

The missionary physician has generally to begin his work under the most unsatisfactory surroundings. His dispensary at first may be his own house, his operating room a bedroom, his hospital a mud hut without windows, ventilation, or even beds. The medical missionary is constantly hampered at first by native prejudice against the use of foreign medicine, the lack of appreciation among his patients of sanitary laws, the necessity of regulated diet, and the adherence to written or verbal directions regarding medicines. At Miraj patients at first refused our medicines, because they contained water. In a case of cholera or smallpox their house would have double the regular number of residents and visitors, and the discharges often spilled about the floor. Advice to eat little or nothing before an operation would be disregarded, and a full meal taken on the subsequent plea of strength necessary for the operation. Doses to be taken three times a day would be omitted in the morning and at noon, and all taken in a single dose at night, or the whole bottle swallowed with injurious if not fatal effect, on the ground of the sooner taken the sooner cured. These are difficulties, and many others might be enumerated which the newly arrived medical missionary will have to contend with. They are not insurmountable, though they are often of the most trying nature. Christ-like patience and prayerful perseverance will be necessary to overcome them, but with the victory of conquering them there will be victory over self, the chief enemy, and glory to Christ, by the effect produced upon the spiritual and physical welfare of those in whose behalf the victory has been won.—*W. J. Wanless, M.D., Miraj, India.*

Having no hospital in which to practise surgery on his arrival in India, Dr. Wanless sent a man with acute mortification, requiring immediate amputation of the leg, to the State dispensary, which had six beds, all unoccupied at that time. A note to the doctor in charge stated the case, offering his services if required. Being low-caste, the man was put on the floor, the leg being amputated, but below the point to which the disease had extended—a bloodless amputation, and nothing whatever was done for his relief. He actually “rotted to death” upon the floor. No wonder such an incident compelled Dr. Wanless to do all possible to secure a proper hospital, and now for but \$50 a bed is supported for a year in it, one-sixth the cost of a bed here and but one-third the cost of the cheapest government hospital in India.—*Missionary Review.*

WOMEN DOCTORS IN INDIA.

Last year's report of the National Association for supplying female medical aid to the women of India states that in eleven years since its organization, under the name of the Lady Dufferin Fund, the number of women and girls annually relieved and cured has risen in 1895 to above one million (1,054,387), and in the last three years the number has doubled.

The movement has a pathetic history. After suffering for years from native quacks, the maharanee of Punna was cured by an English lady—a medical missionary. Her Highness wrote to Queen Victoria, inclosed the letter in a gold locket, put the jewel around the doctor's neck, and charged her not to take it off until she gave it into the Queen's hands.

Her Majesty sent a kind answer, and laid on the next new viceroy, when dismissing him, the “special injunction” to launch a scheme for the improvement of the medical treatment of her Indian women subjects.

With Irish impetuosity and Scotch thoroughness combined, Lady Dufferin organized the fund all over India, and in London also, for training native women doctors as well as healing the suffering. The invested funds amount to £129,000 at par, and the income from all sources last calendar year was £15,545. With this a million of suffering women were cared for, in addition to the many who come under the ministrations of the medical missionaries, American as well as British.

Were progress more rapid, especially among the high-caste ladies, who must be attended in the zenana and harem, there would not be women doctors enough. Lady Elgin, Lady Elliott, and other governors' wives have brought about the foundation of hostels for native women studying medicine, obstetrics and nursing. Mr. Woodburn, an experienced civil engineer, declared at the annual meeting in Calcutta lately that “the rapidly growing and now enormous attendance at the Dufferin hospitals is the best possible evidence of the trust of the people in the treatment they receive there.”—*Boston Transcript.*

[This Association is philanthropic; its employees are pledged not to interfere in any way with the religious beliefs of the patients, but it depends largely on “Christian women, for only girls educated in the various mission schools were found prepared to avail themselves of the opportunity offered.”]

THE MISSION TO DEEP SEA FISHERMEN.

“This mission, which is an interdenominational one, began its career of useful work thirteen years ago in London, England.

“The object of the mission was to reach the thousands of fishermen connected with the fishing fleets in the North Seas. These fleets are permanent all the year round, employing many thousands of men and boys who, in such arduous work, are constantly exposed to many and great dangers. Until this mission began its operations no effort had been made to help these toilers of the deep.

“The mission began its work by sending out a small boat, the *Ensign*, with missionaries on board to labor among the fishermen.

“To-day the mission fleet to the North Seas consists of eleven fine vessels, five of these being hospital ships, with a properly qualified staff of medical men. These eleven ships are the Church, the Temperance Hall, as well as the floating hospital of the North Seas. In connection with the medical work, several beds are secured at the London Hospital for special cases, which are sent from the fleet under the care of officers of the mission.

“In the autumn of 1891 the needs of the Labrador fishermen came before the Council of the Mission, and in that year one of their number came out to gather information and report. As a result of that report, Dr. Grenfell and others were sent out as a preliminary expedition.

“The doctor found a very ample field for the work of the mission. He says: ‘The Labrador coast is one of the most uninviting spots on the face of the earth. Sterile and forbidding, it lies among fogs and icebergs, and, let a man work as he may, he cannot get enough to keep body and soul together.’ Yet on this bleak and barren coast the permanent population is from five to eight thousand, made up of Eskimo, natives and Indians. In May and June, however, the population is greatly augmented by some twenty to thirty thousand fishermen, women and children. These are landed at various points round the coast, where they had left their mud huts the previous year, and where