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A glimpse of the mountains near Kulung in the province of Kiangsi. The picture shows a mountain chair with four bearers.—From China and the Gospel.

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Medical Missionary
Battle Creek, Mich.
EDITORIAL

A MOST IMPORTANT CONFERENCE of leaders in the missionary cause was held in New York City on January 29 and 30, 1908.

It was the annual gathering of the secretaries and other officials of the various missionary societies in the United States and Canada, nearly fifty societies being represented. These gatherings have generally been held in New York City, but the last was convened in Philadelphia, and the one in 1906 in the city of Nashville, Tenn.

Perhaps the most striking feature about this conference was the spirit of oneness and unity of the various denominations, and a general spirit of rejoicing over this fact was most manifest. One hardly expected to hear such earnest, almost radical expressions, as were put forth by some of the speakers, in all of which, however, one could not but rejoice and thank God that the prayer of the one Master of all was being so signal answered, "That they all may be one."

A MOST SIGNIFICANT FACT, too, is that the same feeling is being manifested among the converts in the various mission fields, and also among the missionaries themselves. The Rev. Dr. Creegan, reporting concerning the recent missionary conference in Shanghai, told of the marked manifestation of this same spirit and desire for unity. He went so far as to express the conviction that if action had been suggested for actual church union it could and would have been carried. Surely this is a wonderful step in advance of former years, when the heathen were puzzled to understand that all the missionaries were one in Christ, and yet were divided into different churches and societies.

As striking, perhaps, as anything heard at the conference was witnessed on the Sunday following, February 2, in one of the churches in New York City.

The pastor of the Fifth Avenue Baptist Church, the Rev. Dr. Aked, was absent on account of sickness, and his pulpit was occupied by the Rev. Dr. Henry Van Dyke, the well-known Presbyterian pastor and author, who preached to an overflowing congregation. At the close, the usual monthly communion service was held, presided over by Dr. Van Dyke who was assisted by the associate pastor, Mr. Richardson. It was never thus seen by the writer before, although he has been a member of that church for nearly twenty years. Doubtless the occurrence will be variously viewed and commented upon, but it certainly affords a striking example of Christian unity as compared with former years.

Several matters of import were discussed at the various sessions and much light and knowledge gained thereby.

There seemed to be fewer missionaries in the gathering than on some former occasions, and only two medical missionaries were met with, both being from India, Dr. Anna Kugler, of Guntoo, and of the Lutheran Evangelical Church, and Dr. Orbison, serving under the Presbyterian Board. Just one man and one woman of the four hundred American medical missionaries, but it was a great pleasure to meet and greet them.

One of the speakers told of the wonderful revival in Pyeng-Yang, Korea. At one prayer meeting in that city, when the speaker was recently there, there were nearly two thousand gathered together, and at another place the number met together for prayer was nearly one thousand. People at home sometimes ask, "How do these converts turn out?" The above may be a sufficient reply. Others ask, "How do they compare with our own people?" To
which an answer is also furnished, only
to the disparity of the church at home,
it is to be feared.

When a people who have been
bound down and fettered, and have
toiled and suffered in vain under the
 teachings of heathenism in their efforts
to be freed from the power no less than
the guilt of sin, hear of the living Saviour,
who not only died in their stead, but
who lives to help them in their struggles
against sin, and in all the trials of life,
and they come to know Him, and pray­
ing to Him have answers to their prayers,
the Gospel, and the world beyond be­
come very real to them, and they
rejoice accordingly even as those reared
under Christian surroundings are often
unable to do.

In the group picture of students
of the I. M. M. Society of New York
taken in 1888, and contained in the Jan­
uary number of this journal, sits the
noble, heroic Dr. William Hall, (third
from the left on the lower row), who, in
1893, went, at the risk of his life, to this
very city of Pyeng-Yang and was stoned
at first by the people, but by his de­
votion and medical skill won the hearts
of a few. Then came the first battle
between China and Japan fought in and
around that city. Dr. Hall had been
recalled to Seoul, but after the battle
went back, taking with him Mr. Moffat
and Mr. Lee of the Presbyterian Mission.

When the trio arrived in Pyeng­
Yang they witnessed a terrible condi­
tion of things. The dead, sick, and
wounded, lay in heaps unattended for
three or four days. Together they la­
bored heroically and finally set sail for
Seoul with six hundred sufferers on board.
That terrible scourge, typhus fever,
broke out and the noble-souled physi­
cian contracted the disease and died,
but he had laid the foundation of one of
the most marvelous missionary move­
ments known to man. Dr. Hall be­
longed to the Methodist Church of
America, North, but was a native of
Canada. He left a deep impress upon
all whom he met in the homeland, his
fellow students, and workers, but even
more so in that land to which he gave
his life, and where he died in 1894.

A few years since the late Mrs.
Isabella Bird Bishop told the writer,
then visiting her in her London home,
that she considered the work of missions
in Pyeng-Yang as the most wonderful
event of the present day. Certainly the
most remarkable that she had seen on
her world-wide tour. Another who
had visited this field, Rev. Dr. A. N.
Hitchcock, says: ‘Twenty years ago
not a Christian was to be found in this
city, nor in all the region round about.
Now Christianity is by far the most in­
fluential factor in the city’s life.’

Medical missions have been a most
important factor in missions in Korea
from the beginning, when Dr. Allen was
given a hundred soldiers for his protec­
tion and all other missionaries had to
leave during an insurrection. The
doctor was called to attend the nephew
of the king who was bleeding to death
from a wound which a dozen Korean
surgeons were trying to stanch by pour­
ing in molten wax. Later this prince
said to Dr. Allen, ‘My people say you
did not come from America, but from
heaven!’ and in the fullest sense they
were correct.

The names of other heroic medical
missionaries who have labored in that
land and passed on to their reward come
to mind, including Heron and Busteed
whose going from New York is recalled.
And we rejoice in the noble band still
at work there as given in our January
number. How their hearts must be
stirred to rejoicing for as much as they
don’t know that ‘their labor is not in
vain in the Lord,’ but they are being
permitted to see the fruit of their labors
in such abundant measure. May the
news of this success stimulate and en­
courage some of the more lonely ones
who are struggling on without seeing
much fruit. ‘Blessed are they that
have not seen and yet have believed’
that it shall be even as He has promised.
EDITORIAL

With much pleasure a group picture of some of the students of the American Medical Missionary College is presented in the present issue of this journal. The picture was taken in January, and comprises only rather more than one-half of the total number of students now attending the College. The senior class were in Chicago when the picture was taken. The sight of this group of earnest young men and women getting ready “to come out and help” some of our struggling medical missionaries on the field may prove a source of encouragement to such, and lead others in our various colleges and associations to come and join this happy band later on when sufficiently prepared to do so. We are ready to welcome all such.

A Roman Catholic Medical Missionary to the Lepers.

Under the above title will be found an article on another page that is full of deep interest. It may seem scarcely within the province of this journal to take note of such a case, and yet, can we do other than rejoice that, if the Protestant Church is unable or unwilling to provide for such sufferers that some others do so. We recall the Master’s words when it was reported to him, “We saw one casting out devils in thy name, and we forbade him, because he followed not with us,” and Jesus said, “Forbid him not.” Not only so, but let us rather bid “God speed” to every noble effort to do good.

Think of this man who is nearly three score years and ten going to spend his last days with lepers in China; and he knows what it means, for, many years since, he engaged in such work. All honor to any and every such man, no matter of what creed or country.

We recall the story of the Good Samaritan told by Jesus himself under similar circumstances. Narrated in the presence of Jews and personally to the young Jewish lawyer, Jesus held up to rebuke and everlasting contempt the inaction of the priest and the levite who ignored the suffering man and “passed by on the other side,” while he commended the man “who shewed mercy,” saying of him, “and he was a Samaritan;” belonging to a people with whom the Jews would have no dealings. And, speaking to this Jew, he bade him “Go, and do likewise.” Today this is exactly what our medical missionaries are doing for suffering humanity; able to do more than “pour in oil and wine,” they are following the example of the good Samaritan who did “what he could,” while they obey the command of the Great Physician.

The remarkable story told by Mrs. Howard Taylor, and printed on another page reminds one of “poor old Betty” who lived in a humble cot, often coming into a needy condition and obtaining deliverance by prayer. One day she was especially tried and hungry, for not a morsel of bread had she in the house. While upon her knees, a group of boys near by were led to spy through the key-hole of her cottage, and, seeing her upon her knees, they listened to hear her asking her heavenly Father for “daily bread.” Quickly acting upon a suggestion from one of their number, they gathered their pennies and went to the baker’s and obtained a loaf of bread.

She was still upon her knees when they returned, and one of the boys climbed a tree, and reaching over dropped the loaf down the chimney and it rolled upon the floor. Betty’s prayer then turned to one of thanksgiving. This was too much for the boys, who, lifting the latch, burst into the room where the old woman knelt and the loaf of bread lay upon the floor—“Aha, they laughed, and said one, “You think that God sent you that loaf? Why, I dropped it down the chimney.” “That may be,” said the old woman, “still God sent it if the devil brought it.”

“There is a niche which only we can fill, a crown which only we can wear, music which only we can awaken, service which only we can render. God knows what these are, and he is giving us opportunities to prepare for them. Life is our school-house. Its rooms may be bare, but they are littered with opportunities of becoming fit for our great inheritance.”—Rev. F. B. Meyer.
THE CONFERENCE OF MISSIONARY
SOCIETIES AND OFFICIALS IN
NEW YORK CITY, JANUARY
29 AND 30, 1908.

The sessions were held in the Fifth
Avenue Presbyterian Church, the pastor
of which is the Rev. J. Ross Stevenson,
D. D., vice-chairman of the Student
Volunteer Missionary Committee of
which Mr. John R. Mott is chair man.

The first session was held on Wednes­
day morning, January 29, and, follow­
ing half an hour spent in prayer under
the leadership of Rev. H. N. Cobb, D. D.,
of the Reformed Church, a very able
paper was read by Rev. A. W. Halsey,
D. D., upon "The Additional Missionary
Force needed in the Mission Field."

Dr. Halsey, as secretary of the Pres­
byterian Mission Board, and speaking
for the Christian church at large, strongly
urged the need of the present limited
force being multiplied many times.

Dr. Dowkontt spoke of the Medical
Missionary College in this connection,
standing ready to aid in the training of
prospective missionaries, and told of the
advantages provided in the founding
and development of the institution.

The subject was further discussed by
Rev. Dr. Leonard of the Methodist
Church and by Rev. W. R. Lambuth,
M.D. and D.D., of the Methodist Church,
South.

Mr. Robert E. Speer, secretary of the
Presbyterian Board, then gave some in­
teresting data in regard to the quite re­
cent movement to provide religious facili­	ies for Anglo-American communities
in foreign lands, a most desirable phase
of mission work which has largely been
overlooked. With the opening of Y. M.
C. A.'s in many of the principal cities, a
good start has been made, and some
more definite steps are being taken to
provide pastors and churches for our
countrymen when abroad.

At noon a deeply devotional meeting
was held under the leadership of the Rev.
Dr. Lloyd, secretary of the Episcopal
Missionary Society.

Luncheon was provided each day at
the Hotel Savoy, the hosts being the
leaders of the Student Volunteer Move­
ment.

The afternoon session was occupied
by consideration of arrangements for the
next Ecumenical Missionary Conference
as presented by the Rev. Arthur J.
Brown, D. D., of the Presbyterian Board.

It seemed to be the general conclu­
sion that the place of meeting would be
in Edinburgh, Scotland, and the date
June, 1910. As will be recalled, the last
was held in New York, in 1900, when,
among other striking features, there were
at one time on the platform the three presidents of the United States—past,
present, and future—Benjamin Harrison,
William McKinley, and Theodore Roose­
veld, a splendid trio. The previous con­
ference was held in London in 1888.

