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# Our Medical Work Abroad and at Home

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**Women's Missionary Society, W.D.**  
**Presbyterian Church in Canada**  
628 Confederation Life Building, Toronto, Ont.

## Our Medical Missionaries and Their Work Abroad

MRS. JAMES HAMILTON, GODERICH

THE Great Physician commissioned His disciples to preach the Kingdom of God and to heal the sick. Luke, the beloved physician, tells us in the Acts of the Apostles how Philip went down to Samaria, and the people hearing and seeing the miracles which he did were filled with great joy. To-day, early in the twentieth century, as in those early days of the first century, "Every non-Christian land is a land of pain"; but wherever we find the medical missionary the result is the same—seeing, believing, rejoicing. In England, the United States and Canada, women who conceived the idea of studying medicine were subjected to petty persecutions by students and professors alike, and even their own sex looked askance at them as being "out of their sphere."

### INDIA

The honor of being the first woman medical missionary belongs to Dr. Clara Swain, who was sent out to India by the U.S. Methodist Episcopal Church. She reached Bareilly, January 2nd, 1870, and began her practice next morning. Fourteen years later, the Canadian Presbyterian Church sent out her pioneer doctor in the person of Elizabeth Beatty of Lansdowne, Ont. She graduated from Queen's Medical College—the only one

whose doors were open to women, and it reluctantly so. One professor advised her at the close of the first term not to return as the work would undermine her constitution. She went home, consulted with her father and became for the summer a "farmerette," and returned to her studies physically fit. She offered her services, to the Church as a medical missionary to India. She began work in 1884 at Indore, treating patients through an interpreter at first. In 1886, she was joined by her fellow-student, Dr. Marion Oliver of Avonbank, Ont. Their first hospital consisted of three small rooms with two dispensaries and those presenting themselves for treatment increased in numbers daily, until 1,500 a month was the average. Dr. Beatty served but one term owing to the climate being unsuitable to her constitution. Dr. Oliver continued for twenty-seven years, endearing herself to the natives and to her fellow-missionaries by her long, loving service. She returned on furlough in 1912, and was called home, May 22nd, 1913. In the meantime, a fine hospital was built, and later on, improved, and enlarged to contain forty-five beds.

During 1890-2, four medical women were sent to India, Drs. Margaret MacKellar, M. G. Fraser, Margaret O'Hara and Agnes Turnbull. In 1903, two more joined the force, Drs. B. Chone Oliver and Elizabeth McMaster, and no other was forthcoming until 1914, when Dr. Laura Moodie went out. In the interval, Dr. Fraser married and Dr. Turnbull died—a martyr to service for India's plague-stricken people.

In 1892, Dr. MacKellar opened a dispensary in Neemuch, and soon as many as two hundred were treated daily. In 1912, a new hospital was opened and many prominent natives were present at the ceremony.

In 1895, dispensary work was begun by Dr. O'Hara at Dhar. The "Queen's Jubilee Hospital" was opened three years later. On that occasion the Maharajah was represented by his son and the Prime Minister showing the place occupied by the mission and missionary in that city. Since 1903, Drs. B. Chone Oliver and Elizabeth McMaster have shared in the work, sometimes taking full charge during illness or furlough of the other doctors, but now the former is stationed at Banswara. Her work is carried on at the dispensary where fully half of the patients are males who seem to have no prejudice against a woman doctor. Work at Hat Piplia Hospital has been in charge of Dr. L. Moodie, who has served in various capacities since her arrival in 1914. She was ordered to report for war work and for six months acted as a medical officer in a 500-bed hospital for overseas soldiers in Bombay. This work she reported as just bristling with opportunities for a progressive propaganda for missions. On her marriage in 1919 Dr. Moodie retired from our work.

The work in the Indore Hospital is under the management of Dr. Elizabeth McMaster ably seconded by Nurse Harriet Thomson who has been there since 1895. Many native women have been trained in the various hospitals by the Canadian nurses and some have gone

farther and taken a special course of training at Ludhiana in the Women's Christian Medical College.

Drs. Turnbull, O'Hara and MacKellar were honored by the Government of India with medals for distinguished service to the Empire at times of plague and famine.

#### HONAN

In China, as in India, the native doctors are ignorant and subject their patients to most inhuman treatment, and it is only since the advent of the Christian missionary that hospitals have been established with their beneficent care.

