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JUNE, 1909
Battle Creek, - Michigan
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SPECIAL attention is called to the subject discussed by one of the editors on other pages, under the caption, "The Key of Christian Missions and the Danger of Losing It."

As will be seen, the "key" referred to is Medical Missions, and the danger of the Christian church losing the key lies in not sufficiently developing and extending medical missions, but allowing the people of mission lands to take our Christian medical science, or Western medicine as it is called, and use it while they leave out our Christ and our Christianity.

The position is peculiar and unique, without parallel, and demanding our best thought and wisest action, and any suggestions from our fellow workers on the mission field will be welcomed. Let us discuss it freely.

LOOKED at from one standpoint, or superficially, it seems that, in view of the terrible and crying need of suffering millions, that any acceptance and adoption by natives of medical teaching obtained from our missionaries, would be a cause for rejoicing; and indeed, it may be, as a merely humanitarian measure, but Christ combined the two, i.e., healing the sick and preaching the Gospel.

Inasmuch as physical healing has so often "opened the door" for gospel effort, in these days as in the time of Christ, the lack of need of medical aid is likely to close the door, or prevent its being opened, to the missionaries of the cross and the Gospel.

The year 1910 promises to be the greatest Missionary Conference year in the world's history. Chief among the conferences to be held is the Ecumenical Missionary Conference to convene in Edinburgh, Scotland, in June. Those who, like the writer, were privileged to attend the two previous gatherings of the kind, the one in Exeter Hall, London, in 1888, and that held in New York, in 1900, important and impressive as they were, realize that the one to be held,—quite appropriately, too, in good old Scotland, the land of Knox, Duff, Livingstone, and so many others,—will exceed by far those held in London and New York.

In addition to the great Ecumenical gathering are other smaller ones. Beginning in January with the second Interdenominational Medical Missionary Conference at Battle Creek, Mich., and that of the Missionary Secretaries and Officials probably in New York, the Student Volunteer Conference will come in February at Rochester, N. Y. Inasmuch as each of these conferences has hitherto eclipsed its predecessors, we can but hope and pray and expect that the year 1910 will prove the greatest year, not only for conferences, but what is far more important, for resultant action evi-
denced in increased interest in and support of missions.

With regard to the forthcoming Medical Missionary Conference to be held in Battle Creek in January, in which this journal is more especially interested, the invitation is now extended to missionaries, medical or otherwise, who may be on furlough in the United States at that time, to attend the conference. Entertainment will be provided free of any charge for one full week for those who attend, the object and desire of the trustees of the Sanitarium being for those in attendance to become well acquainted with the institution, its methods and advantages. The actual time occupied by the conference will probably be not more than three days, perhaps four, leaving time for guests to become acquainted with each other as well as the institution.

It would be esteemed a favor if those who are likely to be in the home land in January next and may attend the conference, would so inform the secretary of the conference. This applies more especially to our medical brethren and sisters. It would be well also if such would intimate any subject they may desire to take up, or have the conference entertain. Suggestions will be gladly welcomed by the committee of arrangements, of which Dr. J. H. Kellogg is chairman, and Dr. G. D. Dowkontt is secretary. As in the conference held this year, the list of speakers will by no means be restricted to medical missionaries. Others will be given a place and share in the proceedings.

Twenty-one years ago, actually on the 24th of May, 1888, Dr. W. R. Summers was "called home" from the heart of Africa after heroic service in that land for rather more than three years. About two years after his death, the heroic Samuel N. Lapsley of Alabama came to the writer in New York and said, "Doctor, I am on my way to Africa to pick up the Gospel banner that fell from the dead hand of Dr. Summers. I have a few days to spend in New York and I would like to look over any of Dr. Summers' letters or diaries, so as to inform myself regarding the place and people and his work among them."

Mr. Lapsley, who was a son of a judge in Alabama, was accompanied by a colored man named W. H. Shepard, of Atlanta, Ga. Together they sailed and reached their destination, Inebo and Luluaburg on the Kasai River, one of the chief tributaries of the Kongo. They labored together for three years, when Mr. Lapsley died, and his companion came back to report. He soon returned with other noble volunteers, and the work has gone on since with almost marvelous success. Eighteen missionaries, white and colored—are now laboring there, all being sent out by the Presbyterian Church, South.

Added to those are fully fifty native evangelists with as many preaching stations, while the membership is about eight thousand; and these support several strong churches. At the usual Sunday afternoon missionary meeting at the Sanitarium held on Sunday, May 23d, the day before the anniversary of Dr. Summers' death, Dr. Dowkontt gave an account of the conversion and life work of his former student, and a spirit of praise was manifest for the marked success attending his efforts, for there was not a single Christian in all the country round about, among several millions of people, when Dr. Summers went there. On another page will be found a picture of Dr. Summers.

The last entry made in his diary tells of the neglect and evident ill treatment suffered at the hands of Belgian officials by the heroic Dr. Summers, coupled with his resolve to try and reach the coast and perhaps prolong his life, although at that time he was evidently far gone in consumption, due to exposure, poor food, lack of care, etc. He is careful to note the sympathy evinced by a poor, native girl who he states, "brought me two eggs." His last words, only scratched in pencil, are as follows—"If I am to die, I would rather
die in the arms of my two poor Black Boys, than under the tender mercies of—men.” And so he died, and his devoted “Boys” carried his dead body back, a journey of two days and nights.

By strange coincidence, the following statement was issued in the press, as will be seen on the anniversary of the death of Dr. Summers; and the colored missionary, Shepard, is stated to be on trial with his fellow missionary Morrison, as will be seen, for libeling the Kongo Administration, and this, in spite of all the damaging evidence that has been given by nearly every missionary on the Kongo as to the horrible atrocities committed by the Belgian officials and their soldiers upon the poor natives of that dark land. It is to be hoped that this so-called trial of these brethren, Morrison and Shepard, will but lead to a fuller revelation of the cruelties practiced and bring about a complete stoppage of them by the interposition of the United States government, in behalf of the missionaries from this country.

AMERICAN MISSIONARIES ON TRIAL FOR LIBEL

Charged With Slandering Officers of Belgian Government and Kongo Administration

New York, May 24.—Among foreign affairs of the week considerable interest attaches to the trial in Leopoldville, Tuesday, of two American missionaries, William Morrison and W. H. Shepard, on libel charges by the local rubber gathering company. They are accused of slandering officers of the Belgian government.

It is expected to be a test between the Belgian government and the American missionaries, who have long made themselves a thorn in its flesh by their charges of maladministration and oppression of the natives in connection with the rubber trade. An adverse decision is expected and in this event it is probable that the case will be appealed.

Messrs. Morrison and Shepard are members of the American Presbyterian mission (South) and are stationed at Abanjji, some nine hundred miles from Leopoldville. The American consul at Boma, W. H. Handley, has been instructed by the government to be present at Leopoldville to watch the trial.

Some twenty American missionaries are stationed in the Kongo, and as nearly all of them have leveled the same accusations against the administration which the defendants in this suit have, the outcome will have an important bearing upon their future there.

STUDENTS OF THE AMERICAN MEDICAL MISSIONARY COLLEGE

Session 1908-1909

The group picture shown on page 437 contains the largest number of medical missionary students ever gathered together in one institution in any land, as far as we are aware; and affords much cause for rejoicing and encouragement to those who for years have been engaged in aiding and training medical missionaries, and will also afford much pleasure and inspiration to those of our medical brethren and sis-
ters already in the mission field, in the prospect it affords them of some day ere long having some of this noble band of helpers by their side to aid them in their arduous labors. Forty-eight students are in the picture, but eight others, making a total of fifty-six, were unable to be present.

One very pleasing feature in the composition of this group of students of the College, is the broad and united denominational basis represented; no less than eleven denominations being present, as follows:

Baptist, Congregational, Methodist, Presbyterian, Episcopal, Brethren, Free Methodist, Dutch Reformed, S. D. Adventist, S. D. Baptist and Union Church. The twelve countries represented are, United States, Great Britain, Canada, India, Africa, Turkey, Norway, Holland, Bulgaria, Mexico, Jamaica, and British Guiana. Of the fifty-six students, twenty-three are women, and thirty-three are men. These have all lived and labored, studied and prayed together in the course of preparation for their life-work and in harmonious fellowship and Christian sympathy, and as a band, of prospective medical missionaries, are unique and unrivaled. Forty-eight students are in the picture, but eight others, making a total of fifty-six, were unable, for various reasons, to be present when the picture was taken.

The graduating exercises will be held on Tuesday, June 15, 1909, and Dr. H. R. L. Worral, of the Arabian Mission, will deliver the address. A full account of the proceedings, with report of the address and portrait of the speaker, will appear in the next issue.

The names of the students forming the group, taken June 3, 1909, are as follows (reading from left to right):

**FIRST ROW**
1. Mr. Alberto Garcia .......... Mexico
2. Mr. Nicolas Jaimo .......... Mexico
3. Mr. Alexander Potchinsiev .... Bulgaria
4. Mr. Fred G. Stokey (Oberlin College) .... United States

**SECOND ROW**
1. Miss Bessie Willoughby .......... United States
2. Mrs. G. C. Snow .......... United States
3. Miss E. M. Turkelson .......... United States
4. Miss Florence J. Holland .......... England
5. Dr. J. H. Kellogg, President of A. M. M. College .......... United States

**THIRD ROW**
1. Miss Dondalda McKenzie .......... Canada
2. Miss T. Chestora Snyder .......... United States
3. Miss F. M. Pearsel .......... A. B. .......... United States
4. Miss Addie Stanford .......... United States
5. Mrs. A. R. Cottrell .......... United States
6. Miss Margaret White .......... England
7. Miss Julia Seager .......... United States
8. Mrs. Grace H. Homan .......... United States
9. Miss Ruby Ketcham .......... United States
10. Miss Katherine Gerow .......... Canada
11. Miss Ruth Parmerlee, A. B. Oberlin, '07 .......... United States

**FOURTH ROW**
1. Dr. George D. Dowkontt, Chaplain A. M. M. College .......... England
2. Mr. James A. Orison .......... United States
3. Mr. Curtis D. Johnston .......... Jamaica
4. Mr. Samuel J. Ross, A. B .......... Br. Guiana
5. Mr. P. C. Stauffacher, B. S .......... United States
6. Mr. A. R. Cottrell .......... United States
7. Mr. Roland A. Welch .......... United States
8. Mr. Geo. E. Ephraimoff .......... Bulgaria
9. Mr. P. L. Seem .......... S. E. Africa
10. Mr. Samuel F. Craig .......... United States
11. Mr. B. E. Nicola, B. S .......... United States
12. Mr. Charles N. Race .......... United States
13. Mr. B. O. Stephenbom .......... Canada

**FIFTH ROW**
1. Mr. Theodor C. Kolvoord .......... United States
2. Rev. Luther O. Rodgers .......... United States
3. Mr. John C. Williamson .......... United States
4. Mr. Carl G. Wencke .......... United States
5. Mr. J. M. Smithwick .......... United States
6. Mr. Albert H. Sealy .......... England
7. Mr. Joseph John .......... Turkey
8. Mr. Allen J. Wood .......... United States
9. Mr. Arthur R. Smeek .......... United States
10. Mr. G. E. McFarland .......... United States
11. Mr. R. T. Adair .......... United States
12. Mr. W. B. Lewis, B. S .......... United States

In addition to the forty-eight students in the group, there were eight others who were unable, for various reasons, to be present when the picture was taken. Their names are as follows:

Miss Clara V. Radabaugh .......... United States
Miss Janette S. Bryant .......... United States
Miss Barbara M. Nickey .......... United States
Mr. A. R. Nordlund, A. B .......... United States
Mr. A. R. T. Whiting, M. B .......... Norway
Mr. J. B. Young .......... United States
Mr. Wm. E. Grey, B. S .......... United States
Mr. U. N. Murray .......... Jamaica
STUDENTS OF THE AMERICAN MEDICAL MISSIONARY COLLEGE—SESSION 1908-1909
MELODRAMATIC LIFE AT THE MEDICAL MISSION
RABAT, MOROCCO

BY DR. ROBERT KERR

I have never been able to get an eight-hour day as the Socialists desire, and I much fear that the millennium will have dawned before that happy time comes, and then there will be no need for medical missionaries.

