



VOL. I., No. 7.

TORONTO, NOVEMBER, 1896.

PRICE, ^{from now until} _{July, 1897} 10c.

Two Cents a Week.

TUNE—138 "Canadian Hymnal."

"TWO cents a week" the Master asks
From all the loving children's hands ;
Two cents a week to tell His love
And teach His word in foreign lands.

CHORUS.

We must fulfil Christ's great command,
His Gospel send to every land.

"Two cents a week" to place ajar
The gates of mercy, high and broad,
Two cents a week to spread afar
The knowledge of our risen Lord.

"Two cents a week" may send a blaze
Of Gospel light o'er India's plains ;
Two cents a week may free a race
For ages bound by error's chains.

"Two cents a week ;" from China's shore
We catch the cry and hear the plea ;
Two cents a week a few years more,
And struggling China shall be free.

"Two cents a week" may wake the note
Of Zion's song in fair Japan ;
Two cents a week, O blessed Christ,
May tell of all thy love to man.

—*Worthington's Annual.*

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We are asked why we do not report more of our work in the *MISSIONARY CAMPAIGNER*. The great reason is that what we can do is so much greater than what we have or are doing, that we feel like saying nothing of the grand commencement which our Canadian Methodist young people have made. However, to satisfy and stimulate those who wish to know about our Forward Movement for Missions, we have decided to devote the December number of the *MISSIONARY CAMPAIGNER* entirely to a report of the work done and plans for the future. So if you want to know the origin and growth and proposed work of the students' missionary campaign for a young people's Forward Movement for missions order the December number, either from Room 20, or from F. C. Stephenson, Trinity Medical College, Toronto. Single copies 2 cents; 15 cents per dozen copies, or 10 cents for subscription from now until July, 1897.

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The Missionary Campaign for an exodus of missionaries, is not only a Forward Movement for missions of the

students and young people in the Methodist Church, but it is a movement of the Church—see the *Christian Guardian*, October 7th, for the attitude of the General Board of Missions toward our movement. A committee was appointed to carefully examine the workings of the movement. The following is the first paragraph of their report (get the *Guardian* and read the remainder of their report and its adoption): "That the Board expresses its cordial sympathy with the students in their work, its gratification with their desire to place the work under the direct control of the Church through the Board, and its belief that the movement, wisely guided, will result in stimulating and developing widespread interest in missionary work among our young people, and in securing substantial additions to the income of the Board."

Arabian Missions.

THE work in the "neglected peninsula" consists chiefly in medical treatment at the mission stations, and in the sale of Arabic Scriptures to the Jews and Moslems by native helpers. An interesting example of the way in which the Lord turns apparent misfortune into blessing is seen in a recent riot in Muscat. In a fight between two Arab chiefs the mission premises were looted and a large supply of Bibles were stolen. These were put up at auction and sold as foreign books to one of the Arabs. He, in order not to lose money on his purchase, sent his slaves all over the district, and they sold the copies of the Scriptures to hundreds of Moslems who could otherwise never have been reached directly by the missionaries. The work is progressing in the face of many difficulties, climatic, financial and satanic.—*Missionary Review*, October, 1896.

What Can We Do?

BETHESDA Church, Bristol, has a band of earnest young Christians who are joined together under the name of the *Missionary Cheer Committee*. This church, with some 1,300 members, has eleven representatives in China, seven in India, three in South America, three in Spain, and ten in North and Central Africa, all wholly engaged in missionary work. Two of the number in China are fully equipped physicians, while several of the brethren and sisters scattered throughout these countries have received courses of training in the healing art, so seeking at the same time the help of the body with the healing of the soul. The M.C.C. have banded themselves together to collect from their fellow church-members good current Christian literature, and post the same week by week to those in the foreign field.—*September Review*.

Suggested Programme of Medical Missions.

I. *Opening Exercises*.—Hymn, prayer; Scripture lesson (Is. lxi. 1-3, and Matt. viii. 1-17); hymn, "Can. Hymnal," 447.

II. *Scripture Argument for Medical Missions*.

- (a) *Prophecies of Christ the Healer*; Is. lxi. 1-3.
- (b) *Our Lord's Example*—Pre-eminently a Medical Missionary; Matt. iv. 23, 24—by this means He drew the people, then preached the Sermon on the Mount, then immediately resumed His work of healing: Matt. chaps. viii and ix.
- (c) *Our Lord's Command*: Matt. x. 1; Luke x. 1.
- (d) *The practice of Apostles and early disciples*: Acts iii. 1-10; Acts ix. 32-43.
- (e) *Christ laid particular stress on the duty of man to care for his fellowman*: Luke x. 25-37; Matt. vii. 12.

