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Battle Creek, Mich.
Last month considerable space was devoted to an account of the Opening Exercises of the American Medical Missionary College, with a group picture of the Freshman class, etc. This was done chiefly for the fuller information of the students in the various schools and colleges who are planning for their future courses of study.

In the present issue it is desired to bring before our medical missionaries on the mission field the advantages offered at the Battle Creek Sanitarium to their fellow-missionaries and themselves when sickness and broken health may necessitate return to the home-land.

Of the more than one hundred missionaries who have been in the Sanitarium during the past year, not one but has gone away the better, and many have been the expressions of gratitude for benefits received, some of which are inserted as personal testimonies to their brethren and sisters on the field.

Notably among those who have been benefitted are Rev. J. H. Martin, twenty years missionary in India under the United Presbyterian Church, and Rev. Joseph Clark, for nearly thirty years Baptist missionary on the Congo. Both of these brethren were operated upon by Dr. Kellogg in the middle of September, and both have been fully restored to their work. It was feared that Dr. Martin would never be able to return to India, but now he is well and ready to do so.

Each of these brethren have large families, Dr. Clark having six children and Dr. Martin seven. It was not without some anxiety, therefore, that they underwent the risk which naturally attends any operation under an anaesthetic, but both families are now rejoicing that their loved ones are well, and fitted, it may be, for many years of further service in the Master’s cause.

On pages 869 and 871 will be found pictures of these family groups, most of the children being born in India or Africa.

“A Missionary Banquet” is a rather unique title perhaps, but no other would so fittingly apply to a recent gathering held in the Sanitarium in Battle Creek, when a party of one hundred sat together and not only took share of the “good things” for the body, but also partook of “good things” tending to spiritual cheer and uplift.

Here were gathered missionaries from India, China, Africa, Japan, Turkey, Chile and Venezuela. The grand old missionary, Dr. J. B. Hartwell, who has seen fifty years’ service in China, and was accompanied by his daughter Anna, after fifteen years of service, was the veteran of the party: next in order, in point of service, being our dear friends from the Congo, after nearly thirty years of service. Rev. Joseph Clark and his good wife serving under the Baptist
Missionary Union, North—while the Hartwells represented the Baptist Convention—South. In addition were Mrs. Campbell and Miss Gerow, both missionaries to the Telugus in India. The former, having lost her husband, is engaged in speaking in the churches of what she has "seen and known" in India; while the latter, on account of what she has "seen and known" there, decided not to return until she possessed the knowledge of medicine and degree of M. D., and so is a student in the freshman class.

There was Mrs. Moses Parmelee, whose husband was a Congregational missionary in Turkey over forty years, the latter part only as a physician, he having decided to do as Miss Gerow and many others have done. Near by her mother sat Miss Ruth Parmelee, a graduate of Oberlin, who has recently joined the freshman class of the Medical Missionary College. Miss Mabel Woodside, also a graduate of Oberlin, whose parents are Congregational Missionaries in West Central Africa, and Mr. Orbison, whose parents are Presbyterian Missionaries in India, where he was born, are also in the class. These three thus represent the second generation of missionaries.

A thought occurred to the mind of the writer as he sat there and "took in" the situation, and the fact of over twenty missionaries from all lands and of varied denominations being there brought together to meet with nearly sixty prospective medical missionaries, and that thought was the impossibility of duplicating this gathering elsewhere on the entire continent of America, and perhaps in any other land; and the added fact that this gathering could be duplicated here at Battle Creek every day, at least for nine months of the year.

As these thoughts were borne in on the mind, one was led to realize the wonderful opportunities thus afforded to both veterans and recruits, both of whom are inspired by the presence and friendship of the other; the former to renewed effort and further endeavors made more possible to them by the care and treatment afforded them in this place, and the latter to the more earnest study and preparation for their life work.

The article by Dr. Mary Tooker, on another page, is full of interest, especially to prospective missionaries, containing wise counsel based upon some years of experience. The account of work being done by Dr. J. L. Keeler is inserted with much pleasure, the Doctor having been one of the students of the I. M. M. Society in New York. We are glad to know of the good work he is doing, and wish him even greater success.

China, and the world at large, was made the poorer by the removal of Dr. David Grant, who began his medical work in Chin-Chew in 1880. Of him it was well said, "He cared more for others than himself," reminding one of the words spoken in scorn of the Saviour when on the cross, but wonderfully true. "He saved others." Another testimony to our departed brother is in similar strain. "His charm and power lay in his likeness to Him who 'came not to be ministered unto, but to minister.'"

A younger man, though equally devoted, has also finished his work in China after the short term of four years only. Dr. Robert S. Worley was sent to Swatow by the Baptist Missionary Union in 1903, being a graduate of Rush Medical College. Born in El Paso, Ill., in 1870, at fifteen he sought to prepare to preach the Gospel. Largely influenced by the martyred Horace Pitkin,— who himself spent a summer in the mission dispensaries in New York as a student of the I. M. M. Society—young Worley decided to become a medical missionary. A picture of Dr. Worley and his native assistants will be found on page 875, together with further testimony regarding his work.

The Baptist Missionary Union has also lost one of its devoted women medical missionaries, Dr. Josephine Bixby, who went to Swatow in 1894, within a few days of the death of Dr. Worley. Dr. Bixby has been brought to her native land in hopes of restoration to health, which had been sadly affected by long and arduous labor for the sick and suf-
The provision thus made, however, is not large enough for one half the number of students actually here, and the demand for a dormitory building of suitable proportions is the need of the hour. Judging from the number of students now in training, and especially those forming the freshman class, which numbers nearly forty, accommodations may, and possibly soon will be needed for four classes, each fifty in number, totaling two hundred.

Nor is this number overestimated in order that the present force of medical missionaries be maintained. There are nearly four hundred and fifty men and women in the mission field from the United States and Canada, a similar number having been sent out by Great Britain and the continent.

The average term of missionary service is not ten years, but allowing it to be so, forty-five men and women are needed every year to maintain the present number. Again, seeing that the American Medical Missionary College stands alone as an institution devoted to the education of medical missionaries of all denominations alike, and at a total yearly cost of only two hundred and fifty dollars for fees, board, rooming, books, etc., most of which, if not all, may be earned during study and vacation, it is not too much to expect that the incoming classes will soon number fifty or more. Let them come. A warm welcome awaits them—but who will be the first to start a Dormitory Building Fund?

Just as this number of the Medical Missionary was about ready for issuance, our missionary friends conceived the idea of presenting an expression of their appreciation of the Sanitarium to the trustees, a copy of which will be found of page 868.

It is pleasant to all connected with the institution to receive such kindly expressions of gratitude and good-will, and in response, they can only say that the privilege of thus ministering to the heroic missionaries of the Christian church-at-large is esteemed a great honor and is gladly availed of by all in the name of our one Lord and Master.
MISSIONARY DEPARTMENT

GRATITUDE OF THE CHINESE

Dr. J. A. Otte, a medical missionary in China, in an article published in The Mission Field, the missionary magazine of the Reformed Church in America, gives an account of the sympathy of the Chinese for him at the time when he had suffered an injury, which shows that the Chinese Christian appreciates the kindness of friends, and has compassion for a suffering missionary.

Dr. Otte suffered a very severe injury by his thumb being caught in a washing machine while he was helping to wash the blankets of a septic patient. The thumb was nearly pulled off. During the time he was in pain

THE REAL GOOD QUALITIES

of the Christian Chinese came out. His room was seldom without a Chinese visitor. Some, whose eyesight he had restored, came with tears to inquire if the danger was past; others, whose lives had been saved in the hospital, would stand by the bedside expressing with their tears their intense longing to be of service.

Many a Chinese brother would pray aloud, asking that the sufferer might be restored to health. Some brought fruit and others money to "buy strengthening medicine." One old lady sent nearly

ONE HUNDRED RICE CAKES.

A little boy whose eyes had been saved, brought a loaf of bread bought with money he had earned. A physician had suggested that the patient ought to go to Europe to have the torn tendons reunited. A Chinese friend, hearing this, secured in twenty-four hours money sufficient to have paid the expenses of the long journey, which it was too late to make. Such expressions and devotion to the medical missionary are the rewards of faithful service in ministering to the body and thus ministering to the souls of men and women in heathen lands. As Dr. Otte, in speaking of his experience, said: "Now I know their hearts are won and I thank God for having revealed this to me. I wanted the Chinese to be my people;

"NOW I KNOW I AM ONE OF THEM."

AN APPRECIATION

We, the missionary guests at the Sanitarium, desire to express our sincere and grateful appreciation—

To the Trustees of the Battle Creek Sanitarium for their generous hospitality in welcoming missionaries at such moderate charges to the covert of this delightful place, with its accessories so perfectly adapted to rest and the recuperation of health;

To Dr. Kellogg and his staff of physicians, whose ability and skill have been so unstintedly expended in our behalf;

To the nurses whose attentions have been most devoted and efficient, and

To all the other helpers who have contributed so materially to our comfort and happiness.

NAME DENOM. FIELD 1ST. VY. SERVICE

J. Boardman Hartwell S. Bapt. China 1858
Anna B. Hartwell " " 1892
Jessie A. Hanna Methodist Chile 1899
Lydia M. Campbell Baptist India 1873
Joseph Clark Congo 1890
Eliza Clark Congo 1894
Weston T. Johnson Presby. Japan 1902
Lavinia M. Rolleston " China 1894
Julia F. Parmelee Cong. Turkey 1871
Fred R. Bunker " S. Africa 1891
William L. Curtis Japan 1890
Mrs. J. P. McNaughton Turkey 1885
R. S. Hambleton, M. D. Presby. " 1891
Ida F. Hambleton " " 1891
Grow Stanley Brown Methodist China 1905
Winifred Heston, M. D. Cong. India 1902
Victor McCauley S. Baptist China 1898
Elizabeth McCauley " " 1898
P. Fredericksen Baptist Congo 1881
Mrs. P. Fredericksen " " 1887

Battle Creek, Oct. 31, 1908.

Besides the twenty adults who signed above, there are five of their children here also, making the total, twenty-five.
A CONGO MISSIONARY AND HIS FAMILY

Nearly thirty years ago four young men set sail from the shores of Great Britain for the river Congo, Africa. Two years before, there had been started by Rev. H. G. Guinness of England and some friends, a new mission somewhat on the plan of The China Inland Mission and called the Livingstone Inland Mission.

One of the four young men was a Scotchman named Joseph Clark, who had been a student in the East London Missionary Institute now known as Harley College, and had also served as an officer in the department of British Customs. He was also a young man of good general ability, with a mechanical turn of mind, a very useful adjunct in Africa.

One thing that was rather trying to him was his having to leave behind a certain Scotch lassie, whom he later, however, took out with him, as Mrs. Clark. Nearly thirty years have passed since then, and the Clark family has increased to eight in number, as seen in the picture.

Of the six children, five were born on the Congo; the eldest, Stephany, being the first white child born in the Congo Free State after that title was assumed. That daughter is now a student in Syracuse University. The next oldest, Gilbert, is in Glasgow University. The third, Gordon, is in the University of Michigan. The fourth child, Mina, is in Scotland. Harvey is in High School in New York and Harold is in Rutgers College Preparatory Department.

Such, in brief, is the history of this noble missionary family. The parents are at present staying at Battle Creek, where they have been about two months. Mrs. Clark, about two years ago, suffered from a severe attack of the disease known as “sleeping sickness,” but was successfully treated by Dr. Dye, one of the former students of the I. M. M. Society.