In order to undertake all our work I have to begin at 7:30 A.M. and many nights it is 9:30 P.M. before I get home, literally tired out.

Our work, however, is most interesting, and we live in a whirlpool of excitement, from morning till evening. Many of the cases are pathetic in the extreme, while others are ludicrous.

One day a handsome Arab woman of about 45 years presented herself at the Medical Mission, and prostrated herself before me, saying, "I ask your help, Doctor." "Come, my good woman, rise, and let me know what I can do for you. Welcome!" "Well Doctor, I have come for medicine which will cause my husband's affection to return to me again." He has married a young wife and has transferred all his love to her, and I am left out in the cold."

"Ah, my dear woman, I regret to say that this is a common complaint among women who have ungrateful husbands. Medicine, I am afraid will not do any good. However, if I may give you advice, seek to center your love and affections on Him in whose presence we shall all shortly be. Your husband's affections will never return till he takes seriously ill, then the young wife will go off and leave you to nurse him." (This is exactly what happens among the Arabs.)

When I had finished speaking, this poor woman came towards me and threw her arms around my neck, and with tears running down her cheeks, cried to her friends—"I take God for my witness that this doctor is a true believer. Did you hear what he said?" and off she went.

Oh what tales we hear from day to day, and how grateful our sisters at home ought to be for all the blessings which have come through Jesus Christ.

Seven months ago a young woman fell in the Baths and injured her back, and has been in bed ever since. The young woman pleaded with her father and husband to bring the Doctor, but both were unnatural and unsympathetic, their fanaticism being the greatest barrier.

The wise woman who examined her said she was possessed of evil spirits. Another recommended sorcery. At last all thought she was dying and she said to her husband—"I shall soon go and count with God, but be you assured you will soon follow to settle your accounts, for you have been the cause of my death." "Ah!" said her husband, "Had it been ordained, the Doctor would have been long ago!" The same day I was visiting a patient next door to them. When I am in a street it is soon known, for the boys run and shout—the Tabeeb (Doctor) has come. Whether his conscience pricked him or not I do not know, but the husband came out and asked me to come and see his wife.

The woman was in a pitiable condition, unable to move, and with several sloughing sores from the application of hot lime, and in this condition she gave birth to a son four days previously. I found an enormous abscess extending from the middle of the back down to the knee, and with a free incision I removed over six pints of pus, a thing almost incredible. Then the friends and neighbors all came to see her. Of course my reputation was greatly enhanced. But what cheered me most was to hear from her own lips that she had been at Mrs. Kerr's classes and knew something of the Lord Jesus.

The patient is doing well, and as I write (I saw her to-day) she is able to walk about with the aid of a friend. Had I been sent for seven months ago this poor woman would have been spared all this suffering.

One night a fortnight ago I was coming home about nine o'clock very tired,
when a boy called out—"Doctor there are people looking for you." Shortly afterwards a Spaniard overtook me, "Doctor, come quick, a young woman has taken poison." There had been a quarrel and the young woman took as much bichromate of mercury as would have killed a dozen people. After lingering for six days she died in great agony.

Referring to this case a Moor said to me, "Doctor, your religion does not give you Christians much comfort when you take poison after a quarrel and kill yourselves. Why, our women often quarrel and scratch each other’s faces, 

**THEN CURSE THE DEVIL AND BECOME FRIENDS,**

but to take poison, no, never.

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When the Saviour of men was on earth, he sought especially to reveal the character of his Father to the world, and to correct the misunderstandings that existed regarding it, owing either to ignorance or misrepresentation.

Indeed, sin entered into the world by the vilification of God’s character, by Satan and man’s belief in the same, making God a liar. And the antidote for sin is belief in God, as manifested in and by his Son.

At the time of the Saviour’s baptism, a voice, the voice of God, was heard saying, "THIS IS MY BELOVED SON, in whom I am well pleased," and the Spirit of God was seen to "rest upon him" as a dove. Thus was he introduced and endorsed to the world, by the great Creator Himself. The one who baptized him further introduced him with the marvelous words,—"Behold the Lamb of God, which taketh away the sin of the world." And he himself declared that "God so loved the world that he gave his only begotten Son, that whoever believeth in him should not perish, but have everlasting life." And what a revelation that was, and is, to a lost world.

Not only so, but He sought further to impress men with His Father’s constant loving care over them here and now, in this life also. In proof of this he pointed to the lilies of the field, made and clothed, and gilded by his Father,

**WHO EVEN CARED FOR THE SPARROWS**

and fed them, and he naturally asked his hearers, "How much more will he feed and clothe you?" adding, "Even the very hairs of your head are all numbered." He did not by any means restrict his teachings to mere statements, although supported by such striking il-

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**THE KEY OF CHRISTIAN MISSIONS**

*AND THE DANGER OF LOSING IT*

*BY GEORGE D. DOWKONITZ, M. D.*

And what is the key referred to that the church is in danger of losing? some one may ask. A most pertinent and important question to which it will be the aim of the writer to reply. When the Saviour of men was on earth, he sought especially to reveal the character of his Father to the world, and to correct the misunderstandings that existed regarding it, owing either to ignorance or misrepresentation.

Alas! this is how the Moslems look at effete Christianity as it is presented to them. However, amid all the depression there is great cause for devout thankfulness to God for all that has been done.

Mrs. Kerr adds, "Since the above was written an epidemic has broken out in Morocco, and the Doctor will require all his strength, and the prayers of his friends to uphold him in these trying times.

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**DR. ROBERT KERR**

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**THE KEY OF CHRISTIAN MISSIONS**
illuminations. He told of his Father’s home, of the “many mansions,” where “there shall be no more pain;” and where they shall never say “I am sick,” and where “God will wipe away all tears from their eyes.”

He did not stop here, however, but proceeded to demonstrate to his hearers what the Heaven he had told them about was, or would be, like, by giving them, as it were

A FORETASTE OF IT HERE

and now. He had said no pain or sickness would be known there, and he proceeded to at once relieve their pains here, and to heal their sickness, and even to restore the dead to their loved ones. Thus did he demonstrate how God, his Father, would some day “wipe away all tears” by removing the cause for them.

How practical indeed was his life, of whom it was well said, “He went about doing good,” not only talking good; but linking the two things necessary to man’s redemption, present relief for present ills, and the knowledge of provision made to save from all future ones.

Then we find him multiplying himself, so to speak, at first by twelve and then by seventy. These eighty-two men he sent forth with a twofold commission TO HEAL THE SICK, PREACH THE GOSPEL.

Neither one without the other, but both together in the same individual, as in his own life and work. “As my Father hath sent me into the world, even so send I you,” said he. How grand and simple it all is when viewed without prejudice or coloring. It is significant too, that in the tenth chapter of the Gospel according to Luke (the beloved physician) in which we get the account of the sending forth of the seventy endowed with miraculous powers to heal, we also find the story of the Good Samaritan told by the Saviour himself, with the added comment

“GO THOU AND DO LIKewise.”

If you do not possess miraculous power, use what you have of means or knowledge, to soothe and relieve the ills of your fellow men. What could be plainer, and indeed, what could be more simple and yet sublime than His example and teaching.

And what results followed? We read, “And great multitudes followed him, and he healed them all.” Similar results followed the efforts of the men sent out on their two-fold mission, for we read, “And the seventy returned again with joy, over the things they had succeeded in doing with the power given to them. They had given joy to others by relieving pain and suffering, and

WIPING AWAY TEARS

from the eyes of those in trouble, while telling them of the home beyond and how they could gain an entrance to it; and this brought joy to their own hearts, such as they had never known before, and doubtless also increased the joy of heaven, for “there is joy in heaven over one sinner that repenteth.”

What a grand and glorious mission is that of the Christian missionary to-day who goes to the millions, “sitting in darkness and in the shadow of death,” and takes to them relief and cure for present ills, and points them to the Lamb of God which [or who] taketh away the sin of the world.”

And what a glorious record has been made by the noble few who have thus gone forth doubly equipped to “heal the sick and to preach the Gospel, “even as Christ and his eighty-two disciples did. It is not too much to say that

NO HUMAN AGENCY HAS BEEN SO VALUABLE,

in the history of modern missions, in obtaining an entrance in non-Christian and heathen lands, as the use of medical knowledge and skill in the relief of physical suffering, thus dispelling the ignorance and superstitious beliefs and prejudices of the people, and opening their hearts and minds to the gospel message brought to them by those who relieved their sufferings, or perhaps saved their lives.

It was as much an evidence of divine wisdom as of loving sympathy on the part of Christ and of his Father who sent him, that the ills from which men were here and now suffering should not
be ignored, but be attended to and relieved, with the added information as to the home beyond where "pain and sickness ne'er can enter." Where this divine example has been followed, entrance has been obtained and welcome accorded where only determined opposition was encountered before by those who ignored the present needs and ills of the people, and the spoke only of a future state.

To go to people in suffering and need of any kind, which it is in our power to relieve, and ignore the same, while telling them of a future state of blessedness, is surely a mockery, and is not the gospel as taught and practiced by the Saviour of men.

The limits of the present article preclude all but the mere mention of some cases in point, as of Dr. Peter Parker, who went to China in 1834, of whom it was said, "He opened up China to the Gospel at the point of his lancet," referring to his successful operations particularly upon the eye.

Dr. John Scudder, and his grand family of sons and daughters, also grandsons and daughters, opened up India, as far as America was concerned, to the gospel. Dr. John Thomas, of England, spent seven years alone in India, and on his return took with him William Carey with whom he labored for seven years longer, until the first convert was won to Christ by his medical skill and preaching in 1800 and baptized by Carey in the Ganges. Those experiences have been duplicated on nearly every mission field, and the same is just as true as applied to the masses in our large cities, most of whom are referred to in missionary parlance, as inaccessible. And yet they are not so, if approached in the right way.

For over thirty years the writer was engaged in mission work in the slums, so called, of the cities of Liverpool, Philadelphia and New York, and at times when seeking entrance to a house in response to a "sick call" at the dispensary, has been confronted with the question as to his vocation, and has never once been refused an entrance but always accorded a welcome where it was known that he was a doctor. Not only so, but respectful attention would always be accorded to anything he might say, not only regarding the case medically, but from the religious standpoint. Some fifty years ago, a devoted Episcopal clergyman, the Rev. Dr. Augustus Muhlenberg, then residing in New York City, was so impressed with the need of demonstrating to the sick and suffering poor, the vital union that existed between caring for the bodies no less than for the souls of men, that he at great sacrifice and labor raised several thousand dollars, and having purchased a site for $50,000, he erected thereon a substantial but plain brick building, having a church or chapel in its center, named it after St. Luke, the beloved physician, and installed himself in the hospital as chaplain and lived and died therein.