III. *The Need of Medical Missions*.

- (a) *The paucity of missionary physicians* (about 400)—compare with the thousands of physicians at home.
- (b) *Ignorance of medical science and resultant sufferings* in non-Christian lands—give illustrations.
- (c) *Cure of missionaries and families*.
- (d) *Care of native helpers and Christians*.

IV. *Appropriate musical selection*—quartette, or, etc.

V. *The Value of Medical Missions*.

- (a) *A pioneer agency*—opened door of access to many mission fields, e.g., Corea, China, Formosa, Urambo (Africa).
- (b) *Means of overcoming prejudice*, especially in Mohammedan lands.
- (c) *Direct evangelistic agency*—give illustrations showing fruitfulness in conversions.

VI. *Methods*. The medical missionary is, par excellence, an evangelist. He must be wise to win souls, and must use his medical knowledge as a means to this supreme end.

1. Itinerating work.
2. Hospitals.
3. Dispensaries.
4. Instruction of native youths in medical science.

VII. *Hymn*.

All requisite information may be had from the following booklets which may be had at the Methodist Book-Room, Toronto. These are necessary, and should be read by all who take part in the meeting: (1) "Murdered Millions," in paper, 17c.; (2) "Medical Missions, their Value and Success," by Dr. Wanless, 5c.; (3) "Medical Missions, their Claims and Progress," by Lowe, in paper, 20c.

Appropriate readings may be selected from the Life of John G. Paton, Life of John Kenneth Mackenzie, "In the Far East," "China and its People," by Dr. Withrow.

CHAS. W. SERVICE, B.A.

Do you want to know, Do you want to MAKE KNOWN the will and the work of our God for His Church on earth? If this is your supreme desire, can you not find a way of accomplishing it by buying some of the information advertised by our Book Room on page 8? Has your Missionary Committee a missionary library to circulate in your society? If not, it is hardly fair to appoint them as your instructors in missions and not furnish them with textbooks. The best educational institutions have books for both instructors and for those who seek instruction.

Medical Missions Among Lepers.

DR. SANDILANDS, medical missionary, Free Church of Scotland, writes: "The Deputy Commissioner asked me if I would look after three lepers who were said to be *starving*. I replied, saying, I would if I got the 'Kangal Khana' (poor-house) to house them in. This was granted, so I went to see the people. Only one was present; *another had died of starvation* that very day, and the only one who was left was just dying. I fed him with brandy and milk, the food I brought with me being of no use. He could not eat and it was with difficulty he could swallow. Gradually by spoonfuls he took a little milk. He was lying, with little or nothing to cover him, in a narrow veranda in the midst of a pour of rain. I did not expect him to live till morning, but I was surprised to find, when I went, that he was still alive. I went both before and after my dispensary and fed him. After the dispensary I spent an hour or two dressing his wounds, which, on foot and hand and arm, were just a mass of corruption. . . . *His condition was such that almost no one would come near me to help me*. I got his wounds dressed and got clean clothes for him, and had him put on a bed inside and he was a little comfortable. I kept feeding him all that day and during the night, but in the morning he passed away. His case was such a sad one. *He died literally from neglect and starvation*. . . . We told him a little about Jesus, but *he was too far gone to think about the matter*."

Medical Treatment for the Opium Habit.

DR. OTTE, of the Neerbosch Hospital, Sioke, in his report, says:

"Upon entering the Refuge each patient is required to deposit two dollars with the evangelist. When dismissed, the cost of his food is deducted, and the remainder given back to him. If he succeeds in escaping before the prescribed time, he forfeits the two dollars. Patients are required to remain for at least twenty-one days, and very severe cases are sometimes detained for five weeks. When an opium patient is received he is locked up and not allowed to leave the ward for at least three days, unless the circumstances are exceptional. After this he is permitted a daily walk in the hospital yard. When the worst agonies are over, he can walk about the grounds at will, but may not go outside the gates until dismissed.

