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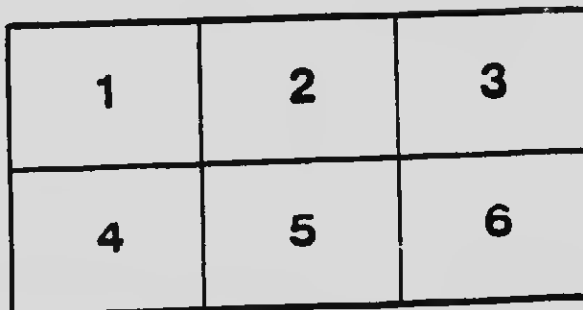
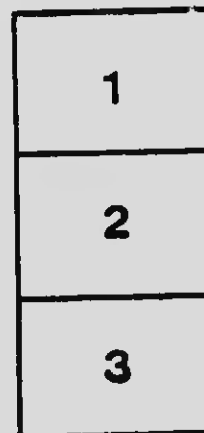
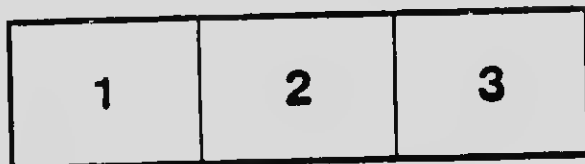