New York. No one to-day, to look at our good brother and sister, would think that they had spent nearly thirty years on the Congo, and that they had passed through
the thrilling experience of shipwreck on their native shore upon their last voyage home from Africa.

Mrs. Clark kindly narrated her experience on the occasion to the writer recently, somewhat as follows:—

It was Sunday night on board the S. S. "Jebba." We were nearing the English coast, and some were expecting to land at Plymouth at an early hour in the morning. We sang some old hymns, thanked God for the voyage now nearly ended, and talked of meeting the dear ones.

A meal had been prepared for those who were to go on shore, and at one o'clock they sat down to it, when, ten minutes later, there was a crashing noise and a heeling over of the vessel, and all soon knew that the ship was on the rocks. A heavy fog hung over all and had hidden the danger. For some time the vessel rocked and bumped upon the rocks, but, as by miracle, the ship had struck a place where the heavy waves lifted her on to a large ledge of rock and she was held in safety, at least for the time.

So thick was the fog that the rocks and the mainland could be made out with difficulty. Rockets were fired and the whistle blown, but not until nearly four o'clock was there any response. At last some one espied a light away up, as it seemed, in the clouds, leading Mrs. Clark to say, "Why, that is a star." But presently it moved and now it was being waved, but at the top of a cliff two hundred and eighty feet high. Presently a red light appeared, causing the Captain to exclaim, "Thank God, there's the rocket apparatus," and so it was. Then came the question of how to transfer the people from the vessel to such a height. At last the life-saving apparatus was rigged, but only three managed to make the trip in an hour, and nearly two hundred to be saved. Two bold and brave fishermen arrived on the scene, and by means of ropes they had brought, they climbed down to a large cleft in the rock, and by means of a "boatswain's chair" they gradually pulled the passengers across the boiling sea that lay between.

It was indeed a terrible ordeal for all concerned, and it hardly seemed possible that all could be saved, but they were. Those who gathered in the saloon a few hours before, and sang, "Jesu, lover of my soul," and other of the grand old hymns, scarcely realized that they were praying as well as singing, and that their prayers would be answered; but so it came to pass, as with Paul at Melita, "They all got safely to land."

Mrs. Clark gratefully recalls the devotion of the good people of the village of Hope, which was the name of the place where they struck. It being the month of March, the weather was intensely cold, and those rescued had only the clothes they actually wore, which were very wet. As Mrs. Clark and a fellow lady missionary arrived at the village, a door opened to them and a friendly woman's voice asked, "Will you not come in and dry yourselves and have a cup of hot tea?" Such a kindly act and warm welcome given to His servants, will surely some day be acknowledged by him who will say, "Inasmuch as ye did it unto one of the least of these, my brethren, ye did it unto me."

The brave men who did such noble service and saved "all hands," were rewarded by the Royal Humane Society of Great Britain granting them medals and gratuities.

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IN GOD'S SMILE

A tiny boy, two years old, stood in a ray of sunshine and said gaily: "Me standing in God's smile, mamma." His mother replied: "God grant my darling may so live as always to stand in God's smile." Not long after God called the mother, and the boy was left to the care of others. He grew to manhood and grew in favor with a great man, and tried to please him, and forgot to put God first. But he was restless and unhappy. God's smile was gone. One day, looking over some relics, he found a paper parcel, and opening it found a tiny pair of shoes and these lines in his mother's handwriting: "These shoes were worn by my darling boy when he was two years of age. He stood in a ray of sunlight, saying: 'Me standing in God's smile, mamma.' God grant that my darling boy may so live as always to stand in God's smile." Through these lines God spoke to him. He saw that he had been standing in the great man's smile, and lost God's smile, and he dedicated his life to his mother's God.
A MISSIONARY IN INDIA AND HIS FAMILY

The above group picture represents the family of Rev. J. Howard Martin, D. D., who, for the past twenty years, has been missionary in India, chiefly in Sialkot, Punjab.

Dr. Martin and Mrs. Martin are both natives of Ohio, and graduates of Muskingum College, New Concord, Ohio, and in their student days they looked forward to the time when together they would be sent forth to preach the Gospel to those sitting in darkness and the shadow of death.

At last the day came when, as colaborers with Christ and each other, they sailed for that distant land, India, to which they are now so soon returning.

During these twenty years, seven children have been added to their family, all, with one exception, having been born in India. Of the boys, three are now in college, the youngest of the three being in the preparatory department.

The four younger children will return to India with their parents next month, all of them rejoicing in their father's restored health.

The mission to which our good brother belongs, under the United Presbyterian church, is only half a century old, but has a membership of over fourteen thousand, with a Christian community of twice that number. One of the chief factors in bringing about such marked success has been the medical missionary effort put forth in the community.

As an example of the extent of the medical mission work being done, it may be stated that in connection with their two large hospitals in operation, forty thousand patients were treated last year.

Recently Dr. Martin felt prompted to write the following letter to Dr. Kellogg, which is here inserted more particularly as affording information to our mission-

REV. J. HOWARD MARTIN AND FAMILY, OF INDIA
aries at large on the mission field, with
the reiterated welcome that is extended
to all missionaries of the Gospel in their
times of needing rest or treatment, in­
cluding operations, which are performed
free of charge.

"New Concord, O., Oct. 17, 1908.

"Dear Dr. Kellogg: I hardly know
how to proceed to tell you how much I
am indebted to you for all your kindness.
It is no small blessing to feel that the old
weakness is a thing of the past. I am
gaining strength and weight every day,
and am planning to sail for India about
the first of December.

"I want to say that I have never had
a more direct answer to prayer than this
recovery. I realized this summer that it
ought to be done and asked for just what
I now have. I trust that you may not
be without your reward even now.

"Mrs. Martin and I have been de­
lighted with what we saw and learned at
Battle Creek. We are converts to the
B. C. Idea. The abundance and great
variety of small grains in India promise
a full vegetarian diet. They are the
pulse which Daniel ate.

"The best feature of the Sanitarium is
the practical evangelistic spirit which
prevails there. Outside of the place we
hear that the nurses and attendants there
have a reputation for living up to their
profession of religion. The College
promises great things for the world, not
merely that its physicians go out as
healers, but rather that they go with
the idea of teaching men the Gospel of
Christ and of right living.

"We shall not cease to thank God for
the Battle Creek Sanitarium and for
what it has brought us, and we feel espe­
cially grateful to you for your skill and
painstaking care on our behalf.

"Yours sincerely,
"J. Howard Martin."

"If I knew you and you knew me,
If both of us could clearly see,
And with our inner sight divine
The meaning of your heart and mine,
I'm sure that we would differ less,
And clasp our hands in friendliness;
Our thoughts would pleasantly agree
If I knew you and you knew me."

A PERSONAL NOTE TO OUR MEDICAL
MISSIONARY FRIENDS

DEAR BRETHREN AND SISTERS IN CHRIST:

The next issue of this journal will com­
plete the year 1908. We have been send­
ing you each number for the year, and
trust that you have received each copy
and found it helpful. There are, we are
thankful to know, over eight hundred
of you busy in the various lands reliev­
ing physical suffering and telling of
Jesus Christ.

We also send the magazine to twelve
hundred Y. M. and Y. W. C. A's and
colleges to inform and recruit helpers
for you. These 2,000 copies have been
sent freely, regardless of subscription or
postage being paid by the recipients.
The cost for mailing 2,000 is $840 a year,
the postoffice not allowing poundage
rates on copies not subscribed for. Some
of our friends in the mission field and
some of the Associations have kindly
subscribed, but we would be glad to have
more do so.

We feel that there is a special field
for this, the only journal of its kind in
America or Canada, as a means of
gathering and disseminating informa­
tion regarding Medical Missions, and so
feel to keep it going even at heavy cost;
but the co-operation of the many would
lighten our task, and so we invite our
brethren to join us in our efforts.

A one dollar bill would pay for 1909
and 1910, and the sender could have
a copy each of 'Tell Them' and 'Mur­
dered Millions' mailed free to any
address included. (See second page of
cover.)

Only the knowledge of God's having
used both of these little books in a
remarkable way, enables one to over­
come personal feelings in the matter.

With every good wish for blessing and
success upon your noble efforts, I am,

Yours to serve,

GEORGE D. DOWKONTT.

"Work for him in life's daily task,
And what the future hides nor fear nor ask;
Seek his will only—leave to him the rest,
And toil or suffer as shall please him best.
—C. M. Noel.
A HURRY CALL TO A BURMAN VILLAGE

W. C. GRIGGS, M. D.

The front door bell is unknown in Burma, even in the most pretentious bungalows, and the only way a visitor has of announcing his presence is by shouting "Boy!" at the top of his lungs. The courteous Burman, however, considers this too strenuous a proceeding, and so, after he has slipped his feet from his shoes at the bottom of the steps, he walks noiselessly across the veranda, and taking his seat just outside the door, coughs gently behind his hand. After a moment or two he coughs again, a little louder this time, and then in a stage whisper he informs his friend, "His lordship is eating rice."

As this is equivalent to a violent ring at the door bell in America, the "boy" goes out to the veranda to investigate and returns with the information, "Jungle Burmans waiting, sir; wanting master to go to village to see a man plenty sick, sir."

Out on the veranda is a delegation from a jungle village a few miles up the river. First is the thu gyei, or "headman;" he tells you that his friend sitting behind him is the father of a sick man, and comes to ask you to do a deed of grace and visit his house. They have picked up the native preacher on their way to the mission house, and he tells you that quite a number of people from this village have been to dispensary and to service too; this constitutes, of course, a great claim upon the missionary.

Perhaps you ask a question or two to get some idea of what the trouble is, and are informed that it is "wind." Pretty nearly every trouble in Burma comes from that, from consumption to cancer. Then after having been thus greatly enlightened as to the nature of the case, you get your medicine bag and follow the delegation to the river bank.

Here a kla is waiting, a dugout, just wide enough for sitting provided a person takes a seat carefully in the bottom of the boat and doubles up till his knees are tucked beneath his chin. It is quite to raise an umbrella under such circumstances, but it is necessary if the traveler wishes to escape a sun headache. The native preacher follows with a bundle of papers, tracts or Gospels, and in turn slips his knees, beneath his chin. The boat rocks ominously at this, for with the two natives aboard who "called" you, the gunwale is only a couple or three inches above the surface of the water; but this is a small matter.

An inch is as good as a mile, just as a miss is.

One man takes his place at the bow, pole in hand; the thu gyei, by virtue of his rank, sits at the stern with a paddle; with this he steers and helps his friend with the pole as necessary. And so we start, hugging the bank, following its many turns and twists for an hour or so, until we catch sight of the tops of banana trees around the next bend in the river, and beneath them we know we will see in time the thatched roofs of the village for which we are aiming.

We arise, slowly and ungracefully, for after sitting in a native boat; then we follow our guide up the steep bank of the river to the lane leading to the village. The first thing the guide does is to collect a few stones or short lengths of bamboo as ammunition to be expended upon the swarm of pariah dogs which will shortly rush forth from beneath every house, and form a snarling, yelping circle around us. As we walk along the village lane, men and women leave their work and fall in behind us, all intent upon seeing and hearing what the sayah wohn will do or say. The house itself has been swept and garnished for our visit, with the best mat the village can produce already spread for us. A flask of water, a tray full of bananas and a handful of cigars and a betel-nut box stand ready for our use, all in a row, like the famous Mr. Boffin's books, at the head of the mat.