The Rev. Dr. Barton, secretary of the
A. B. C. F. M., spoke upon missionary
effort in Russia. There was much to
encourage in work being quietly done
in that country.

The annual dinner was held at the
Hotel St. Denis, and a splendid com­
pany of friends of missions, both male
and female, joined the various officials
gathered there, Dr. Kellogg, of Battle
Creek, being among the guests. Mr.
John R. Mott was the chairman, to state
which is sufficient to those who know
how ably he always presides. The sub­
ject to be considered was "Light on Ad­
mnistrative Problems," and certainly
considerable light was shed upon the
missionary movement.

Mr. Mott struck the keynote of the
occasion by characterizing the mission­
ary movement as "the greatest enter­
prise which is being conducted by human
beings upon earth, and is productive of
the largest return for the time, talent, and
money invested."

The Rev. Dr. Barton dwelt upon the
need for wise selection of the best men
for the work, and such should have the best
of training. He urged that the boards
at home, having selected the best men,
with the highest qualifications, should
place upon each missionary the fullest
personal responsibility, not simply as an
agent, but as a trusted missionary and
statesman. Only in this way could force­
ful characters be developed, and the mis­
sionaries must in turn, and as far as pos­
sible, train and then trust the native
workers, and not try to make Americans
out of them, but let them work among their own people in their own way, or in the way God may be pleased to lead them. One advantage with Dr. Barton is the fact that for several years he was himself a missionary in the field.

The Rev. Dr. Fox, secretary of the American Bible Society, spoke upon the question of how to preserve the missionary's efficiency in the mission field and urged greater care as to health, and shorter service before first and early furloughs. The speaker rather amused the audience by telling of a friend who, upon visiting a mission station, found the family rather gloomy, and took them all to a circus that came by.

The Rev. Dr. Sutherland, of the Methodist Church of Canada, followed, remarking that he thought it might be better to take the mission to a circus than to have a circus in the mission. One of the things he had been specially seeking to do of late was to stop any leaks in connection with missions and missionaries. There were leaks in regard to health by overwork, or lack of care, as well as those of a financial character. One very important matter was urged by the speaker, i.e., that those who stay at home should be willing to live as cheaply as the missionaries who go out, then there would be plenty of funds on hand.

The Rev. Dr. Leonard spoke of the differences among people as in the soil of earth. Some were more responsive and fruitful, but all will respond to the gospel finally. A few centuries since the Anglo-Saxon race was the lowest upon earth, and the gospel has alone made the difference. He told an amusing story about Cuvier, the anatomist, who was able to tell all about an animal by seeing a single bone. One night some friends thought to scare him by making up a terrible creature, which, appearing at his bedside, announced that it had come to eat him. Whereupon the anatomist surveyed his visitor and said, "Humph, horns and hoofs, not carnivorous, herbivorous," and turning over, went to sleep again.

The Rev. Dr. Creggan spoke of the great missionary conference in Shanghai last year, attended by one thousand missionaries. The spirit of unity and unanimity was most marked. Referring to the century having just closed since Morrison went to China and labored seven years before seeing one convert, he told how that now there were said to be no less than 180,000 Christians in China, although thousands were killed by the Boxers sooner than deny Christ. What they did was to give denial to the oft-repeated charge of their being "Rice Christians." They were noble Christian martyrs. As further evidences of progress, the speaker instanced two striking facts. Footbinding has been stopped by special edict, and the use of opium by officials forbidden, and this will soon be applied to all men. Dr. Creggan gave the following numbers of workers in China: Missionaries, 4,000; native workers, 10,000. "These figures should be trebled," said he.

He was followed by the Rev. Dr. Lambuth, a former medical missionary in China and Japan, who recalled the fact that his parents sailed from this city of New York in 1854, and labored nearly fifty years in China and Japan. The speaker spoke of the great need for an increased force of workers on the field, and the need of leaders among the native Christians. These must be developed by responsibility. He further told of the earnest spirit of enquiry being evinced by the Chinese. He recently saw two hundred men gathered to study the Bible, but even more remarkable was a gathering of five hundred women. There was great need, too, for the development of medical missions and hospitals.

The Rev. Dr. Lloyd strongly urged unity in every possible way, and deeply regretted the strictures even of his own church in some matters. We must try to find things upon which to agree, and not condemn those who cannot subscribe to our creed or utter our shibboleth. He rejoiced in the Spirit of unity demonstrated in this gathering.

Mr. Robert E. Speer followed in a very earnest address, further emphasizing the need for unity and greater care in all plans for extension. As with some other speakers, Mr. Speer urged that the evangelization of the various peoples must be largely from their own people, in-
structured and trained by the missionary, and then left with great freedom of action. He further urged the selecting and sending out of the very best men for the work. The day has gone by, if it ever existed, when anything and anybody will do for the mission field. Today the missionaries have to meet men as brainy as any present in this gathering, and many who are more conversant with some things in the United States even than some of the missionaries who go out to teach them.

On Thursday morning the session considered “Moslem Problems” as presented by the Rev. C. R. Watson, D. D., and “Salaries and Furloughs” by Rev. Dr. Sutherland. There were considerable differences in regard to salaries paid by the various boards, and the desire was expressed for greater uniformity on the various fields as preventing dissatisfaction. It was generally conceded that missionaries should more often come home on furloughs.

In this connection Dr. Dowkontt spoke against reducing the salaries of missionaries when at home. While some, by arrangements with friends, might fare well, others had often to suffer considerably. At times the most homeless persons are the missionaries who come to the homeland and are homeless. He was pleased to tell of the recent generous arrangement for missionaries at Battle Creek, Mich., and at Mountain Rest, Goshen, Mass.

The Young People’s Movement and the Laymen’s Missionary Movement were heard from in the afternoon, both of them reporting good progress made. These are two most important bodies of recent organization and are full of promise.

An earnest time spent in prayer for the laborers on the various mission fields brought this interesting conference to its close.—G. D. D.

THE TRUE FOUNDATION

The question of evangelization, at home or abroad, is based upon the church’s attitude toward her Lord Jesus Christ. According to her view of him will be her view of the world; according to her loyalty to him will be her loyalty to his commission. It will be found by the reading of history that wherever professed Christians have tampered with the truth of our Lord’s deity, or held judgment in suspense concerning it, the missionary motive has been obscured and missionary zeal has died down.

And history has repeated itself in our own time. The “reconstructed” Jesus offered to us during the last decade, and partially accepted by very many in Christian churches, is not the Christ of the gospels, nor the Christ of history. The obscuring of the truth of his divinity has been like the withdrawing of the heat of the sun from the earth; everything has been chilled, and nothing will flourish. For it must be remembered that the ultimate motive for Christian missions anywhere is loyalty to Jesus Christ. The only chance of a permanent missionary revival lies in a wholehearted return to the truth—with all that it involves—of our Lord’s deity.—The London Christian.

The simple fact that the Lord Jesus Christ never rebuked man or woman who came and worshipped him, as many did, is one of the most convincing proofs of his deity.

MISSIONARIES AT THE SANITARIUM

The following missionaries have recently been welcomed to the Battle Creek Sanitarium:

From Africa—Rev. Joseph Clark, Baptist, and Dr. Royal J. Dye, Church of Disciples.

From China—Rev. M. C. Wilcox, Ph. D., and Rev. Mr. Nicholls, Methodists; and Miss Emma Lyon, Church of Disciples.

From Japan—Prof. Chapelle and Miss H. S. Alling, Methodists; Rev. and Mrs. Wm. Axling, Baptists; Miss Lucy Mayo, Presbyterian; and Miss Lucy E. Case and Mrs. S. S. White, Congregationalists.

From Turkey—Miss G. Griffiths, Constantinople, Congregationalist, and Mrs. R. S. Hambleton, Presbyterian, Tarsus.

From India—Rev. H. E. Hopkins, Baptist, and Rev. Wm. Linzell, Methodist.

The following are expected shortly to arrive: Dr. R. S. Hambleton of Turkey, Dr. Sharrocks, of Korea, Mrs. G. G. Brown, of Ceylon, Rev. Dr. and Mrs. I. H. La Petra, of Chile, and Rev. A. B. Deter, from Brazil.
A MEDICAL MISSIONARY RALLY.

It is the purpose and wish of the managers of the Battle Creek Sanitarium to have the institution serve as a missionary center; a place where those who have become worn and ill while laboring for humanity in distant fields may return and find the comforts and pleasures of a Christian home—a resting place combined with such medical attention as may be required. It may be safely stated that there is no time when there are no representatives of foreign mission work in the family, and usually there are several. It frequently occurs that Providence brings to us several prominent missionaries at the same time and such opportunities are generally improved to give the family—guests, students, and helpers, a glimpse of the missionary work as it is being carried on.

Such an occasion came to us recently when a "Medical Missionary Rally" was held in the parlors of the Sanitarium. There were several missionaries and evangelists in attendance. The principal speakers, however, were Rev. C. C. Creegan, D. D., of New York, District Secretary of the American Board, and Rev. M. C. Wilcox, Ph. D., of Nankin, who has spent about thirty years in China. Upon going to China, Dr. Wilcox resigned a chair in the theological school at Evanston, Ill., and has since occupied a professorship in the Methodist College of Nankin. He is at present engaged in translating text-books and other useful works in the Chinese language. The other speaker was Dr. Geo. D. Dowkontt.

Herewith we present to our readers an outline of the three addresses, with photographs of each of the speakers, taken in the palm garden of the Sanitarium. In the unavoidable absence of Dr. Kellogg the meeting was presided over by Dr. J. F. Morse, and was opened with prayer by Alonzo T. Jones.
ADDRESS BY REV. M. C. WILCOX,
Ph. D.

It was my privilege the other day to address the medical students, and following that, I had conference with Dr. Kellogg, concerning this institution, its evolution from a very humble beginning, its far-reaching plans—plans that reach to the ends of the earth. I had no conception of the magnitude of the work, how that physicians and nurses were being sent out to all parts of the world as medical missionaries, and the great work they have already succeeded in accomplishing.

I will speak briefly of medical missionary work in China as I have seen it. I am not a medical missionary myself, but I have often wished that I were. One of the chief reasons for making medical missionary work prominent is found in the idea of compassion, or pity. That, to my mind, is the very foundation of all missionary effort. That is the central, the inspiring thought. My wife and I have made it a rule never to turn away from our door a hungry man. We feed him, get him to feeling good inside, and then if there is a chance to give him some message of Jesus, and his love, we do so. It never pays to talk to a hungry man about a reform in his life—wait till his physical needs are supplied, then the advice may do some good.

The work of a medical missionary is one of sacrifice. This is the spirit of all missionary work—it is the spirit of the Master himself. He gave himself. When I have seen young ladies, graduates of American and English colleges, medical colleges, colleges of liberal arts, from homes of wealth, washing the foul sores of those disease-laden natives, I have said that that was work that angels would love to do; but angels cannot do it. I would rather be such a worker, in the name of the Master, than to sit by the throne up yonder as an angel.

Take the prodigal son. When the prodigal son was a great way off, the father saw him and had compassion on him. In another place the record is that Christ had compassion upon the multitudes. The spirit of compassion is the spirit of Christ. This is the spirit that will win men; and the gospel of Jesus Christ, no matter to whom it is taken, or through what instrument, if carried in that spirit will win its way, and that is one of the chief reasons why medical missionary work is so fruitful of results, and should be encouraged.

Another reason is that it affords opportunities for evangelistic work, for preaching the gospel, that cannot be had in any other way. Every well-organized medical mission has in connection with it a chapel where the gospel is preached, and as an act of courtesy those who go to the dispensary, go in and hear the gospel. That is the work of compassion—another form for reaching benighted men.