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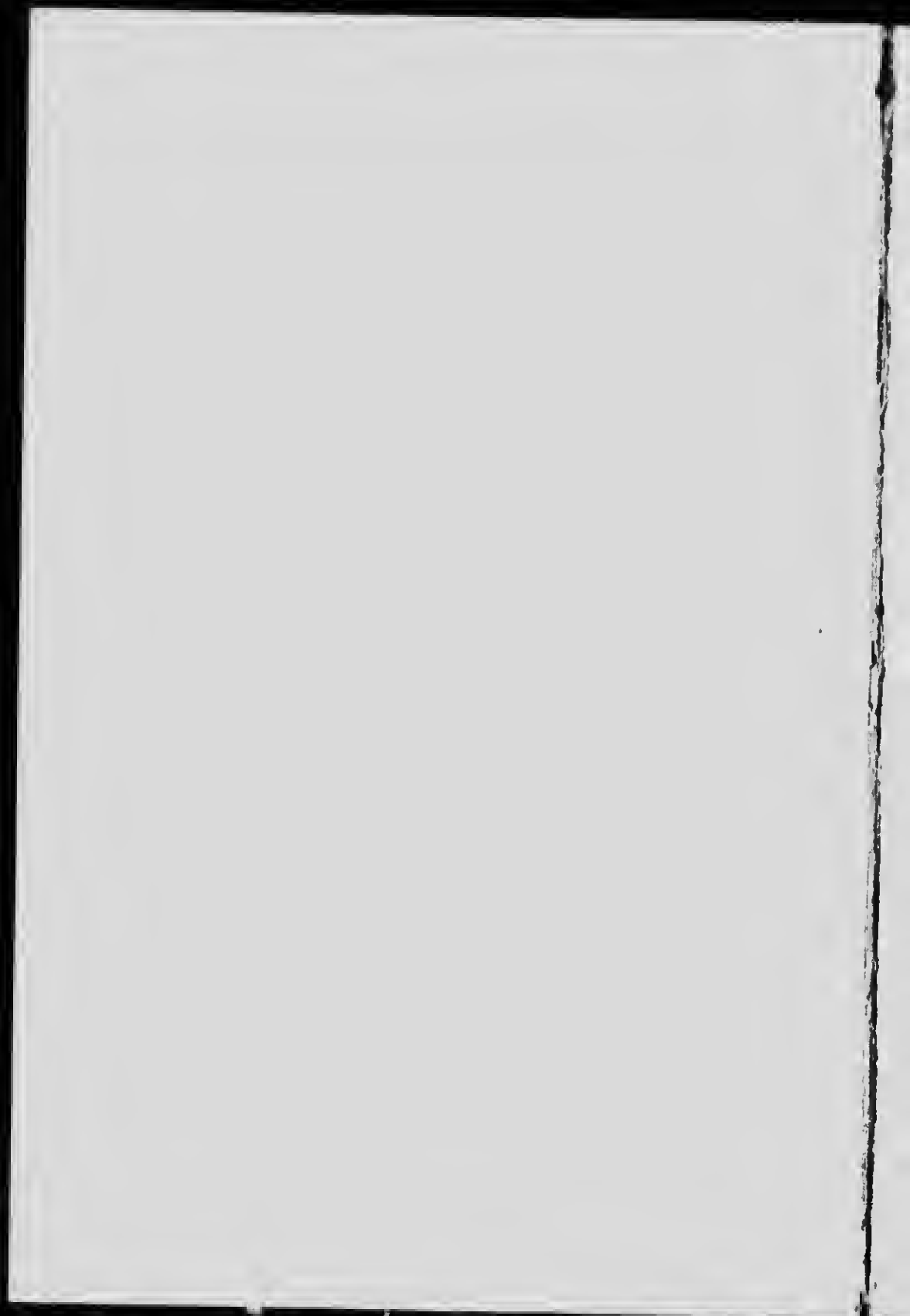
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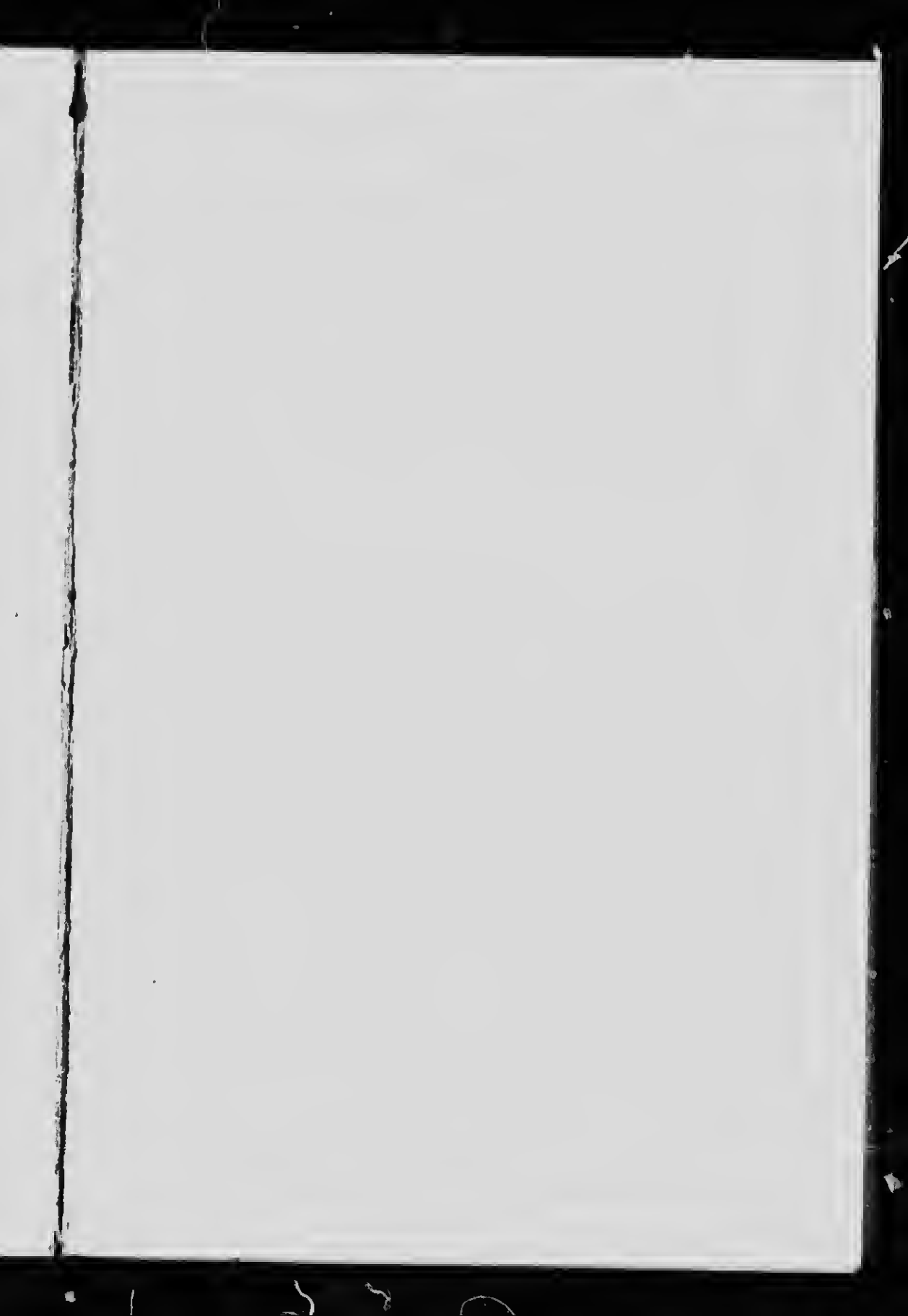
Heal the Sick