In this way he sought to demonstrate the vital union that should exist between medical relief and gospel preaching.

At the time of the erection of the hospital, Dr. Muhlenberg was criticized for "placing it out in the fields," away from the city. A few years since, that property was sold for more than two millions of dollars and the hospital removed or a new one built, three miles or more further "out in the fields," where it now stands a monument to a man who not being a medical man himself but a clergyman, linked the two offices in one as best he could.

Trusting that the foregoing outline has demonstrated the right to apply the title given to modern medical science as being the key of Christian missions the danger of losing the key as applied to missions will now be discussed. In a word, the danger lies in the possibility of a people or country accepting our Christian medical science minus our Christianity, and in the Christian church thus losing the key, or her key, which seems to be...
as much god-given as was the miraculous power bestowed by Christ upon his disciples. For be it remarked, that modern medical science, worthy of the name, is almost entirely restricted to Christian lands, and indeed to a large extent is the result of the practice of medicine, often attended with heroic abandon in research, on the part of noble Christian physicians. The operations performed and cures effected by modern medical science oftentimes appear to the heathen as miraculous as the cures effected by Christ and his disciples. Often too have the people been led to fall down and worship their benefactors, the medical missionaries, but never has this been known to occur to the clerical missionary not having medical knowledge.

The danger referred to has been largely met with in Japan, partly also in India and is now threatened in China. It is a well known characteristic of the Japanese to be smart enough to “see and seize the opportunity” of anything that promises them gain or advantage. One of the very first missionaries sent out to Japan, in 1859, was Dr. James C. Hepburn, a physician who went to China in 1841, and is still living, being now over ninety years of age. He did splendid service in that land for some forty years, during which time he translated our medical text-books, and trained a number of physicians. Other medical missionaries were also sent there. The people of Japan were not slow to see the great advantage of Western medicine over their crude medical knowledge and practice, and adopted it very generally, and the war with Russia afforded striking evidence of how thoroughly they had done so. And today Japan has its hospitals and dispensaries in which the medical knowledge we sent to them is followed, but without our Christianity.

On the other hand, missionaries are deploring their inability to reach or to influence the people of Japan with the gospel, and the question arises, or the explanation is found perhaps, as to their having lost the key, as stated.

Some twenty or more years since, a Miss Beilby from Great Britain had rendered medical aid to a wealthy princess in India, in a time of terrible suffering, and the princess out of gratitude coupled with sympathy for her fellow women in India, wrote a letter to the Queen of England, and placed it in a beautiful jeweled locket which she hung by a chain of gold on the neck of her benefactress and bade her deliver it to her Queen, who was also Empress of India.

The letter pleaded for more such missionary women doctors as Miss Beilby to be sent out to India to help her fellow sufferers. The Queen at once cabled to Lady Dufferin, wife of the Viceroy, who proceeded to organize a society and by others means try to meet the need, and some noble Christian young women doctors went out to join the movement, but to their dismay and disappointment, they were informed that “no religious effort would be permitted, and that no proselyting must take place.”

In explanation, it was found that Lady Dufferin had appealed to some wealthy Indians who in making their gifts, had also made this stipulation, which she had accepted. In short, they were willing to accept and even to aid in the use of Christian medical knowledge and science, but they had no use or place for the Christianity that had brought this medical science to them—and herein lies the danger and difficulty.

A few weeks since, a statement appeared in the English press and was reprinted here, to the effect that Sir Robert Hart, the great authority on all things Chinese—having served as an official of the British government in China for about half a century—had appealed for half a million dollars to be expended in the developing of medical and other colleges in China. Of this sum $200,000 is to be devoted to medical institutions—Christian and non-Christian, so it is stated, which we regret. Now comes the striking statement that a medical college is to be established in China by the Harvard Medical School,
ten of whose students, recent graduates, are to be in charge of it, with the backing, it is stated, of President Eliot and other prominent Harvard officials.

It does not appear that these ten young men are imbued with the missionary spirit, for it is further said that "it is to be independent of all religious or missionary control.

One of the most risky, and therefore unwise things to do is to send other than Christian men on such an errand to China, or any other foreign land.

Missionaries are a unit in stating that one of the greatest hindrances to missionary effort in these lands has been the lack of Christian character and conduct on the part of men from so-called Christian countries. The temptations of a tropical clime and loss of home influences and restraints, coupled with the feeling of isolation experienced, have wrecked many a man who had no higher power to look to than his own, and turned men into veritable demons, as on the Kongo.

At the meeting of officials of Mission Boards held in New York last January, the following sentence contained in a report of a special committee on China was adopted, we are glad to say.

"For Great Britain and the United States to send money to aid in equipping colleges, which are as a rule anti-Christian or at best non-Christian, or for them to found other colleges whose professors are indifferent or silent on moral issues, would not be helping China where she most needs help. What China needs is a Christian education, and any assistance should only be given with the distinct understanding that the institutions are to be

OPENLY AND STRONGLY RELIGIOUS."

The whole subject thus opened up, presents food for thought and suggestive action, and it will be most appropriate to open the pages of this journal to our medical brethren on the mission field generally, for any expression of opinion upon this important matter, for it is one of the most important at this time, and may well occupy our best thought.

The various societies working in different countries should jealously guard this agency from being severed from its original plans and purposes and keep a watchful eye for any such developments as those referred to, then by every means and as far as possible strive to co-operate with these undertakings or obtain their co-operation and thus keep in contact with them, preserving the Christian spirit which it is freely acknowledged has made these movements possible and led to their inauguration. As one thinks of Osgood of China, Green of Ceylon, Hepburn of Japan, and Scudder of India, and the laborious work of translating our medical text-books done by these men to further the cause of Christ, it seems almost sacrilege to take their work and books and exclude their divine Master.

The advantages of medical missions have been set forth somewhat as follows, as a mission agency.

First, as a means of caring for the missionaries themselves and their families. This may seem selfish and yet it may well be put first, for if the missionary dies, there is an end to his work; and many have done so for lack of medical aid.

Second. No other agency is so successful as a means of reaching people otherwise inaccessible as this, whether in this land or any other.

Third. The affording of physical relief and manifesting a desire to help people in their realized needs is most likely to overcome prejudice and obtain a successful hearing in regard to needs not known or realized before.

Fourth. Self-support can be obtained by the missionary in this way as in no other. Many medical missionaries more than meet all the expenses of their work and their own support. As far as the remedy is concerned, perhaps one of the best illustrations is found in the Christian Medical College at Beirut, where the study of medicine and the teaching of Christian truth are linked together in the fine body of physicians who are associated with the veteran of some fifty years, Dr. George E. Post.

During the medical missionary conference held in Battle Creek last Jan-
uary, some almost astounding figures were given in regard to self support, one statement being to the effect that a medical missionary in China had turned over to his Board $50,000 in about ten years, while living on a salary of $1,200 and supporting a wife and family.

What may be and is possible in some parts of the world, may not be so in others, but speaking generally, medical mission work can be made and is self supporting, and this being so, added to the immense advantages of this agency in other ways, should cause the missionary societies to hold fast to this evidently God-given agency, and not let the heathen or any others get ahead of them in the furtherance of this means and thus surrender the key of the situation in the promotion of Gospel effort that has been placed in their hands and which has been so used of God in the furtherance of missions. One of the most powerful addresses upon the subject of forceful facts, than which nothing can be more powerful and convincing, was delivered by Dr. Levi B. Salmans of Mexico, on Sunday afternoon, May 30th, at the missionaries' meeting which is held by the missionaries located for the time at the Battle Creek Sanitarium.

Dr. Salmans went to Mexico as a clerical missionary twenty-four years ago. After residing there about four years he became convinced of the great value medical knowledge would be to him in reaching those people who were then quite inaccessible to him. After obtaining his medical degree he returned to his field eighteen years ago, and his success since is simply marvelous. His address and picture will be found on other pages.

A physician in a small town was distinguished by his inability to remember names and people. One day, while making out a patient's receipt, his visitor's name escaped him. Not wishing to appear so forgetful, and thinking to get a clue, he asked her whether she spelled her name with an e or an i. The lady smilingly replied, "Why, doctor, my name is Hill."—Exchange.

MEDICAL MISSIONS IN MEXICO
AN ADDRESS BY REV. LEVI B. SALMANS, M. D.
DELIVERED at the regular Sunday afternoon missionary meeting at the Sanitarium, Battle Creek, Mich., May 30, 1909.

When we, the Methodist Episcopal church, entered upon work in the city of Guanajuato some thirty years ago and more, we had at the front some of the very ablest men we ever had in Mexico. They worked for sixteen years, and they worked well with zeal and with consecration. At the beginning, there were some of the people who had been turned against Rome and the political movements, and these gathered around the missionaries, and at the end of one year there was a church organized with one hundred and forty names. No place in all the Republic started off, with such promise. But as these people who were gathered together during the first seven years, amounting to four hundred and fifty, began to understand more of

THE SPIRITUAL NATURE OF OUR WORK,
they withdrew, and dropped out so that at the end of sixteen years, when I went there, there were only eighteen people of those four hundred and fifty still there, and known as Protestants. From the beginning every public meeting we had was guarded with a company of soldiers, on every festive day, when people were gathered in the streets, and were idle, or on a jollification of any sort; our missionaries and converts were ACTUALLY GUARDED BY GUNS for thirty-two years. When I arrived there, the hatred of Protestants was such that my wife could hardly ever go out in the street without being yelled off the sidewalk with ugly epithets; and a very little thing among those very polite people means as much as something very rude indeed would mean in a country of Anglo-Saxons. So there we were, living right on a caldron and right over a volcano which had never been extinguished. Public opinion had not a favorable conception of us, and there were very few individuals indeed that really cared, in those days. Such was the persecution that Protestants who were
FAITHFUL WERE DRIVEN OUT.

Pressure had been made so great that some who were worth thousands of dollars, had to come down to the very verge of day’s labor to make a living for their families, if they did not leave the town.

It was the capital of the state, a place of great importance commercially and politically, and in the production of minerals, and other respects. The case became so serious that one of our wise and good bishops, dear Bishop Ninde—when.

A cry was raised against my being allowed to practice medicine, but the missionary society said, “Let him try it”; so the work was begun, but with timidity. I didn’t even put up a sign until Bishop Fowler came along a year later and said,

“PUT UP A SIGN.”

I had a large following, and soon it was noised abroad what kind of doctor there was in that house. I was not much of a doctor, but it was noised abroad what they thought of me, at least. So, after one Independence Day passed, and before another came, the dispensary was opened, and public preaching in connection with the work that Christ did and commanded was begun. On one occasion, he said to the Jews, “I have shown you many good works; for which one of them do ye stone me?” These works of providing medical relief for the body in time of sickness were thus carried on in connection with the preaching; and at the next annual conference the Cartwrights were appointed there, and Mrs. Cartright was a physician.