The first women missionaries sent out by the Canadian Presbyterian Church were trained nurses. From 1888-95, Misses Sutherland, McIntosh and J. Graham went to Honan and these were followed soon after by two doctors, namely, Lucinda Graham and Jean Dow. In her second year, Miss Sutherland married Dr. Hunter Corbett, a devoted American missionary, who quite recently died, leaving several members of his family working in the mission. The Corbett family of China bids fair to become like to the Scudders of India.

Miss Jennie Graham retired, and her sister Lucinda died with few short years of service behind them, but the foundation was laid of what is to-day under Dr. Dow and the nurses a powerful agency for the bringing into the Kingdom many Chinese women and children. At first, Dr. Dow worked in co-operation with the medical men at Chu Wang, but in 1897 a Woman's Medical Department was opened and soon as many as 100 patients

a day were treated. At Changte during 1904-5, a new building was erected. Dr. Dow worked single-handed until 1915, when Dr. Isabel McTavish joined her and their staff now consists of three medical assistants, an apprentice and a matron.

#### SOUTH CHINA

In South China there is but one medical missionary—Dr. Jessie McBean. From 1904-6, Dr. Isabel Little was on the staff, she became Mrs. Mitchell and for three years was still a worker when she died. It is a general hospital and during Dr. McDonald's absence on furlough, Dr. McBean carried on the dispensaries and attended to the out-calls for men in addition to her own work. She is assisted by Miss Shearer who has a class of eleven native women in training

#### FORMOSA

In Formosa there is no woman doctor, but two trained nurses are at work, Misses Elliot and Luscombe.

#### KOREA

In 1901, the women of the Eastern W.M.S. sent out Dr. Kate McMillan to Korea and dispensary, and hospital work was begun at Ham Heung.

#### INTERDENOMINATIONAL

In September, 1918, Miss Jessie Whitelaw, a trained nurse, went out under the Western W.M.S. and joined the staff of the Severance Hospital and Medical School at Seoul. This is interdenominational work for the training of competent

native Christian doctors and nurses and marks a distinct Forward Movement in mission work.

This is but a bird's-eye view of the medical work of the W.M.S. Western Division in foreign lands, but in the thirty-six years that have elapsed since the first footprint on India's coral strand was made by Dr. Elizabeth Beatty, many, many natives have felt the touch of the healing hand. Real results cannot be tabulated, but we view with satisfaction the buildings erected, improved or enlarged and more fully equipped—material testimonies to the toil and constant oversight of the missionaries. Interest taken by high officials, requests for visits to be made to ladies in high social standing, and the thousands of treatments given yearly to all classes and conditions go to prove that the medical women have found a niche they are peculiarly fitted to fill. It is like leaven which a woman took and hid in three measures of meal till the whole was leavened.

This work cannot be surpassed, because it is akin in its self-sacrifice to that of the Master. It calls for recruits—the fields are white unto harvest, but the laborers are few. The work of those from whose shoulders the harness slipped speaks for them to the young women choosing a life-work. The voice of those toiling on calls with an insistency that must be heeded and the Master still commands, "Go ye into all the world, and lo, I am with you alway."

## Centres of Compassion in Canada

MRS. H. M. KIPP

THE ministry of Medical Missions comes to the Christian people to-day as a magnificent legacy from the Great Physician, Jesus Christ, for among His most soul-reaching achievements were those accomplished while ministering to the blind, the lame, the palsied, the unclean and all those who suffered from divers diseases. In seeking to emulate Christ's love for suffering humanity, the Christian Church has carried on for many years this service of mercy through its medical missions in hospitals, dispensaries, clinics, nurses' training schools, Christian nurses and medical missionaries.

But this Christianity of deed, however ideal or commendable, would fall far short of reaching its real mission if there was not back of all the tenderness and compassion, a great longing for soul healing and soul winning. 'Tis but a practical means to a spiritual end.

For the sake of the new members who enter the ranks of our W.M.S. each year, it would seem advisable occasionally to consider our work retrospectively as well as prospectively. To many it may be an old story, but even twice told tales have their place and influence, and help to refresh our memories.

### A BRIEF RETROSPECT

The first appeal for Medical Missions in Canada was made in 1898, when a request



for trained Christian nurses came from our Home missionaries on the frontier, who felt the need of just the kind of service Christian nurses could render to the lonely, discouraged, isolated and sick on their vast and scattered territories. This appeal was made to the women of the Presbyterian Church in Canada, who, after much prayerful effort, secured two suitable consecrated nurses. On the 28th of June, 1899, they were designated for work in Atlin Camp, British Columbia, where Rev. John Pringle, D.D., our present Moderator of the General Assembly, was then working among twelve hundred miners.