After sitting down for a moment or two and thus asking to see the patient. He is in an inner room, and thither we go, accom-
panied by as many villagers as can possibly squeeze in after us. The rest chatter, smoke and chew betel-nut from the family box in the room we vacated. Everybody there has made a diagnosis of the case. It is “wind,” or the “blood has arisen,” or the patient has “made a mistake,” but in spite of the diversity of opinion each individual is quite confident as to what ails the man; it is merely a question of what the treatment should be.

Meanwhile we are examining the patient while

OUR AUDIENCE LOOKS ON

in breathless interest. It is necessary to perform a slight operation, perhaps, and returns with a few chips, which are put upon the fire.

The operation over, everybody admires the bandages. How white they are; how smooth they lie above the dressing beneath; it is all very wonderful; good to marvel at!

It has been hard work; and now that it is over, eager friends of the patient seize fans and wave them above us, at the same time telling us what wonderful people these white kallahs are; that we have proved ourselves

A FATHER AND MOTHER
to the sick man, and that they will never forget what has been done. Here is the chance the native preacher has been waiting for. He tells them that what they have seen is nothing at all in comparison to what the teacher could do if he tried real hard, and that the marvels of Burma are but the commonplaces of America. “Why did the teacher leave this wonderful land to come hither?” he asks. “Because we Burmans are in darkness,” and then he goes on to tell the story of the great Saviour who “went about doing good.”

Thus is the seed sown in many and many a Burman village. What the reaping will yield, none but the Lord of the harvest knows.

A DANGEROUS PATIENT

Dr. Wright had a funny experience the other day at the hospital. A woman brought in her son, who was about sixteen years old, to have his eye teeth pulled. The teeth were a little prominent, but perfectly sound. The doctor said that he saw no reason for pulling them, and that it would be foolish to do so. The woman said that she wanted them pulled, as the neighbors had told her that if she did not have them pulled, her son would

GROW INTO A TIGER

and eat people. After quite a little persuasion she finally agreed to let the boy keep his teeth, as she said Dr. Wright knew very much more than she did. The doctor gave her great comfort by telling her that if ever she saw any signs of her son growing into a tiger to bring him to him.
DR. ROBERT S. WORLEY

Our devoted brother, whose picture is given below by courtesy of the Baptist Missionary Magazine, went to China in 1903, and after only four short years of service was drowned. The following striking testimonies give evidence of the mark he made by his skill and devotion in that short time. After all it is rather quality than quantity that counts in life.

One of his fellow-missionaries, Rev. A. F. Groesbeck, says of him: "A medical missionary's life is not to be measured by his skill as a practitioner alone, but by the influence of his life upon those whom he has come to serve. Dr. Worley had been on the field less than four years, but in that time he had won the love and confidence of the people to such an extent that few men in dying have been mourned as he. On every hand, among Christian and heathen, high and low, have been expressions of sorrow. He was so quiet and retiring among foreigners that few of us realized the depth and extent of his influence on the Chinese.

"Dr. Worley did no slipshod work. Had he done this he never would have won the confidence of the Chinese, however kind and willing the service rendered. Dr. Worley won them because he loved them and healed them. He gave unstinted care and consideration to each case, believing that the missionary who gave less than his best, fell short of doing his duty. He often expressed the wish that he might give years to this work, but God ordered otherwise and called him to higher service. He lived a short life, but lived it well to the glory of God and the honor of his calling."

The editor of The Baptist Missionary Magazine writes as follows:

Communications which have been received from the field give evidence that in the death of Dr. Worley the Missionary Union has lost a rare man. In his quiet, unassuming way he seems to have won the hearts of all, foreigners and Chinese alike. One incident in the tragedy emphasizes this most forcibly. Nearly a score of Chinese were on the ferry-boat when it capsized, and many of these were

IN THE GREATEST PERIL.

But some of these, forgetting their own danger, called out when help was offered them,

"SAVE DR. WORLEY FIRST!"

—so deeply had he impressed upon them the self-sacrificing spirit of Christ.

Quoting from the letter from which the above incident is taken:

There was little sleep on the Kakchioh side of the port. The land was crowded, nearly all the foreign community and the Chinese village just back of the community sharing with our people in the watching and waiting, all hoping, of course, for some favorable news. If you could have heard the words that were said, you would know something of the love and esteem every one felt for him.

HOW THE CHINESE LOVED HIM!

They did not spare themselves—I am not sure that our cook slept at all. Helpers, teachers, students—all were out searching. At last they found him, and Sabbath evening we laid him...
MISSIONARY DEPARTMENT

WANTED: A HOSPITAL FOR CAPIZ

REV. P. H. J. LERRIGO, M. D.

If a little medicine and surgery will do a great deal of good, it ought certainly to be true that more medicine and surgery will do a great deal more good. In the province of Capiz, P. I., we are trying to spread the work of our one dispensary over a territory embracing 300,000 people, and necessarily it is a little thin in spots; hence it is

THE PURPOSE OF THIS ARTICLE to demonstrate, if possible, the crying, weeping, wailing need of a hospital which will allow us to apply the healing art more effectively to the wounds of the province. Two or three cases chosen out of many which are occurring daily, will show the definite results accompanying medical aid, and serve to illustrate the handicaps under which one labors in trying to do modern scientific work WITHOUT EQUIPMENT.

Case I is a cheerful Chinaman. He was not cheerful when we first saw him, but rather the reverse. We found him lying on the floor in a little room about six by six, with his right arm swollen almost to the size of his body and oozing a foul serous pus. He was a merchant mariner, and in a gale had been thrown violently to the deck of his little craft, a rusty nail penetrating his hand.

HERE WAS AN ADMIRABLE CASE for a hospital, requiring possibly amputation, but certainly operation. Alas, there was no hospital in which to place him, so we were forced to do the best the circumstances would permit. Subsequently we performed the operation in our dispensary, making free incisions, and placed the patient in the house of one of our native preachers. Knowing something of the Gospel before his accident, the enforced quiet and meditation, together with further teaching, is bearing fruit, and seems to have WROUGHT A GENUINE CHANGE OF HEART.

He was lying on the operating table one day while the wound was being dressed, with the window open close at hand. A woman in the neighboring house looked down across the yard and called to him, "Hi, Chinaman! What's the

HAPPINESS

"Happiness is a shy plant. For the one who nurses and watches it, devotes time and thought to its culture, and who tries to remove all hindrances from the soil, and shelter it from every rough wind, it never reaches anything but a puny and uncertain development. But he, who is too busy with other things to bestow much attention upon it, whose heart and hands are too full of weightier matters to heed its vagaries, will usually be awarded with a hardy and plentiful growth. There is nothing better than a little wholesome letting alone in the matter of wholsome and petting so far as one's own happiness is concerned. It will not live under a glass. Seek to make others happy and you will be so, too."
matter with you?" "Abaw!" he an­s­wered; "I had an arm bigger than your head and should surely have been dead and in the ground now if it were not for the medico." Our patient has become very desirous of receiving baptism as soon as he is sufficiently recovered. The other day

HE RELATED A DREAM
to one of his companions. "I dreamed," he said, "that I was in the chapel and the pastor had examined me for baptism, but after the examination he said, 'You can not be baptized because you do not know enough of the Gospel,' whereupon I was exceeding sorrowful and desired greatly to learn more." The moral in this story is the unsanitary environments under which the treatment was necessarily conducted, greatly retarding the cure, and the encouraging feature is the definite result in the new spiritual experience of the patient.

Case II comes from the town of Quar­tero. This is the town where at the begin­ning of last year the priest intimidated the people by assuring them that our medicine was poison for the body, lead­ing to death, and that our doctrine was

POISON FOR THE SOUL,
leading to hell; hence, that death and hell followed in our wake. During the past year one faithful Christian has been working in the town, distributing medicine which we have given him, teaching the word and removing preju­dice until six have been baptized, others are listening approvingly to the Word, and large numbers are coming to Capiz for treatment. Last week a mother came from this town bringing her little child suffering from a large cystic tumor under the eye which totally blinded her and threatened permanent loss of the eye. Last Monday we anesthetized the child in the dispensary and removed the tumor, and here again the handicap presents itself of unsanitary surroundings imperiling the result of an operation otherwise most beneficial, for

HAVING NO PLACE
to care for the patient, we had to let the parents take her home with them to the dirty nipa-shack where they are staying. Providentially, the result of the opera­tion promised to be good, but a hospital would insure a good result, and we ought not to have to take chances with such cases.

Case III is Simeon. We cut off Sim­eon's arm last year with a buck-saw. He had been interfering with a sugar mill and the machine had been unkind to him, with the above result. Simeon with part of his arm gone did not seem to be of much use to his father, so he delivered him into Miss Suman's hands, where he is learning to do as well with his left and manipulate the stump with good effect. Simeon is also growing in grace and in the knowledge of the Lord, and we hope to baptize him soon. But Simeon's case was a long and painful one, largely for lack of hospital facilities.

A few days ago six operative cases presented themselves in one morning. Throughout the province there are literally hundreds of cases needing operation whom

WE HAVE TOLD TO WAIT
until we have proper facilities for hand­ling them. A hospital means to us the possibility of vastly increasing the effi­ciency of our work, both medical and surgical, the breaking down of preju­dice on all sides, access to new homes, villages and towns, opportunity for wider evangelization, and, above all, the salvation of immortal souls.

THE MARTYRS' MEMORIAL HOSPITAL
J. L. KEELER, M. D., PHYSICIAN IN CHARGE
Ch'ung Li-hsien, North China

We review the work of another year with deep humility and sincere gratitude to God our Father and to our friends.

During the year we have passed through epidemics of diphtheria, small­pox, and at the time of writing a scourge of cholera is sweeping through the Em­pire

LIKE A PRAIRIE FIRE.
Thousands have fallen a prey to its mer­ciless poison, but it has not come near our dwellings.

Most of us have enjoyed a much needed rest and change at the sea side, and as the new year opens before us, we have every reason to be thankful, and every encouragement to push on.
The Hospital, surgically, medically, and morally, is always our most satisfactory department, and ought to be well manned and fully equipped, an ideal to which all too few, if any, mission hospitals have yet attained.

Upwards of five hundred patients and their friends have in turns lived in our wards during the year.

They have heard our message, tested our methods, read our books, and our lives, when we least thought it.

In Hospital, Dispensary, and Itinerary we have recorded six thousand five hundred and thirty-four cases, not counting return calls, which increases the number of treatments very greatly. We have performed

ONE HUNDRED AND TWENTY-ONE

major operations, consisting of the usual run of tubercular glands and joints, amputations, resections, tumors, calculi, cancers and a few new cases of acute diseases, such as appendicitis, hernias, empyema, etc. We have had fair success considering the condition in which many of the patients come to us. The death rate has been less than five per cent.

Of the medical cases

THEIR NAME AND NUMBER IS LEGION

and results not so gratifying because of the chronic nature of most of these diseases. As one of our “old hands,” a missionary doctor of the south, remarks: “Many of the Chinese regard the stomach as a reservoir, and think the quicker they fill it and the more they pack into it, the better;” hence dilation, hemorrhage, indigestion, flatulence, gastric distension, loss of appetite, constipation, headache, malaise, and the long list of consequent and concomitant disorders that follow. Such a thing as a corrected diet in China is

AN UNKNOWN QUANTITY

and every medical missionary must add to his “Jack of all trades” a culinary department. We find the magazine Good Health most helpful and suggestive along these lines—all the more since the Chinese diet (among the poor) is of necessity cereal and vegetable. Not that they have not foodstuffs enough, but that they have not variety enough of the same foodstuffs.