Another reason why medical missionary work should be carried on in China, is the fact that it sets an object lesson for China itself. The Chinese are just in the condition of children, and they need object lessons. They need this in their educational work, in their colleges. They are already taking our colleges as models, and are making drafts on our graduates as teachers. They say to us, we want to open schools similar to yours,
but we do not want Christianity taught in them. Our young men and women often refuse lucrative positions rather than be curtailed in their opportunities to preach Christ, not in an obtrusive way, but to hold up the banner of Jesus Christ.

At the Rush Medical College when I was there recently, the question was asked me, What about preparation for that work—what is necessary? I replied, “The very best preparation that you can get, for evangelical work and in other lines as well for medical missionary work. We are seeking for postgraduates from your colleges, those who have had a broad and liberal training. It is too late to send illiterate men and women to China. We must send picked men and women, because what they do is an object lesson of untold importance in elevating China mentally, morally, and physically.”

ADDRESS OF DR. CREEGAN

First of all, I want to say that one of the reasons why I am so deeply interested in medical missions is because I find, upon the whole, that the best way to interest an audience in foreign missions is to develop it from the medical mission side. True, there are other departments of the work, for example, the work of translation, which, in the pioneer days, is one of the most important, for how can these people understand the message which the missionary undertakes to preach to them unless they have a copy of the Bible in their own language? So the pioneers in nearly all of our missions have had to devote quite a large part of their first years there to this scholarly work. You will remember that Moffatt, the famous missionary who spent a half century in South Africa, devoted the first seventeen years of his life to translating the Scriptures so that those people might have the Bible in their own tongue.

You will recall that Judson, one of the most famous missionaries ever sent out from this country, after he went to Burma, gave the first dozen or so years chiefly to the work of translating the Bible. A portion of that time he spent in prison, but in the dim light of that prison he kept right on with his work, stuffing the manuscript in his pillow of straw when he heard anyone coming, lest it be discovered and destroyed. He was permitted finally to come forth from that prison, and to witness the translation of the Bible into the language of millions of the people in India. Morrison, the pioneer missionary in China, gave the first seven years of his life to translating the Bible, and singularly enough, just as he had about closed his work of translating the very last book of the New Testament, and was about to have it printed, the first convert came out for Christ. Seven years after winning his first convert he won the second, but during that time the first one had died. At that rate it would take a long time to convert China.

Then there is the establishment of schools where the sons and daughters of these converts may be educated and thus brought into the kingdom. All this is a very important work, and we have to have men who are especially fitted for that line of work. There are many other departments of the work in connection with missionary effort, but to my mind the one

SECOND TO NONE IS THE MEDICAL MISSIONARY WORK.

Some of the reasons why I am a firm believer in the medical branch of the work are,—First, that it is easier to interest our givers in America in donating to establish a medical mission and to send out medical missionary workers than any other department of the work. I recall the case of a lady who has recently given largely to a hospital in Constantinople and I do not think there is a man or any party of men eloquent enough to persuade her to give a thousand dollars to any group of missionaries simply to preach the gospel to the people in Turkey, and there are other lines that would not interest her at all, and yet she gave $10,000 for the establishment of this hospital in Constantinople simply because

SHE BELIEVES IN MEDICAL MISSIONARY WORK.

Why should we not encourage people who believe in that sort of thing? Those who take a broad view of the situation
will keep on working along these lines, and those who do not care to do as we would do, let them take up the department of work in which they will enter with their heart.

My second reason is, I have a growing conviction that mission boards who send workers to most missionary stations without sending with them a cultivated medical missionary make a big mistake. I know whereof I affirm from what I have observed among the missionary stations, and have been troubled in mind when I have seen some of the blunders that have been made. Mission boards are, of course, not infallible. The recent tour I made around the world opened my eyes to some of our failures, and one of these is in that we have failed to have a competent medical missionary along with a group of teachers and preaching missionaries and translators who go to these far-off lands. I recall that Mrs. Baldwin, wife of the late Stephen Baldwin, methodist missionary, when she fell sick in China was nursed back to health by lady nurses, of another denomination, and she remembered it, twenty years afterward and made a most eloquent plea that a church should be built for the Congregationalists in connection with the American Board Mission in Foo-chow. I shall never forget that plea, and through her efforts $20,000 was raised in behalf of the Congregational work. We are inclined to call ourselves by denominations, and flatter ourselves that ours is the best and only way to work, but we get out of that way of thinking when we get to doing actual work for the Master. Then we find and realize that one is our Master, and all we are brethren; and that is the way they work in those distant fields.

When I was in Manila a short time ago, there came from that far-a-way island of Mindanao, the farthest south of the archipelago, a young man and his wife that they might spend two or three days with me. And I saw how pale, how nearly broken they were in health, the wife seemed entirely broken. At my suggestion she went up into the mountains that she might have the benefit of the mountain air and rest, and when I saw them a feeling of sad regret came over me that we had kept those faithful workers down in that lonely place for four years without placing by their side a competent physician. I resolved then that I would never cease to advocate—till it was carried out—that with every group of missionaries there shall go along a medical missionary. And while I am speaking to you tonight, Dr. Sibley (a former student of the I. M. M. Society, New York) and his wife,—the latter a thoroughly trained nurse,—are on their way to Mindanao. We should not, as Mission Boards, send out missionaries to these lonely places, far away from any competent medical assistance, and I feel sure that we are going to quit doing that.

Another reason: The medical missionary will do more to open the way for the preaching of the gospel than any other agency. You all know of Dr. Parker, who had the honor of being the pioneer medical missionary to China. It is said of this man that he opened China to the preaching of the gospel by his lancet. He broke down prejudice at all times. Men would come and receive the benefit of his medical skill when they would not listen to scholarly preaching missionaries, but the preachers could follow afterwards, when he had opened the way, and do a great work.

And so it was through Turkey and India—the medical missionaries were the ones who did the most necessary pioneer work, they broke down prejudice and paved the way for effective work to be done by the gospel missionary. I visited the Aintab Hospital in Turkey, under the care of Dr. Shepard. I learned that Dr. Shepard, with Dr. Caroline Hamilton assisting, treated yearly about 17,000 patients, one-third of them being Mohammedans. The prejudice of Mohammedans against Christianity is so great that they would not, under any circumstances, go to hear one of our preaching missionaries. But when a man needs the amputation of an arm, he goes to Dr. Shepard for his medical skill in spite of the fact that he is a Christian. Every day, right along, that Mohammedan receives something of the teaching of Jesus Christ. The man has
to hear it and see it, for it is a Christian institution, and he understands that it is a Christian institution. That is how prejudice is broken down for the entrance of the gospel—when the medical missionary enters with his healing art and carries with it the gospel. All over India there are places where prejudice has been broken down, and the way prepared by the medical missionaries for the preaching of the gospel.

It was only a few weeks ago that Dr. Van Allen was here and spoke in the chapel, and his words were published, and some of you have read them—he told you of the work that was being done in Southern India, where, as a tribute to this splendid surgeon and physician, the Hindus themselves raised the money and built a fine hospital and turned it over to him. It was a wonderful tribute, and he was worthy of it, and there is not a man within a hundred miles of Madura in whose home he would not be welcome. Whenever any of the governors or officials fall sick, he is sent for and is a welcome visitor.

And across from Dr. Van Allen's hospital, Dr. Harriett E. Parker, a consecrated lady physician, is also doing a good work. I was delighted to find the great work that was being done there. Fifteen years ago when she was sent out some felt that a mistake had been made, as she was slight in form and not rugged, but last year, I was told that with her assistants she treated 14,000 patients. How she stands up under the strain is a marvel. Sometimes she goes out on long tours and lives in a tent and when she does that she will average seeing two hundred patients a day. What a wonderful influence she is wielding! How much suffering she relieves! How many lives she saves!

No statistics have been given of the number of lives that are lost in India among the three hundred millions of inhabitants because they do not have competent medical help. Were our medical missionaries increased in number, as they should be, it would be the means of saving many thousands of lives every year,—only God knows how many.

When I visited the London Mission in the extreme south of India, I found that they alone treated 100,000 patients a year. Of course it is not all done in one place; they have a number of points where they operate, and from these the critical cases are sent in to the central hospital. It was an ideal plan and the work that they are doing there makes it, it is said, the greatest medical mission in all the world, and I felt as I saw those physicians, who never thought of preaching the gospel in any formal way, doing a mighty work winning souls to Christ, that the work of the medical missionary is second to none.

And now, I want to congratulate you young people that you have the advantages of this splendid medical school, and the advantages of this great Sanitarium, where thorough training for this work can be had. I presume that many of you have it in your hearts to go into one of these needy fields in the future and give your lives to the work of healing the sick and carrying this story of the cross to those who sit in darkness. May God bless you and keep you and help you to make your life work similar to some of those whose names have been mentioned.
MISSIONARY DEPARTMENT.

ADDRESS OF DR. DOWKONTT.

It has not been my privilege to go to a foreign land as a missionary, but during ten years service in the British Royal Navy in many lands I did some mission work. My oldest son went to West Central Africa as a medical missionary, and my oldest daughter is the wife of a medical missionary in the Philippines.

During twenty-five years I have also had the privilege of training two hundred young men and women in New York City to go out to foreign fields as medical missionaries. And it is a happy coincidence that I entered upon this work in October, 1876, the very month and year that Dr. Kellogg became superintendent of this institution. At that time I was led to give up my position in the British navy and enter medical missionary work in Liverpool, and in 1879 came to the United States.

When we look at the Saviour’s life, we see that he not only went about preaching good, but doing good as well. He told of a heaven where there would be no suffering, no pain, no tears, and he also gave to the people an idea of what it would be to have heaven below. He healed the sick, restored sight to the blind, and even raised the dead. Then he called twelve men and sent them out, thus multiplying himself twelve times, and to these he gave a two-fold message,—to heal the sick, and to preach the gospel. When the seventy were sent out, two and two, it was with the same double mission.

Then there is the story told by Christ of the good Samaritan who had no miraculous power, but who used the little knowledge and the means he had at hand, and saved the man whom the priest and levite had passed by; and then this significant comment and command was added by the Master, “Go thou, and do likewise.”

In the sending forth of the seventy, the record is that they “went into the cities.” They came back to report, and were over-joyed at their wonderful success. Then later, in his final word, Jesus said to his disciples, “Ye shall be witnesses unto me in Jerusalem, the great city of that day, and in all Judea, and in Samaria, and unto the uttermost parts of the earth.” The one who is interested as Jesus was, will feel an interest, not only in Jerusalem, but in the uttermost parts of the earth as well. These were to get their training in the cities, then go everywhere.

I could tell you many interesting experiences of different people who have come under my notice in New York, Liverpool, Philadelphia, and other cities during the past quarter of a century—but the story is the same everywhere; people are in need, and we go to minister to that need, and when that need is supplied, then they will listen to what you have to say, and thus the doctor can be an agent for the healing of the soul as well as for the healing of the body. They will listen to such a missionary when they will not listen to any one else.

I recall one case down in the 4th ward of New York, a notorious community. A call had come for assistance for a sick woman. I went to the number indicated, asked for the woman, but the bystanders said no such person lived there. I replied, “That is strange, I am a doctor, and have come to see her.” I immediately found that the woman did live there. When those rough people found out my mission, they were only too glad to help it along. Down deep in the heart of every man and woman is a spark of the divine, no matter how far in sin they may have gone, and I have seen hundreds of these soundly converted, re-created, and made to stand on their feet. free men in Christ Jesus. “God so loved the world,”—everyone, the good as well as the bad—and we must reach out a helping hand to them.