"At one time during the winter five men came a distance of *ninety miles* to be cured of the opium habit. After they had each paid the two dollars they were locked in the Refuge. They were told beforehand of what sufferings they would have to undergo, and they consented to the treatment, being intensely desirous to be cured. The first day all went well, but the next day they became raving maniacs. Night and day they did nothing but crawl on the ground and howl like wild beasts. For four nights the students and patients in the adjoining rooms were kept awake by the noise. Whenever the physician or assistant appeared, they would beg on their knees to be let out, if only for a few minutes. When reasoned with, they said they were doing their best to keep quiet, but they seemed to have lost all self-control. Knowing this, they were patiently and kindly treated. When left alone they made strenuous efforts to escape, and finally succeeded. *On the fifth night* they bent the staples with their fingers so as to open the door. They then jumped from a veranda twelve feet high and made their escape.

The "Mountain Whites" of the Southern States.

(Reading suggested for November Auxiliary meetings.)

IN the South there are 5,000,000 whites who can neither read nor write. They are in three classes—"bankers," "crackers," and "mountain whites," often called "Scotch-Irish heathen." There are perhaps 4,000,000 of these in North Carolina, Tennessee, Virginia, Kentucky, etc. They are of Scotch-Irish ancestry, utterly illiterate, and their condition, intellectually and morally, it is difficult adequately to describe. Crimes committed by them put to blush the enormities committed in the worst districts of our great cities.

As to the history of these people. About 1740 there was a large influx of Scotch-Irish blood into the States. These people were driven there by persecutions at home; but they would have *no complicity with slavery*, and hence the slavocracy would have nothing to do with them, and consequently they were crowded into the mountains, which became their fastnesses. They had no teachers nor preachers, and sank into dense degradation. Hundreds and perhaps thousands of them fought their way through obstacles, making a path through the *mountain wilds*, and settled in and about Pittsburg and Western Pennsylvania, where their descendants may now be found.

They who were thus stranded in the mountains had a fearful combat for life. With no adequate means of support at command, they were embarrassed by extreme poverty. They had no schools; for of course there were no public schools in those districts, and the public school is a slowly growing institution in the South to-day. The mountains are almost destitute of schools. Occasionally there is a so-called school-house of logs, with the primitive floor of native earth, and the "teacher," with bare feet and calico gown, and the universal "snuff stick" in her mouth, knows little more than those she teaches.

Yet of this stock came *heroes* in the time of the American civil war. Large bodies of volunteers were recruited from these mountain whites, from the first and second districts of East Tennessee, more than from any other two Congressional districts of equal population. And however they have forgotten their Bibles in these one hundred and fifty years of degradation, they seem not to have forgotten Rome and the papacy. A young woman went there to teach them, and sought to make them learn the Creed, but when she came to this, "I believe in the Holy *Catholic* Church," they sent her home; no explanation that the word catholic meant "universal" would be received as an apology.

"Who be that Man, that Mister Jesus, you be a-talkin' to and talkin' about? Is He a-comin' here?" was the question asked by one of them of a religious worker.

WHAT OF THEIR WOMEN?

Woman's condition is fearfully degraded? She has perhaps a sun-bonnet of calico and two calico dresses, one to be worn while the other is done up; a pair of shoes, to be worn in meetin' and on state occasions; a shawl for winter wear. In the field it is the woman who ploughs and hoes, and plants and gathers harvest, as well as cooks at home; and sometimes you may see her not only splitting wood for the fire and carrying water, but hitched to the plough and driven like cattle, while her husband or son loafs, smokes, and indulges himself, caring no more for her than for a dog or a slave.

They marry at from twelve to sixteen, have a dozen children, sometimes twenty, and are old and worn-out at thirty. Consumption commonly carries them off, few living beyond forty or fifty. There is on their faces a hopeless look that cannot be described. It is the hopelessness of despair, more and worse than apathy or lack of intelligence; it is the index of a heart in which is no life or hope. Perhaps that woman you meet has never been off that mountain or known an uplifting thought.

Such women have no "to-morrow." The vitality is all gone out of the blood; and—what most hurts the heart of a true woman—after all this life of burden-bearing there is no hope beyond—no knowledge of a Saviour.

There is, of course, the comical side even to this degraded life. You meet with children, dirty, forlorn, and half naked, but they have wonderful names. In one cabin were two children, "Jim Dandy" and "Stick Candy;" in another, "Ruly Trooly," "Wolfer Ham," "Aristocracy" and "Ayer's Sarsaparilla," "Carrie Lee, Bessie See—who but she?" "Mary Bell, arise and tell the glories of Immanuel," etc.