DR. O. L. KILBORN

69







HIS EXCELLENCY VICEROY HSI LIANG.

Though a non-Christian, he is, thus far, the largest single contributor to Medical Mission work in Chengtu. His gifts totalled over \$2,000.



Heal the Sick

An Appeal for Medical
Missions in China

BY

OMAR L. KILBORN, M.A., M.D.

Missionary of the Methodist Church, Canada,
in West China

"The medical missionary's object is two-fold—to preach the Gospel and to heal the sick; and while his skill and success as a practitioner are to be made subservient to his evangelistic work, still his ministry of healing is, in itself, a service which, in the mission field, is of inestimable value."

TEXT-BOOK No. 6

TORONTO:

The Missionary Society of the Methodist Church
The Young People's Forward Movement Department
F. C. Stephenson, Secretary

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P. 11

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Frederick Clarke Stephenson.

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TO
All Happy and Prosperous Canadians

WHO LIVE WITHIN TWENTY MILES
OF A DOCTOR,
AND WHO CAN AND DO CALL HIM
WHENEVER SICKNESS COMES
TO THE HOME.

THE HEALER

The paths of pain are thine. Go forth
With patience, trust, and hope;
The sufferings of a sin-sick earth
Shall give thee ample scope.

Beside the unveiled mysteries
Of life and death go stand,
With guarded lips and reverent eyes
And pure of heart and hand.

So shalt thou be with power endued
From Him who went about
The Syrian hillsides doing good,
And casting demons out.

That Good Physician liveth yet
Thy friend and guide to be;
The Healer by Gennesaret
Shall walk the rounds with thee.

—*J. G. Whittier.*

FOREWORD

This is a most timely book, with a message and a mission. It is not a record of doubtful data by a transient visitor to far Cathay, but it is the fruit of the experience of many years' direct contact with heathenism, given in a vivid and telling way. Dr. Kilborn has been face to face day after day and year upon year with the ugly facts of disease and sin in Western China. It has been his double duty, which he has splendidly discharged, to minister to sin-sick souls, and to relieve after modern methods the manifold physical ills of the myriad sufferers in that distant land. No one knows better than Dr. Kilborn that the Methodist Church of Canada has essayed a great task in China. Little wonder therefore that he should try to stir the hearts of our people by his tale of woes and wrongs, and to impress them with the urgent need of greater practical interest in that vast field of missionary enterprise. He has put the case of the *medical* missionary in its proper light and bearing, and has well shown how in-

Foreword

valuable he is in aggressive Christian work. It is to be hoped that the intensely earnest appeal which Dr. Kilborn makes to the hearts and consciences of the young men and women of Canadian Methodism, to adopt as their life-work this noble calling, will meet with a hearty response. No one can gainsay the logical conclusion which the author so forcibly presents, that the Church must without delay adopt the wise policy already followed with great success in other departments of its operations, and provide facilities on the spot for educating native medical missionaries. Only in this way can she hope to cope with the stupendous work before her and discharge her whole duty.

RICHARD A. REEVE.

Toronto, November 1st, 1910.

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INTRODUCTION

"It is also freely acknowledged that in America there are already three times as many physicians and twice as many medical schools as there is need for. Grist after grist of doctors—more than 5,000 a year—are turned loose on this country, where the majority stay, either to eke out an existence or practice because the vocation is pecuniarily more profitable or socially more congenial than other callings.

"And is it not also true that in some of our magnificent hospitals the wounds of the relatively few are not only scientifically treated, but in addition elegantly dressed, 'to secure primary healing,' while the unwashed, untouched sores of the untold multitude in heathen lands are left to suppurate, to mortify, and to kill? New York city alone has ten thousand hospital beds, costing upward of a million dollars a year—more beds and more money for the sick among two millions than are used and spent for the relief of the sick by all the medical missions that exist among a thousand millions of heathen and Mohammedans.—*W. J. Wanless, M.D.*

INTRODUCTION

Dr. O. L. Kilborn's book, as its title, "Heal the Sick," may be taken to imply, deals with the subject from both the general and the particular standpoints. I have had only a limited opportunity of judging medical missions in China, apart from our own Canadian Methodist Mission. I had occasion, however, to observe the great need of such work in West China. Tramping for months, two years ago, through the interior provinces of Yunnan and Szechwa. I passed through scores of towns and villages, and even large cities, where absolutely no provision for medical care, according to the standards of Western health, was made. At one time, in my overland tour, I was more than twenty days' travel away from the nearest doctor. Every day we passed through scenes of revolting insanitation, and by many instances of most repulsive diseases among the people on the streets. We rubbed elbows with smallpox patients, and passed close to lepers. We found scarlet fever and other serious epidemics utterly unprovided for, save by the superstitious incantations of Buddhist priests, or the quackery of Chinese medicine men ;

Introduction

while the opium reforms, fostered by government prohibition, were made ineffective by the lack of proper medical treatment, except where medical missions exist.

In West China there is a constituency of over one hundred millions of people, among the most responsive to modern progress in the Chinese Empire, and destined to wield an enormous influence upon the future civilization of central Asia; and among this vast population there are at the present time about half a dozen small hospitals and about fifteen medical men all told. I do not think that there is anywhere in the world a better field for medical work from the purely professional point of view. When to this is added a recognition of medical missions as a means of evangelizing such a people, the opportunity becomes commanding upon the sympathies of Christian people, and an unanswerable argument for the reinforcement of the medical missionaries, and for the provision of adequate hospital plant. Nothing impresses me more than the appeal of Dr. Kilborn for the establishment of a Medical College in Chengtu, the capital centre of West China. To train a force of hundreds of Christian Chinese medical men, whose aim will be to introduce Christian standards into the home life, and into the future government medical institutions of that country, would appear to be one of the

Introduction

noblest objects of missionary enterprise at the present time. I would most heartily commend this project to the co-operation of those who may have an opportunity to assist in its accomplishment.