There came to me in 1877 a woman to talk about her physical condition. I prescribed for her, and then mentioned a word about her spiritual condition, but she could not grasp the idea of trusting in Christ. After quoting her several Scriptures, I said to her, “Just you trust Christ with your soul as you trust me with your body,” and she caught the thought and exclaimed, “I will trust and not be afraid.” Tears came to her eyes as she said, “If only my poor boy was converted!” “Where is your boy?” I asked. “I don’t know,” she replied;
“he is a pronounced atheist and in the theatrical business.” I said to her, “God knows where he is. Let us pray for him.” One night, 300 miles away, that young man went to his room after his performance, and the first thing he knew he was down on his knees beside his bed. The thought came to him, What are you here for? You do not believe in this kind of business! But he could not resist the feeling, and then he tried to pray, but he could not think of a word, until finally he did manage to say the little child’s prayer his grandmother had taught him, “Now I lay me down to sleep.”

He went to bed saying, “Now I lay me down to sleep,” but he could not do it. The Lord had taken hold of him in answer to prayer. Shortly after the boy quit his business and came home, was soundly converted, gave his life to the Master, went through medical school, and, after making a tour with Bishop Taylor here in this country, went to Africa. In a few short years he was called to give up his life in that field. The story of his life was printed, and before he had been dead two years there came a young man to me who said, “I want to take that young man’s place, and take up the banner that fell from Dr. Summers dead hands.” He was Samuel Lapsley, the son of a judge in Alabama, and in three and a half years there was another grave, and the people said, “O what a waste of life!” and some reproached me because I had been instrumental in his going out there. I said to them, “Just wait. God can bring oaks out of acorns.” The colored young man who went with him returned, told the story, and soon took back others with him to carry on the work. What is there today? They have 6,000 Christians gathered out of savagery where there was not a single one when the first young man went there. They have fifty preaching stations where the natives go and preach the gospel; they have two large churches; fifteen missionaries are working there—ten colored and five white—and still the work is going on. Who will say that these first two young men who sealed the work with their lives did so in vain? Truly they laid down their lives, but their works follow them. The seeds they planted have sprung up, and what a harvest has been the result!

This is an illustration of work beginning in the city and extending to the ends of the earth.”

MISSIONARIES FOR CONGO LAND.

“My heart is resting, O my God; I will give thanks and sing.”

The hymn rang out clearly in the hall of Harley College, London, England. Coming and going is the order of the day in the East London home of the Regions Beyond Missionary Union, and many Congo farewells have been held since the Congo-Balolo Mission was started there seventeen years ago. The Congo battle does not grow easier as the years pass by. At home, there is still the same dearth of funds, while out on the field it is indeed true to say, “No slacker grows the fight.”

Oppressions and cruelties, engendering a hopeless lethargy in the people, and the rapid spread of the mysterious sleeping sickness—against these things the missionaries must contend, together with unfavorable climatic conditions, and all the moral and spiritual darkness that makes up the atmosphere of a heathen land. Yet those who go and those who send them forth feel that the effort is abundantly worth while.

“They are making men on the Congo. I have seen that with my own eyes.” These are the words of a London journalist who recently toured the country in the interests of reform. Needless to say, he was not referring to the officers of the State, but to the missionaries whom he had watched at their task. He declared: “All that is best in this sad land is the work of the missionaries; and all this has not been accomplished by sitting tight and waiting for miracles. Prayer, I doubt not, has made all things possible; but after the missionaries have done praying they have taken off their coats and got to work. The right kind of prayer is that which begins, ‘O God, give me strength to do this thing!’ And that is the kind that the Congo missionaries pray.”
A ROMAN CATHOLIC MEDICAL MISSIONARY TO THE LEPERS

The following article is taken from a recent copy of The Examiner, a daily paper issued in Chicago:—

The Rev. Lambert Louis Conrardy, M. D., a missionary to lepers in Canton, China, under the direction of the Catholic church, arrived in Chicago yesterday for the purpose of soliciting funds for the support of a hospital in a colony of lepers near Hong Kong.

The priest, who is also a physician, is master of eight languages—French, German, Chinese, Japanese, Greek, Hindoo, Indian, and Latin.

"Were I to succeed in my work, which is merely a practical example of Christian civilization, I would gladly sacrifice everything—even my life—for the lepers whom our government has not properly provided for in the Hawaiian Islands," Father Conrardy said.

"Lack of funds is the only reason why I have not already left for China, where there are more than 30,000 lepers walking the streets of Hong Kong. They display with a sort of pride their sufferings, because of their lack of teaching and guidance. I have chosen this work because of my love of God and those who are compelled to suffer on this earth. Still, there are three other reasons why I take up this charitable duty; first, because these people are human beings; second, because they have no friends and are entirely abandoned by every one, and third, because I hope to assist in lifting them up by relieving their sufferings in a degree and prepare them for better things to come."

Father Conrardy will be remembered as having accompanied Father Joseph Damien to Molokai, in the Hawaiian Islands, in 1877. Thousands of lepers are in exile there. Previous to this he had been in India among the lepers from 1871 to 1874, when he was sent to Umatilla, Oregon, to do missionary work among the Indians.

Until 1896 he remained in Molokai and was replaced by Father Pamphile Damien, brother of the famous missionary. During the year 1896 he was sent to China, where he discovered 30,000 lepers in one colony. Without success he struggled for several months to accomplish his desire to assist the sufferers but finally was compelled to abandon his efforts.

BECOMES A PHYSICIAN.

Returning to the United States he entered Willamette University in Portland and completed the study of surgery and medicine in 1900. For three years he continued preaching throughout the Western States, and in 1904 he returned for a visit to his native country Belgium.

Almost immediately after his return to Belgium, Bishop John Merel, of Canton, China, sent Vicar General D. Fleurian to visit Father Conrardy with an offer of an appointment in China. The offer was accepted and since then Father Conrardy has traveled everywhere in search of funds to carry on his mission. Great work has been accomplished by the priest during the past two years. So far $30,000 has been collected and Father Conrardy needs an additional $9,000 to commence the erection of a hospital in Hong Kong.

WOMEN VOLUNTEER AS NURSES.

Three women have volunteered their services as nurses and a surgeon has also promised Father Conrardy to be ready to depart for China at any time. From figures the priest has compiled he points out that the cost of supporting one leper a year will be less than $15.00. The cost of feeding and lodging of the nurses and physician will be less than $10.00 per month each.

Father Conrardy carries letters of introduction from Bishop Potter and William Robinson, Governor of Hong Kong.

THINKS BOUNTY IS MISPLACED.

The erection of libraries, he said, did not relieve the sufferings of human beings. Money should be spent in aiding humanity in another manner. Although nearly sixty-seven years old, Father Conrardy is as active as a young man of thirty years.
A NEW DISPENSARY AT BAAKLEEN.

The accompanying cut is of the above-named building and is in connection with the Palestine and Lebanon Nurses' Mission founded by a noble woman, Mrs. Meredith, who believed in entering "Open Doors," whether in training poor girls, or caring for discharged female prisoners in England, or caring for the sick in Palestine. We gladly exchange this journal with Open Doors and reprint the following:

The above picture of the Dispensary has a little group of the sisters and of Dr. Ali and his assistants, and gives a testimony to the solidity of our structure.

Experience is proving that there is no way of spreading the Gospel so quickly and so acceptably as by that of medical missions, and the wisdom of the Lord's order, "to preach the gospel and heal the sick," is being proved incontrovertibly true.

A new station has been opened this summer at Ghareefy, a Druse village about two hours from Baakleen, where, in three months, 1300 souls have heard the word of God, and medical relief was given as well by Miss Emrik from Baakleen. This center of light is shedding its radiance all around, and the precious name of Jesus, "the Saviour promised long," is heard far and near us on the slopes of Lebanon.

Pilgrims come to our mission from all sides.

THEY BRING THEIR SICK

either walking or on the backs of donkeys or mules to the hospital and so multitudes hear of the Prophet Jesus, who heals the sick and forgives sins.

The possibilities of medical mission work are great and far-reaching, the greatest gift of the "good news" Love.

I had never before realized what it meant for the people to go to Baakleen from their different villages, until I saw them going from Ghareefy, and heard them talk before and after. Firstly, there is the general approval to be got. I saw one poor girl who was very ill and longing to be taken to Baakleen, but could not get the consent from all her
family, and so could not go. Sometimes this

takes weeks or months to bring to pass, then when the permission is obtained there is a donkey to be got, food to be prepared, and sometimes the house to be shut up, then the children which are left behind have to be arranged for, then after all this, we see a party leaving the village, who call out to us as they pass, "We are going to Baakleen, have you any message for the ladies?" I would then tell them to give my salaams, and wish them a pleasant journey. Sometimes the patients must go walking, and it would take more than two hours to do this with very bad eyes, or after having spent some time in bed.

Then about four in the afternoon you can meet a very tired party returning, sometimes they have left the sick one in the hospital, and are much relieved. I now remember an instance of a man who had a growth at the back of his neck that got in such a condition that no one could attend to it, and there seemed nothing for this poor man but to die unless some one would take him to Baakleen, where he could be regularly attended to. The people of the village regarded him as a leper. The doctor had seen him in his home and told them to bring him. We continued to visit him and entreated his people not to waste any more time but take him before it was too late, and we continued to pray for him, that was the one thing left for us to do, and in a few days we had an answer to our prayers, and when we arrived at his house, fearing we should find him there, we found to our joyful surprise his relatives had at last taken him to Baakleen. In a few weeks this man returned, looking well, and

calling upon me on his way home, praised God for all that had been done for him. We were continually hearing Baakleen dispensary news, from those who passed our door, returning or going. One Sunday morning, two boys who had been to Baakleen for medicine for a very sick patient, returned, shouting as they entered the village, "We've been to Baakleen; we've seen the ladies; we've seen the gentleman." This they managed to get in a marching tune and sang it all along the road. The gentleman they mention was Mr. Waldegrave, who had given the address in the morning service.

All this is only very little of what happens in one village. What about the different people from more than one hundred other villages who come and are helped continually? Truly, we can praise God and take courage and go forward!— A. Emrik.

Fed by the Ravens

In Mrs. Howard Taylor’s address at an annual meeting of the China Inland Mission, as reported by China’s Millions, she related the following extraordinary experience of one of the Chinese converts:—

"Soon after Mr. Li’s* conversion, he heard an impressive sermon from Mr. Stanley Smith upon the words, 'Covetousness which is idolatry.' He was greatly concerned to think that, having given up idolatry, he might be betrayed into the same sin through allowing a covetous spirit to have any place in his heart. To avoid this danger he determined

to keep no money of his own and to possess no property. His little house and farm he handed over to his nephew, and devoted himself entirely to making known the gospel, sustained by the simple hospitality of those to whom he ministered, and to whom his prayers brought help and healing for body as well as soul.

"His labors were wonderfully owned of God, and resulted in building up a church in the Yoh-yang district, which he has long shepherded with loving care. As time went on, he opened a Refuge for the cure of opium smokers, and in this way also was made a blessing to many. This work, of course, could not be carried on without expense, and there were times when supplies ran short, and dear old Li was enabled to prove in very special ways the faithfulness of God.

"After some years a breath of what we may call, perhaps, 'higher criticism,'

* Mr. Li was an opium refuge worker.
MISSIONARY DEPARTMENT

reached this far-away province, and the old man heard, in connection with the story of Elijah's being fed by ravens, that

**THEY WERE NOT REAL BIRDS**

that brought the bread and meat, but some kind of dark-skinned people, probably Arabs, who shared with him their supplies, for 'it was absurd,' said the critics, 'to suppose that birds would ever act in the way described! It would be miraculous!'

'But this way of explaining the matter did not at all commend itself to the old man's simple faith. Miracles were no difficulty to him. He had seen far too often the wonder-working power of God put forth in answer to prayer. And besides, in this very connection he had an experience which no amount of arguing could gainsay. The story has been so carefully verified on the spot by Mr. Lutley and others, that one has no hesitation in passing it on, strange as it may seem to our ears.