Dr. W. J. Erdman tells a story from personal knowledge. He says an evangelist in the mountains asked an old woman if there were any "Presbyterians" around there. Her answer was: "Ask my old man. He be a powerful mighty man in huntin', and kills all sorts of varmints. You might go and see them skins a-hanging up yonder, p'raps you'd find some of them Presbyterian critters among 'em."

They have their own code of honor. Their family feuds last for generations, until one or other of the contending families is utterly exterminated. You enter a cabin; and the gun hung on the door is for ordinary hunting, but the burnished *pistol* is kept for murder, it is reserved for killing men. They have a chivalry of their own. One man who had killed twenty-five others in family feud warfare, would yet fight to the death to shield a woman who comes there to teach them, from injury or insult.

LONGING FOR BETTERMENT.

The hopeful sign in these people is a *longing for betterment*. In their very songs is a pathos as if pleading for help. In their degradation, which defies description, they yearn for schools, for some uplifting influence.

They are also singularly responsive to the Gospel. They are sin-hardened, indeed, but not *Gospel-hardened*. An evangelist in a village in these mountains found *one* who seemed to know something about Christ; but every person in the settlement attended the meetings and manifested interest in the Gospel, and many professed to find salvation.

These mountain whites will be met not on the open mountain road, but in secluded places. The moonshiners, or illicit-whiskey distillers, especially hide in the more retired nooks or valleys. One party travelled eight miles along the Blue Ridge and saw not a cabin, yet found three thousand people assembled to hear the annual sermon from an old man, who could not read a word, yet who was so godly in life and character that he was an epistle read and known of them all.

These people have customs quaint and curious, elsewhere obsolete. Their moral looseness is dreadful; but what can be expected where sometimes three generations live, eat and sleep in a small windowless cabin? A bed of boards nailed against the log wall of the hut is almost the only furniture. Everybody uses tobacco, even the babies. Through considerable sections there is practically no law; everybody does what is right in his own eyes. There were

seventy cases of murder, only one out of them all being brought to justice. *Might makes right*, and this is the only law known. In one case of a jury, when a peacemaker had interposed between contending parties and been shot, the juryman delivered his opinion thus: "If he hadn't wanted to be killed, he had order kept himself out of the fight."

These mountain people are our kinsfolk, of the blood that gave to the American Revolution its heroes, that constituted more than half of Washington's Cabinet. Even in their destitution among the mountains they sacrificed heroically and fought right manfully to save the Union. They are of Presbyterian ancestry, and yet to-day they are without the Gospel or a knowledge of the Christ. Their very preachers and teachers are so illiterate that in many cases they cannot read a word. One man with the Bible in his hand said to his people: "Now, see yere, between these two lids somewhar you'll find these words, 'Every tub must stand on its own bottom,'" and from these words as text he preached his sermon. Is it strange a young fellow—Tom Baker—speaking out in meeting, said to one of these preachers: "See here, the Bible says you uns are to feed my sheep, and you haint doing it. You fellows are just tollin' of me around through the woods, and you make a powerful heap of noise rattling your corn in the measure, and just a-shellin' now and again a few grains, and you never give us a decent bite, and we uns be *mighty nigh a starvin'?*" Think of it, O Christian child of God, kinsfolk in our own land *starving* for the Bread of Life.—*Missionary Review*.

Dear women of the Woman's Missionary Society and Epworth Leaguers, take from us or from you, in whatever section of Canada you may live, the churches, the school-houses, and the good roads, which make contact with your neighbors and the outside commercial world possible, for one hundred years, and think, if you can, what the result would be physically, mentally and morally. While we have no mission among this people, will you not pray for their growth in the knowledge of Jesus?

Medical Missions.

LET us clearly define what we mean by a Medical Mission.

"It is not merely a philanthropic agency—not an enterprise for the provision in our mission fields abroad of the inestimable benefits of European medicine and surgery. If that alone were the object contemplated, we should have no claim to be heard here, and our missionary societies would hardly be justified in using their funds for the establishment of mission hospitals and dispensaries abroad.

"What we mean by medical missions is the systematic combination of the healing art with the preaching of the Gospel, and this in such a way as to make the ministry of healing subservient to the winning of souls."—*From address by Rev. John Lowe, at London Missionary Conference.*

RESULTS OF MEDICAL MISSIONS.