It is exceedingly timely that Dr. Kilborn's book has been presented at this time, when the spirit of missionary co-operation at home is so manifest in the Laymen's Missionary Movement, and in the Young People's Missionary Movement, and when the spirit of enquiry as to Western science and religion is so strong in the Chinese nation. No one within my acquaintance of many mission fields is more competent to present a statement of Medical Missions than Dr. O. L. Kilborn, who has given nineteen years of missionary service in West China, and who has served in medical missionary practice, in educational work, in evangelistic work and has been in touch with the great missionary movements. Dr. Kilborn was a delegate to the Centenary Missionary Conference in Shanghai, and to the World Missionary Conference in Edinburgh. His book will be valuable to those who are interested in the mission of which he is a member, as well as to those who are friends of missions at large.

T. E. EGERTON SHORE.

Toronto, November 1st, 1910.

“‘When China moves she will move the world,’
and China has begun to move.

“China has been one of the great nations of the
earth, and this century is likely to witness a rapid rise
to her former position and influence. What is that
influence to be? In what direction is it to be exerted?
Shall it be for righteousness?

“Then must every Christian nation, church and
individual the wide world over be made to realize our
present unique opportunity, and therefore our heavy
responsibility, for giving the Gospel to the Chinese,
and for giving it now.”

PREFACE

China has one-quarter of the world's population. More than four hundred millions of intelligent, active men, women and children are in this twentieth century without the Gospel and without scientific medical treatment. The Chinese are idolatrous, they are full of superstition and ignorance, they lack all knowledge of the common principles of hygiene, they know practically nothing of the importance of cleanliness of the person and of the home in relation to the causation of disease. Contagion is recognized, but contagious diseases are not isolated. Smallpox and cholera, tuberculosis and typhus, work fearful ravages.

Doctors there are, in abundance, and drugs and drug stores; but it is a question whether Chinese doctors and drugs do not work more harm than good, whether the people would not suffer less, and the mortality be actually reduced, if all their doctors and drugs could be suddenly and wholly banished from their midst.

No one knows the rate of mortality in China. I believe it to be two or three times as great as

Preface

that in Christian lands. If the rate of infant mortality alone in China could be known, the figures would appal the complacent peoples of the West.

The long-drawn, never-ending cry of physical suffering, and of the hopeless misery of spiritual darkness, rising from the millions of stricken men, helpless women, and perishing children of China, is beginning to reach the ear of the Christian Church; while at the same time the wise and loving example of the Christ-man in preaching, teaching *and healing* points the way to quickest and surest relief. Too long have the churches and missionary societies ignored or neglected the powerful "medical arm" of Christian Missions.

Now, in the great task of winning the Chinese nation to the Lord Jesus Christ, if a deeper sense of the value of the hospital and of the medical missionary be borne in upon the Secretaries and other officers of the Mission Boards having work in that land, and if upon more of the young men and women now in our medical colleges there comes the high call to service there, my little book will not have been written in vain.

O. L. KILBORN.

TORONTO, November 1, 1910.

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**THE SCOPE OF THE MEDICAL MISSION.
MEDICAL MISSION WORK BY
LAYMEN**

"The work of the medical missionary is many-sided. It is not bisected into two parts designated as spiritual and medical. Like the shield, it has two sides, but it is a whole—a spiritual whole."—*J. Rutter Williamson.*

"Is it conceivable that men of range and force and widening horizons in all other activities will stand hesitant and nervous when they face the problem of the world's ignorance and sorrow and wrong? Shall the greed for material gain, or the lust for doing things that are big, impel men to self-sacrifice and bold adventure; and shall not the compulsion of duty, and the heroism of faith and the impulse of love make those same men yearn beyond the sky-line of their own parish, when the matter in hand is not mere things at all, but the spiritual and moral and intellectual emancipation of many millions of their fellow-men?"—*Toronto Globe.*

Heal the Sick.

CHAPTER I.

THE SCOPE OF THE MEDICAL MISSION.— MEDICAL MISSION WORK BY LAYMEN.

THE SCOPE OF THE MEDICAL MISSION.

"We are about to open a very difficult Mission. Let us send a medical man along. He will help break down prejudice; he will placate the savages, and so prepare the way for the missionary (i.e., of course, the minister) who will preach the Gospel to them." This was the conception held by the ancients of fifty years ago or less, of the medical man in the mission field. He was not, strictly speaking, a missionary at all; for was he not merely a layman? I heard of a medical man sent to China by a missionary society some years ago, who was regarded in this light, and whose moral character had not been specially looked into when he was appointed. His conduct speedily proved to be such a reproach to the organization under which he was working that he had to be recalled. Fortunately this is a rare experience in the history of medical missions in China or any other country. Nowadays the medical man is regarded as a *medical missionary*. Not only must his moral character be above reproach, for this is

Heal the Sick

only the negative side of his qualifications, but he must be a positive type of consecrated missionary, thoroughly evangelistic in tone and aim. I shall, however, deal at length with his qualifications elsewhere.

What about the premise laid down above, which implies that the medical mission is a pioneer agency only? Granted that the doctor is a missionary, is his work not accomplished, as soon as the way is freely open for the direct preaching of the Gospel? Should we not regard our mission dispensaries and hospitals as temporary forms of work, to be withdrawn when they have accomplished a special task?