'At one time, in his Refuge work, old Li had come to an end of all his resources. There were no patients coming for treatment; the Refuge was empty; his supplies were exhausted, and his faith was a good deal tried. Quite near by, in the large temple of the village, lived a cousin who was priest-in-charge, and who when he came to see his relative from time to time would bring a little present of bread or millet from his ample store. The old man on receiving these gifts would always say, 'T'ien-Fu-tih-en-tien'—'My Heavenly Father's grace!' meaning that it was through the care and kindness of God that these gifts were brought. But the priest did not approve that way of looking at it, and at last remonstrated.

'Where does your Heavenly Father's grace come in, I should like to know? The millet is mine. I bring it to you. And if I did not, you would very soon starve for all that he would care! He has nothing at all to do with it!'

'But it is my Heavenly Father who puts it into your heart to care for me,' replied old Li.

'Oh, that is all very well,' interrupted the priest. 'We shall see what will happen if I bring the millet no more.' And for a week or two he kept away, although his better nature prompted him to care for the old man, whom he could not but esteem for the works of mercy in which he was constantly engaged.

'As it happened, this was just the time in which dear old Li was specially short of supplies. At last there came a day when he had nothing left for another meal. The Refuge was still empty, and he had not a cash to buy a morsel of bread. Kneeling alone in his room, he poured out his heart in prayer to God. He knew very well that the Father in heaven would not, could not, forget him; and after pleading for blessing on his work and upon the people all around him, he reminded the Lord of what the priest had said, asking that, for the honor of his own great name, he would send him that day his daily bread.

'Then and there the answer came. While the old man was still kneeling in prayer, he heard an unusual clamor and cawing and flapping of wings in the courtyard outside, and a noise as of something falling to the ground. He rose, and went to the door to see what was happening. A number of vultures or ravens, which are common in that part of Chian, were flying all about, in great commotion above him, and as he looked up, a large piece of fat meat fell at his very feet. One of the birds, chased by others, had dropped it just at that moment on that spot.

'Thankfully the old man took up the unexpected portion, saying, 'My heavenly Father's kindness!' and then, glancing about him to see what had fallen before he came out, he discovered a large piece of Indian meal bread, all cooked and ready for eating. Another bird had dropped that also, and there was his dinner bountifully provided. Evidently the ravens had been on a foraging expedition, and, overtaken by stronger birds, had let go their booty. But whose hand had guided them to relinquish their prize right above his little courtyard?

'With a wondering heart, overflowing with joy, the dear old man kindled a fire to prepare the welcome meal; and while the pot was still boiling, the door opened and to his great delight, his cousin, the priest, walked in.'
"'Well, has your Heavenly Father sent you anything to eat?' he somewhat scoffingly inquired, saying nothing about the bag of millet he had brought carefully concealed up his sleeve.

'Look and see,' responded the old man, smiling, as he indicated the simmering vessel on the fire.

"For some time the priest would not lift the lid, feeling sure there was nothing boiling there but water; but at length the savory odor was unmistakable, and, overcome by curiosity, he peeped into the earthen pot. What was his astonishment when the excellent dinner was revealed.

"'Why,' he cried, 'where did you get this?'

"'My Heavenly Father sent it,' responded the old man gladly. 'He put it into your heart, you know, to bring me a little millet from time to time, but when you would do so no longer it was quite easy for him to find another messenger.' And the whole incident, his prayer, and the coming of the ravens, was graphically told.

"The priest was so much impressed by what he saw and heard that he became from that time an earnest inquirer and before long confessed his faith in Christ by baptism. He gave up his comfortable living in the temple for the blessed reality that now satisfied his soul. He supported himself as a teacher, became a much respected deacon in the church; and during the Boxer troubles of 1900 endured terrible tortures, and finally laid down his life for Jesus' sake.

"Oh, dear friends, we are dealing with the living God, today, just as really and truly as did Elijah and the saints of old. I have told this incident at some length just to bring home to our hearts a fresh realization of the blessed fact that what he was he is. Our Heavenly Father is unchanged. He acts on the same principles still."

**THE BASEL MISSIONARY SOCIETY**

One of the noblest of Evangelical Missionary Societies is that of Basel. Its fields of labor are India, South China, the Gold Coast of Africa, and the Cameroons of Africa. Its statistics for 1907, according to the latest issue of *Die Heidenbote*, are—

The income for this vast work amounted to £76,045.

Besides the above there was an income of £2,139 for Medical Missions, about £200 less than was actually required.

Of the £76,045, India took £23,789, China £12,341, the Gold Coast £3,526, the Cameroons £16,829, leaving some £3,860 to be expended—on the Basel Missionary Institute, with nearly 100 students, £4,619; on the cost of management of the Mission, £2,331; and the rest, and more than the rest, on the provision for the missionaries' children and other needs. A deficit of £3,714 rests on the Mission.—*Medical Missions at Home and Abroad*.

**A VISIT TO SABATHU ASYLUM FOR INDIAN AND EUROPEAN LEPERS**

*MRS. WELLESLEY BAILEY.*

At the familiar bungalow we received a hearty welcome from Mrs. Carleton, whom we had first known as a very small child in this place, where she had lived in a small house above the cemetery until taken to America for her education. She had many reminiscences of those early days, one of the keenest of them being her many hours of solitary play in the cemetery, where the graves were familiar friends to her, especially certain ones which she made her constant care.

After a rest and a hearty meal, we set out to visit our poor friends, as we heard that they were expecting us just then. The number is much greater than it was in the olden days, there being now some eighty-two inmates. Their huts are built on the side of the hill, on narrow terraces—it is likely, however, that the whole Asylum will be removed to a new and more commodious site on a lower spur. The lepers had put up an arch of welcome for us, at the commencement of the rows of houses. I should have mentioned that a good number of them had come out a little distance to meet us
when we were arriving, and also that many squibs were let off in our honor.

We saw, among others, an old man who had been here in Dr. Newton's time, an interesting case, for in all these years the disease has made no progress; one hand is much impaired, and one foot has leprous patches, just as was the case in those far back times, but no further development has taken place.

After going over the Indian part of the institution, we continued along the hill path until we came to the prettily situated, and most pathetic, little building for Europeans. It could scarcely be better placed as regards scenery. It is on a ridge of hill, a straight building, the rooms opening off a neat veranda, where the inmates can sit out when able and enjoy the air and lovely view.

The cottage contains three small and two larger rooms, the two last being meant for dining and sitting rooms. But, owing to the number having increased, the sitting-room had to be given up and utilized as a bedroom for two boys who are here at present, the other rooms having one occupant each; two being young women whose beautiful Christian life, in the midst of terrible suffering and distress, is nothing less than an inspiration. The fifth and last inmate is a married man of middle life, who still has a good deal of vigor, and who also bears his great sorrow with Christian patience and hope.

The great employment of these three is the care of rabbits and pigeons, for which Dr. Carleton has had a large cage made at the end of the veranda. It is such a pleasure for them to look after these pretty little companions of their solitude, and gives employment for many hours of the long day.

Everything that kindness and love can suggest has been devised and carried out by Dr. and Mrs. Carleton for these pathetic inmates; books, flowers, pictures, are to be seen all around, showing the loving thought which hovers over this abode of sadness and suffering.

There is no manner of doubt that the fair-skinned European makes a more touching appeal to those of the same blood than even the Indian does; the chief reason probably being that the Anglo-Saxon feels more acutely the horrors of the situation than his less sensitive fellow-sufferer among the Indians. The loathsome nature of the disease does not seem to hurt the Indian in his own case, whereas it forms the greatest part of the suffering of the European, outweighing even the terrible pain and discomfort. It would not be easy to forget a visit to "The Cottage." Mrs. Carleton tells me that she has known soldiers, who had wished to see it, come away and collapse—falling in a dead faint. She seldom now takes any visitor there, partly for their sake, but more especially for the sake of the sufferers, whose condition makes them shrink from being seen by any but their kind, good friends here.

Easter Day was a very bright one. We went to the service in the very neat Urdu church at twelve o'clock, arriving just as the Sunday School had finished. We had a nice service, conducted by the Indian Padri, an earnest, good man, still quite young. On our return we had a cup of tea, and then went to the leper service close by.

There are several dear little children among the lepers whom we long to get away from their parents into the picturesque Home built for them within the last couple of years. But the parents refuse to part with them. We would ask prayer for these little ones, that the parents may be induced to give them up, and that they may be saved from leprosy both of soul and body. My eyes wandered many a time during the service to these bonnie bairns.

A deeply interesting bit of my Easter Day was a visit with Mrs. Carleton to Dr. Newton's grave. The Cemetery is now closed, a new one having been commenced in another part of the station.

At 4:30 a number of the Christians gathered in the drawing-room here for singing, and we had a splendid hour with them. First they sang a number of hymns, mostly translations of well-known English ones; but after awhile the more stately was set aside, and taking

*For many years in charge of this work. He died in 1880.
up their tum-tum, tambourine, and a long instrument of the guitar type, they started off into their beloved bhajans. I wish home friends could have an idea of what singing of bhajans is to our Indian brethren. I have never but once seen a Britisher throw his whole self into singing as the Indian does when he gets right into a bhajan—he seems to forget all around, to forget even himself, and to be completely lost in his employment. It is a sight to see.

On Monday, April 1st, we went, in the afternoon, to see the Home for Untainted Children, built on a fine, airy site, on a spur where it can be seen, and even hailed, from the Mission House. It has a nice garden round, and is built in two stories. At present there are only five little ones there, but there is plenty of room for more. The children are dear wee things, and the house-mother, who has two of her own, seems a particularly nice woman. The road down to the Home is very steep and rugged; that is the straight one from the Mission House; there is a smooth road very much longer. The little Home is very pretty, and thoroughly well built. Roses climb up the veranda as well as other creepers, and flowers are planted around the house. It is a long, narrow building, suited to the shape of the ridge on which it stands.

WHAT MADE HER HAPPY.

A little while ago the Lady Doctor went over with two other lady missionaries to examine the women and children at the Asylum. They came back enthusiastic, and said they wished they could get such work done in their schools and Zenanas. Miss Francis, the leper girl who teaches them, quite won their hearts. She told them how at first her heart was hard and bitter, but now she was happy because she considered God had given her an opportunity that would never have been hers if she had not been a leper. These are the things that make me happiest when I am with the lepers and helping them. I get far more from them than I give, and I thank God for many of their lives.

LEBANON HOSPITAL.

The following extract from a letter from Mr and Mrs. Waldmeier, of the Lebanon Hospital for the Insane at Asfuriyeh, Mount Lebanon, Syria, is specially interesting as showing the growth and progress of the work—which is being more and more a testimony to Christianity in the humane and scientific care and treatment of the mentally afflicted. The letter is dated October 12, and reads:—

"Asfuriyeh has grown to a lovely colony, and during the last four years there have been three buildings added—the John Cory Hall (a fine chapel), the new clinic near to it, and the "Edward Strawbridge Memorial," i.e., the resident physician's house.

"The large plateau to the south of the Swiss house, which has been made and filled up with the help of such of our male patients as are able to work, and which otherwise would have cost us at least £50. On the middle of this plateau a gigantic 'kiosk' has been put. It was covered with a kind of long grass, which grows in abundance on the property, which was first cut and dried, and then, by the help of attendants and patients, made up into little bundles. It needed a couple of thousand of these, which were put neatly one beside another quite close and thick, to prevent the hot sun and the air from coming through. It has proved to be an excellent roof.

We wanted to make it on the model of Abyssinian houses, which are all built this way. This Abyssinian kiosk has been so useful; it is a real sanatorium for air and light. We have been using it over two months for our worship on Sundays, and it is very agreeable in the extremely hot weather. From fifty to sixty have been present, and it is very touching to listen to the praises of those benighted souls, 'the dead who cannot be buried,' who have found a home, a refuge here at Asfuriyeh.