If we look at the results of medical missions, we will find them most encouraging. They were begun by Dr. Peter Parker, who was sent to Canton by the American Board in 1835. The Edinburgh Medical Missionary Society, which has trained so many missionaries for the work in city slums and in foreign lands, was the outcome of lectures delivered by Dr. Parker in Great Britain. The Medical Missionary Society in China has held its fifty-sixth annual meeting,

and in 1893 there were 1,608 in-patients and 25,542 attendances at the hospital dispensing room, and 31,637 at the dispensaries in various parts of the country and city, auxiliary to the hospital, making a total of nearly 60,000 patients prescribed for during the year. They report that hundreds have given up idol-worship, and scores have been brought to Christ as the result of Christian teaching here.

The London Missionary Society's physician at Amoy reports that 12,000 to 14,000 towns and villages are yearly represented at the hospital, and that as the result of the cure of one man seventeen years before, no less than seven Christian congregations had been formed, with a membership of from 30 to 100 each.

The English Presbyterians at Swatow report that of their twenty country stations, seven or eight had their origin through the hospital patients. In 1885, out of an attendance of 5,500 patients, over 80 publicly declared their faith in Christ, and earnestly desired to join the Church.

So we might go on with annual attendances of 5,000, 10,000, 15,000 at the hospitals and dispensaries connected with various missions in different cities.

From Formosa Dr. MacKay reports that from the visit of one man to the hospital, there exist four congregations of Christians, with a membership of three hundred and fifty souls and double that number of adherents, and some flourishing schools.

Korea, the country to which the eyes of the world are now directed, was opened to Protestant missionary effort by means of medical mission work.

If we turn to India, we find 8,000, 16,000, 40,000, 43,000, and 89,000 given as the annual attendance at various hospitals and dispensaries, and numbers of conversions reported. Medical missionaries have unlocked the doors to the dominions of native princes before closed to Christian evangelization.

In Syria and Persia we read of good results among the Mohammedans through medical mission work. Everywhere God's blessing seems to rest upon this form of Christian effort.

These hospitals and dispensaries are not merely institutions for the relief of present suffering, but they are training schools, where the natives are taught medicine and surgery and sent out among their fellow-countrymen as intelligent, useful practitioners. Thus the benefits go on to future generations.

In all these missionary medical institutions the truths of the Gospel are taught publicly or by the bedside, and Christian Scriptures and tracts are given to the patients to read and to take to their homes.—*Review of Missions.*

THE SPIRITUAL OUTFIT OF THE MEDICAL MISSIONARY.

That a medical missionary should be a man having a sound body, a good general education, together with approved and thorough training in medicine and surgery, ought to go without saying. . . . To represent Christ in the work of medical missions and with this end only in view, the medical missionary should be,

First of all, a man furnished in the Scriptures.

Second.—He should be a man full of the Holy Ghost.

Third.—He should be a man of fervent faithful prayer.

Fourth.—He should possess a passion for souls; he should be a specialist in saving souls.

Fifth.—He should be a man possessing a patient disposition together with a persevering spirit.

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

they will fish all the summer. These damp, mud huts are often full of snow to the very day they go in. There is an entire absence of any sanitary provision, resulting in a great deal of sickness.

"When sickness came on, no one knew what it was or how to treat it. Children were born, and, alas! too often with their mothers died for lack of any skilled aid. Accidents were constantly happening among the fishermen, which, with no medical man near, in many cases proved fatal.

"In 1892 the hospital ship *Albert* went out with a proper staff, and everything necessary in the way of medical stores, warm clothing, healthy literature, etc. In ninety days she visited many harbors, during which time 900 patients were treated, and clothing and literature distributed. As to the spiritual work Dr. Grenfell says: 'We found men and women only too glad to join in simple praise to God for mercies past, and prayer for the unknown future before them.' During the following year three doctors and two nurses were added to the staff."—*Report of the Mission to Deep Sea Fishermen.*

Dr. Grenfell, who is Superintendent of the Labrador Mission to Deep Sea Fishermen, and a man of most winning presence, has since visited Toronto with the object of creating an interest in this work. Encouraged by the sympathy and the generous contributions of a rapidly widening circle of friends, Dr. Grenfell organized in February last, what is known as the Toronto Committee of the Canadian Branch of the Mission to Deep Sea Fishermen. This committee hopes to send out a steam launch for Battle Harbor Hospital, Montreal having already undertaken to supply drugs and instruments, and Halifax most of the nursing department wants.