**Medical
work an
invaluable
pioneer
agency.**

It is no longer necessary to present formal arguments to prove the great value of the medical mission as a pioneer agency. That value is acknowledged by all. Again and again, through the agency of the Medical Mission, has prejudice been broken down, suspicion overcome, and what have been closed doors freely thrown open to all other forms of missionary effort. The medical missionary gains access to homes that are closed to other workers. He is called by all classes, rich and poor, high and low, and all classes come to the dispensary for consultation and medicine. He is able to make acquaintances and to gain friends, real friends, especially among the more educated and more progressive Chinese. I believe he should make friends among the people to whom he is sent. I have found some rare good men in West China, men

The Scope of the Medical Mission

of character, with high ideals both for themselves and for their nation, men who have not yet come into touch with Christian truth, but who have taken the best from the religions of China. It is an advantage to meet such men. They are not easily won for Christ, but when won they are valuable, and as friends, non-Christian though they be, they are helpful, often exceedingly so.

The opportunities afforded in the dispensary, in the waiting-room, and in the hospital ward for the direct teaching of the Gospel are highly valued. Only a small percentage of the patients are entirely won for Christ while in the hospital: they do not remain long enough. But their friendship and good-will are won, and much work of Gospel seed-sowing, which in many instances bears fruit later on, is done.

The opportunities afforded in the dispensary and hospital.

After all, it is the good accomplished that tells. The patients in the hospitals are kindly treated. Many get treatment and board free, although we aim to have even the very poorest give at least a few cents towards the latter; a large number pay their board, and nothing, or only a nominal sum, for their treatment and medicine; the very few pay respectable fees for medical services, at least their fees are respectable from a Chinese point of view. These things greatly influence the Chinese, as they have a high regard for benevolence.

The patients and their maintenance.

The medical missionary is able to relieve pain, to prolong and in many cases to save life. This is often very evident to the patients themselves,

Medical missions—love in action.

Heal the Sick

and is a message which the most ignorant and the most prejudiced Chinese can understand at once, even though no word be spoken. It is understood and remembered, and taken home. Medical mission work has been very aptly styled "Love in Action." It is the Gospel of love practically illustrated. *And herein lies the element of permanence in medical mission work,* quite apart from its benevolence and its opportunities for the direct teaching of the Gospel.

The hospital complements the church.

The ministerial missionary proclaims from the pulpit the love of God for man, manifested in the great sacrifice of His Son Jesus Christ our Saviour. The message is not always understood. The messenger speaks in a strange tongue, and is hampered by lack of terms in expressing his meaning accurately in the Chinese language. He attempts to convey spiritual conceptions, for which he can find no words in Chinese to express the exact meaning. Just across the street, however, or perhaps in the same compound with the church, is the mission hospital, where every week a practical illustration of the same message is being given upon the bodies of scores and hundreds of Chinese. The hospital is complementary to the church.

**Medical missions—
an integral part of the
Christian
propaganda.**

Here then is an emphatic and convincing claim on the part of the medical mission. Not only is it a pioneer agency, not only is it the means of breaking down prejudice and of opening closed doors, but it is also much more, it is an integral

The Scope of the Medical Mission

part of the Christian propaganda. In a country presenting such conditions as China, it is an essential arm of the Christian service, vitally necessary to the clear, full presentation of the Gospel message. Our mission dispensaries and hospitals are not temporary, but permanent forms of work, and the work of the medical missionary will probably continue as long as that of any other class of missionary work in China.

There is another very important function of the medical missionary which none can afford to neglect, that of caring for the health of his fellow missionaries. In our mission, this duty has been taken for granted from the beginning of our work in China; and this policy has been to a large degree responsible, I believe, for the comparatively good health of our missionaries, and for the fewness of the breakdowns which we have had to regret. The policy of placing individual missionaries, or even single families, in remote stations without the companionship of people of their own race, but especially without the advantage of qualified medical attendance, I believe to be very poor economy,—not to speak of the hardship often entailed. Sickness comes, work is interrupted, and uncertainty and anxiety, as much as the illness itself, wear the family out. Symptoms are not understood, a trifling illness is magnified in imagination into a serious one, or a serious illness is considered a trifling one, and through injudicious home

Care of the health of missionaries.

Heal the Sick

treatment or neglect, proves fatal; this would, under other circumstances, be reprehensible. This is no reflection whatever upon those brave souls who, placing themselves in the Almighty Father's hands, are ready for any work and for any station, even the most remote and lonely, so long as they may be permitted to carry the banner of the Cross to some needy corner of China. But it argues a poor use of the good judgment which God has bestowed upon those who are in authority in the missionary society who permit such sacrifice. On the part of the missionaries, it is true heroism; on the part of the mission boards, it is false economy. I am firmly convinced that it costs less to send out medical missionaries and establish hospitals, than to pay the funeral expenses of missionaries! The missionary to China is an expensive agent. There are outfit allowances, travelling expenses across the seas, and into the interior where his work lies, salary for the first two years while he is studying the language, furlough travelling expenses, and other incidentals. It pays, from a business point of view, to take good care of him.