Then there came in another governor, as the previous one had died. The late governor was one of the old generals of the Revolution, a regular old warhorse, a man that learned to read after he was in the army but became president of the Republic, and was sent there for the last years of his life as a governor, where he ruled with an iron hand as in the army. When he died, the people, who had become tired of militarism, appealed to President Diaz to let them have a lawyer of their own town for governor; and he had him made governor. This man was a very fanatical Catholic, and had that reputation, and yet, with Diaz, he had the reputation of being a kind of liberal. So the next Independence Day he said we didn’t need any more of these soldiers around the Protestants. He said,

“WE ARE NOT SAVAGES ANY MORE;
we have became liberal, have gotten all over the hardness.” So he withdrew the soldiers. Independence Day began at eleven o’clock at night; and before twelve o’clock at night, the policemen at our side of the town were thoroughly
alarmed, for every Protestant house had been attacked. We had two hundred soldiers in front of our house, and they had taken two hundred prisoners and sent them off to prison; so the soldiers were our stone wall. The Protestants were inside, with the doors shut, because they knew the stones were coming. The soldiers came out of the barracks and walked around the houses.

During the next fourteen months, we reached thousands of people by the dispensary. It was a town of only 43,000 population; but we had reached a very large number of the very people who had carried the stones and thrown them. Dr. (Mrs.) Cartright said, "I don't see how these people can throw stones. I don't believe they will throw stones. I am going to take my little girl, and sit out here in this garden (about five or six feet above the street); I am going to sit right out here next to the retaining wall on the outside." She knew there would be ten thousand people there within a stone's throw. And the people came down, and evidently provided with stones, for everything was as serious and quiet and solemn, as the people went marching by there on that day, and she was sitting out there believing no stones would be thrown. The soldiers were, however, there and standing between them and the people, who could very easily have stoned the Cartright family; but instead of that just what Mrs. Cartright foresaw happened,—

The people's hearts were changed.

A large number of them had so entirely changed that on the other side of the street, somebody jumped up on a low wall and shouted, "Vive la dispensario," — "Long live the dispensary." There was a great, big dispensary sign out, right where the thousands had been coming in for fourteen months. After that people everywhere were yelling, "Vive la dispensario." On the other side was a school that had been built up from this dispensary work. Schools that had been run for many years in an expensive way by the government could not get the people to come until the dispensary came. So somebody else called out, "Long live the evangelical schools." I was off, fifteen miles away, where I had then gone to live, coming every other day to the dispensary work on the train. Somebody else called out,

"Vive le docteur Salmans," and a man with a wagging tendency got up somewhere else and said, "Long live the Protestants." That was too much for the people. They dropped their stones and laughed, and showed their complete conviction; and we didn't need any more soldiers. The soldiers went back to their barracks, and they have never been sent out since. That is now about fifteen or sixteen years ago.

Imagine a scene like the following, that has been repeated many, many a time, in this or slightly different form. Father, mother and two children, the children seven and nine years of age; I ask them about the ills of the one I was prescribing for, ask them how they liked the gospel that had been read; asked them some more about their ills, and some more questions in a careful way about religion. Then I said, "Where does this little boy go to school?"

"He does not go to any school."

"Why don't you send him to school? You don't want him to grow up ignorant?" "Oh, but the government schools are so bad." Everybody is down on the government, and everything goes wrong because the government is wrong. "Why don't you send him to our schools?" "Have you a school, Doctor?" "Yes, I have a school for boys, and a school for girls." "Oh, Doctor, if you have a school we will gladly send him, and he will go." This is simply a demonstration of the growth of influence and power over souls. Those who threw stones, who hated us and would believe nothing good, now believe nothing ill, and are ready to be led and directed in a proper, gentle way into those very things which we most approve and feel are the most for their interest.

What effect have these things had on the church and on the spiritual and teaching work? The schools were filled
up so that the women’s foreign missionary society had to rent four houses to put their girls to school in, and finally they bought a piece of property that was almost given to me,—a $100,000 property, that cost us $5,400. It had been left to the owner by her husband, and as she was a liberal Catholic, the priests said they would not give her extreme unction, and she was seventy years of age and had to get rid of the property. She offered it to me for what I could pay for it. I succeeded in raising $5,400 dollars to pay for it, and she let me have it for that. They bought some of this property and spent thirty thousand dollars Mexican in erecting a building which is rapidly filling up, and it will have to be added to soon, though it has been built only six years, because the laws of the land

DO NOT ALLOW US TO GO AHEAD

without any more teachers. Only a certain number of pupils are allowed for the number of teachers in the school.

For sixteen years the churches had as it were, a corporal’s guard there, at the time I was sent there to “try medicine.” And now that church has grown up to be the first church in the land and is self-supporting.—The first church that the missionary society, six years ago, allowed to pass from the condition of a mission to that of a regular church. In the last six years, it has grown and developed into two churches which are both self-supporting. Year before last, we lacked only about $200 of $30,000 for self-support in that town. We now have two Spanish-speaking churches, four schools, two of them professional, you might say, and two primary or academic, a hospital, and a dispensary; and if you count an English-speaking church that didn’t exactly grow out of work, there are

NINE METHODIST INSTITUTIONS

in that town.

What about some other features of the work? The church has had more revivals in these years that medicine has been there, than were ever known in all that country and in all the denominations before. That church has had revivals every year except one, for about sixteen years. In its spirituality, it is about the only one of the Spanish-speaking churches of the Republic that has the Methodism of the old form, with class meeting, revival, and all of the means known to Methodism for deep spirituality.

What also is the effect of the school, etc., on those that are beyond us? I mentioned the fact of the soldiers being retired after so short a time after the introduction of this element, of doing the works, working the works of God, as Christ set them forth for the bodies of men. We came into a financial crisis two years ago and I was led to go out and canvas the first fourteen towns in a rapid way to see if I could get something to help our work,—the cities around within one hundred and one hundred and fifty miles.

I went to one place particularly with some trepidation, but I did not fail to go. Feeling driven by my necessity, or the necessity imposed by my fears, I prayed, “Now, Lord, do please let me come out of this town alive.” I knew lots of

THE DEEDS OP THAT TOWN.

It was the most fanatical town in that region, and people who were Masons considered themselves to be particularly lucky to get out of the town alive, even when armed with letters from President Diaz. I had been assaulted in that town, and run out with my wife once before, when we were the only two persons in the town allowed to go. As we were Protestants, we were glad to get out of that place alive at that time.

When I went into that town this time, with a more open mission, I didn’t know what would happen, but when I got off the street-car at seven o’clock in the morning before the hotel at which I was to stop, two people came to me and wanted me to put down my hand bags and shake hands with them, and I did; and they

WANTED ME TO EMBRACE THEM,

and I did, after the fashion of the country, and I said, “Who are you?” One said, “It is only five months since I came
out of your hospital, and you did this, that and the other thing for me." I said, "Well, the Lord did it for you, but I am awfully sorry I didn't remember you. Excuse me." He said, "I want you to come right over here now and see my sister." "What is the matter with your sister?" "She is sick." I said, "Look here; I have brought papers along saying I was not coming for prescribing, or treating, or doing anything to make competition with the doctors; I am coming to see the doctors, and I am coming as

A FRIEND OF THE DOCTORS.

I couldn't do anything in a medical line in this town; but I must go." The other one, a woman, had the same sort of errand elsewhere in the town. Well, finally they let me go into the hotel, and after breakfast I went out to begin calling on the young doctors, and that young man followed me until twelve o'clock noon, and then I was talking with the last doctor in the town. It was a county seat, a town of twenty thousand inhabitants. I said to this doctor, "I expect that when I go out of this house, I will find

SITTING ON THE CURB STONE

a young man who has followed me for five or six hours, and he wants me to see his sister, and I tell him I can not go, for I am not here to prescribe or to heal; and I can not go; but I see it is your patient; and you see what you can do about it, because this man is going to follow me up until I go to the train." He said, "Come along with me and see her." He took me over to the patient, and I found a very serious matter, for which all the doctors in the town had said

NOTHING COULD BE DONE.

It was a very serious matter. The woman was breathing fifty times a minute, and her pulse was going one hundred and forty times a minute. I said to the doctor, "Here, let us help the woman to die easy, anyhow; let us make this heart come down; we can do it in five minutes." So I put an instrument into his hand, took hold of his hand, guided it, and we did the operation, and soon she was breathing about twenty times a minute instead of fifty times; and the pulse came down to about 80 in a few minutes, and she was "blessing the Lord," and the people in the house were blessing the Lord, and before I got out of town, the whole town knew.

THEY WOULD HAVE KILLED ME in that town some years before, but here they were, ready to send me off with every sign of their love and esteem. As I went all over the country, I found the Good Samaritan Hospital was known everywhere. I was later presented to a priest who treated me with splendid admiration, with words that were put on, I suppose, but there must have been something beneath.

We have since gone into the most resistant fields, doing these works and teaching about Christ, in Guanajuato, and the surrounding States. We have twenty-five or twenty-six towns now on our list and are visiting more; everywhere we go we find that

OUR FAME HAS GONE OUT in a way that has surprised me beyond even my most sanguine way of understanding the power that God puts into our preaching, when we do it in the order in which Christ himself used it and taught it to the eighty-two preachers that he sent out, to go about and do works of helpfulness in physical things, understood by the people. They understand the need of physical relief, while they do not always understand the need of spiritual teaching. Commence with the things they do understand, and you can get their confidence and their love, and they will take any teaching and follow it through till they are where and what you want them to be; and

THEY WILL FOLLOW YOU in almost anything in such numbers that you will be almost overcome in trying to serve them in things spiritual. When we are broad enough to try and follow the Lord Jesus Christ, and do the things he did, we ought to be, and will be, more surely prospered than when we do only part of it, and spend all the money on that department, and do not act in obedience to the Master who is our teacher and example.
A MAN’S FAITH

BY WILFRED T. GRENFELL, M. D.

Dr. Grenfell’s numerous visits to the United States have awakened great interest and enthusiasm in his work for humanity, and this little book stating his own earnest convictions and faith in Jesus Christ is of widespread interest.

With entire simplicity, directness and naturalness he has told how he came to want this faith of which he is not ashamed; how in his own life and in the lives of others he has found that it is manly, reasonable, practical and desirable.

The book is full of delightful personal reminiscences, and is exceedingly characteristic of this man whose own faith has been translated into a record of splendid achievement and helpfulness toward his fellowmen well known to all who have followed with interest his heroic work among the Labrador fishermen. It is of real help to every man and woman in search of a larger faith.

The following brief extracts from the book will give some idea of its contents.

"Faith is a kind of trust that makes one put his bottom dollar into a scheme. It is not mere intellectual asset. It is that particular motive power which makes a man give himself and everything he has, to follow Jesus."

"That which makes men do things is not to be sneered away because we do not altogether apprehend it."

"Nothing is so practical and potent a power as this faith, for making bad men into good ones, and good men into more useful ones."

"I want to believe in Jesus Christ because I want to attain the ends I know such a faith insures."

"The man of unconquerable faith like Christ’s own faith, breeds faith, and the man of unconquerable faith is the man who knows what that faith has done for himself."

"One thing my faith does for me here which I consider desirable—it assures me that the regulation of these puzzles is under far better and wiser guidance than mine."

"The first method of obtaining faith that appeals to me is to inquire with unprejudiced mind: What has faith led to in history and in one’s personal experience?"

"The experience of my own faith, feeble as it has been, affords me a testimony I can not escape from, that the trial of it in action justifies all the claim Christ made for it."

"In history, in the lives of others, and in our own, we can see that it has always justified its claims."

"My tastes had not all altered because I had become a Christian man, nor had my common sense deserted me. I wanted to use my faith."

"If I’ve done a mean act to any one, the only honest or effectual prayer is to go and put it right."

"There is a terrible danger to faith in too much respectability."