The following interview appeared in the *Mail and Empire* during Dr. Grenfell's recent visit to Toronto:

"The work of the Labrador Deep Sea Mission to Fishermen is only four years old, but it is growing very rapidly. The facilities for transportation and visitation have been increased during the past two years. The mission now has two steamers—the *Sir Donald*, named after Sir Donald Smith, of Montreal, who presented her to us; and the *Princess May*.

"Our missionary work extends along the Canadian and Newfoundland Labrador coast, from Cape Chidley to Bonne Esperance, a distance of eight hundred miles. There are four coaling stations—Battle Harbor, 350 miles from St. John's; Indian Harbor, Cape Harrigan, and Nakvah, about 200 miles apart.

"We have two hospitals in connection with these missions. One is situated at Battle Harbor, and the other at Indian Harbor, at the mouth of Hamilton Inlet. One is open both summer and winter. The season for the larger amount of our work begins in May and ends in December. Dr. Willway, who has been connected with the work two years, has consented to remain five years longer. It is difficult to render permanent medical assistance on account of the difficulties in travelling. Last summer a number of cases of typhoid fever among the Eskimo had to be treated. This disease was previously unknown among them, until it was brought by a party of them from the World's Fair at Chicago. In Battle Harbor hospital during the past season, 477 patients were treated; at Indian Harbor 543 patients. Of this number 45 were in-patients at Battle Harbor, and 31 of the same class at Indian Harbor. On the *Sir Donald* 895 patients were treated. Forty-six operations were performed; five patients died in the hospital, and eleven under our immediate care."

A letter received from Dr. Grenfell since his return to Labrador, says: "We found there had been a religious revival along the French shore last winter, under the Methodist itinerant minister. We find a most marked change in several persons' houses and families as the result, as we visit from house to house."

And again, "A revival all along this shore (Red Bay) has followed the work of the minister in charge of the Presbyterian mission at Harrington, some 150 miles to the west of this place."

"Our services were in demand among the sick.

"Our visit to one home I shall not easily forget. A poor lad, sixteen years of age, had hip disease, and lay dying. The indescribable dirt I cannot here picture. The bed, the house, and in fact everything was full of vermin, and the poor boy had not been washed since he took to bed, three or four months before. With the help of the Rev. H. Clegg, who had once taken passage with us, we chloroformed and washed the lad, ordered his bed to be burned, and provided him with some clean things, and put him into a clean bed. The people's explanation was that he had too much pain to be touched, so they could do nothing. We attended to his wounds and left what we could for him. Had he not been so far gone we should have taken him to the hospital."

A most interesting account of Labrador and the work of this mission is given in "Vikings of To-day," written by Dr. Grenfell. Price, \$1.25, postage prepaid; at Room 20, Wesley Buildings, Toronto.

MEDICAL WORK AMONG THE INDIANS,

PORT SIMPSON DISTRICT, BRITISH COLUMBIA CONFERENCE.

While by works of mercy and ministrations of love Dr. Grenfell and his assistants are demonstrating to the natives of the Labrador coast the exalted character of Christianity, at the other extremity of our Dominion, in much the same latitude, by unselfish, faithful, persevering devotion in behalf of suffering humanity, Dr. Bolton is evidencing to the Indians of the Port Simpson District, British Columbia, that ours is a religion of love.

"For some years Christian missionaries have been at work among these tribes, teaching gospel truths by precept and by practice, and so essentially trying to relieve bodily suffering. By the application of a little medical knowledge hastily acquired, and the use of some simple remedies supplied by the Government, by advice generally well taken, and by nursing and food, usually supplied by the missionaries' wives, much has been accomplished under divine blessing for the alleviation of sickness, often leading to a more ready acceptance of the Gospel.

"Yet they had to witness a great deal of suffering that they were powerless to relieve, and had to face the fact that the people they labored to save physically and spiritually were being diminished by the ravages of disease which scientific treatment might stay.

"It is little wonder, then, that the workers on the Methodist missions there should have asked that a medical missionary be added to their force. The Indians of Port Simpson, the oldest and largest mission, promised that if a doctor came to reside among them they would do something toward his support (a promise they have kept, contributing on an average \$200 a year).

"In response to these appeals, and desiring to consecrate a medical education to the best advantage in furthering the Master's kingdom, Dr. Bolton went out to Port Simpson in November, 1889."