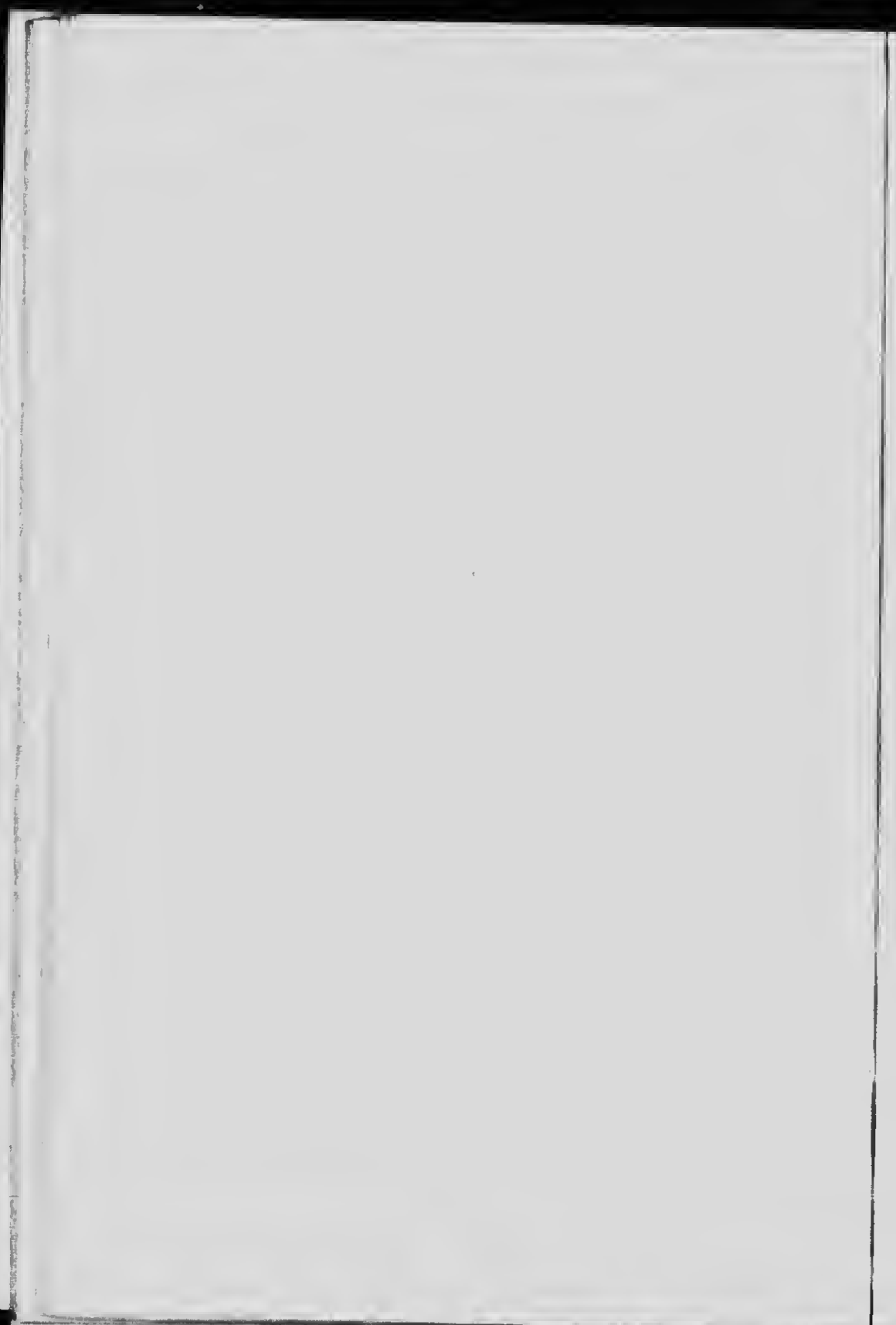
Medical equipment of every central station necessary.

All this is only one strong argument in favor of sending out medical missionaries to China by every missionary society carrying on work there. Every central station should have a doctor and a hospital. In centres worked by more than one society, unless the city is very



THE YANGTSE—THE HIGHWAY TO WEST CHINA.

One of the many beautiful gorges of the upper Yangtse.
A houseboat on the Yangtse; one of our missionary parties
aboard.



The Scope of the Medical Mission

large, it would be better not to duplicate this branch of work; at any rate, not until all centres which are without medical work are supplied.

Neighboring missions in West China have lost ^{valuable} several of their members under distressing ^{lives lost.} circumstances. A bright, promising missionary, in a station where there was no medical man, was taken suddenly ill. The nearest doctor, whose station was several days distant, was sent for; although he started at once, and made his way as rapidly as possible, the sick man was gone before the doctor reached him. True, the result might have been the same if the doctor had been in attendance from the beginning; *or it might not!* Sad, sad, that he could not have been given the advantage of medical attendance.