Owing to Dr. Terry’s ill health and overwork, we have accommodated some of her patients in our wards during this year. I wish to speak of the children in particular, who present

A MOST PAINFUL AND PLEASANT FEATURE

of our work. Painful to see the little pod-gutted, emaciated skeletons with pinched faces and whining spirits; but the reason is not hard to find, when you see them (boys and girls from three to five) tugging away at an empty breast; or in the case of younger children, even babies, “eating peanuts by the peck,” which the mother first masticates and then puts into the baby’s mouth, bird fashion. Birds thrive on such treatment, but babies are supposed to take milk until they are old enough to masticate their own food. Pleasant, because these children begin to improve at once on a corrected diet of canned milk and prepared foods, and returning health to the child and hope to the parents is sufficient reward to both doctor and donor.

Alas! The poorer class can not afford to buy canned milk, and not

ONE FAMILY IN ONE THOUSAND

keep a cow, and if they do chance to have one, she is used to haul the cart and till the soil. Should she chance to give milk—she must first give half or more to the calf before the farmer gets a drop, and should the calf die, the cow goes dry. We must teach the people the place and use of milk, and either import some foreign cows which have more sense, or convert the Chinese cow. I realize full well the difficulty of changing Chinese customs. But considering our modern antidotes for all ills, and the exploits of Professor Burbank in the vegetable world, I think that if a heifer were isolated, and given a few doses of anti-calf-ine, one might hope to succeed. In any case we

MUST HAVE A CHILDREN’S WARD

well furnished, warmed, lighted, facilities for making delicacies, a good motherly old nurse; a stock of foodstuffs and milk; toys, games, and, if possible,
a kindergarten. We have already started such a fund and have upward of fifty dollars, Woodlawn S. S. heading the list with twenty dollars. Mrs. Keeler, having had special training along this line, kindly offers to superintend the work, train and teach the nurses, etc. Five hundred dollars will do much toward starting us off, and we have only to remind you of the Master's love for children, and what he said: "As oft as ye do it unto the least of these little ones, ye do it unto me." Any gifts marked "Children's Ward," C'hang-li, North China, and sent to Homer T. Eaton, Care of Board of Foreign Missions, M. E. Church, 150 Fifth Ave., New York City, or J. L. Keeler, Ch'ang Li-hsien, Chih-li, North China, will "TOUCH THE SPOT," and be gratefully acknowledged.

Our itinerary has been more systematic and effective this year than ever before. We have crossed and criss-crossed our field of two hundred by one hundred miles in such a way as to reach all the important centers and cities, some of them more than once, following some of the large fairs, traveling 4,726 li. This work is always hurried, and somewhat superficial, but serves to open the way for more effective work in new places; relieves hundreds of their toothache, supplies THOUSANDS WITH EYE WASH and medicines, good advice and a good Gospel. Many of the more serious cases find their way to the hospital for operative and other treatment. That old-fashioned "lumber wagon" toward which our friends subscribed so liberally is on the way and will greatly facilitate our journeys abroad. But not until we have a sufficient number of trained men and branch dispensaries can we hope to do for our field what we long to. We rejoice, too, that friends have pledged the support of another doctor, probably now on his way, which will greatly enlarge the sphere of a more systematic and effective itinerary work.

OUR STAFF continues as last year, unchanged, more loyal and efficient. Our student Wang, owing to ill health, will be unable to return to the Union Medical College, Peking, this term. We welcome reinforcement, and feel assured that Dr. and Mrs. Taft and little Marion, and Miss Glover just back from furlough, also Miss Dyer, new recruits, will contribute much to our station life and mission work.

OPium Cure

Hearing much about the new plant cure of South China, we wrote for samples, and were sent a large box of the dried plant with directions, but have not had the success they report, largely because we have not an active Anti-Opium Society to work up a sentiment against it. A letter just to hand, from a Shan-hsi doctor (where it is said "eleven out of every ten" use opium and where Pastor Hsi did his great life work), states that "we must appeal to the conscience, character, and will of the opium wreck," and when these are sufficiently aroused and alarmed, PEA SOUP AND PEPPER will suffice to complete the cure. We appreciate the work of Dr. Wilbur Crafts and his noble society, as also that of the Chinese Government. "May their tribe increase."

Our hospital evangelist was led to Christ by one of our faithful preachers who fled from the Boxers in 1900 to a small fishing village where he was sheltered by "Father Wang," and while there in hiding taught "Father Wang" and his sons the Christian religion. The whole family have since come into church fellowship, and our evangelist Ch'ing Hê has become A MOST SUCCESSFUL FISHER of men. Results in this department are not as easily tabulated, but we rejoice to know that the good done grows in ever-widening circles, reaching neighbors, relatives, and distant friends. The hospital will always continue a most fruitful source of supply to the church.

We thank God for supplying all our deep real needs; also the friends who have helped us in word by letter, in heart by prayer, in deed by dollars; and
for the ever-widening circle of new friends, our warmest welcome. For the privilege of working together with Him
IN THIS LAND OF GREATEST OPPORTUNITY, greatest need, and for your larger share in all that has been done, the Lord
reward you. "Blest be the tie that binds," our song; "Thy kingdom come," our prayer.

J. L. Keeler
H. C. P'ang.

EVANGELISTIC WORK IN HOSPITALS

MRS. MARY FITCH TOOKER, M. D.

In speaking to-day on the greatest principles and strongest methods of evangelistic work in women's hospitals, we would state that the first principle is that the physician must take part in this work herself. While the ideal way is to have a foreign helper take charge of the evangelistic work in each hospital, yet it can never be entirely delegated to another. While there is more and more demand for thoroughly scientific medical work from our physicians, yet the Lord's demand for witnesses is none the less.

Let us give a word by the bedside and take a daily part in the hospital services, for if we forget the souls of our charges, then our souls are growing cold. One of the happy memories in this line is of the Sabbath mornings when all who were able had gone to Sunday-School and the doctor could have quiet talks with the few who were left in the wards; once it was a lesson on the Lost Sheep, with perhaps a little slave-girl before one, a poor daughter-in-law, and two or three outcasts more "lost" than they.

What the physician herself is as a witness the whole hospital may grow to be. After seeing the doctor sit up with a sick woman one or two nights, the husband exclaimed, "I know now there is something in Christianity, since it makes a doctor willing to do this."

The second principle is that there must be Christian native workers, a Bible-woman, matron and assistants who will live pure lives before the patients and not cast shame on the Lord's work; more than this, who will feel the burden of the Gospel message on their own hearts. We all know the ideal Bible-woman, one whose tact and gentleness equal her zeal. And here we are reminded of one good old soul who refused to feed a sick woman until she had been compelled to say grace, who in urging another to believe on the Lord and being met with only groans over her sufferings and a "wish to die," said promptly: "If you were to die now without believing in the Lord, you would wish you were alive again."

Closely connected with these two is the third principle that there

MUST BE A CHRISTIAN SPIRIT in the hospital; the spirit of love, the spirit of home, that those entering may see there is something here they have never known before. It is sad to see a hospital where this is not the case; one hospital for instance, where the Chinese dislike to go on account of the rough treatment they receive from the native helpers; another hospital where a visit to the dispensary probably means an expense of fifty cents to a dollar, where the assistant in charge makes money by the hundreds of dollars from the poor. Such hospitals are not the best witnesses; yet we do see many of the other type, where the spirit of love is revealed.

Let me say that of great assistance in this line is a little thought given to the social life of the patients. A picnic in the country where all division lines are forgotten, a Sabbath evening in the physician's home spent in singing hymns together, will do wonders in opening close-shut hearts.

Of the methods or forms of work for soul-saving I will mention a few, hastily passing over the most of them:—

1. Dispensary Preaching.—This is of importance, though possibly too much dependence may be placed upon it in some places, for it can not take the place of personal work. It is an opportunity to reach not only the patients, but the many friends who accompany them.

2. The Regular Religious Services.—Morning prayers either in the wards or in the hospital chapel, and the church services, which the patients enjoy attending.
3. The Use of Literature.—Some friends at home may scorn tracts, but the missionary must use them on the foreign field. Tracts in the dispensary, printed slips containing invitations to the church services, calendars marking the Sabbath days, picture cards for crying babies with Bible verses meant for the fathers and mothers, and innumerable other devices of using the printed words so sacred to us. Under this head comes the instruction in the wards. In some hospitals a little school is held for those who will give themselves to the study of catechism, tracts and Gospel.

4. Bedside Talks.—Frequently the one and last opportunity a soul has for hearing of the Lord: in the hospital, it may be, for the last stop on the way to the other world.

5. Following the Patients to Their Homes.—This is an opening of endless resource, and would easily occupy the time of several Bible-women. Those who have been treated within your walls, who have become acquainted with your Bible-woman in the wards, will throw open a welcoming door even on the street where others are unfriendly. Many women who have received the seed into their hearts have gone home to have it plucked out again, perhaps only for the want of a little faithful watching.

6. Lastly, and most important of all, because it is the one way to win souls in all evangelistic work, is the individual effort for individual souls. How our hearts were touched by Mr. Lewis’ words on the resources of companionship and we are grateful to God for this straightest of all paths to the hearts of men, that through their sick bodies; and just so we know that frequently the one way to the healing of their bodies is through healing the wounds of their hearts.

A tired woman was waiting her turn in a dispensary one day, and when it came she raised her eyes to the doctor and said: “Give me some medicine for a sad heart; my son is dead.” Not one sad heart of them all must be forgotten. You must know each one, and then give the needed medicine, which is the Saviour. Turn to Isaiah where he says:

“The Spirit of the Lord God is upon me; the Lord hath anointed me” to what purpose? to heal the sick? Ah no; first, to “bind up the broken-hearted.”

It was Christ’s way; he shrank from no story of sin or suffering.

HE WAS NOT AFRAID

to put his hands upon them, one by one, spotted with leprosy or sin; and it must be our way. We must not walk among them with hands so aseptic that we can not lay them on a repulsive child; with hearts so refined that we can not draw near to their vile hearts.

We can not convert them by the wholesale, by preaching to the whole ward, by sending them all to church, by letting the phonograph preach the Gospel while we give our pills. We must reach them one by one, and only so will the dying be brought to Jesus, girls be rescued from a life of shame, and the little waifs that come to your door be started on a life of happiness.

IT WAS CHRIST’S WAY

We remember the night spent with Nicodemus who might have heard with the crowd; the talk by the well of Sychar, and the last message of Christ to the thief, “This day shalt thou be with me.” Turn to the pages containing the ninth and tenth chapters of Luke—full of individual messages; one after another comes to Christ and receives the word suited to his or her own soul’s need. “Follow me.” “Go thou and preach the kingdom;” to the man who seeks to tempt Jesus and justify himself, “This do, and thou shalt live;” “Go and do thou likewise;” and the last one, that tender one to Martha, “Thou art careful and troubled about many things.”

Christ’s dealing with me has been with my own soul alone in the dark, and so let my work for him be to win one by one, through loving, the souls that he has put near my hand.