For months their temporary hospital was an old cabin in the hillside, with a mud roof and a floor of sawdust, and pole bunks served as cots for the sick. Here the sick and dying were tenderly cared for until towards the end of 1900, when a new hospital was erected. It is still "carrying on," and is to-day known as St. Andrew's Hospital.

#### THE NEW CALL

The growth and development of our national life had much to do with the further extension of our hospital work. Immigration had brought hundreds of thousands of non-Anglo-Saxons to our shores. They were settling on our boundless prairies, forming themselves into colonies, perpetuating their European customs, with little or no desire for absorption into our Canadian life. Some leaven was needed, and as they were suspicious people then, it was a most difficult task to know just how to approach them without

offending them. After numerous consultations with our Church leaders, we decided to adopt a hospital policy as a means of gaining an entrance into the hearts and homes of these new settlers.

For the Church it meant an unparalleled opportunity for patriotic service of the highest character, and when the women of the Church were asked to erect a twenty-bed hospital at Teulon, Man., no time was lost in acquiescing, and on the 27th of January, 1904, the hospital was ready for the reception of patients. It was the beginning of a chain of Home Mission hospitals across our Western provinces. In many cases they were made possible by the consecrated gifts of consecrated men and women and children, and in almost every instance are situated in or adjacent to a foreign colony.

#### WHERE LOCATED

The hospital at Teulon, Man., has been named the "Hunter" Hospital, the name being given as a token of esteem, Dr. A. J. Hunter having been its faithful medical missionary ever since its inception in 1904.

Three requests for medical service reached us in 1906, resulting in the opening of two hospitals and one dispensary as follows: The "Rolland M. Boswell" Hospital at Vegreville, Alta.; the "Anna Turnbull" Hospital at Wakaw, Sask., and the Sifton Dispensary at Sifton, Man. The population of these colonies varies from fifteen to forty-five thousand.

In 1907 we opened medical work at Ethelbert, Man., in the Dauphin colony, and in 1915 erected a splendid new hospital

which was badly needed for the expansion of the work. Again, in 1910 two nurses were sent into Telegraph Creek, B.C., where they carried on Hospital and Missionary work for three years ; 1910 also saw the opening of District Nursing and Hospital work at Grande Prairie in the Peace River District, Alberta, and in 1914, the erection of a fine new hospital building gave the necessary accommodation for the rapid expansion at this centre. It is named the "Katherine H. Prittie" Hospital.

One of the most important appeals from a strategic standpoint came to us also in 1914 from the Canora region in Saskatchewan, where the population is largely foreign and where we are told there are only sixteen British children attending the public schools out of a total of four hundred and thirty-six. Such facts are startling, and should make thoughtful Canadian citizens realize the seriousness of this whole situation in Canada. In view of all this, it was fitting that we should place our largest hospital, the "Hugh Waddell" Memorial, in this great foreign stronghold. In a recent letter from the former chaplain of the Hospital, he says, "As I look about me and think of the 30,000 non-Anglo-Saxons surrounding, who so much need the very thing we are trying to give them and are not likely to get from any other source, I feel that the opportunity here is unrivalled anywhere in Canada."

Another centre of unusual interest and opportunity is that at Bonnyville, Alta., where a small hospital with a staff of two

nurses has been carrying on work among the French-Canadian Roman Catholics since October, 1917.

In 1919, Rev. Geo. E. Ross of Saint Columba House, Montreal, appealed to the W.M.S. for a Christian nurse to work among the foreigners in Point St. Charles district, and reports as follows :

“Saint Columba House, at 50 Soulanges St., Montreal, one of the Evangelical Social Settlements of the Presbyterian Church in Canada completed the second year of its history on the 31st December, 1919. The year has been one of varied and unceasing activities. The combined missionary and social character of the institution has been well maintained, and it has served well the community in the midst of which it is placed. A valuable branch of the work was opened with the appointment of a nurse, Miss Hilda Drechsel, and the opening of a Baby Health Centre. The visits of the nurse to the homes have not only helped the babies, but have brought many new families into touch with the settlement generally.”

#### OUR PROSPECTIVE WORK

The only new hospital on the horizon of the immediate future is to be erected at Bonnyville, Alta., this spring, and is the outcome of the work started there in 1917 under Rev. J. E. Duclos.