At the request of the Literature Committee of the Woman's Missionary Society, Dr. Bolton has written a synopsis of the history of this medical mission, which appears upon the catalogue of the Literature Department as No. IV. of "Our Work" series. Every member of our Leagues should read this pathetic story, so beautifully told by one who knows whereof he writes.

Human Sacrifices in Alaska.

"IN most heathen countries sickness and disease are attributed to witchery, and of course the natural inference is that if the witch be killed the disease will be cured."

The Chilcat Indians of Alaska are idolaters and also firm believers in the practice of witchcraft, and insist that when one of the tribe falls ill with any sickness whatever the sufferer has been bewitched by an enemy. For many years the practice of witch-doctoring by their native medicine-men has been sternly suppressed by the Territorial Governors of Alaska, as it always involved either a human sacrifice to appease the evil spirit or some other horrible rite to rid the bewitched of the malign influence. Witch-doctors accordingly grew scarce, but about two years ago word was brought to Oonalaska that a witch-doctor had appeared at the lower Chilcat village, and that in consequence several murders had been committed, and that mothers were sacrificing their children.

In one instance it was reported that an Indian, who was supposed to be suffering from the presence of a malign spirit, but who really had nothing worse than the chills and fever, had been placed in one of their salmon-curing houses and smoked, not only being smothered to death, but, in fact, thoroughly cured in the most complete sense of the word, as his body was preserved after the manner of smoked salmon. In another case a squaw, whose child was taken ill, hanged it to a totem-pole by the heels, head downward, until it died, doing so by the order of the witch-doctor. There were no less than a score of murders and sacrifices, all attributed to the work of the old wretch.

When the authorities learned of the old fellow's doings orders were given to capture him, and he was apprehended at Chilcat, just as he was making ready to smoke the witch out of another "red-skin." He was tried and condemned before the United States District Court for the Territory of Alaska, and ordered to be confined in the penitentiary at San Quentin, California.

The old man, who is supposed to be over seventy years of age, is below the ordinary Digger Indian in intelligence, and is stupid to an extreme degree. Where and how he obtained his wonderful power and influence over the Chilcats is a mystery.—*Harper's Weekly*.

Remedies Prescribed by Heathen Physicians.

DO you truly think the two hundred boiled spiders eaten by one sick Chinese girl or the serpent's eggs next prescribed could do her good? She grew steadily worse, till at last she went to the foreign hospital. "This has so many ingredients it will cure anything," was the remark of a Chinese physician to a friend of mine as he handed her a prescription, in which, among its twenty-five components, I was most struck by a centipede, a scorpion, a horned toad, and a beetle. Do you think a sign makes a real

doctor? Is not some knowledge of anatomy necessary? Is not surgical aid often indispensable? Would you like to be relieved of a pain by having a long needle thrust in opposite the aching part? One woman in China had one thrust into the interior of her ear to cure a headache. "Of course the tympanum was destroyed." Another patient lost his eye by this process of cure. Even little babies are stuck all over with red-hot needles, till not an inch of unpunctured skin remains. That old lady near Pekin who had bricks piled on her broken leg for six months, to cure it and keep down the swelling, was finally persuaded to seek the American Board hospital, where she not only learned no evil, but at last "drank of the heavenly spring."

Native practitioners in Siam are as deficient in knowledge as in China. The Siamese think the human body composed of elements divided into two classes—the visible and the invisible. The bones, flesh, blood, etc., belong to the former, the wind and fire to the latter. The external elements acting on the bodily elements cause health and disease, as dropsy, caused by too much water being absorbed into the body during the wet season. Spirits have great power. To cure lockjaw, the prescription runs: Portions of the jaws of a wild hog, a tame hog, and a goat; of a goose-bone, peacock-bone, tail of a fish, and head of a venomous snake.

Do You Know

THAT New York city contains over three thousand physicians to attend to its one and a half million of people?

That there is one medical missionary to three millions, or twice the population of New York in heathen lands?

That these suffering millions are made, like yourself, of the same Father, and have nerves so they can feel?

That their doctors generally increase their sufferings by their ignorance of anatomy, disease, and its cure?

That in Africa the doctors live by their wits: their chief wisdom and skill being seen in their ability to deceive?

That the witch doctor's business is not to cure disease, but to find out who bewitched the sick one?

That when one such is found out he is made to drink poison prepared by the doctor who discovered him?



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