[Our good sister lets us into the secret of all true success. It must come by our own personal touch with Christ, and our bringing others into touch with him. So Philip found Nathaniel, and Andrew found Peter, after personal contact with Christ.]
BUSY WITH MEDICAL AND MISSION WORK

Early in the year five months were spent on the hills to regain strength and to be with our children, so regular hospital work was not commenced until after the July conference, though Rutnam, the compounder, did what he could during our absence and relieved many simple aches and pains.

In the latter half of the year, about two thousand treatments have been given and forty-seven in-patients received. Though the number of in-patients is not large, most of these cases were especially difficult, requiring much careful nursing and attention, some of them remaining with us for weeks at a time.

Extensive burns, broken arms and legs, a number of accidents, typhoid fever, operative obstetric patients, not a few, also two fatal cholera cases, to say nothing of the routine work, kept the doctor, who is also the nurse, very busy.

We are eagerly looking to the graduation of one of our girls who has been taking a regular hospital training, and whom we hope to have with us before the close of 1908.

While there has been no cholera epidemic this year, yet the fell disease came very close to us and called away two from our very midst. Esther, one of our fourth-class girls and the daughter of Miss Robinson’s cook, was the first to go. She was such a sweet, modest girl and an earnest Christian. Late one night her mother came and said, “I will not ask you to come because of your little baby, but O, pray! pray for my Esther, may God’s will be done.” We went and found her in a room with seven others, while just over a low partition wall were six more, all exposed to the infection. As soon as possible she was removed to the hospital. As she was being taken from her home, we heard her mother say, “Pray, Esther darling, pray,” and Esther said, “Yes, mother, I will pray, I will trust.”

And so she went home trusting the Saviour she had loved. The next to be called was Pantagani Annamma, who, for over twenty-five years, has been a Bible-woman. On Sunday afternoon she was in Sunday-school, and as we were urging upon the children their need of salvation, her heart was so full that she could not keep still, and in her eagerness to have the way made plain, a number of times she involuntarily interrupted the speaker. Monday morning she came to the Hospital for medicine. Half an hour afterward we were called to her house and found her in the terrible grip of cholera.

For two days her sufferings were intense. Often her limbs were twisted and drawn by the awful cramps. O! how she prayed for the Lord to set her free. Back and forth between the cholera patient and her little baby the doctor had to go, changing, bathing, disinfecting each time as she came and went. The end came in the night while we were at the bungalow. Her sister and grand-daughter fled at the sight of death, refusing to return. Miss Selman went with the writer to prepare her for her burial. Never had death seemed so gruesome as that night when we entered the old Bible-woman’s room and found her poor body all warped out of shape by the terrible death agony; but when the light of our lantern fell on her face, death lost its horror, for her eyes were filled with joy and glad surprise and seemed to tell us that they beheld the King in his beauty.

It has often been a grief to us in times of death among our Christians to see the almost heathenish way in which the relatives would abandon themselves to their sorrow; but since the revival of last year many seem to have learned somewhat of the great lesson of trust, and when their dear ones have been taken away, they have been enabled to say, “Thy will be done.” One night our cook was bitten by a snake, and though death stared him suddenly in the face, he said, “I will trust;” and the Lord heard his cry.

In November, a little mother was brought to us.

She had been five days in pain and they carried her over twenty-five miles in a palanquin. She lingered for some time and once as we told her of Jesus, she said, “I like your medicine
and I like your Gospel.” It was a simple thing to relieve her body, but no one had known how and help came too late. The Gospel is a simple message, but no one had told her and

HELP CAME TOO LATE.

Poor little mother! She was afraid to die, afraid to go out alone into the great unknown—it was all so dark. She was afraid, so she kept pleading: “Save me! Save me! O, do save me!” O, that her cry might reach many hearts and that each one might ask, “Am doing all I can to let others know that the Son of man is come to seek and to save that which was lost?”—Pearl S. Chute, in Report of Ontario and Quebec Mission in India.

NONE MORE INFLUENTIAL

Among the evangelistic agencies of today none are more influential in preparing the way for the Gospel than the hospital and dispensary. And in the foreign fields our church is represented by seven Christian physicians and surgeons. Dr. J. M. Balph, of Syria, reports 3,000 attending his tri-weekly clinics, and 107 cases treated in the hospital at Latakia. And he is confident that the instruction given to men and women

PROVIDENTIALLY BROUGHT

under his care “from many different places and from all the various religious sects,” has not been without good results. He records the belief, too, that his native helpers “realize, as he does, the greatness of the opportunity and the privilege that it is to present the truth to many who have never heard it before.” At the clinics that Dr. McCarroll holds twice a week in Nicosia, the capital of Cyprus, a Gospel address is delivered, tracts distributed, and other means employed to bring the patients under the power of saving truth.

STRIKING PROOF

as to the value of these agencies comes from China. Dr. J. M. Wright, who has charge of the men’s department of the Gregg Memorial Hospital at Tak Hing Chau, speaks of religious services in the wards and the chapel for the patients and their friends. He refers to “the baptism of the two attendants at the fall communion,” and adds, “This gives us Christian helpers,” who “are very diligent in explaining the Gospel to the patients, and we hope that their lives will be made a blessing in bringing many to the light.”

NOT LESS EMPHATIC

is the testimony borne by Drs. Kate and Jean McBurney, who describe the opportunities of meeting with the Chinese women in their own homes, when out on professional tours into the country, and the pathetic eagerness with which these women listen to the message of eternal life. The incidents related in their reports will not fail to call forth the practical sympathy of the home churches.—From report of Rev. Dr. Sommerville, Cor. Sec. in “The Olive Trees.”

PARK COLLEGE AND FOREIGN MISSIONS

Every class graduated from Park College to the year 1905 sent men and women into the foreign work except five. There were five people commissioned for the foreign work from the class of 1892, and 1903 comes next in order with six. The class of 1888 sent out seven of its number. Dr. Eleanor Chesnut, who stayed at the I. M. M. Institute in New York in 1904-5, and, returning to China, was with four others murdered in the latter year, was a member of the class of 1888. The whole number of graduates in this class was twenty-three; seven of these were missionaries for the foreign field, and five for the home field, making twelve in all, out of the class of twenty-three. The class of 1900 offered nine of its members to the work of giving the Gospel to the world. Thirty-eight men and women were graduated in the 1901 class, and nineteen took up the work of missions, or

JUST ONE-HALF OF THE CLASS.

But hear the story of one of our men in the far North. John Myers, of the class of 1901, offered himself to the Home Board for Alaska. They sent him out, after his graduation from a medical school, in 1904. He began his work at Ketchikan. He turned his hand to every task in line of mission work, as well as
attending to everything in his profession. He soon had a good practice as a physician. He notified the board to DISCONTINUE HIS SALARY, that he would make his own living, but would do just as much work in and for the mission as ever. Such a man has multiplied himself about three times. He is a strong factor in the community. He counts one in the mission, and he tells the board to use his salary to hire another man.

No Park College graduate of whom we have definite knowledge has ever gone out into a harder situation nor labored more self-sacrificingly and courageously than Victoria E. McArthur in India. To think of India is to think of teeming millions, a motley horde of idolaters and heathen; to think of famine raging like a forest fire, driving MULTITUDES OF HELPLESS CREATURES before its flames only to consume them in their extremity. It is to see famine sufferers, men and women skeletons walking about, to hear the awful cry of orphans, children and infants crying, and no language but a cry.

India, the land of child widows and the black plague. Victoria McArthur, a delicate young woman of the class of 1894, went to India in 1897 as a medical missionary. She went to Kodoli. The last report at hand says that the two churches of this station are without pastors. At this point Dr. McArthur took charge of dispensary and hospital. She at once began her work as physician and surgeon. Before instruments could be secured, she performed her surgical operations WITH A CARPENTER’S SAW.

At times she treated one hundred patients per day; about eighty of these could be dismissed with a lotion for the itch; the remaining twenty were hospital cases, more or less serious. She has a two years’ record that shows 44,000 people treated, or a daily average of 118. Besides the stress of such severe labor, the plague of India is an ever-present source of anxiety. Now, it is not too much to say that she literally gave her life to the people of India; entirely broken in health, she returned to America about one year ago. She has now partly regained her health, and is telling a life story of India to the people of America.

These facts speak for themselves. This year Park College sends out a class of forty-four men and women just as good, and we hope just as noble, in purpose as any who have gone out before.—Park College Record.

SOLD HERSELF TO GIVE TO CHRIST

On the west coast of Africa a missionary station was established. There were several converts, among them a young girl about sixteen years old. The natives were taught to give their very best gifts at Christmas, and to give them to the Saviour, whose birthday that was. Their very poverty kept them from giving anything of value; but if anybody could give a penny or two, that was a great gift. Most of them were not able to do that. They would bring a handful of vegetables from their gardens, or something of that kind. But on this occasion the girl in the procession, when she got in front of the preacher, took out a silver coin WORTH EIGHTY-FIVE CENTS and handed that to the minister as her gift to Christ.

It was so large an amount for a girl in her position to give that he felt a hesitation in taking it. He feared that she had stolen it; but, lest it might create a confusion, he accepted it for the moment, and then called her aside at the close of the service to ask her where she got it. She explained to him in her way that it was her desire to give something to Christ because of his love for her. So she had gone to a neighboring planter and voluntarily bound herself out to him as a slave for the rest of her life for these eighty-five cents, and brought the whole financial equivalent of her life of pledged service and laid it down in a single gift at the feet of her Lord.

How the self-sacrifice shown by such converts from heathenism, puts to shame many born in Christian lands.
THE FIRST SEVEN KOREAN PHYSICIANS TO BE GRADUATED

Rev. George Heber Jones writes in The Northwestern Christian Advocate that in June "a class of seven Korean physicians was graduated from the Severance Hospital Medical College. They are the first Koreans to be gradu-

MEDICAL WORK WITHIN SIGHT OF UR OF THE CHALDEES

DR. ARTHUR K. BENNETT

To look at the situation of Busrah on a world map, one would be inclined to think that the winter here must be very much like Florida or Egypt. This is not the case, however, for we have three months of tolerably cold weather. On such a cold, windy day Mr. Van Ess and I found ourselves on a steamer headed up the Tigris for a tour in the Euphrates River country.

GLIMPSES OF ICE

could be seen along the river banks, and we were rarely seen on deck without a heavy overcoat. Three days of stemming the current brought us to Kut el Amara, the point where the Shat-el-Hai breaks away from the Tigris, crossing for some sixty or seventy miles to empty into the Euphrates near Mugheir, the old site of Ur of the Chaldees.

We disembarked from the steamer into
koofas, or round, tub-shaped boats, managed by a single paddle. Soon we were lodged in the khan or village inn, as comfortably as the limited quarters of a dusty, mud-walled room of about 10 x 16 would allow. News of the coming of a hakeem (doctor) soon spread, and before we had been there half an hour, the people began to pour into the courtyard.

WE WERE ANXIOUS TO UNPACK our box of medicines, however, as our purpose was to push on into the more virgin territory as soon as a sailboat could be obtained. Many of the cases were simple, and, as we were finally forced into a three days' stay, we treated about fifty of them, among whom was the local governor. In fact, in contrast to some previous visits, when they had troubled our colporteurs, we were very cordially received.

Our journey from here to Hai lay through a rich farming country, and it is here where much of the licorice is produced. At this time there was a war between several of the tribes, and we found ourselves at times in very exciting places. Nothing serious happened, however, although we passed by bands of Arabs fully armed, dancing and chanting their war-cry.