"It is my habit constantly to ask God to teach me each day how to rightly use my faith."

"My ideal of pleasure has always been a realization of utility, either to the body, mind or soul."

"To be like Jesus certainly can not be to be unhappy and look wretched."

"My first aid to retaining faith was a determination to keep it."

"If you are anxious to help others to retain faith, get out and do something for Christ’s sake."

"Men want to see that faith in Christ means regulated social problems and transformed human hearts and homes."

"Faith is a living thing, and will die if its environment is permitted to become incompatible."

"Faith must be used to keep its vitality. No faith can survive long with the sleeping-sickness. It soon becomes flabby and useless."

"I am determined, God helping me, that no man shall rob me of my faith. I won’t hide it away. I’ll keep it right around with me, if I can. I will see it gets exercise."

"Faith is the victory that overcomes the world."
INTERDENOMINATIONAL MEDICAL MISSIONARY CONFERENCE

CONTINUED FROM MAY

Rev. M. C. Wilcox, Ph. D., of China, Chairman.

After the singing of the hymn "Nearer My God to Thee," prayer was offered by Rev. Dr. Puffer, Presiding Elder of the Battle Creek district of the M. E. church.

The Chairman: We are to have a symposium this afternoon, in fact, two of them, the first on

"MEDICAL MISSION METHODS, EVANGELISTIC AND FINANCIAL."

Our first address will be by Dr. L. A. Kennan, Free Baptist, Medical Missionary, of India.

Address of Dr. L. A. Kennan

My field is about ninety miles west of Calcutta, in the edge of the jungles, and the methods that we use there are made necessary or advisable, according to our ideas, by the conditions there prevailing.

The Missionary Doctor

is almost always attended by native evangelists, trained preachers, who do the part that is usually called evangelistic work. On the veranda of the dispensary he waits in the morning before the doctor gets there, and talks to the patients as they come, or preaches to them—not a studied and formal address, but more of a talk along some line of Christian thought. When I am traveling in the country, I make some point my center, and my preachers go out from there to preach in the villages around and advertise the fact that the doctor is camped near by, and any who feel they are in need of his services may find him there.

It seems to me that there are perhaps four ways in which the finances of the medical mission may be considered. The money to sustain the work may be furnished by the Board at home and the work be done absolutely free,—all furnished free, including the medicines and the services of the doctor. That is one idea. Another method is that of a small fee, not a graded fee, but a small regular fee collected from all who avail themselves of the services of the doctor or get medicines. A third plan is to make a graded fee according to the ability of the patient; and the fourth, a graded fee according to the seriousness of the case.

Previous to my going to Bimboa, the plan had been rather a combination of the two latter ideas. The ability of the patient was taken into consideration and the character of the disease, and a small fee was charged each patient accordingly. But when I took over the work, I considered the matter very carefully, and came to the conclusion that it was wiser for me to take a regular fee from each individual patient, a very small fee, and yet a fixed fee from all patients, and I have found no reason to change this method. Indeed, I think it is

A GOOD METHOD TO FOLLOW,
at least with the conditions that prevail there. In this way the patient and the people all over that country for twenty or thirty miles know just what they will be expected to pay when they come to us; so there is no uncertainty in the mind of the patient in regard to it.

The average wage of unskilled labor in the years I have been there has been four cents a day. When a man's income is only four cents a day, it makes considerable difference to him whether the fee that is going to be asked from him by the doctor is two cents or four cents or six cents or ten cents, and many, I felt sure, were kept away during the first year that I was there by the indefiniteness of the fee that might be called for in their particular case; so that I fixed the fee of one anna, that is, two cents, for every one. Of course there are some cases, beggars or extremely poor people, whom I recognize are

NOT ABLE TO PAY EVEN TWO CENTS

Two cents there will equal fifty cents here, so that, if you please, my fee is fifty cents for office calls. In reality, it is not only two cents. It seems to me too that the patient is much more likely to use the medicine if a fee is charged. If they get something for nothing they are likely to think it of little worth; but if they give a little
something for it, they are much more likely to take the medicine, and to take it according to the directions given.

The taking of a definite fee also saves the missionary much perplexity; for the thought will come up, "Now just what fee will I ask for in this particular case? Is this a rich man or a poor man? or is this medicine a costly medicine, or one that is comparatively cheap?" Thus it is not only a good thing for the patient, but a good thing for the physician. It causes the people to have more respect for the medicine, more respect for the doctor, and more respect for themselves. I know that there are places in India where no fee whatever is required, and the government hospitals and dispensaries, I believe, require no fee for either service or medicine.

I may say that this fee of two cents which we charge does not quite pay for the medicines, but sometimes grateful patients who are well to do, make special offerings, so that in general the fees and the gifts thus received just about pay for the medicines, but not for the support of the doctor nor for the dispensary assistants.

The Chairman: We are now to have an address on the same general subject by Dr. A. F. Grant of Egypt. When I was in Egypt, I heard of Dr. Grant's work, and it was my privilege to have one of his fellow-workers as a fellow-traveler in Palestine and Syria, and this brought Dr. Grant very near to me, and his work at Assiut away up the Nile.

Address of A. F. Grant

I heard Dr. Kellogg make the remark last night that formerly the only equipment that was needed by a medical missionary when he was sent out was a hand satchel full of medicine and a lot of accumulated knowledge in his head. I think that was about true,—that the average medical man was in time past started in a very meager way. The beginning of the work at Assiut, which was our first work, was begun

IN A VERY SMALL NATIVE HOUSE.

There was a general room in which the doctor saw his patients, and there was another room, a waiting-room, and there was a third room for patients who needed to stay a few days. As soon as circumstances permitted, we moved into a larger building, and there had better facilities for carrying on the work. We had an operating-room, but there was certainly a marked contrast between it and that of Dr. Kellogg, here. It had only a mud floor and mud walls, and it is miraculous how cases operated upon under these circumstances could give such good results. The Lord seems to be with his workers and to protect them in their work. The third move was into the present hospital, and in this we have a graded system. We have first-class, second-class, and third-class accommodations. In the first-class, we charge a fixed fee of two dollars a day for a single room; in the second-class we charge sixty cents a day; and in the third class we charge whatever we can get. The third-class wards are mostly free, however. Those who can pay usually go in the second class; however, there are quite a number that go in the third-class from two cents up to thirty cents a day.

Our plan of evangelistic work through our daily routine is this: We see the patients the first thing in the morning; after that, prayers for all the workers in the hospital are conducted; and directly following the physician, as he sees the patients, our evangelist comes. He visits each of the private rooms first, then in each of the wards, both downstairs among the men and upstairs among the women, he holds meetings. He has a plan to keep track of the patients who seem to be interested. He corresponds with the nearest pastor and tries to get him to interest himself in the patient when he goes home and keep him in sight. He has heard from a great many of these quite encouragingly, and some of them have become church communicants.

We conduct a free clinic and a paid clinic. At the paid clinic we charge a regular fee of a half-dollar, and at the other we do not make any charge at all. For operations we take whatever we can get. We never do any of the bargaining for money ourselves, but leave that to our clinical assistants. It would be diff-
cult, I think, in Egypt to put the fee on a level scale, and it

WOULD EXCLUDE A GREAT NUMBER from medical services if we did. And there are a great many people who are perfectly able to pay, but who would not do so if it was not forced upon them. We make a charge for all our surgical operations, and it is here we make the most of our income; that is, outside of the hospital. We have quite an income from the hospital, as the value of hospital service is beginning to be appreciated, and the better class of people are coming to us. At first, before we had a regular hospital, we had an arrangement whereby the patients took care of themselves, but this was unsatisfactory because the friends of the Egyptian people will always try to feed them everything they can get them to eat.

The question of finances is often a very difficult one to deal with in a medical mission, because if you press the question upon the people too much, they will immediately say that that is what you are working for. We had a little experience in the drug business some time ago which was rather unsatisfactory and unfortunate. We had a good chance of starting a dispensary and we did so. We endeavored to give them much better service than they were getting, and supplied all the medicines to free patients. But the feeling which the people expressed was that we were simply entering upon a commercial business. They seemed to think we were simply trying to compete with the other druggists, and it raised considerable feeling against us; so in the interests of the work we are doing, we considered it best to abandon it. The present manager of the drug store we now deal with is a Christian,

A MEMBER OF OUR OWN CHURCH,

and has been of great service in taking care of the free patients, sometimes even giving them the medicine entirely free of charge.

DR. DOWKNOTT: The plans of financial management in dispensaries and medical missionary work, and the plan of action in regard to the evangelistic side, probably differ in almost every field. Some practices seem to work best in certain fields or mission stations, and other practices in others. I think all must be guided by their best judgment and the circumstances in which they find themselves.

When I went to New York City in 1881 to open up medical mission work, the people asked me what a medical mission was. The first day I was there the secretary of the Y. M. C. A., who had been in that work for twenty years, asked me to explain to him what a medical mission was. I said to myself, "If that is all a secretary of the Y. M. C. A. practically at the head of the movement in the whole country, knows about medical missions,

WHAT DO OTHERS KNOW?"

And I said, "We must certainly have an object lesson and show the people what medical missions are and what they mean;" and that is what we did. I asked the people, "Which do you consider the worst part of the city?" and they designated the fourth ward; and I said we would begin there. So I went down there and opened the first mission right there in that fourth ward. At the present time my son has a church just around the corner, in the same block, and a medical mission, and is to-day following in my footsteps literally in that very spot. He has to-day in his church those who were patients of mine twenty years ago, brought into the church through that medical mission work.

When I first went to New York I went to see some of the leading Christian workers connected with the city mission, and I remember one of them particularly who was secretary of that mission, who said, "O Doctor, we don't need any medical mission in this city.

WE HAVE STACKS OF HOSPITALS,

we have missions, we have this and that." I said, "Yes, but how many of them are united in this two-fold work? How do the people understand the association between the relief of physical suffering and the preaching of the gospel? Have you a Christian hospital here in the city?" He replied that there was St.
Luke's hospital away up on Fifth Avenue that was built twenty years before by Dr. Mulenburg, an Episcopalian, who conceived the idea of medical missions and built that hospital with a chapel in the center and the wards built around, and he lived and worked there some thirty years and died there. He was laughed at for building that hospital in the fields, as they called it; and he paid fifty thousand dollars for the site and a few years ago it was sold for two million and a half. They said to me, "There is no need for medical missions. We have got all the missions and all these hospitals and all the churches, etc., so you are not needed here." I said, "I have some idea the Lord sent me here, and he ought to know," and I found He did, so I started right in that "fourth ward," and the very

FIRST DAY I HAD THIRTY-FOUR PATIENTS,

and most of them were very poor. They could not give ten cents nor five cents, many of them. The charge at the city dispensaries was ten cents for each admission and ten cents for each medicine—medicine ten cents, pills ten cents, plaster ten cents,—and by the time they got through it was forty or fifty cents, and they could not pay it, and so they could not go there, and a goodly number of these poor people who could not pay the ten cents, came to me. Thirty-four of them came that first day, and they soon increased to double that number. And I passed through my hands in that City of New York over ten thousand patients a year, preaching to them the gospel and doing what I could to relieve their physical sufferings. In five years I had seven dispensaries in that city and two others in Brooklyn, and from thirty to forty students, and six or eight Christian physicians who worked with me, and we had a magnificent medical missionary work there in New York City, and there were some

MARVELOUS CASES OF CONVERSION

as the result of that work.