There was a precisely similar case which I call to mind, only that this time it was a bright little boy of about three years. He was taken ill and the doctor was sent for in haste. But two or three days were required for the messenger to go and the doctor to return. When the latter arrived, the little fellow had already succumbed.

Such cases might easily be multiplied. The lesson is plain, more medical missionaries are required by all societies for the work in China, both for the great work of giving the Gospel to the Chinese, and of caring for the health of their fellow missionaries.

Heal the Sick

Medical training of Christian natives.

There is still one more function of the medical missionary, which, although late in being recognized, is of vital importance to the great cause of missions in China: I refer to his duty to multiply himself, by teaching the science of medicine to young Chinese Christians in Mission Medical Colleges. But this subject must be left for fuller treatment in another chapter.

MEDICAL MISSION WORK BY LAYMEN.

The amateur medical missionary.

By this term I mean the treatment of disease on the mission field by men or women missionaries who are not fully qualified medical doctors. Some missionary societies, that send out few or no medical missionaries, make a practice of giving some of their ministerial missionaries one or perhaps two years in a "medical training school," in order to fit them to do a certain amount of medical work in China. In so far as such training enables these missionaries to take care of their own health, it is good. Furthermore, if such missionaries are stationed in a city where there is no medical missionary belonging to either their own or to any other society, a little amateur medical work may prove very helpful, especially if the work is new, the station recently opened, and much prejudice to be overcome. Quinine in malaria; santonine for worms; carbolic oil for lotion followed by simple boracic dressing for cleaning ulcers; sulphur ointment for itch; epsom salts for many digestive disturb-

Medical Mission Work by Laymen

ances—these and other simple and well-known remedies for common affections may be and are used with admirable results, both in giving good health to the patients' bodies and in clearing away cobwebs of suspicion and dislike from their minds.

But there are conditions to be observed! The amateur practitioner must be endowed with an extra supply of common sense and good judgment and must err always on the side of caution. If the case is a serious one, but especially if he is in doubt as to diagnosis, he should leave it entirely alone. He can better afford to decline treatment altogether in many cases than to have adverse results in one. Here is where his well-balanced judgment must come in to distinguish those cases which he should leave alone. Bad results in one case will work more harm to the cause than good results in a score.

Yet most commendable and successful amateur medical work, resulting in access gained to families that would not otherwise have come under the Gospel message, and in friendly feelings on the part of the general public, where nothing but the most bitter animosity had been previously shown, has been carried on by missionaries in West China. Thus hearers were gained in the chapel, then believers, and later communicants.

On the other hand, I have known of non-medical missionaries who became so confident in their powers of healing as to attempt a surgi-

The endowment of the amateur medical missionary.

The doubtful good resulting from amateur doctoring.

Heal the Sick

cal operation on a knee-joint, with disastrous results to the knee. Providentially there were in this case no serious after-effects to either the missionaries or their position in the Chinese community. Harm has undoubtedly been done to mission work in general, by injudicious amateur medical work. But so far as West China is concerned, I believe the instances are few. This is a credit to the good sense of those who have attempted such work.

One of the safest outlets for the energy of the amateur medical missionary is the opium refuge. These have been established in many places by either men or women, and have been the means of helping many poor victims of opium to be rid of the habit. In this treatment simple remedies usually suffice, and there is little or no danger to life in the process. The patients are kept in the refuge for two or three weeks, and at the end of that time are found to have put on flesh, and to be feeling well and strong once more, a great contrast to their condition when they entered. They are always grateful, and some of the best Chinese preachers learned for the first time of the Gospel of salvation through Jesus Christ in an opium refuge.

**When an
amateur
medical
missionary
should
"stop
doctoring."**

I laid it down above that amateur medical work should be attempted only in the absence of a properly qualified medical missionary. The natural corollary is that just as soon as a fully qualified medical missionary of his own or of

Medical Mission Work by Laymen

another society arrives in his station, the amateur should devote his energies wholly to his special line of work, no longer attempting medical work. The reasons are obvious.

On the whole I am convinced it would be wiser **A** for the missionary society that can afford to give **suggestion** certain of its missionaries one or two years in a **re training** training school, and thus fit them to do amateur **of medical** medical work, to spend more money and time **missionaries.** on a few selected candidates, give them a full four or five years' course in a reputable medical college, until they have passed all the examinations and taken their degrees; then supply them with a reasonable outfit of drugs and instruments, give each hospital with twenty or thirty beds, and thus reap all the advantages of orthodox medical mission work.

No society carrying on mission work in China, **Medical** which can find suitable men, can afford in this **missionaries** day and age to do without well-equipped hospitals **and** and hospitals a **necessary** necessary part of **missionary** medical missionaries in charge. A full, well-rounded **equipment** expression of the Gospel message requires **in China.** medical mission work; the health of his fellow missionaries demands the presence of the qualified doctor, if not in the same station, at least within easy reach. The results,—prejudice overcome, confidence gained, friendships formed, men and women won for the Lord Jesus Christ,—more than justify all the expenditure of time, money, and labor.