"One of our oldest patients, a sheik from the Hauran, with six fingers and toes stood up the first Sunday we had our meeting in the kiosk, and said in Arabic, 'This harbor I have built, and you are now my guests,' but one of the other patients was indignant at the sheik's boasting, and said, 'You are not Nebuchadnezzar (a common saying in Arabic); you did not build it alone; we also helped to build this harbor.'"
MARCH 4, 1908.

AN INTERESTING OCCASION

On the evening of February 25th the missionary guests at the Sanitarium were given an informal reception by the medical students and pastors of the institution. The company assembled in East Hall parlor for a social hour; at 6:30 they adjourned to the dining room where a pleasant repast was spread.

The following missionaries were in attendance: Mr. and Mrs. Wm. Axling of Japan; Miss Gwenn Griffiths, of the Girls' College, Constantinople; Miss Lucy E. R. Mayo, of Japan; Miss Lucy E. Case, Osaka, Japan; Miss Harriette S. Alling, Tokyo, Japan; Mrs. S. S. White, of Tsuyama, Japan; Miss Julia G. Seager, Venezuela; Mrs. Chas. C. Creegan, of New York, and Mrs. Ida F. Hambleton, of Tarsus.

Elder McCoy acted as master of ceremonies, and after the luncheon Mr. Axling spoke upon the topic "Japan for Jesus." Miss Griffith's subject was "A Great Girls' College." To Mrs. R. S. Hambleton was assigned the subject of "The Home of St. Paul." Dr. J. H. Kellogg spoke of the "Battle Creek Sanitarium, a Home for Missionaries." We all regretted the necessity of excusing Mrs. Hambleton from her part of the program as her health scarcely permitted her to speak in public at present.

A very cordial spirit characterized the meeting. The guests gave free expression of their appreciation of the benefits they were receiving at the Sanitarium and of their hopes soon again to be engaged in their respective fields of labor.

JAPAN FOR JESUS.

Mr. Axling prefaced his remarks with a tribute of gratitude to God for bringing him and his wife to the Sanitarium, and for the great blessings he had received since being here. For a year and a half he had been unable to do any work of a public nature. Now returning health and strength filled him with hope and courage and he has begun already to anticipate an early return to Japan, where, with renewed consecration, they will give themselves to the work of Christ in that land.

Taking up the topic assigned to him, "Japan for Jesus," Mr. Axling said he would answer three questions, Why, When, and How. In reply to the first it was evident that Japan needed Jesus because "all have sinned and come short of the glory of God." And if there were no other reason, that in itself would be sufficient. But there are peculiar reasons why Japan should be won for Jesus. There are two great classes in that country, one of which still religiously adheres to the ways of the past. The other a rapidly increasing class of agnostics, people without any religion, hoping that there is a God and yet uncertain about it. In this class are to be found many of influential classes. It is easy to see that Buddhism, Shintoism, and Tenrikyos are losing their hold upon the people. Heathen temples are falling into disuse and decay and the worshiping of ancestors and gods is falling off, and the country is in a transition state. The people need a basis for moral and spiritual character and such a basis can only be furnished by the gospel of Christ.

In answer to the question When, Mr. Axling could only reply, Now, because it is a transient period, people are relinquishing their old ideas. Agnosticism will surely captivate the people unless something better is presented to them. Individuals who have cut loose from the old faith are looking around for something upon which to build for moral strength. Count Okuma, a man of great influence, but who is not a Christian, sent out word recently to the young men counseling them to study the Bible. The teachings of Jesus Christ, he said, are
not out of date. Professor Nitob, one of the leading educators of Japan, says that there is no hope for Japan but in Jesus Christ. A great change has come over the attitude of the government during the last thirty-five years. At that time people who were suspected of being inclined to Christianity were presented to a cross and they must either step upon it, spit upon it, or be crucified upon it. Count Ito, one of the leading statesmen of Japan, although himself not a Christian or religious man, gave ten thousand yen toward the expenses of the recent Missionary Conference in Japan, because of his appreciation of the benefits that Christianity will be to his country and his people. When the building of a Christian church was projected in Dalny, the government gave three thousand yen and the lot upon which to build. In view of those circumstances, it is evident that now is the time to work for Japan. Things are settling down and the transient period will soon be over, and unless Christianity obtains a standing now, agnosticism is very sure to seize upon that fair land.

As to how this shall be done, it may be settled that it will not be done at the present rate of progress nor will it be done by the methods that are now being employed by the Christian churches. We have in that empire eight hundred and ninety men and women missionaries who are fighting for Jesus Christ among the fifty millions of unchristian people. Christians in America and England give one cent and six mills annually for the conversion of each Japanese. If we do what Japan needs to have done, it will be by engaging in the work with the same energy and devotion with which Japan went into the war with Russia. She gave one million of the best of her manhood. The war cost the country $500,000 a day for two years. All this sacrifice was made for the emperor. Many a time have I called at homes where the news of the death of father or son on the battlefield had come, only to be met with a smile of resignation and with the remark, "He died for his emperor and for his country; he could not do more."

Mr. Axling closed his most interesting address by an earnest appeal to the medical students to give themselves to the work of God in lands unblest by the gospel.

THE GIRLS' COLLEGE OF CONSTANTINOPEL.

Miss Griffiths spoke of the development of the school in which she is a member of the faculty. She prefaced her remarks by the following anecdote: One of the teachers of the College was afflicted with a distressing cough. A little Armenian girl named Beatrice said to her, "I can cure your cough." When asked how she would proceed, she replied, "With hot and cold water." She was permitted to undertake the task and calling for flannels proceeded to apply fomentations and alternate cold applications. The cough was much relieved, and on the third day was entirely removed. Upon being asked where she had learned this, Beatrice replied, "My aunt stopped at a sanitarium in Switzerland which is like the Battle Creek Sanitarium," and that was our first introduction to the Battle Creek Sanitarium methods.

Our College started about 35 years ago as a girls' school, and soon became a high school, and in this capacity received students from different nationalities. It is now a fully equipped college, with students representing twelve or fifteen nationalities, the English language being the basis of study. The Armenian, Greek, and Bulgarian girls are present in about equal numbers. Besides these there are Turks, Servians, Roumanians, and girls from many other countries. Each student comes with the language, customs, and religion of her own country, which means the housing of a dozen different religions under one roof, and that which surprises us the most is the harmonious relations which we are able to maintain under these circumstances.

Some time ago the relations between Greeks and Bulgarians was very much strained, and the troubles seemed likely to affect our school. I remember especially one Greek girl whose father lost his home and his business through the incursions of the Bulgarians. She, of course, grieved very much over this, but all trouble in our school was averted and our school work was uninterrupted.
Our principal effort in conducting the school is to dwell upon the standard principles which Jesus Christ taught as the basis of living. We leave out the points of doctrines which partake of creed or sectarianism, and as the students are professed Christians it is better to send the girls home inspired with the principles of Christian living rather than to destroy their confidence in the church to which they belong. The system of government which we maintain in the college is such as to place a good deal of individual responsibility upon the girls and develop their ability to manage and to exert a strong influence when they shall return to their homes.

We have visions and dreams of new buildings erected upon a better site, and of facilities for giving manual training and various domestic arts. We hope to start a nurses' training school in connection with the hospital. Our trained nurse last spring hired a baby which was brought into the college twice a week and the senior girls were given the opportunity to bathe and dress and care for the child under careful instruction.

At the completion of her remarks Miss Griffiths spoke of the peculiar sense of humor for which the Turkish people are noted, and related a few of the current anecdotes, showing their sense of the ludicrous.

A HOME FOR MISSIONARIES.

Dr. Kellogg, in speaking of the Sanitarium as a home for missionaries, expressed the satisfaction which was felt by the managers at having from time to time a number of missionaries as guests of the institution. He regretted that the demands upon his time were such as to prevent his becoming better acquainted with each one. Since his boyhood days, when he gave his heart and life to the service of Christ, he had ever desired to be a foreign missionary. But Providence having associated him with the institution, he had perceived in this an opportunity to work for the world at large, and it had always been his endeavor to be doing mission work in some capacity. The organization of a training school for nurses was effected some fifteen years ago, and the purpose of this school was the training of missionary workers—men and women who should go out to be a blessing to the world. Some of these workers desired to take a medical course, and for some years $5,000 was set apart by the Sanitarium annually for the education of medical students, but as the work went on it was deemed expedient to establish a Medical Missionary College in connection with the Sanitarium, which has now been in operation for about fifteen years and which has already its representatives and workers in many parts of the world.

Dr. Kellogg spoke of the introduction of the Sanitarium principles in Burma, Japan, and other places, through missionaries who have been patients here, and stated that he was convinced that the primitive people would greatly appreciate and readily adopt the natural and simple methods and principles of the Sanitarium. He felt convinced, also, that the knowledge of these would enable the missionaries to perform their work with less suffering and less danger of breaking down. He hopes that the number of missionaries coming to the Sanitarium will be greatly increased; that instead of having a dozen we may have one hundred.

The evening exercises were brought to a close with a brief social season, each one expressing great pleasure at the opportunity afforded for mutual acquaintance. A unanimous vote was taken to make this gathering the first of a series, to be held monthly.

G. C. T.

TRUE FREEDOM.

Is true freedom but to break Fetters for our own dear sake, And with leathern hearts forget That we owe mankind a debt? No; true freedom is to share All the chains our brothers wear, And, with heart and hand, to be In earnest to make others free.

They are slaves who fear to speak For the fallen and the weak; They are slaves who will not choose Hatred, scoffing, and abuse, Rather than in silence shrink From the truth they needs must think; They are slaves who dare not be In the right with two or three.—Selected.
THE HYDRIATIC VERSUS THE PHARMACOPEIA METHOD IN THE TREATMENT OF CARDIAC DISEASE

The general recognition of the inadequacy of drugs in the treatment of grave disorders of the heart and the blood-vessels is bringing into increasing prominence the value of hydriatic measures in the treatment of this class of disorders. In fact, it may be said to be now generally admitted by the highest authorities in this department of therapeutics that the resources of scientific hydrotherapy render far greater service than do all other known means in dealing with the various deviations from the normal which are encountered in cardiac and vascular disease.

As a measure of symptomatic relief there is no drug which is capable of acting more promptly and efficiently than do hydriatic measures when judiciously applied, and the hydriatic method possesses the inestimable advantage that when properly administered the varied and versatile measures which it supplies accomplish their beneficent work of relief without incurring the risk of damage. This cannot be said of drugs. In fact, the drug is yet to be discovered which administered internally is capable of diminishing blood-pressure in cases of hypertension without doing more or less material damage to the circulatory mechanism. It is safe to say that no such drug ever will be discovered, for drugs which lower blood-pressure accomplish their work, not by removing the cause of the disorder but by interference with the defensive processes which the vital forces of the body set up to oppose the encroachments of disease-producing agencies. The pressure-lowering drug produces its effect by weakening the heart or its controlling centers. Every pressure-lowering drug is a powerful poison, a paralyzing agent, a slight overdose of which produces deadly results. A single medicinal dose of such a drug may do no material injury, and in emergency may even render valuable service, but repeated use can have no other than a highly detrimental effect, producing in the end a condition even worse than that for relief of which the drug was administered. No more certain means of producing secondary low-pressure in cardiac insufficiency could be suggested than the habitual use of pressure-lowering drugs.

Pressure raising drugs, so-called "heart tonics," when administered for the relief of hypotension produces at first effects which are apparently most satisfactory in character, but only in aggravating every condition which they are intended to relieve. However useful pressure-raising drugs may be, as emergency measures, no more efficient method of producing the most incurable form of hypotension could be found than the habitual use of pressure-raising drugs.

Scientific hydrotherapy is capable of meeting every possible indication in cardiovascular disease so long as there remains sufficient integrity of nerve center and muscular tissue to insure the response which physiologic stimuli invoke.