We stopped at Hai for three days and were busy with many visitors and patients. This place seemed to be a great trading center, for we found, on strolling through the bazaar, that the great mass of people were from the country and had come from miles around to barter their goods. A regiment of Turkish soldiers is garrisoned here, and the place is undoubtedly of enough importance to justify a long stay and a thorough canvass by the colporteur.

OUR TREATMENT OF THE SICK helped break down some of the prejudice against our work, and aggressive effort in the future ought to show results here.

From Hai to Shattra we were two days on the road, stopping at two small towns to treat a few sick, for it seemed that wherever the news of our coming went abroad, there we found a big crowd anxious to see what we could do with their sick. We had been told that a certain sheikh, famous far and wide for his generosity, wish us to visit him, so we left Shattra the next day to seek his camping ground. It took us about six hours' sailing to reach the borders of his land, and then, turning up a small river, we soon saw the camp in the distance.

THE GOAT'S-HAIR TENTS were not a new thing to me, yet coming thus upon a whole village of them stretching around by the score without any orderly arrangement, was really beautiful and picturesque.

Arriving there just at dusk, we were received into the sheikh's tent, which was about fifty feet long by about thirty wide; and holding a large number of people. We took our places in the circle of Arabs and forty pairs of eyes seemed to search through us as we drank the coffee presented. This coffee is always ready, and when one has drunk it, he is entitled to the full Arab hospitality and protection. When, after five or ten minutes, the sheikh himself came, every one in the tent stood as he gave his salutation and seated himself at the head of the circle of men.

Here we were IN THE PRESENCE OF THIS CHIEF, Abu Dihn (the father of fat), as he is called, famed in verse and story, not only over this country, but over all Arabia and Egypt. Could it be possible that we would ever become close friends of this man? The first time I saw him I could not but admire his stately and dignified bearing, combined with his kindness of speech to every one. Later, having become better acquainted with him, I found that he deserved even more praises than the poets give him.

We had been sitting for about two hours when we were invited to supper in a tent reserved for us. A young kid had been roasted and placed on a large platter of rice, around which were arranged plates of sweets and bowls of buttermilk. Our appetites had been whetted to an edge by the keen desert air, so we were able to do justice to the bountiful meal.

As is the custom for visitors, in the evening a fire was built and we sat in the circle listening until late into the night to the Arab tales of desert exploit. The next morning
and our small supply of medicines brought from Shattra was soon exhausted.

Nasariyeh being the end of the journey, we were anxious to reach there as soon as possible, so we left the sheikh about noon and were in Shattra by nightfall. Early next morning our caravan of twelve animals started on the weary tramp across country. For eight hours we were in the saddle and were tolerably stiff when we halted our horses in the streets of this large town.

Nasariyeh is regarded as an important center, not only for the large grain district surrounding it, but because politically it is strategic. At present there are seven Turkish regiments patrolling the place. They need a steamer line to come up the Euphrates for grain, which is now shipped away in these native river-craft.

THE RIVER IS VERY WIDE

and shallow in places, but a little dredging would open it so that this great grain country could get a quick market for its produce. When the Bagdad railroad is completed, and I don’t suppose any one knows when that will be, there is talk of a branch coming down this way to terminate either at Kuweit or Busrah.

Four days after our arrival Mr. Van Ess left for Bahrein, in view of Mr. Moerdyk’s impending departure for America on furlough, and I was left alone, as was my desire, to live among the Arabs for some time and be able better to get from them the use of the language. I had wished that for a while the news of the hakem’s presence would not be spread abroad, so that I could have more time for study and conversation. But each day

THE NUMBER OF PATIENTS INCREASED,

so that I was obliged to limit the clinic each morning to twenty-five, and by so doing keep things under control, in order that medical work should not hinder me from my real purpose. Not to say that I like language study better than medicine, but the success of future work depends upon the foundations laid early. Each day, for nearly three weeks, an Arab Mullah gave me lessons, and from him and the many visitors who came I received great benefit in the language. For one who has not yet acquired a large vocabulary, it is not policy to enter into argument with any Moslem, especially a Mullah, since it means sure defeat, so that, although several times I had to give reasons for my faith, yet I never entered into solid argument.

O, HOW MANY STRONG MEN WE NEED
to meet these people who are so fanatically grounded on Moslem teaching as the only truth. Indeed, we need the strongest men that our church can send, be it from the seminary or from the college; men with great human hearts, who will spend and be spent for the tearing down of the strongholds of the false prophet.

The medical work throughout the entire trip was extremely fascinating and profitable, and we hope it will not be without its future benefit to the opening of this field to aggressive evangelistic work. Four hundred and fifty-seven treatments were giving and a large part of our out-station territory covered.

THE EVANGELIZATION OF THE WORLD depends first of all upon a revival of prayer. Deeper than the need for men—ay, deep down at the root of our spiritless life—is the need for the forgotten secret of prevailing world-wide prayer. Do not think that you have no influence, or that your prayer will not be missed. Your prayer and faith will make a difference.—Rev. Andrew Murray.

The highest achievement of charity is to love our enemies; but to bear cheerfully with our neighbor’s failings is scarcely an inferior grace. It is easy enough to love those who are agreeable and obliging—what fly is not attracted by sugar and honey?

But to love one who is cross, perverse, tiresome, is as unpleasant a process as chewing pills. Nevertheless, the best way of practicing it is to put ourselves in the place of him who tries us, and to see how we would wish him to treat us if we had his defects. We must put ourselves in the place of the buyer when we sell, and seller when we buy, if we want to deal fairly.—Francis de Sales.
HOME DEPARTMENT

A MISSIONARY RALLY

Such was the name given to a large gathering of friends in the spacious parlors of the Sanitarium, on Sunday afternoon, October 18.

In the center, facing the audience, the missionaries were gathered, some twenty-odd in number, and on either side were seated as many fine young men and women, students of the American Medical Missionary College.

In the center of the missionary group sat the Rev. Dr. Hartwell of China, and his daughter Anna, next her being Dr. M. G. Kellogg, formerly medical missionary to the South Sea Islands, with the veteran Mrs. Parmelee of Turkey.

Mrs. Campbell of India, Mr. Curtis and Mr. Johnson of Japan, Mr. Stanley Brown of China, Miss Gerow of India, Miss Parmelee, Miss McNaughton, Dr. and Mrs. Hambleton of Turkey, Miss Rollestone of China, Mrs. Hanna of Chile, Miss Baird of Bulgaria, and others formed the group.

Prayer being offered by Dr. Brunson, formerly of Japan, the chairman, Dr. Dowkontt, called upon Dr. Kellogg, now nearly fourscore years of age, as the first speaker. He spoke of the good hand of God that had led him all his life and had given him the privilege of being a co-worker with Him in the salvation of the world. He expressed a deep interest in all he saw of the good work God had permitted his younger brother, Dr. J. H. Kellogg, to do for missionaries and the cause of missions.

Dr. Hartwell followed with a thrilling address, the gist of which is given below:

"I have seen wonderful changes in the half century in which I have lived in China," said the speaker. "There have been repeated upheavals: in 1859 the Tai Ping rebellion; in 1870, the Tien Tsin massacre; the Chinese-Japanese War and the Boxer trouble. The Boxer movement did more for Christianity in China than anything that has happened in fifty years. The testimony for Christ made by the

and missionaries, many of whom were executed rather than relinquish their faith, was the greatest evidence that had ever been given to the people of China of the beauty and power of Christianity.

"When I went to China fifty years ago, I went on a little sailing vessel of less than five hundred tons. We were one hundred and twenty-eight days sailing from New York to Hong Kong. After that there was a journey of twelve days by steamer to Shanghai. Last spring I came back to America on a steamer of twenty-seven thousand tons. We were but twenty-five days from Shanghai to San Francisco, including all the stops. This illustrates the material progress of the country, and I want to say to you that it is representative of the spiritual progress.

"FIFTY YEARS AGO in the whole empire there were less than two thousand Christians. Last May at a conference in San Francisco statistics were presented which showed that in 1906 there were some one hundred and eighty thousand communicants of the churches there."

The speaker related many touching incidents of conversion which showed the eagerness of the natives to adopt the faith that sustains. He was followed by his daughter, Miss Anna Hartwell, also a missionary to that country, who in a few words spoke feelingly of the inspiration created by the sympathy and prayers of those at home who upheld the work.

Miss L. M. Rollestone, missionary to China for several years, gave an interesting account of the conversion of a Chinese woman who was possessed by a demon. "The people are just as truly possessed of demons as they were in the time of Christ," said she. "And it is just as true now as it was then that the name of Jesus will redeem them and that they will be relieved through the prayers of the redeemed Christians," said she. "We are so apt to qualify the statements of our Gospel and
believe ourselves powerless to help—when we should be assured of the Source of all help."

The Rev. Stanley Brown, of the M. E. board, who has been in China for some years, spoke briefly of the work, testifying to the sincerity of the native Christians and to the help and encouragement that came with the knowledge that they were being prayed for by their friends in the United States.

Following Mr. Brown's remarks, an interesting conversation in Telugu was carried on by Miss Katherine Gerow and Mrs. L. M. Campbell, both of whom have labored in India. Miss Gerow is a trained nurse who has entered the A. M. M. C. to take the medical course.

The Rev. Wilbur Johnson of the Presbyterian board, stationed in Japan, spoke in glowing terms of Japan and her future, but declared that in spite of her ancient civilization the people were pessimists and agnostics, and were greatly in need of moral education. "It is among the educated," said he, "that Christianity is making its most powerful appeal. Fourteen of the three hundred and eighty members of Parliament are Christians, and the Speaker for the past four terms is a Christian and an elder in the Presbyterian church."

Some earnest words of welcome were spoken by Dr. J. H. Kellogg, and the meeting closed with prayer by Pastor Tenney.

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**THE MISSIONARY BANQUET**

This was held in the large south dining-room of the Sanitarium, and was participated in by about one hundred guests. Rev. Dr. Brunson presided and introduced the various speakers.

Dr. Hartwell gave a very interesting account of a Chinese banquet. He said:

"You ask me, 'Do they have banquets in China?' Yes, and not many people here have seen such banquets. When a child is born, there is a banquet. When it is one hundred days old, its head is shaved, and this is an occasion for another banquet. The shaving is done with a Chinese razor [one is shown]. When a few months old, there is a betrothal—another occasion for a banquet. The betrothal is done by go-betweens. The contract may be in writing or it may be verbal.

"Then comes the school and the government examination, and, if successful, a degree. This is an occasion for a feast, also worship of ancient gods. When there is a wedding, there is a feast; also when there is a funeral. One would not think of not feasting the friend who attended his dead relative's funeral.

"There is a feast to settle a quarrel or a feud, the person settling bearing the expense, or perhaps he has a friend who does it. The guests are witnesses that the two agree to live now on good terms.

"Guests of honor or distinguished personages are always banqueted. The dining room is arranged as follows: In the sitting-room opposite the door is a diaz on which are two seats, the one on the left being occupied by the guest, and the one on the right by the host. The tables are square—four by four or three and one-half feet. Two sit on a side, eight at a table. Bargaining for a banquet, you do so by tables.