The manner of evangelistic work pursued was to hold a little gospel service every day with the patients. There would be fifty, sixty, or seventy patients there, and three-fourths at least would be Roman Catholics, Jews and all kinds, and they would listen to the gospel as one of my students or myself would present it to them, then they would come to the consulting room. We left it to them to give what they could. In that dispensary in the fourth ward it was very difficult to get five dollars a month from those people; but I had another dispensary up in Harlem where the people were better off, and we could easily get thirty dollars a month and pay expenses there. In the matter of training students, we had over two hundred in that city, in twenty-five years, and ninety-five per cent went to foreign mission fields.

One thing comes to me in regard to Japan—I have heard it said many times in the last few years—

"WE DON'T NEED MEDICAL MISSIONS IN JAPAN."

They have told me that over and over again. I have questioned, in my mind, whether this is not a mistaken idea. Dr. Hepburn, the man whom we expected here to preside over this gathering and who is now in his ninety-fourth year, was a pioneer medical missionary in Japan and spent forty years there. He did more to plant Western medicine in that land than any other man; and the Japanese easily saw that it was the thing to have, and they took it, and they in a sense took away the key from the Christian church; and because they had accepted Western medicine, it has been said they don't need medical missions there, just as they told me in New York. Do not need it! How are we going to reach those people? Our good brother spoke last night about the difficulty of reaching them spiritually. Let us go on with medical missionary work in Japan, as well as anywhere else. In many of those cities there are poor, suffering thousands just as well as elsewhere, and they can be reached in that way when they might not be reached in any other with the gospel.

THE CHAIRMAN: I want to say right here I have been learning more and more of Dr. Dowkontt's work in New York and of its influence, which has reached to the very ends of the earth. It is given
to very few men to do the work that he has done and is still doing. We congratulate him in his feebleness of body at this time that so many are working and carrying forward this work that he has thrown his life into, and we pray that he may be fully restored to strength for years of work yet.

Rev. Dr. Winget, Secretary of the Free Methodist Society: If the Chairman please, may I ask a question? The speakers this afternoon have, as I understood them, stated that in their medical work the returns of or the receipts from their work did not make that work self-supporting. I would like to inquire whether any doctor present knows of any medical missionary in any foreign country who is supported by the returns or receipts from the natives to whom he ministers. Can medical missionary work without a hospital or dispensary as is the case when we first take up the pioneer work, be self-supporting? Of course a hospital and dispensary follow as a natural consequence, I suppose, but in places where they do not have those advantages yet, does any doctor present know where the work has become self-supporting?

Dr. Grant, of Egypt: Before we had a hospital, we had rooms where we kept the patients, and attended to them in a medical way, but letting them furnish their own food and care at their own expense. The doctor there paid back into the treasury the full amount of his salary, as well as supporting his own work before he had a hospital.

Dr. Dowkontt: Of course abilities are different, but I give one case in answer. Our first student in New York, of whom I have spoken before, Dr. Summers, who went to Africa in 1884, under Bishop Taylor, went 400 miles into West Africa, stayed there a year and a half, then struck right across country a thousand miles to the far side of the Kongo and stayed there until he died, two years later, in May of 1888. He never took one dollar from the missionary society from the day he landed in Africa until he died; and not only so, but the gifts of the people given to him in gratitude at Melange, the place where he stayed a year and a half, were sufficient to support his two other fellow missionaries who were there with him. And when he was ready to journey across the country, the people protested. They said, "DON'T GO AND LEAVE US."

He told them about those thousands of people who had never seen a white man's face, and finally they let him go; and they loaded up thirty-six carriers with their gifts to send him away with. And he went alone with those carriers, and did a work that laid the foundation of that marvelous mission now going on under the Southern Presbyterian Church. The Methodists did not follow his work up after he died, but the Presbyterians went out and took it up, and to-day they have seven thousand members in that place.

Rev. W. Y. Jones: Dr. Dowkontt has referred to the situation in Japan, and I spoke along the line of medical missions in Japan last night, but did it in a very meager way because of lack of information. It seems to some of us that in Japan it would be very unwise for missions to put money into medical work because it is so impossible to compete successfully with what is being done by the Japanese themselves. The government has a very elaborate system of dispensaries all through the country, and the expense there is nominal for every one who wants to patronize these dispensaries; and in some parts of the country where there is need for it, there are free dispensaries supported by the government. Then in other places the Christians have seen that there was a good work that they could do along this line, and are now doing a self-supporting free dispensary work; so that something is being done along those lines. And while we sympathize entirely with what Dr. Dowkontt has said as to the possibilities in the cities in this country, it seems to some of us a rather different thing in Japan, where there is so much to compete with from a different point of view. Also, the mission boards in this country are so short of funds to carry on the world-wide work in many lands that seem to us far more needy than Japan.

Rev. J. H. Freeman of Siam: I would
say that to-day all the medical work of
the Laos mission is self-supporting. When I say that, I do not mean it covers
the salaries of missionaries. Those are
paid by the board, but in some years
nearly or quite enough is turned back or
used for other purposes outside of dis­
tinctly medical work to cover the salaries
of the medical mission; in some stations,
fully so. This was not so from the start.
In the early days of the mission a good
deal of
MEDICINE WAS GIVEN AWAY,
but now that the people understand the
value of foreign medicine, the dispens­
saries are entirely self- supporting. It
is the hospitals that need extra funds. If
it were simply the question of the dis­
pensaries, the dispensaries are wholly
self-supporting. It is much harder to
get means for the support of the hos­
pitals, the tendency there being for
chronic and hopeless cases to be put in
them by their friends, and it is very
difficult to avoid them; and that, with
some other things, makes the hospital
work not self-supporting.

THE CHAIRMAN: I don't want to say
what I am saying because Dr. J. H. Mc­
Cartney, who is next to address us,
happens to belong to the same regiment
in the army that I do, but I am proud
of the work he has done in West China.
The wonderful history of that West
China mission, not simply Methodist,
but all the work in West China, has
been simply marvelous. As I told him
jokingly a while ago, they profited by
the mistakes or the failures made fur­
ther east along the coast, and started in
like a new broom sweeping clean. The
West China mission has had a splendid
history in every regard, and that is com­
ing to be a great part of the empire of
China. The people are better off there,
and their resources are greater than in
the eastern provinces, in most respects at
least, and that is certainly coming to be
A GREAT PART OF CHINA.
I am glad indeed to have Dr. McCart­
ney take up this first subject and be­
gin on the second.

DR. J. H. McCARTNEY: The other
evening I spoke of medical work as an
evangelizing agency in China. I don't
know that it is necessary to repeat it,
but I might just tell you of the methods
we have always pursued since we have
been here, and we have had a hospital
almost ever since we went to the West
of China.

We always begin our work in the
morning by public prayers for the help
and for the patients who can attend.
We send our nurses around to bring
patients to the service. Three or four
nights in the week we have public serv­
ic, where there is always preaching,
also every Sunday. During those serv­
ices we ask the men if there are any
there who wish to become Christians,
and if they do, to
STAND ON THEIR FEET;
and I hardly believe, though I am not
sure, that during the last four or five
years, since the Boxer uprising, we have
had a service where none stood up to sig­
ify that they wished to become Chris­
tians. I don't think there has been
a single such service.

Now, all these people do not affiliate
themselves immediately with the church.
They go back to their homes. Our hos­
pital draws from a territory six or seven
hundred miles across from north to
south and east to west, and you can well
imagine the influence it has had for
good in all that region. I think the
greatest distance from which we have
ever had a patient was nearly a thou­
sand English miles. At the time our
hospital was started, there was no other
hospital west of Hankow, and that is
DISTANT FROM US A THOUSAND MILES.
I have often said to those who ask me,
'Do these patients all become Chris­
tians?' 'No, they don't all become
outspoken Christians;'' but I think I
can truthfully say there has never
a patient come to the hospital an earnest
heathen but has gone away a lukewarm
heathen, if not a Christian; and if he
does not become a Christian he never
makes a good heathen after that. That
is one thing we are doing. And in com­
ing to the hospital, they always carry
back with them something of the truth.
ONE OF THE PRINCIPAL OBSTACLES in the way of evangelization in the wards of our hospitals is the Roman Catholics. There are a great many Roman Catholics in the west of China, and we have to admit these people to our wards as well as the heathen, and they constantly take advantage of this and begin their proselyting campaign when they come there. This has been a source of considerable annoyance to us; but in spite of these facts, I think I can truthfully say that the medical work has been wonderfully blessed of God in opening up new places and in convincing the Chinamen that the religion which we have for them is worth their consideration.

A part of the work I have always delighted in doing is what we call itinerating through the country. Itinerating in China is not as comfortable as it is through the home or some other countries. You have all heard about the filthy conditions existing there and other disagreeable things to be met, but I will not tell you about them to-day.

IT IS EXTREMELY GRATIFYING to see the number of people who know about you as a doctor and know your name. In the Chinese language the Gospel of Matthew is called Motti, and that of Mark is called Moppa, and my name happens to be Maw; so I belong to the family of those apostles. I remember one of our Scotch colporters coming back from northern China from a thousand miles away, and telling how they frequently asked him the question if those Gospels were written by me. They associated the two names with my name.

This itinerating work has been wonderfully successful. You come into parts of the country from which you have had patients. I suppose others have mentioned that the Chinese are extremely grateful for all that is done for them; they never forget a kindness, and although they are filthy themselves, they appreciate a clean hospital and a clean bed, and they marvel at the fact that the beds are free from vermin. One Chinaman was recommending the hospital to another, and he said as the highest praise, "Why, those floors are so clean in the hospital you could eat off them!"

Even in that way we are a civilizing agency, not only in a medical way, but in a hygienic way, and are thus unconsciously influencing the Chinese to better lives in their own homes.

I remember the first itinerating trip I ever made was after I had been there about five years. I went into the country some two hundred miles, and was gone seventeen days, and during all that time, from the time I left until the time I returned, it did not cost me a single cent, and I brought back considerably more money than I took away. The patients all along the way entertained me; I ate Chinese food, and I slept in their homes, so it didn't cost me anything for inn hire. Often I would go into a village where I didn't imagine there was anybody who had ever been in the hospital, and all of a sudden a man would step out of the crowd, put his arms around me, and say, "Come along, Doctor, come right along." I didn't know at first but he was somebody who was hostile and had taken possession of me.

In one case it was a man with leprosy who had been a patient in the hospital and for whom we had amputated two or three of his toes. We stayed in his home three days. After we had retired for the night I remember I called through the partition and said to the old evangelist who traveled with me, "Do you know that man has got leprosy?" It so startled him that he jumped out of bed and came into my room and said, "I drank tea out of the same cup. Has he got leprosy?" I told him to put his heart at rest, for there was no danger. At this time, in that place, there is a splendid Christian work being carried on.

We started out when we went to China to make the work self-supporting. In fact, I was sent out there because the board in New York had a proposition made by Sir Robert Hart, inspector-general of customs, who said, "If you will send a doctor out here, we
THE MEDICAL MISSIONARY CONFERENCE

will pay so much toward his support." That was the beginning of our self-supporting work. The Board took him up on it and sent me out, and ever since we have retained the position of surgeon to the Chinese custom service, and we reap considerable financial benefit from that. Last year our income from the work amounted to

OVER TWELVE THOUSAND MEXICAN DOLLARS

and that sum will go farther than six times as much, at least, in this country. A few years ago when we wanted to bring out another physician, we knew the Board had not the funds to send him out; so we wrote to them and told them we didn't know where the money was coming from, but if they would send a doctor out we would pay his salary. So they sent him, and he is there to-day, receiving his support from the work entirely; and a year ago we made the same proposition regarding a nurse, saying, "If you will send a nurse, we will pay her salary." And they sent us a nurse. So we have a doctor and a nurse in connection with the hospital whose salary is PAID ENTIRELY BY THE WORK there; and last year at the close of the year we had a balance of over two thousand dollars after all our bills were met.