In the application of the hydriatic method to cases of cardiovascular disease it is of the highest importance to have a clear conception of the several different phases of tension and their relation to the circulatory mechanism. It is not sufficient to divide these cases into low pressure and high pressure, or hypotension and hypertension. The causes of these deviations from the normal state must be recognized, and it is especially important to know the relation of these causes to organic changes in the heart and vessels.

Among non-medicinal measures which are most successful as means of regulating blood pressure are the following:

Dry hand friction, or systematic rubbing of the surface of the skin either with or without lubricant. In cases of high blood pressure, the movements should be centrifugal, so as to avoid too great increase of the return movement of the blood. In general, however, the direction of the friction should be centripetal,
or from the periphery toward the heart.

The cold hand rub, or the cold mitten friction, is another excellent measure, the effect of which is to raise blood pressure. The whole surface of the body is gone over with a hand or a mitten dipped in cold water. The dipping should be renewed at frequent intervals. Applications should be made to small areas in succession, as an arm, a leg, the chest, the back, and care should be taken to avoid chilling the patient. The cold application should be only long enough to redden the skin, which should then be dried with a towel and rubbed with the dry hand.

The salt glow is another valuable measure. This consists of rubbing the skin with salt moistened with cold water.

The towel rub, the half-sheet rub, the rubbing shallow bath, the Nauheim bath, the rubbing wet sheet, are other excellent measures.

An ice-bag placed over the heart for fifteen or twenty minutes, three or four times a day, is an excellent means of increasing the force of the heart beat and raising the blood pressure.

The warm full bath, 88 degrees to 96 degrees, accompanied by general rubbing, is an excellent means of lowering blood pressure. The blood pressure is generally lowered fifteen to twenty millimeters by a single bath.

LOCAL FREEZING AND POTASSIUM PERMANGANATE IN TREATMENT OF SNAKEBITE

Crum reports better results in the treatment of bites of copperhead snakes by local freezing combined with the frequent application of potassium permanganate solution than by any other treatment formerly employed. The area around the bite is frozen with ethylchloride spray, and two parallel incisions about an inch in length are made through the wound. The part is then soaked for a few minutes in strong permanganate solution, and wet permanganate compresses applied, renewing the compress every half hour or hour. If the patient is seen within one hour after the bite, he is usually all right in two or three hours. This treatment seems to prevent the extension of the poison.

OTHER REMEDIES BESIDES QUININ FOR MALARIAL FEVER

While quinin is without doubt one of the most valuable of all medicinal specifics and a remedy of priceless value in dealing with malaria disorders, there are three general facts in relation to the use of this drug which should be recognized:

1. That it is not an infallible remedy; that it sometimes fails to accomplish the results desired.
2. That it is a remedy which is capable of doing harm as well as good. In other words, it is a two-edged sword which may cut both ways.
3. That there are other means by which the malarial infection may be efficiently combated, either in connection with the use of quinin, or even, in many cases, without the use of anti-malarial drugs of any sort.

Dr. Jacobson, of Brooklyn, N. Y., has presented a very vivid picture of the shortcomings of quinin as a positive remedy for malarial infection, and it was long ago pointed out by physiologists that quinin weakens the activity of the white blood cells. Since we now know that phagocytosis is the chief means of defense of the body against the invasion of the malarial parasite, it is evident that the use of the drug, especially in large or frequently repeated doses, must weaken the bodily defense, and thus lessen the chances of recovery unless the vital powers are by some other means so reinforced as to secure a successful issue.

The recent studies of Wright, Metchnikoff, and others have shown that quinin not only weakens phagocytosis, but also diminishes the production of opsonins; so it must be regarded as clearly established that whatever beneficial results may accrue from the use of quinin there are also disadvantages which should not be disregarded.

When pursuing his investigations on the cause of malarial fever on the Gold Coast some years ago, Koch reported that in his opinion the large use of quinin was one of the causes of the fatality following so-called blackwater fever. Dr. Jacobson brings forward a formidable array of evidence in the same direction. It is very evident, then, that the treat-
ment of malarial fever should not end with the administration of quinin. The drug doubtless serves a useful purpose in many cases by temporarily suspending the activity of the plasmodium. This breathing spell, so to speak, may be utilized as a means whereby the resources of the body may be so reinforced as to secure the actual destruction of the parasites, and so secure a perfect cure.

Nearly four hundred years ago, Don Alexis, of Piedmont, Italy, was treating cases of malarial fever successfully by means of sweating baths applied just before the beginning of a chill. The patients were first rubbed with hot linen cloths, then warmly wrapped and made to perspire. The same method, in one form or another, is still in use by the laity in various parts of the world.

The writer was cured of a very severe attack of intermittent fever nearly forty years ago by a corn-sweat prescribed by an old lady who had used it successfully in a large number of cases. The remedy often succeeded at the very first application, though sometimes three or more applications were needed, as observed by Don Alexis.

Nearly thirty-two years ago Dr. Austin Flint, then professor of internal medicine in Bellevue Hospital Medical College, read before the New York Academy of Medicine an interesting paper on the treatment of remittent fever with the wet-sheet pack. He gave the details of a case in which he had employed quinin in full doses for several weeks without success, and finally abandoned quinin entirely, giving his patient wet-sheet packs two or three times a day, and in a week he was convalescent.

In an epidemic of malarial fever which prevailed where the present writer was engaged in practice some thirty years ago, thirty cases of intermittent malarial fever were treated successfully without a grain of quinin or medicine of any sort. The method employed in these cases was that of Don Alexis. The patient's temperature was carefully watched with the thermometer on the day of the expected chill, and as soon as the temperature began to rise, indicating that the chill was approaching, the patient was put into bed, wrapped with woolen blankets, heated "bricks or bottles filled with hot water placed about him, and was made to drink hot water, thus inducing a vigorous perspiration. This method succeeded in every case and during the last thirty years, the writer has frequently employed it, and only with occasional failure.

Among the laity of Germany, a method employed by Preissnitz, and probably in use long before his time, consisted in the cold douche. On the first approach of a chill, several pailfuls of cold water were poured over the patient. He was then vigorously rubbed, put to bed, wrapped with woolen blankets, and made to perspire vigorously. This method answers very well in persons with strong constitutions. A combination of the two methods is most effective.

A few years ago the writer, when visiting Central Mexico, encountered some very persistent and malignant malaria-bearing mosquitos on the Pacific side of the great plateau, and found himself a victim of malarial fever of the quotidian type. The first chill was rather light but the second one was vigorous enough to make the diagnosis certain. The approach of the third chill was carefully watched with the thermometer. As the temperature began to rise, preparations were made for aborting the attack, but the chill came on so rapidly that the nails became blue and a goose-flesh condition of the skin made its appearance before the preparations were completed. Slight chillsing sensations and headache were also experienced, and the lips were becoming blue. As quickly as possible a hot bath was made ready. After about one minute in the hot bath, two pailfuls of ice-water at a temperature of about 40 degrees were dashed over the surface and a dry pack was administered with the aid of woolen blankets and several bottles filled with hot water. Vigorous sweating was induced. The result was that the chill was aborted, and the rise of temperature was very slight. The same remedy was administered the next day, and with the result that the rise of temperature was only a fraction of a degree. The third day the same measure was employed, and there was no rise
of temperature. The cure was complete.

The method has been successfully employed in many other cases. If occasionally there is a case in which the method does not succeed, the administration of one or two doses of quinin of ten grains each will perhaps be found quite sufficient to interrupt the paroxysms. The patient's resistance must be built up with cold rubbings, the shallow bath, rest, proper feeding, thorough cleansing of the alimentary canal by water drinking, a fruit diet, large enemas, and abundant exposure to the sun and air.

We are glad that Dr. Jacobson has called attention to the importance of doing something for the victims of malarial infection, besides giving quinin. Quinin has enjoyed a reputation which it does not deserve. It will interrupt the malarial paroxysms, but it can by no means be depended upon to thoroughly eradicate the disease. The building up of the general vital resistance of the patient by tonic measures, especially by means of cold baths, is of supreme importance, and, as above stated, it is possible in a great number of cases to effect a radical cure without administering quinin, arsenic, or any other drug.

A TEST FOR INTESTINAL MOTILITY

Intestinal stasis is often present in cases in which the bowels move regularly, so that the condition is not suspected. That is, there is often an overaccumulation of fecal matters notwithstanding the fact that there is daily discharged from the bowels an enormous quantity of fecal matters. The excessive fecal matters may have accumulated gradually, or there may have been some time, through indisposition, an interruption of the normal daily movement for a day or two, and consequent accumulation. There are several ways in which the existence of an excessive quantity of fecal matters may be determined. A simple method is the following:

After the regular daily movement of the bowels has occurred, an enema of plain water or of water containing a little soap at a temperature of about 80 degrees should be administered. The quantity of water should be at least three or four pints. If a considerable quantity of fecal matters is discharged, this will be evidence of fecal stasis in the colon. When fecal matters remain too long in the colon, there is an excessive development of bacteria and the production of an abnormal quantity of toxic matters, which, being absorbed into the blood, give rise to a variety of distressing symptoms.

Another test is the following: Observe the character and color of the fecal matters. Take at breakfast a liberal quantity of some strongly colored food such as whortleberries; or, just before eating breakfast, take a teaspoonful of animal charcoal, or three or four charcoal tablets, or twenty grains of subcarbonate of bismuth, or one or two grains of carmine. This will color the fecal matters so that by watching the stool it will be easy to ascertain the length of time the ingested material has remained in the alimentary canal. The normal period is twenty-four hours. When a longer time elapses before the appearance of substances swallowed, this fact is evidence of stasis.

Third, by a microscopical examination of fecal matters, the substances eaten may be identified, and thus the length of time they have remained in the alimentary canal may be readily determined.

The determination of intestinal motility is perhaps more important than that of gastric motility. The evils which result from the too long retention of fecal matters in the intestines are even greater than those which follow moderate diminution of gastric motility. There are doubtless many persons, perhaps a considerable proportion of the adult population in civilized lands, who suffer more or less from too long retention of fecal matters. Multitudes of those who have regular movements daily are really suffering from fecal retention, the colon being over-distended with alimentary residues which have been cast out of the intestines several days before.

The fact that the bowels move regularly, daily, is no evidence that fecal retention does not exist. Although the movements are regular, the discharged
fecal matters may be two or three days in arrears. When the feces are abnormally dry, this is almost certainly the case, for the dryness is itself an evidence of excessively long retention. In a case of this sort examined some time ago, the patient took considerable pride in the fact that the fecal discharge was very small and that it occurred only once or twice a week, sometimes at longer intervals, and that it was very dry, almost odorless. Examination of this discharge showed that it contained very few bacteria. But the patient, through the administration of a mild laxative, produced a loose stool, and this was found to contain more than two billion bacteria to the cubic centimeter, and was quite putrid, showing that the usually innocuous state of the feces was due to the fact that long retention had resulted in the death of the bacteria probably through the consumption of the material upon which they feed, and also resulted in the nearly complete absorption of the large amount of poisonous matter produced by these anaerobes or poison-forming bacteria. These poisons should have been discharged from the body, but through the long retention of the fecal matters, they had been wholly absorbed to be eliminated through the kidneys, lungs, and skin, thus imposing upon the liver, kidneys, and other vital organs an enormous amount of unnecessary labor.

A free movement of the bowels should occur daily. The writer is rather of the opinion that naturally the bowels should move soon after each of the principal meals. This seems to be generally the case among the higher classes of animals, even those who have very capacious colons. The sedentary habits of human beings have led to diminished peristalsis, a widely prevalent condition, especially among people of sedentary habits, and the natural consequence is intestinal autointoxication, and a multitude of maladies resulting from this condition.