"The end away from the door is occupied by the guest. No cloth is used, and they never seat a guest with the grain of the wood towards him. The left hand seat is the one of honor, therefore it is occupied by the guest. Jesus Christ at the right hand of the Father is a hard thing for them to understand. The tables are arranged about the room, the host being seated at the lower right-hand corner. The first course is watermelon seeds, baked, dried, and salted. The Chinese are very adept at cracking these seeds.

"They do things just opposite to the way Americans do them. Next are the sweets. The dessert is first, not last. Fruits, cakes and pies are often served at this time. The food is cut up and served in such a manner that it can be managed with chop-sticks, which are used instead of knives and forks. The cut food is served in bowls or on plates. It may consist of meats, soups, etc. The Chinese eat all kinds of meat except beef, so the meat may be duck, goose, chicken or some other meat. There is
a large bowl in the middle of the table, and one at each of the four corners. The Master of Ceremonies now suggests which shall be taken first by proceeding to help himself. Then the guests follow him, and in this way one course after another is served. The dishes of soup are served without a spoon. The Chinese have no spoons, but now that they have learned that we use them, they are having spoons manufactured. So we soon learn to eat soup without spoons.

"The bread is steamed, not baked. There is no crust. The loaves are about as large as a double-fist. If you are in doubt as to the cleanliness of the bread, you can peel off the outer layer. The Chinese use no salt. On the table there is some kind of salty vegetable, of which you partake when you are served. This is the condiment.

"The Chinese would just as soon think of having a feast without food as without wine. When you go to the table you are seated, and instead of blessing first, the host takes a cup of wine and after pouring some on the ground as a libation to the gods, he drinks. At the feast all use wine, and the master sees that the glasses are kept filled. The feast ends with rice and soup.

"The Chinese think, do and say things just opposite to us. When the meal is two-thirds or three-fourths through, you may perhaps leave the room and have a chat or a smoke, and then return and have half a dozen more courses. Just before leaving the table a napkin wrung out of boiling water is handed around and each one wipes his hands and face on it.

"If I wish to rest during the meal I place my chop-sticks across my bowl or plate, but when I have finished, I offer them to my neighbor. 'I am through now. You may use my chop-sticks.' They are then placed by the side of the bowl.'"

Mrs. L. M. Campbell, of India, spoke as follows:

"A year or so ago, while going from church to church organizing societies, I was in Battle Creek and happened to pass the Sanitarium. I saw the patients out on the lawn and inquired about the place. A friend wished me to come here for treatment, but the work was so urgent that it was impossible for me to do so then. But last March my health was in very poor condition, and I decided to come, and I have never regretted doing so. The kindness that I met with from every one,—doctors, nurses, helpers and all,—was remarkable.

"A missionary from Japan said to me, 'Now you are in the right place, where you can get well. 'It is next to heaven.' It took me weeks, however, to gain just a little, I was so run down. One day coming down in the elevator I heard singing. 'What are they doing?' I asked. 'They are having singing and prayers.' 'Prayers here?' 'Yes,' and this is the secret of its success. You get not only physical strength, but spiritual uplift.

"I spent seven weeks out at the villa this summer, and while there some friends of mine in New York wrote for me to come there. They said, 'Have you not been in Battle Creek long enough?' I wrote to them that I had found the 'Temple of Health.' Another thing that is very pleasant is to meet Christian workers of various denominations. Here Baptists meet Baptists, Congregationalists meet Congregationalists. But as a rule the one thing here is, 'How can we help you?' Missionaries returning home find here not only a place to regain health, but one where the spirit of Christ abides. I can not enumerate the benefits gained here. You are not only helped to get well, but are helped to keep well.

"I can only add, May God bless this institution, and I shall sound the praises of it far and wide.'"

Dr. John F. Morse, Professor of Anatomy, said:

"It is a pleasure to respond to this toast. While we do not live in a time when we can invite the Guest of all guests personally to our homes, yet this institution invites as guests His friends and ambassadors. And He said, 'Inasmuch as ye did it to the least of these, ye did it to me.' It welcomes them to a higher life and health, giving evidence of energy, zeal and knowledge in the lives given to the Master's service. I have not time to speak of their work and heart struggles, and the good that
has been done by these grand men and women missionaries.

"To the students who are here, I would say, for their encouragement, a few years ago the number of students here would not have filled half of one of these tables, which are so well filled today with students, faculty, missionaries and friends. I hope you realize for a time at least that medical science is not all of your study, but that it also includes the study of Him whom you will afterward serve. His life, his will, his faith must be your example and inspiration as you go forth as his messengers with his message to mankind.

"Your present study forms habits of thought and preparation for usefulness in after life. You will pardon me if I read Huxley's definition of a liberal education: 'That man has a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength and in smooth working order; ready, like a steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind, whose mind is stored with a knowledge of the great and fundamental truths of nature and of the laws of her operation,—one who, no stunted ascetic, is full of life and fire, and whose passions are trained to come to a halt by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to respect others as himself. Such a one and no other has had a liberal education.'

"But in the higher and nobler realm of life we have this also to inspire us: 'If any man lack wisdom, let him ask of God, who giveth to all men liberally and it shall be given him.'"

Dr. W. H. Riley, Professor of Nervous and Mental Diseases, spoke as follows:—

"I am pleased to be permitted to sit and listen on this subject and in a meeting of this kind. The A. M. M. C. has the advantage of being in a large city like Chicago and of the facilities of this large Sanitarium and its quiet surroundings. The aim and purpose of the college is to train young men and women for medical missionaries.

"The highest purpose of mission work is to train men how to live. And it is the main purpose of this institution to so train the students that they can teach this principle.

"The institution here is superior to other schools that are older and larger. I have had experience with large medical schools of the West and the East, and I know that we have in many ways advantages that they have not. In a small school of this character all work together for the success of the student. Teacher and student come in direct contact, and work for the mutual benefit of all, whereas in large schools this is impossible. The instructors quiz once or twice on a subject and the student may or may not get what he needs, as he surely does here, by coming in direct contact with his instructor.

"Our students have an advantage besides the immediate medical training of the school. They are brought in contact with remedies which have been thoroughly proved in accordance with the laws of nature, and these are adapted to the needs of the patient. These measures are taught and emphasized as they are not in the large schools.

"These are some of the principles that make the school. We also have the advantage of good competent teachers. The students also impart good to the school, since the character of the students is above the average. Another peculiarity of this school is that God is acknowledged in teaching medical science. The A. M. M. C. maintains that the spiritual side must be developed in order to make successful missionaries of our students. This we are enabled to do, for missionaries from all parts of the world come here and give valuable instruction along this line.'"
PHYSIOLOGIC THERAPEUTICS

SWIMMING FOR OBESITY

The best form of exercise for obese persons is swimming, but a short dip in the surf is not sufficient. To be effective, the exercise must be taken for from one to two hours daily. It is not only the exercise, but also the low temperature of the water, which burns up the surplus tissue. Exercise accelerates the movement of the blood, and thus stimulates the consumption of tissue in the muscles and other parts, while the low temperature, acting through the temperature nerves, stimulates heat production. A person taking active exercise in water at the temperature of ordinary sea water in summer-time, burns up his tissues three or four times as fast as one who is sitting quietly in the shade, fanning himself to keep cool. The rational diet; that is, the cutting off of a large part of the carbohydrate foodstuffs (starch and sugar), combined with swimming for one or two hours daily, may reduce the flesh of a corpulent person to healthy proportions.

A very fat person can swim very easily. It is only necessary for him to take a little pains to keep his balance, and he can easily float in the water. The great mass of fat acts like a life-preserver for him; but if he can not swim, he can walk or lie in shallow water and make active movements with his arms and legs.

If conveniences for swimming are not accessible, an ordinary bath-tub may answer the same purpose. The bath may begin with water at a temperature of 102° F. The patient sits in the bath-tub, which is filled within six inches of the top, and makes active movements with his arms and legs, rubbing the legs and the trunk with his hands until he finds himself perspiring freely. The cold water is then turned on so that the temperature of the bath may be gradually reduced to 75° or even 70° F. Just at the close of the bath, a lower temperature of 65° or 60° F. may be permitted for a few seconds as a means of producing a good reaction; or, the bath may be terminated by a cool shower-bath of ten or fifteen seconds. The duration of the bath may be fifteen to thirty minutes if reaction is good, but the bather should never remain in until shivering or decided chilliness is produced. Cold hands or feet after the bath is an indication of defective reaction from too long contact with the cold water.

HOT AIR FOR INFLAMED JOINTS

The application of dry hot air is regarded by W. Rose Thomson (New York Medical Journal and Philadelphia Medical Journal) as one of the most efficient methods, if not the most efficient, of treating acutely inflamed joints. He states that "dry heat will just as promptly relieve pain and induce sleep as a dose of codein. Dry heat, moreover, causes profuse sweating, which certainly helps to rid the patient of deleterious matter in the blood." Recent cases respond most promptly to this treatment. Twelve cases are reported, all of which "showed the typical signs of acute articular inflammation." in which a cure resulted with from two to nineteen treatments. His usual technique is to apply the treatment to the joint for an hour, as hot as the patient can endure it, giving him water to sip slowly meanwhile, to facilitate perspiration. After the treatment the part is bathed in warm alcohol or spirits of camphor and carefully dried, and then kept at absolute rest if possible.

The same results are obtained by the electric-light bath, which, in addition to the dry heat, gives the patient the benefit of the penetrating power of the light rays.

MECHANICAL VIBRATION FOR RECTAL DISORDERS

Dr. William L. Dickinson has found mechanical vibration of great value in the treatment of rectal diseases, especially chronic constipation. As constipation is often due to faulty action of the stomach and liver, these organs are treated by vibration at the same time that treatment is applied to the intestines. The vibrator is applied to the vagi, as also to the solar plexus, for stim-
ulation of the gastric glands; and the quantity of bile was markedly increased in a few hours by applying interrupted vibration over the liver, with moderate pressure. Peristaltic motion of the intestines is stimulated by vibration over the nerve centers supplying them, as well as progressively over the colon, beginning at the ileo-cecal junction.

Dickinson advises the correction of errors in diet, the drinking of large quantities of water between meals and at bedtime, and abstinence from taking laxatives and cathartics. He has used internal vibration in cases of rectal ulcer, where operation was objected to, with good success, and believes that "as we continue to use mechanical vibratory stimulation, and learn how and when to employ it, we as proctologists will consider it one of our most useful means in relieving and curing our patients."

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PERNICIOUS EFFECTS OF CANE-SUGAR IN BRIGHT'S DISEASE

Dr. Bishop, of New York, the eminent authority in diseases of the circulation and blood-vessels, has called attention to the importance of suppressing the use of cane-sugar in all cases of heart disease, and kidney disease, in which there is high blood-pressure. High blood-pressure is getting to be one of the greatest evils of our modern civilized life. It is most frequently encountered among brainy business and professional men who have made a success of life through extraordinary efforts in their chosen pursuits. Such men generally break down at the very zenith of their careers, when, after many years of most unremitting toil, they have reached a point where they just begin to reap the reward of their labors.

In change of the blood-vessels may be found the cause of collapse and breakdown in the great majority of these cases. Dr. Bishop is so thoroughly convinced of the evil effects of cane-sugar in these cases that he wholly prohibits its use. It is important that this fact should be known, so that sufferers from Bright's disease in its various forms may cease to aggravate their maladies by the free use of a substance which can be tolerated by the system only in very small quantities without grave injury.

