The Church Missionary Society had already a physician at Metlakatla, and the two of us represented the "profession" in a territory of about.

ONE HUNDRED THOUSAND SQUART MILES.

Under such circumstances one must be as nearly ubiquitous as possible to help the greatest number, and especially among a people of semi-nomadic habits there is necessity for a great deal of travel and changes of basis of operation. Port Simpson, by its size and situation, demands greatest attention, and is the headquarters for our medical mission for mine months of the year. During three months of the summer, beginning with May, Port Essington, on the Skeena River, is of greater importance, having two salmon canneries, with seven more within a radius of fifteen miles. Not only do the major of the Port Simpson Indians remove thither in summer, but they come from

A DOZEN OTHER VILLAGES,

including those of the Upper Skeena, 150 miles distant, and not alone the able-bodied, for they bring the young and belpless, and the aged and infirm; and the sick and maimed are not left behind, especially since the medical missionary's presence has become an assured fact.

A large number of Chinamen, and a few whites and Japanese, find employment at these canneries. This mixed population, under conditions of frontier life, calls for the exercise of every Christian influence available.

Earlier in the spring nearly all the surrounding country congregate along the Naas River for the Oolachan fishing, and usually a few days or weeks are spent there; and the annual visit of the doctor is eagerly looked forward to by many who find this

THE FIRST OPPORTUNITY

for medical advice or surgical help after the sickness and accidents of winter. Trips are made, as opportunity affords, to Queen Charlotte Islands, and along the coast as far south as River's Inlet. On one of these trips recently by the *Glad Tidings* about 150 cases were examined and treated. Patients come to us from distances of 100 miles north and west, 200 miles east and 300 south.

These visiting patients, and the difficulty of managing all surgical and acute medical cases, suggested the erection of a hospital. "Where there's a will there's a way," especially when the will is accomplished by faith, and its inevitable product, works.

In bebruary, 1891, a child of four years was found suffering from empyema. She lay on the floor in a cold, dirty house, she was emaciated and feverish, her body crusted with filth and crawling with vermin. The ladies of the Girls' Home gave us a room into which she was taken, and, after a cleansing operation externally, her pleural cavity was opened and

THREE PINTS OF TUS

evacuated. Her friends supplied fuel and some food, but looked on dubiously, and when they heard her expiration bubbling through the drainage tube (for the cavity was found to communicate with the bronchi), they said that fatal symptoms were apparent. By cateful nursing she recovered, and is to-day a hving evidence of the efficacy of hospital treatment.

The following May we removed to Port Essington for the salmon season, and rented an Indian's house of seven rooms. La grippe was epidemic among the tribes gathered there for the fishing. Many of these were heathers, and

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superstitious fear added to the severity of the disease. Hundreds were ill and many dying.

One man, a native of Kish py-ax, was given up to die, and as is customary in that tribe, was being prepared for burial. Hopes were held out for his recovery, but these attendants scorned, refusing to administer food and medicines. After a time, however, they agreed to

ALLOW ME A CHANCE

to try what I could do for him in residence. So he became our first patient there, and with such good results that Wil-baloksh continues to cast his not in the Skeena with his fellow fishermen, as if his coffin had never been made. His relatives promised at that time if he recovered they would all become "school people," and while the powers of darkness, aided by their gross ignorance, kept them for a time from fulfilling this, I believe the impressions received at the time had some influence in bringing about the almost complete conquest of that village by Christianity.

At that time we had no trained nurse and few turnishings, but individual auxiliaries of the Woman's Missionary Society began to take interest in our attempts, and sent us bales of bedding, etc., and the Board of that Society at its next meeting responded to our appeal for a nurse, while locally some help was given to

OUR INFANT ENTERPRISE

The Provincial Government that year granted \$500 toward the erection of a public hospital at Port Simpson, which sum was put into our hands, and with as much more raised by subscription we commenced the building now completed, at a cost of about \$3,000, and having accommodation for eleven patients and our staff.

In May, 1892, Miss Spence, our present matron, met us at Port Essington, and after a busy summer there we found our building at Port Simpson almost ready for occupation. We moved in on October 13th, and the following night a patient reached us, having been brought in a canoe seventy or eighty miles. He had been accidentally shot in the abdomen; his recovery made another initial case brought back from the jaws of death.

Space will not allow me to cite more individual cases, but I may sum up by stating that up to the present (December 5th, 1895) we have cared for 179 cases—144 of whom have been Indians, 26 whites, and 9 Japanese. About 50 have undergone operations of considerable magnitude, under chloroform or ether: none of these have terminated other than favorably. We have, in a limited way, all the modern appliances for aseptic surgery, and our wards are bright and comfortable.

We have now a head nurse and an assistant in training, whose salaries are paid by the Woman's Missionary Society, the positions are admirably filled, respectively, by Miss Minnie Spence and Miss Emily Lawrence. We receive small grants annually from, and make reports to, both Dominion and Provincial Governments. Our institution is locally quite popular, having the confidence and support of the few white people on the coast, and has a representative Board of Management.

We keep up the spiritual influence by services in the wards, conversation with patients, reading of Scriptures and such books as "The Story of the Bible" and "Pilgrim's Progress" by such patients as can read. We also have a supply of Japanese Christian literature. We try in all particulars to make the institution an interpretation of Christ's blessings to the poor and suffering