Now, this financial work has been helped along in a most wonderful way by a new departure in missionary work, so far as China is concerned, at least. A number of years ago I made the proposition to the financial committee of our mission that they allow me to start a drug store in connection with the work entirely; and a year ago we made the same proposition regarding a nurse, saying, "If you will send a nurse, we will pay her salary." And they sent us a nurse. So we have a doctor and a nurse in connection with the hospital whose salary is PAID ENTIRELY BY THE WORK there; and last year at the close of the year we had a balance of over two thousand dollars after all our bills were met.

Our new departure has been along the line of a drug store, and I have operated it in such a way that it has brought in quite an income. It is an institution which I felt all along was needed, and the very fact that it has been a success has been proof to me that it really has been used in the hands of God as a missionary institution.

You know, in Oriental countries they will take anything or all they can get. They will ask you twice as much as they will take, and you have got to juggle a man down when you buy anything. When we started this drug store we put up a sign, "Strictly one price." A Chinaman would come into the store, look up at the price, and very timidly ask, "Do you mean what that says?" And the clerk would reply, "Yes, we do." So we have proven to the Chinese that a work conducted on Christian lines will succeed even in a business way in a heathen country. Not longer than yester-day I had a telegram from the Board in New York stating they accepted my proposition, in which I offered to supply the salary of a pharmacist and a bookkeeper if they would send them out. So we are going to take out a pharmacist and a bookkeeper next fall when we go back.

A year ago we had a gathering of medical missionaries from all over China and they decided to open medical colleges in five different centers, and a beginning has been made in the city of Pekin,—a union medical college. They have between thirty and fifty students. Also they have a faculty of at least a dozen men. In Hankow they have another; they are going to start one in Ching-tu, then one in Shanghai, and one in Canton; and we voted on the proposition as to whether they were to be taught in the Chinese language or the English language, and it was decided to have only one medical school in which the English language or tongue was to be used, and that was to be in Shanghai. This is to serve for all the English-speaking portion of the empire, and the rest are to be taught through the medium of the Mandarin language. So a beginning has been made in an educational way.
THE MEDICAL MISSIONARY

Dr. A. L. Kennan: As a boy, the idea first came to me that I ought to be a missionary, and a medical missionary, but I didn’t appreciate the necessity for thorough preparation. When I left the farm out in Minnesota and went away to school, I thought that a few months—about three months, as I remember—would be quite sufficient in addition to the common school education that I had. And then I thought I would go to Ann Arbor and take a medical course, and immediately go to the field. I thought THAT WOULD BE QUITE ENOUGH.

I thought it would be merely a waste of time to take a college course or a theological course,—I wanted to get to work. That was my idea of it, but some way the Lord rather pushed me into a college course. He opened the door that way, and didn’t seem to open doors any other way; so I went on with the college course; and finally the same thing was repeated with reference to the theological course. And then the way opened for medical work. Now all this took a long time. And yet I feel that it was not, after all, any of it wasted time. A great deal that I learned I have forgotten. I don’t think I ever knew quite as much as I have forgotten, at any one time. And yet it has its value, and I think not only that the education that I have received in the schools has had its value and has directly counted towards success,—such little success as under God I have had in my work there at Midnapoor,—but it seems to me that the other work that I have known how to do, work as a carpenter, for example, has not hurt me any as a missionary nor as a medical missionary.

THE MORE A MAN KNOWS THE BETTER he is fitted, and one never knows what thing of the past is going to be useful in the future. And one never knows what experience of the present is going to be valuable in the future. After all, we are in God’s hands, and out of all these experiences and out of all these educations, he is going to bring his purposes and his plans.

I remember a friend of mine several years ago was speaking of his purpose to become a missionary, and one of our older missionaries went to see him and talked the matter over with him, and the young man said something to this effect: “Well, Dr. Bachelor, do you think that in the field there in India there is an opportunity for a man of my abilities?” “Well,” Dr. Bachelor said, “well now, really I hadn’t thought about that, and perhaps it might be well to think about that a little while.” Dr. Bachelor continued thinking about that for a considerable length of time, and the young man, I believe, never went. Any ability or any adaptability or anything else that we can take to India or to the heathen lands, is going to be distinctly an advantage in the work. There isn’t any danger of our being too thoroughly educated. There isn’t any danger of our knowing too much. Again and again, as I have come up against PROBLEMS AND PERPLEXING THINGS in connection with the medical work and with the other work of the mission, I have wished that I knew, a great deal more. I just wish that there was some way that we younger men and women could come into the experience that the older missionaries have had. I wish that they could pass it on to us in some way, but I suppose it is not possible, and that we have to gain our experience for ourselves.

Now, as to the education, it seems to me that the medical missionary needs a good general education. Perhaps it is not absolutely essential; but get all you can. In medical lines as well, get all you can. There is no danger of your knowing too much. It seems to me as I think of my medical course that perhaps my attention was too much upon the incidental things and not enough upon the principles that underly. When I got out to India, I found facilities there very meager indeed. A great many things that I saw in use in the hospitals and by medical men generally in this country were utterly beyond my getting; and I was up against it frequently.

I DIDN’T KNOW WHAT TO DO.

And it seems to me a man wants to have his adaptability educated, as well
as his ability. He wants to be able to adapt himself, and to see things where there are no things to see; to see his way through or around or over the walls that will come before him. For example, I remember a boy in our school came in one day and he said, "Sahib, I can't come to school any longer. I am getting deaf; I will have to go home and work on the farm; I can not go on any further." I said, "Perhaps I can do something for it," so I examined him and I found he had had catarrhal inflammation and the Eustachian tube had been closed up. If I only had an air bag I could open it; but I didn't have any air bag. I did have, however, a football bladder, and I inserted the outlet of that into one nostril, after properly inflating it, and it nearly blew the top of the boy's head off, but it relieved his difficulty to a certain extent; and after doing it several times the boy was able to hear his teacher. He went on with his school, and he went to high school, and eventually he took a course in the Calcutta university, and I believe last March he took a degree there,—

A SANTAL BOY FROM THE JUNGLE.

You remember the old poem about what depended upon the horseshoe nail; but in this case it seems that his high school course and the Calcutta university course depended upon that football bladder which was so applied that he went on with his education.

Regarding medical education in India, there are two ways in which the natives of India are being educated. So far as I know, no foreigners come to India and take their medical education there for missionary work; but some of the natives of India are being educated in the government medical schools, such as those at Bombay, Calcutta and Madras, and some by the workers in the missions.

There is also quite a large amount of education of women as medical missionaries. While the government colleges are open to women, still the conditions surrounding the women and girls who enter these schools are such that we hesitate to send our Christian girls to them. But the medical schools that are being conducted by some missions in India are valuable, and they are sending out their nurses and doctors who are fully qualified to practice there, and it is an excellent work.

Dr. Dowkontt spoke as follows. Bishop Thoburn probably knows something about the medical missionary work at the medical missionary college at Ludhiana, under Dr. Edith Brown.

The Christian world is realizing more and more that the great work of evangelizing, whether by the medical missionary agency or not, has got to be done by the natives of these countries.

Dr. Royal J. Dye, of the Church of the Disciples, who was born and raised within a hundred miles of this city, and who has been with us during the past few months, has solved the problem in regard to the self-support and self-propagation of missionaries in a way I know of nobody else ever solving it on the mission field. He came to me in New York some thirteen years ago, and ten years ago he sailed for the Congo. And what has he got to-day? He has out there on the Congo nearly fifty evangelists and five thousand members. He not only exacts a tithe of money or goods from his people, but he exacts a tithe of workers, and every ten people, or ten men, that come into his church have to elect one from among themselves to be an evangelist for the others, and the nine men support the tenth man; and he has nearly fifty of those evangelists working out there while he has been home here; and a couple of months ago he received a report from them and they said, "Come back as soon as you can, we have

NEARLY EIGHT HUNDRED CONVERTS waiting for you to receive them into the churches." He is going to leave in about two months, and two months more will be required to get there, and so in the same ratio he may have anywhere from a thousand to twelve hundred converts waiting for him that these native evangelists have brought in.

Now, I have been more particularly engaged in the education of medical missionaries at home. This work started
in this way: In the year 1841, Dr. Peter Parker, who went to China in 1834, after being there seven years, made a circuit tour back to the United States. He went to Edinburgh, and afterwards to the City of New York. In Edinburgh he started a missionary society to help him in his work in China, and he started a similar society in the city of New York. This society in Edinburgh ten years later undertook the work of training medical missionary students, and assisting them to obtain their medical degrees. It is in existence to-day, and has sent out scores of medical missionaries. This is just a demonstration of the union that was brought about between the two sides of the Atlantic. That was in 1841. In 1881, just forty years afterward, I came to the city of New York, and there met Dr. Post, whose son is in Beirut, Syria, where he has been

FIFTY YEARS NOW A MEDICAL MISSIONARY

and he was the secretary of that old society nearly seventy years ago. He took the presidency of the society I started there in 1881, and we undertook the training of students, and during the next twenty-five years we had over two hundred students in training to serve under various mission boards. We struggled on there,—but I can’t go into details about it,—to try to help these young people get through their medical course. Not another society or institution up and down this whole continent existed at that time to help intending medical missionaries in their medical education. There were theological seminaries in plenty, and some of them with more professors than pupils, and these were provided with endowments and everything else, but

NOT A SINGLE PLACE UP AND DOWN

the country for the education or aid of medical missionaries until the society in New York was organized.

Knowing of my struggles in New York, in 1892, to get a charter for a medical missionary college, and that because of the opposition of the big colleges we could not get one in the state of New York, Dr. J. H. Kellogg said to me one day, "I think I can get a charter in the city of Chicago; what do you think about it?" I told him to go ahead; and in 1895 he got a charter, and the college is right here and the students are here, and I am here now in God’s providence and working with him, for we joined hands here a year ago, and we are here to-day to rejoice over our successes.

Dr. Kellogg: I feel quite unworthy to stand up here among these splendid men and women who have been giving their lives to medical missionary work; and all that I can say for myself is that I am interested in medical missionary work. I have not had an opportunity to do it. If I had done what I wanted to do, however, I should have been in a foreign mission field. That was

THE GREAT AMBITION OF MY LIFE—

to be a foreign missionary. I read, when a boy, over and over again, the lives of the Judsons, and that I am sure any of you will say is enough to inspire anybody to want to do something likewise. My lot, however, was cast in this country. It was merely an accident that I became superintendent of this Sanitarium; it was only because there seemed nobody else to be found to take up the work at that particular time and under the existing conditions. I am sure if there had been, I should never have been selected. I was only a boy of twenty-four. I did not want to be a doctor, and had fully determined to engage in other lines of work.

When I was about twelve years old I remember my mother asked me one day, "John, what are you going to do when you are grown up?" I said, "Mother, I will be

ANYTHING BUT A DOCTOR."