It is of still greater importance, however, that those who have not yet reached the point of physical collapse and breakdown should be warned of the evil effects of the most commonly and most extensively used article of food.

Cane-sugar is food, but not good food for human beings. It is adapted to the digestive organs of cows—not those of the human species. One of the cow's stomachs is especially adapted to the digestion of cane-sugar. No such special provision is made in the human digestive apparatus. Cane-sugar can be digested and assimilated by human beings only in very moderate amount. It occurs in very small quantities in certain fruits, and in minute quantities in grains, and in such amounts may doubtless be utilized; but the liberal, almost unrestricted use of cane-sugar in sweetening acid fruits, in cakes, preserves, and confections, which enter so largely into modern dietaries, is unquestionably a serious cause of disease. Sweet fruits may be used without risk. The sugar of fruits is ready for immediate assimilation, requiring no digestion. The sugar formed by the action of the saliva upon starch may also be absorbed at once without further change, and may thus at once be utilized. Starch which has been subjected to artificial digestion by plant diastase is changed into the same form as sugar, commonly known as maltose or malt-sugar. This is a form of sweet which may be safely substituted for cane-sugar.

Maltose is present to a limited extent in certain foodstuffs which have been subjected to predigestion, and is furnished, in a somewhat unpalatable form, in the syrupy extracts of malt. These can not, however, be utilized as foods on account of their disagreeable taste. It remains for some inventive genius to discover a method by which malt-sugar may be prepared in such a way as to serve as a perfect substitute for cane-sugar.

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HYDROTHERAPY IN SCARLET FEVER

Dr. Marsden, writing to the Medical Chronicle, reports most excellent results in the treatment of scarlet fever by either hot or cold baths. He gives the
baths regularly, and when the temperature is high, very frequently. He is convinced that the kidneys are much less likely to be involved, and that the nervous symptoms are less severe when the short cold bath is used. The tepid bath has been found particularly injurious, producing weak pulse and collapse. The cold baths are given at 70° F., and accompanied with friction. The Doctor recommends as a substitute for the cold bath the cold pack with friction, the cold mitten, or the rapid ice rub.

Dr. Marsden was led to the use of the cold bath by a study of the experiences of Reinor and Leithenstern. We are glad to see this report. There can be no question that the use of water is beneficial in all febrile disorders, and it is important that this fact should be kept constantly before the members of the medical profession. The distress and the danger in nearly all acute maladies can be enormously lessened by the judicious use of water. Employed as Dr. Marsden directs, the bath is doubtless especially beneficial by improving vital resistance, restoring the tone of the thermogenic and vasomotor centers, and maintaining the energy of the heart.

Curtis, of England, observed, more than a hundred years ago, that scarlet fever can be treated most successfully by affusions of cold water. He employed a somewhat higher temperature, however, usually 80° to 85° F., and observed that short cold applications often raised the patient's temperature.

HYDROTHERAPY IN PULMONARY DISORDERS

In pulmonary tuberculosis hydraulic procedures are applied to improve constitutional vigor, to increase the appetite, and last, but not least, in the first stage, to "harden" the patient. The most appropriate measures are short cold applications immediately after the patient has been previously warmed. When the body has been trained to cold applications, the preliminary warming may be omitted. The most simple procedure is rubbing the patient with a wet towel. The patient is first well warmed up in a dry pack, care being taken to avoid sweating. Meffert uses this procedure even in advanced stages of the disease. The patient is placed in the pack in such a way that the higher part of the body and the legs may be exposed separately. After being well warmed up, first the trunk and arms, then the legs, are sponged with a wet towel. Use the water at about sixty degrees. The application should be continued for about half a minute. The parts are then rubbed, dried, and covered. The legs are then treated in a similar manner. The patient is wrapped up till he feels warm and comfortable. He is then taken out of the pack, and water at 77° F. quickly poured over him from a sprinkling can. He is then dried and rubbed, and made to dress quickly.

These are simple procedures which can be employed in any household. In hospital practice, rain douches, as well as shallow baths, at a temperature of 80° F. or less, are excellent as a means of general treatment for consumptives. In the local treatment of the disease the chest pack or heating chest compress is an excellent procedure. It should be worn day and night. It should be changed just before retiring, and allowed to remain in place over night, and during the day it should be changed every three hours. Before the chest pack is applied, the chest and back should be well rubbed with the friction mitt dipped in cold water. This will favor reaction. In anemic and poorly nourished persons two or three per cent of salt may be added to the water with advantage, or a little alcohol may be added to the water. By this means the chilling under the bandage of sensitive persons may be avoided.

Every time the chest pack is changed, the surface which has been covered by it should be quickly sponged with cold water. The general cold sponging applied in the morning suffices for this as well.

For the relief of the night sweats, when severe, a little vinegar may be added to the water. Night sweats are generally relieved by an ordinary sponging at bed time. Very hot sponging will relieve some cases which are not relieved by cold sponging.

Inhalations of steam, or simply water vapor may be employed either with or
PHYSIOLOGIC THERAPEUTICS

without special apparatus. In hemorrhage of the lungs the essential hydriatic measures are, of course, contraindicated. It is especially important to avoid douches, half baths, and cold wet-sheet rubbings. Mitten friction and towel rubs may be employed, and the chest pack or heating compress also. When the heating compress is used, the ice bag should be applied to the apices of the lungs, or an ice cold coil over the heart.

In cases complicated with dry pleurisy, fomentations and vapor douches should be applied over the affected region in addition to the chest pack. In pleurisy accompanied by exudate, in addition the Scotch or alternating douche may be used. This measure is not only palliative, but aids in the absorption of exudates which are not too sensitive in character.

In acute and chronic bronchitis the chest pack should be systematically employed. In chronic bronchitis shallow baths accompanied by cold pourings to the back aid expectoration.

Hydrotherapy is especially valuable in bronchial asthma of nervous origin. Hot compresses to the chest and wet hand rubs relieve the attacks. The attacks may be rendered less frequent, and in time may be made to disappear entirely by the chest compress worn day and night, the hot compress for thirty minutes in the morning and evening, and full baths at 95° or 104° F. for fifteen to twenty minutes. A full bath is followed by one or two "gushes" (a dash of water from a pail, spout, or dipper) made to the abdomen with water at a temperature of 54° to 50° F. The water should be applied with considerable force while the patient is sitting in the bath, the water of which has been lowered until the abdomen has been exposed. This "gushing" not only reflexly deepens the breath and aids expectoration, but stimulates the intestinal tract to increased activity, and combats a feeling of fulness of the abdomen. A cold pour or gush to the neck favorably influences expectoration in many asthmatics, but must be employed with great care. In severe cases the treatment must be continued for many weeks before the full results are seen. In addition systematic breathing exercises and massage to the chest are to be recommended, and warm steam inhalations to relieve expectoration.

MASSAGE OF THE BACK

The increased attention which is being given to physiologic therapeutics by progressive physicians everywhere is producing good results. Hundreds of suffering men and women are being lifted out of their troubles by the application of methods more effective than the routine drugging to which they have previously been subjected. Physiologic measures act, not by stupefying the nerves or exciting the nerve centers, but by such modifications of the metabolic activities of the body as result in actual repair or reconstruction of the disordered parts. No other kind of cure can be relied on for permanency.

A really simple measure of treatment which can be applied anywhere and at any time is massage of the back. An expert in massage is not required. Any physician, any nurse with ordinary intelligence, can make an effective application to the back, the good effects of which may be immediately apparent.

The good effect of rubbing the back is a matter of ordinary observation. The dog, the cat, the horse,—even that stupid animal, the pig,—gives evidence of satisfaction when the back is rubbed.

Soon after its exit from the spinal canal, each spinal nerve gives off a posterior branch, and these branches are distributed to the skin, muscles, and other structures of the back. Each of these nerve trunks contains not only motor and sensory nerves, but also vasomotor nerves, temperature nerves, nerves of the tactile sense, pressor and depressor nerves, trophic nerves, and possibly still others. All the spinal centers are thus represented in the skin and tissues of the back. So the back is a sort of keyboard on which the therapeutist may play varied tunes.

The most effective means of influencing these spinal nerves are heat, cold, electricity, massage, vibrations, percussions, and various manual applications. Phototherapy may also be equally useful, employed as a means of stimulating the posterior branches of the spinal
nerves. Skilful massaging of the back, even ordinary rubbing, stimulates the dilators of the surface vessels, causing an enormous increase in the amount of blood contained in the peripheral branches of the blood-vessels which supply this part of the body: The result is a diversion of a considerable amount of blood from the spinal canal. Spinal congestion is thus relieved, and various reflex pains and irritations which are the result of disturbed conditions of the nerve centers are promptly relieved. Rubbing the back has a wonderfully restful effect upon a person who is greatly fatigued. Similarly beneficial effects are produced by massage of the back in cases of chronic fatigue and nerve fatigue, commonly called neurasthenia. There is no more effective means of relieving a multitude of distressing symptoms from which the neurasthenic patient suffers than rubbing and manipulations of the back. The most effective methods are:

Deep, intermitting pressures, and light hacking. Pressure is made with the thumbs. The following procedures we have found exceedingly effective:

1. Short strokes applied with firm pressure from below upward on either side of the spine, the thumbs being used in alternation. Begin at the back of the neck, in the occipital region, letting the fingers glide around the base of the occiput to the ears, and gradually work downward. Three or four passes should be made at each point, as the hands work down toward the sacrum.

2. After going over the spine two or three times in this way, transverse pressing strokes should be made, attention being given to the location of the vertebrae, and the pressure being made as nearly as possible over the large nerve trunks.

3. The whole surface of the back should be kneaded with the palms, beginning with the sides of the neck and working over the tops of the shoulders, then down the back.

4. Hacking movements. These consist in light, springy touches made with the wrist flexible and the fingers separated, striking the back along an area extending three inches either side of the median line. The hacking movement is applied up and down the spine until the whole surface has been gone over three or four times. A very decided effect is produced by these hacking movements, one of the most characteristic of which is the slowing of the pulse. Backache, weakness of the back, fidgets, weakness of the legs, coldness of the extremities from vasomotor spasm, and a host of ill-defined sensations may be relieved by these measures.

5. In cases in which there is not much soreness, stretching of the spine by placing the patient in a sitting posture, then bending forward, forcing the head down as far as possible, is an excellent measure for stimulating the nerve centers. Twisting the spine is also advantageous. This is effected by seizing the head, lifting it upward, then twisting it as far to one side as possible, then turning the head toward the opposite side. While the hips are held firmly in position, the trunk is twisted. The operator, standing facing the patient, puts his left hand under the arm of his patient, while his right hand is placed over the patient's left shoulder, then drawn around as far as possible toward the left. Reversing the position, the trunk is twisted as far as possible toward the right. With the hands supporting the back, the patient is then made to lean back as far as possible, while the operator supports him by placing the hand near the center of the back. These movements have the effect of stimulating the flow of lymph through its channels in the ligaments and other supporting structures of the vertebrae, thus powerfully stimulating nutrition.

Massage of the back is useful not only for neurasthenics and persons who suffer from lame back and backache, but it is also a very valuable measure in the treatment of various dyspepsias, particularly hypopepsia, or hypochlorhydria, constipation, enteropatosis, slow digestion, biliousness, gastric dilatation, as well as endometritis and most chronic pelvic disorders. If greater attention were given to these simple therapeutic measures by physicians, there would be less room for the exploits of osteopaths and other imperfectly qualified persons.
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