The latest development of our medical work in Canada is that known as the Hospital Unit, and ever since it became one of the schemes of the Forward Movement, enquiries have been received concerning it.

A cottage hospital would perhaps describe a Hospital Unit in the simplest way. Just a comfortable little home where a nurse and deaconess or two nurses can live and work together, and, when necessary, take in and care for two or three patients. They will need a car or horse and buggy, some medical equipment and supplies.

Already six requests have reached us to open Hospital Units in New Ontario, Manitoba (two), Saskatchewan, Alberta and British Columbia.

The François Lake, B.C. Hospital Unit, is well under way. The following description given by Rev. G. A. Wilson, District Superintendent, shows the kind of building our nurses are occupying at present. "It is built of logs and has four rooms. There is a small kitchen and a large diningroom which is also used as a general sittingroom, and there are two bedrooms. This would do for a couple of nurses and a start could be made there. It is situated on the south side of François Lake, a few yards from the water and in the midst of a little settlement which consists of the store and Road House and is on the direct line of travel." Two nurses have been appointed, Miss Mary Kennedy formerly Superintendent of Vegreville Hospital, and Miss Wales who has just returned from overseas. Steps are being taken to provide a new hospital building and it may be erected this year. Dr. Wallace who looked after the medical end of the work last year says, "a small hospital would be a great boon to the people of François Lake for part of the

year the Lake is unpassable and even when they can get out it is most expensive to have to send the sick out to Hazelton or Vanderhoof, B.C."

#### A LITTLE CHILD SHALL LEAD THEM

From the "Rolland M. Boswell" Hospital at Vegreville, comes the following touching story as told by Rev. G. R. Lang: "Little Steve Petaski, the little four-year old boy who got both legs cut off by a binder driven by his father, the summer of 1918, remained in the hospital till about the end of March 1919. He was a very interesting little fellow, and we were very sorry to part with him. The nurses taught him many things, and one was to say his prayers. About the time he was leaving for home, one of the nurses told him he would have to remember and say his prayers when he went home. His answer was, 'No prayers there,' meaning that nobody said prayers in his home. But we hope he has been acting as a little missionary and that it is different now. And it will be if he has continued the Home Mission work he began with his mother in the hospital the day he was taken home. One of the nurses, coming into the ward, found him with his mother on her knees teaching her to say her prayers. We sincerely hope that it shall be true of that home, that a little child shall lead them."

#### SOME FRAGMENTS

It may be interesting as well as informing to know some of the tabulated results in our largest and smallest hospitals. In our largest, there were 898 patients

treated in 1919, and in our smallest, 204, and of the latter, 195 were foreigners, or new Canadians, as we prefer to call them.

In nearly all our hospitals, the winter is the busiest season, and the time when long drives of from fifty to sixty miles a day have to be made, often when the temperature is forty or fifty below zero. When we realize that our medical missionaries and nurses have to face such hardships, we do not begrudge them a lull when there is less sickness in better and pleasanter weather.

An appreciation reached us just last week from Rev. G. A. Hackney, regarding the splendid work that is being done in the "Hugh Waddell" Memorial Hospital at Canora, and is in part as follows: "The hospital here is doing a grand work and is winning the confidence of the people increasingly."

The work at times is discouraging, what work worth while is not, but like most undertakings there is, too, the silver lining.

At one of the largest conventions held last year in connection with nurses and medical work, the statement was made by one of Canada's leading professional women that our Presbyterian Hospitals in Canada were model hospitals, and that the women of the Presbyterian Church in Canada had blazed the trail in public health nursing.

Christian nurses with the missionary vision are always needed. We are opening a "Waiting List" for nurses, who would like to make their life work in these "centres of compassion." Positions are

not always available on our staff, but we would gladly keep the names of suitable applicants before us, and give them the preference.

#### NEED OF RED CROSS WORKERS

The very work that was carried on so magnificently by the branches of the Red Cross in all our Presbyterian churches for our boys is needed to meet the demands of our Home Mission Hospitals and Hospital Units. Hospital supplies wear out so quickly, and especially when an epidemic comes along, the demand for all kinds of things is very heavy, so heavy in fact, that our Superintendents have to make local appeals. No one need say "there is nothing I can do," for there is work for all. This form of service should appeal to every Christian woman. It represents patriotism, Canadian citizenship, loyalty to our Empire and, above all, loyalty to Him, who was all compassion, all tenderness, all love and sacrifice, for He said of Himself, "Even the Son of man came not to be ministered unto, but to minister, and to give His life a ransom for many."