And that was my full determination. I had seen just enough of the practice of medicine to know that there was blood about it, and I fainted away whenever I saw blood, and I turned sick at my stomach and vomited whenever I encountered a bad smell; so you can readily see I was not well adapted to the medical profession. It was but a few days after this talk with my mother that I had a very interesting experience. I
was sitting on the back steps with my elbows on my knees and my head in my hands, and thinking, “What shall I do?” I thought I must settle the question because my mother had put it to me. I did not know it was impossible for me to settle that question then, but I was thinking it over very seriously, and without coming to any conclusion at all I raised my head, and as I did so,

I SAW BEFORE ME A PICTURE.

Dr. Kennan was saying a moment ago something about seeing things when there is nothing,—and that is exactly what I did, and that is what he has done, that is what Dr. Dowkontt did when he came to this country to start a medical mission. I saw that afternoon a picture,—I saw it as distinctly as I ever saw anything in my life. I saw myself away in some far place,—a frontier place it seemed,—and there were lots of little, ragged, dirty, unkempt, uncared-for boys and girls going down a hill, and a little log school-house, a rail fence a little ways down, and some cattle; and I stood in the door of that log school-house begging these little boys and girls to come in. From that moment on I had my heart set on working for the neglected, the poor and neglected people. I never did want to do anything else in my life,—NEVER DID WANT TO DO ANYTHING ELSE.

THIRTY-THREE YEARS HAVE PASSED.

We got a big debt on our hands, and I said, ‘‘I must wait until the debt is paid, then I will go;’’ but before our debt was paid other improvements were necessary, and there was another debt, and one thing after another led me on, and I am still here; but after a few years I began to look around for opportunity to do some of the things I had wanted to do. Many a time I have sat down and wept, twenty-five or thirty years ago, because I was not doing what I wanted to do. I was not happy a day nor a minute, because I saw the picture of the dependent, the poor and neglected people, and it was only because this institution was a philanthropic institution that I was willing to stay. But I am talking about myself, and I did not intend to do that. But this is why I am interested in medical missionary work. It has been

THE ONE AMBITION OF MY LIFE

to do something to help along the work for the great multitudes of people who have no chance. That is the thing that appeals to me, my friends,—the man who has not had a chance, who has not the principles I have. I do not remember when I have ever gotten upon my knees, certainly not for many, many years, that I have not thanked the Lord that he has given me the opportunities that I enjoy in this land of liberty and privilege; and my ambition was to go out to the poor heathen to give these things to them. I have several times been in foreign lands and heathen lands, and never once that I did not wish I could stay there.

IT SEEMED LIKE A GREAT CROSS

to have to come back to this land where the opportunities for doing good are so small compared with the magnificent ones in heathen lands. I feel that the man who chooses to spend his life in a heathen land where there are great nations lying in ignorance, darkness, want, and misery, is accepting a great opportunity; certainly he is not making any sacrifice. The missionaries will not consider this any reflection upon them, because I know they are in these foreign
fields and spend their lives there because they consider it a magnificent opportunity to do the thing they wanted to do.

As I was beginning to say, my interest in the medical missionary college work was prompted by this desire to do something to help along missionary work. About fifteen or sixteen years ago I brought the matter before our constituency, the members of this corporation, and told them how I felt and that I thought we ought to be doing something, and as they all felt just as I did about it, immediately, at my suggestion, they voted to appropriate five thousand dollars a year to educating men and women to engage in medical missionary work; and there never has been less than that amount expended from that time up to the present time. In fact, the total amount expended by the institution annually amounts to more than double that. There has been at least an average of ten thousand dollars a year for the last fifteen years spent in education. More than two hundred young men and women have been educated for different lines of medical missionary work in home and foreign lands. But we never dreamed of a medical college. It was not until about fourteen years ago that we began to think about it. About that time a man came to me one day and said, “Doctor, I can not sleep nights.” In fact, a friend of his came first, and he said, “Doctor, a friend of mine is sick because he wants to see you so bad, and he can not. For three days he has been waiting to see you. He has come up to your office, and they asked him if he was sick, and he said ‘No,’ and they sent him off, and he finally has got so worried about it he can not sleep nights.” I said, “He is sick if he can not sleep nights; bring him right up.” So they brought him up. He was a man from Cape Town, South Africa, a native of that country, one of the famous Wessels family you have heard about, brother of the General Wessels who commanded the Boers in the siege of Kimberley. This gentleman said to me, “Doctor, I have been impressed for three months that I must come to see you and have a talk with you, and I want to ask you this question, What would you do if I should give you a good-sized sum of money?” “Well,” I said, “we would start a medical missionary work in Chicago.” “Well, now,” he said, “Doctor, I was just down to Chicago last week, and I believe there are more heathen in Chicago than there are in all Africa; it looked that way to me, and I think that would be a good thing to do.” He said, “Here is fifteen thousand dollars I would like to give you for the purpose;” and his brother whom he brought along with him, said, “I will add twenty-five thousand to that.” So there was forty thousand dollars cash — with which to start a medical mission work.

Then we began to think we might possibly have an educational work. We started a dispensary at first, and this gradually developed into the medical college. A doctor came here from Chicago one day, who was not a Christian man even, and he said, “Why don’t you start a medical school?” I said, “We can not; we haven’t a faculty, and we can not get enough people together for a medical school.” “Why,” he said, “I will be one of the faculty.” This man was one of the leading surgeons of Chicago, secretary of one of the medical colleges. I was astonished, because I thought such an attempt as we could make would be looked upon with so much contempt that no respectable doctor would have anything to do with it.

I don’t need to tell you the whole experience, except to say that we incorporated a medical school, organized a faculty, and our school has been going on ever since, and we feel the best thing that has happened to us is the fact that Dr. Dowkontt has been led of the Lord, as I trust, to come here and join hands with us. He has had some rich experience in the medical missionary work, and his wide acquaintance with missionaries and medical missionaries and missionary methods is of
very great advantage to the school. Our school has been prospering more and more since Dr. Dowkontt’s connection with it, and we feel there is a good future before us. By the blessing of God, we have an endowment sufficient to meet all the expenses of the school. In fact, we have trained in this school one hundred and fifty students, and we did not have to borrow or beg any money in order to do it; we can do this and not exceed our income. But there are

OTHER THINGS TO BE DONE;

so we think it is better for the students to pay what they can, and it gives them opportunity for development in other ways. Our school is conducted under the general auspices of the American Medical Missionary Board, which is an undenominational board made up of Christian men, some of whom belong to different denominations, and some of whom do not belong to any denomination. And the work is, as I said, entirely undenominational.

We have an advisory board. The president of this board is Dr. Howard Kelly, of Baltimore. I was talking with Dr. Kelly about the matter of having an advisory board, and asked him who he thought we could get to become members of it. He said, "I will be one"; and he was the first volunteer, so we were glad to make him chairman. We also have Dr. Grenfell, of Labrador, Dr. Beebe, of China, and other doctors, on the advisory board, and we feel the future of our school is assured as to the financial part of it; but now we need assistance from medical missionaries everywhere in picking out the right kind of young men and women to come to this school.

THERE ISN’T ANY DIFFICULTY

at all in filling the school. If we would take in the young men and women who say to us, "We have been thinking some about taking up medical missionary work," "We mean to be missionaries, and we want to do good every day of our lives in some way or another," we could have a thousand medical students here. There is no difficulty at all; we have applications all the while, four times as many applications as we receive students. The prospective students must be sifted. We want the young men and women who go through this school to go to the foreign mission field; we want them to be stars when they get there.—I do not mean to rise above other people, but we want them to shine, to have some light to let shine; we will do our best to help them in that regard too; we want YOUNG MEN AND WOMEN GOD HAS CALLED to go out and help their fellows, to come into this school, and we will make any sort of sacrifice to help them to make the necessary preparation.

We appreciate exceedingly the kind favors we have received from the mission boards, and especially, as I said before, we appreciate the help of Dr. Dowkontt; and we shall hope to have the co-operation of the mission boards and missionaries; and I want to improve this opportunity, lest I may not have it again, to thank our kind friends, these veteran medical missionaries who have come here to assist us in this convention, for the instruction and the inspiration we have received from them, which will be a help to all of our teachers and students. I hope we may be able to keep this medical missionary college so brimful of missionary enthusiasm that every man who goes out of it will be like a flame, a torch, and will carry light and blessing with him.

The session closed by singing, "Rescue the Perishing."

The report of the last session of this conference will be given in the next number. It is pleasant and satisfactory to have received favorable comments upon the conference, and the extended report of it.

"Let it fill you with cheerfulness and exalted feeling that God is leading you on, guiding you for a work, preparing you for a good that is worthy of his divine magnificence. If God is preparing us all to become that which is the very highest and best thing possible, there ought never to be a discouraged or uncheerful being in the world."—Horace Bushnell.
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The Battle Creek Sanitarium

SPECIAL RATES TO MISSIONARIES

The above named institution is organized as a philanthropic and missionary institution. There is no private interest, and all the earnings are used for the building up of the work and the promotion of its various philanthropic objects. The great loss entailed by the fire of seven years ago involved the institution very deeply in debt. As there is no endowment, all expenses of any sort must be paid from earnings. On this account it is not possible for the managers to do, at the present time, as much in a philanthropic way as they would like to do, and hope to do in the future, when the financial situation is improved.

For many years special rates have been made to foreign missionaries, and within a year of two these rates have been considerably reduced. The present rates to foreign missionaries of all Evangelical denominations, who are at home on furlough and in need of medical care and treatment, are as follows:

- Board and room, $5.00 per week.
- Table board only, $3.00 per week.
- Medical examination and treatment, except massage ward, no charge.
- Surgical operations, no charge: but $10.00, or less, is charged to cover special expenses, according to the case. A charge of $10.00 is made to meet expenses in maternity cases.
- Bathroom treatment, mechanical Swedish movements, manual Swedish movements, electrical applications, physical training, no charge.
- Massage, 25 cents each treatment. Special nurse, 15 cents per hour.
- Rent of wheel-chair, when required for exclusive use, 25 cents per week.
- Instruction in hydrotherapy, nursing, cookery, etc., no charge.

Missionary patients are received on the above terms for one month. At the end of that time and of each month thereafter, the treatment may be renewed, so long as the physician in charge considers it necessary and profitable for the patient to remain. Incurable cases are not received.

Patients will be expected to meet the regular charges for personal laundry, purchases made at the pharmacy, and similar incidentals.

Missionary patients are given rooms in East Hall or in Cottages. East Hall is a large, steam-heated building near the main building. Men patients, when able to leave their rooms, go to the main building for treatment. Missionary patients who prefer accommodations in the main building will be charged regular rates for board, no charge being made for treatment. Attention is called to the fact that the above rates are offered only to invalid missionaries who are on furlough and who expect to return to the missionary field. The limited accommodations in the institution, especially during the summer season, as well as its financial situation, make it impossible to extend the rates named to friends or relatives of missionaries except husbands or wives or children of patients. All communications respecting arrangements should be addressed as follows: The Business Department, Battle Creek Sanitarium, Battle Creek, Mich., or J. H. Kellogg, M. D., SUPERINTENDENT.
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The American Medical Missionary College offers excellent advantages to those who desire to prepare themselves for work in Medical Missionary fields at home and abroad. Opportunity is afforded by this School for obtaining a thorough, practical Medical Education, and especially for attaining proficiency in the use of physiologic remedies.

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As the number of students who can be received is limited, application should be made at once.

For catalogue and full information address R. H. Harris, M. D., Battle Creek, Mich.