IODIN CATGUT FOR SURGICAL PURPOSES

As the missionary often finds it necessary to prepare his own materials, the following method devised by Burmeister (Zentralblatt für Chirurgie, 1906, No. 45) may be found useful:

A saturated solution of iodin and chloroform is prepared. This requires about two parts of iodin crystals in forty-five of chloroform. The solution should not be heated, and should be prepared in the cold. The catgut is wound in single layer on glass spools or glass tubing and is placed in the solution for a week. When desired for use the catgut is removed from the solution. The chloroform evaporates in a few minutes.

This gut is soft, pliable, does not swell when brought in contact with the body fluids, and may without injury be placed in any of the ordinary sterile or antiseptic solutions used in surgical work.

The writer has made use of catgut prepared in this way, for the last year, and finds it the most satisfactory of all the methods that he has tried. Although the author of the method requires submergence in the solution for one week, in the writer’s experience, immersion for twenty-four hours is quite sufficient. Many specimens of catgut prepared in this way have been submitted for bacteriological examination, and have always been found sterile.

INTESTINAL AUTOINTOXICATION

That a vast number of chronic disorders are produced by the poisons which are absorbed from the intestinal tract, particularly the colon, is no longer doubted by the majority of pathologists and a great number of clinicians whose attention has been directed to this matter.

The experiments and teaching of Bouchard in relation to autointoxication set a great number of investigators to work to find out the causes of this insidious, destructive process. At present there is general agreement among the leading pathologists of Europe, especially among the French and more recently among the leading German physicians, that the chief seat of autointoxication is to be found in the intestine and especially in the colon. Here, as Metchnikoff, Tissier, Combe, and numerous others have shown, are constantly growing great numbers of poi-
son-forming bacteria which feed upon food residues which lie in the colon. These are mostly meat germs which abound in meat and are introduced with meat, milk, and eggs, and which, having once found entrance to the intestine, thrive and grow upon the undigested remnants of meat, fragments of hard-boiled eggs, and undigested curds of milk.

The poisons produced by these germs are now known to be the cause of biliousness; and many symptoms and disorders which are attributed to an inactive state of the liver are found to be really the result of the enormous quantities of poisons formed by these germs, which overwhelm the liver and render it incapable of carrying on its work successfully. These poisons also impose a large amount of extra labor upon the kidneys, so that in time these organs become worn out and a variety of symptoms arise from the accumulation of poisons in the blood and in the body.

Combe, in a remarkable work entitled, "Intestinal Autointoxication," lucidly describes various diseases and symptoms which are directly attributable to intestinal autointoxication. It is the purpose of this article to enumerate the leading symptoms which this eminent writer has pointed out. The simple perusal of this list of symptoms should be sufficient to impress upon the mind of every reader the importance of discarding from the dietary all food-stuffs which encourage the production of poisons whereby the blood may be defiled and the whole body disordered.

Latent Autointoxication.—Emaciation, black circles about the eyes, headache, nervousness, irritability, yellow or dingy skin, loss of appetite, giddiness, weakness, fainting, palpitation of the heart, shortness of breath, itching, sometimes eruptions of the skin, clamminess, sadness, crying without cause, broken sleep, nightmare, neurasthenia, pseudo-meningitis, rise of temperature resembling malarial fever, asthmatic symptoms, looseness of the bowels, foul smelling stools.

Mild or Attenuated Form of Autointoxication.—Symptoms include those above enumerated, and in addition coated tongue, especially at the back part with red borders or tip; sometimes swelling and inflammation; bad breath, particularly after eating; bloated abdomen; capricious appetite; great thirst at and between meals; irregular thirst, sometimes constipation; sometimes alternating diarrhea and constipation; stools sometimes dark, sometimes hard, at other times soft and pasty, often foul-smelling; irregular desire for stool; movements of the bowels often accompanied by pain; vertigo; sudden attacks of weakness with pain in the bowels and the desire for movement, distress appearing immediately after the movement; prolapse of the bowels, especially prolapse of the transverse colon; sometimes enlargement of the liver; mucus and membranes in the bowel passages; stools fetid and sticky.

Gastro-Intestinal Form of Autointoxication.—Obstinate vomiting or diarrhea sometimes both vomiting and diarrhea most common in chronic enteritis; attacks due to efforts of the body to eliminate an excess of poisons.

General Symptoms of Intestinal Autointoxication.—Drawn features; sad expression; skin yellow or pale; dryness of the hair; ends of the hair split; scaly scalp; eyes sunken; whites of the eyes yellow or dingy; eyelids often a little swollen, especially the lower lid; premature wrinkling of the forehead and cheeks, especially about the eyes and mouth; brown coloration of the eyelids, cheeks, or other portions of the skin; lips red and congested, redness increased during acute attacks, and sometimes swollen and hot; chest emaciated; abdomen bulging or contracted; the scalp dry, rough, scaly, often with a dirty grayish appearance; excessive development of the small hair; dryness and brittleness of the hair; nails soft and brittle, transverse notches indicating acute attacks of toxemia; sometimes white patches on the skin of the neck or armpits; glands in the groin enlarged, movable, but not sensitive; general perspiration or perspiration of the hands and feet, especially during sleep.

Digestive Symptoms of Autointoxication.—Loss of appetite; irregular appetite; abnormal appetite; often disgust for meat; desire for plaster, sand, twine, earth; ravenous appetite; feeling o
tightness at the waist after meals; colic; abdomen swollen; veins of abdomen dilated, especially about the ninth and tenth ribs; in young children, liver often enlarged; sometimes contraction of the pylorus; often contraction of the colon; attacks of vomiting and diarrhea; bilious attacks; attacks of jaundice; pain in the region of the liver; hardening of the liver; hemorrhoids; abdominal dropsy; gall-stones; rapid pulse; symptoms resembling angina pectoris; pulse throughout the body; sensations of heat; palpitation of the heart; pulsations of the aorta; abnormally slow pulse; subnormal temperature; sensation of coldness in the extremeties; coldness and blueness of the hands and feet; "dead" finger; nosebleed; high blood-pressure; swelling of the eyelids on awakening in the morning; swelling of the ankles; general dropsy; neurasthenic symptoms; migraine; sick headache; loss of memory, especially for proper names; epileptic attacks; tetany; mental disturbance; impoverished blood; pernicious anemia; senility; premature whiteness of the hair and beard; incapacity for muscular exercise; dwarf growth; nanism; various skin diseases, especially prurigo, itching, eruption, urticaria or nettle rash, flocculence, acne, boils.

From the above enumeration it is apparent that the poisons produced in the colon by the putrefaction of animal food substances are capable of giving rise to an enormous number of symptoms of the most exceedingly disagreeable character, and may lead, indeed, to fatal effects.

**MEDICAL DIETETICS**

Following the example of Ewald and Boas, of Berlin, multitudes of physicians are recognizing the fact that in the treatment of digestive disorders far more can be accomplished by the regulation of diet than by the use of medicaments of any sort. Recently, however, a new chapter in medical dietetics has been opened up through the recognition of the important relation of toxins absorbed from the alimentary canal to various functional and organic disorders, particularly those diseases which depend upon degenerative processes.

Dr. J. T. Case hands us the following interesting translation of a summary by Martinet of contraindications to the use of flesh food, in his interesting work, "Les Aliments Usuels":

**CONTRAINDICATIONS TO THE USE OF FLESH**

1. A meat diet favors intestinal putrefactions, encouraging constipation; it is therefore absolutely contraindicated in acute and chronic gastrointestinal infections, particularly in cases of enteritis.

2. Flesh foods provoke the superabundant formation of nitrogenous wastes, of purins in particular; hence they are to be avoided in the various forms of purinemia (gout, lithiasis, chronic rheumatism of uricemic origin, plethora, etc.). Foods rich in nucleins should be proscribed (sweetbread, liver, kidney, etc.).

3. Flesh foods elevate arterial tension and overwork the heart; they are contraindicated, therefore, in cases of hypertension, in arteriosclerosis, atheroma, aortic aneurisms, myocarditis, cardiac affections with broken compensation, or hyposystole where the least elevation of pressure may invite a failure of compensation.

4. Flesh foods increase the quantity of hepatic toxins, of the urinary excreta, and cause congestion of the liver and kidneys. On this account they are contraindicated in hepatic and renal congestions, the cirrhoses, inflammation of the liver, acute and chronic parenchymatous or interstitial nephritis.

5. Flesh foods act undoubtedly as excitants of the nervous system, in the same manner as tea, coffee, etc., on account of the extractive substances contained. On this account, they are contraindicated in cases of neurasthenia, arterial hypertension, insomnia, obstinate neuralgia,—in short, in every case of abnormal excitation of the nervous system, whether accompanied by pain or not.

Mr. MEANE—I have nothing but praise for the new minister.

Mr. GOODE—So I noticed when the plate came around.—Philadelphia Inquirer.
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A FAMILY OF MISSIONARIES.

DR. ROBERT W. CARTER has recently reached Dumaguete, Philippine Islands, and has begun his life work as medical missionary under the auspices of the Presbyterian Board of Foreign Missions. This simple announcement means more to Mrs. Hettie Dodd, Montclair, N. J., than any one else—it means that another of her descendants has taken up the life of a missionary.

This sweet-faced, silver-haired old woman occupies an interesting position in the religious life of the country. After spending the first seventeen years of her married life as a missionary in Turkey, she returned to this country and trained her children and grandchildren, and is now educating some of HER GREAT-GRANDCHILDREN to bear the banner of Christianity to heathen lands. This, according to Mrs. Dodd, is the noblest work any man or woman can pursue.

Mrs. Dodd was married to the Rev. Edward M. Dodd in 1849. Her husband was sent that same year as a missionary to Turkey, and she accompanied him. They worked together until Mr. Dodd's death in 1866, and then the widow with her three children, all of whom were born in Turkey, returned to the United States.

Miss Hettie Dodd, the oldest girl, a few years later married the Rev. Thomas Carter, who died in 1894 while pastor of the First Presbyterian Church, Boonton, N. J. Edward M. Dodd,

THE ONLY SON, went to Cesarea, Turkey, as a medical missionary in 1883. There he has established a mission hospital in the finest building in the Sultan's domain outside of Constantinople and Smyrna. Miss Isabelle F. Dodd, the younger daughter, followed her brother to Turkey a few years later and is now a teacher in the Woman's College in Constantinople, which is supported by the American Mission Board.

When the Rev. Mr. Carter died his widow was left with several children. She and Mrs. Dodd, her mother, moved to Montclair, where they have since DEVOTED ALL THEIR ENERGY to training the former's children for mission work. Miss Anna Carter married the Rev. William H. Tower, formerly pastor of a Presbyterian Church at Framingham, Mass.

Miss Hettie Carter married the Rev. S. Ward Righter, who has charge of the Presbyterian Church at Hyattsville, Md. Robert W. Carter studied medicine and has just arrived at Dumaguete, where he hopes to emulate his uncle, Edward M. Dodd, and build a hospital second to none in the country where he is stationed.

Thomas F. Carter is now MAKING A TOUR OF THE WORLD visiting mission stations. He, too, is at present in the Philippines. On his return to America he will complete his studies at Auburn Theological Seminary and then offer his services to the Presbyterian Board as a missionary.

Dr. William S. Dodd has just returned to Cesarea after his second vacation in his twenty-four years of service as a missionary. He left four of his children, all of whom were born in Turkey, in America to complete their education. Edward M., Jr., is in the junior class in Princeton. When he has completed the course at the theological seminary at that university he will go as a missionary. Nellie C. Dodd and her two younger brothers, Alexander D. and Wilson S., are students in the Montclair High School. It is Miss Nellie's ambition to be a mission teacher like her aunt Isabelle.

Alexander is studying to become a missionary physician, like his father and Cousin Robert, while Wilson expects to go to Princeton and afterward to be sent to preach in heathen lands.

HIS BURGLARS

LITTLE BOY (in toy shop)—Is this bank safe?

SALESMAN—Absolutely, my little man. I'll warrant you won't break into it.

"But I want one that papa and mamma can't break into."—Harper's Weekly.
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