope of those local centres being able or willing to raise the requisite funds. Missionary societies also, unless their incomes greatly increase, are quite unequal to this demand. Then there is the question of personnel which is almost equally difficult, for even if the funds were found, how many would respond to the call, ‘Who will go for us?’

One method suggested has been that the large city hospitals should open branch hospitals or dispensaries radiating, under their control, in various directions. This

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has been done with marked success in Neyoor, South India. There is much to be said in favour of such a scheme and it would be a step in the right direction, but there might be difficulty in securing the requisite number of Chinese graduates, willing to take charge of these rural branches. The tendency is for recently qualified men either to set up in private practice for themselves or to obtain positions in one of the large city hospitals where they will get, not only larger salaries, but greater clinical experience.

Is there no solution then for this vital problem? The Chinese Government proposes to solve the medical side of it by the adoption of State medicine as part of its national policy. Dr. F. C. Yen quotes the Government as saying, 'State medicine is the only policy to effect medical protection for the mass of the population in an efficient manner.' The idea is to have a rural sub-station for every five thousand to ten thousand of the population, and a district health station for every five or ten sub-stations. We cannot here give further details, but surely this would be a great opportunity for mission hospitals in county towns to co-operate with the Government in a widely beneficent enterprise. It is also a glorious opportunity for the Chinese Christian Church to impress on Christian medical graduates the value of such work in the spread of the Gospel in their native land, and the nobility and privilege of being home missionaries in the needy places. 'May God give us many such men' is our hope and prayer.

The New Day in India

The Christian Church in India is facing one of the greatest missionary movements in history. An important and urgent public meeting, under the auspices of the missionary societies working in India, will be held in the Central Hall, Westminster, on Thursday, 8th October, 1936, at 7.30 p.m. (Music and singing by the Maranatha Choir from Mildmay at 7.0 p.m.) His Grace the Archbishop of Canterbury will preside, and Bishop J. W. Pickett, D.D., will speak on the significance of the mass movements. Reserved tickets (2s. and 1s.) should be applied for at once to: The Hon. Secretary, Rev. W. H. Pratt, Mildmay Conference Centre, London, N.1.