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THE MEDICAL MISSIONARY, HIS
QUALIFICATIONS AND
PREPARATION.
THE MEDICAL MISSIONARY AND
THE CHINESE LANGUAGE.

"The first thing that a missionary should acquire is the language; that is fundamental. He must get it in order to succeed in his great work."—*Dr. Humphrey.*

"The ideal medical mission is the one which preserves an even balance between the two phases of its work—healing the sick and preaching the Gospel. He is the best medical missionary who comes nearest to the pattern of Christ, and turns with equal zeal and enthusiasm for thorough work from diseases of the body to the needs of the soul."—*A. S. Wilson, M.D.*

"As an auxiliary to so-called direct mission work, the medical arm has been proved to be second to none in its efficiency in advancing Christianity in China. Whatever may be its value in other countries, in China it has no rival or equal. It is the one visible fruit of Christianity and an evidence of good which the Chinese first notice, towering above everything else, and so readily commends the religion to their attention and consideration."—*Dr. Henry Whitney, Foochow.*

CHAPTER II.

THE MEDICAL MISSIONARY, HIS QUALIFICATIONS AND PREPARATION.—THE MEDICAL MISSIONARY AND THE CHINESE LANGUAGE.

THE MEDICAL MISSIONARY, HIS QUALIFICATIONS AND PREPARATION.

The first qualification for the medical, as for every other kind of missionary, is a deep experience of the saving grace of our Lord Jesus Christ, together with a firm conviction of the eternal truths of the Gospel. These must have already borne fruit in the character and conduct of the candidate, fruit that is evident to all who have come in contact with him. He must be a man of prayer and of Bible study, one whose words have been used for the winning of others to Christ, and whose daily life has been even a greater power than his words in winning men. He may not be gifted as a preacher, but he must have ability as an exhorter and as a leader in worship, and he must have had experience in exercising that ability. The higher his preliminary education the better. If he can take the full arts course before his medical course, he will, other things being equal, have the great

Heal the Sick

advantage of the broader and deeper foundation afforded, and will get more out of his medical course because of his trained habits of thought and study.

"A sound mind in a sound body."

Another and a most important qualification is a sound mind in a sound body. He does not require an athletic training, but he does need a good digestion; he may not be an expert gymnast, but he must be able to sleep well. The man who has learned to take care of his body, and to avoid excess in work, in recreation, and in eating, is more likely to give forty years of service in China than the man who "can do anything," or "can eat anything," or who will work early and late seven days a week and "not be hurt" by it. In a word, the man who will do the best work and whom God will use on the mission field for the longest time, is the man who will not act as if he were made of different stuff from other men, but will take counsel of the common sense and good judgment God has given him and will act accordingly.

The "science of getting along with men."

There is one other qualification which I would urge as of first importance; it has been aptly called the "Science of Getting along with Men." In the very circumstances of the case, we are obliged to live very close together on the mission field. I mean this both literally and figuratively. Not more than three or four and sometimes only two families are appointed to live in one station, i.e., in each Chinese city occupied.

The Medical Missionary

The mission compounds are necessarily adjacent, and angularities or peculiarities of disposition are apt to loom large in the eyes and minds of near neighbors. Unless the missionary is watchful and prayerful, and careful of his own weaknesses, the faults of his brother missionary will look big, and a spirit of censoriousness and of bitterness may be aroused. Then we are also closely associated in the work, just as we are in living. Unless we have considered all this, and have with the help of God made a strong effort to avoid this undesirable spirit of censoriousness and bitterness, the Evil One will have us in his grasp before we know it. Nothing is so inimical to successful work in the mission field as friction between the workers. Therefore the intending missionary, whether medical or otherwise, should seriously consider whether he has this qualification of "getting along with men," and if not, take immediate steps to perfect himself in this very important "science." As he will have to use it on the mission field, he should begin to practise it at home. He must remember that no man, not even himself, is free from faults, just because he has become a missionary. He must be ready to admit just as good motives on the part of his brother missionary as he claims for himself. We must be much in prayer for the mind of the Master, the spirit of "bear and forbear," the spirit of forgiveness, and of helpfulness to all. **Much prayer necessary.**

Heal the Sick

**What the
medical
missionary
is not.**

The medical missionary is not a man or a woman who has a smattering of medical knowledge "good enough for the heathen." In the days gone by, before the recognition of the medical as a legitimate form of work, a year with a doctor or in a medical college may have been a useful preparation for foreign mission work. But nowadays, it is universally acknowledged that nothing short of the best in medical training is good enough for the medical missionary.

**Thorough
preparation
imperative.**

The reason for this is clear; the medical missionary is usually the only medical man in the station; whether it be in the treatment of his fellow missionaries, or in the most difficult or puzzling case among his Chinese patients, he can have no consultant. He must diagnose and prescribe, he must decide when an operation is necessary, and he must perform the operation unassisted; he must treat the eye, ear, nose and throat, and all manner of skin diseases, for there is no specialist whom he can call in to help; he must, in a word, be his own specialist in everything. He may or may not have a foreign nurse to help him in caring for his patients, or he may have no other nurses than the Chinese young men whom he himself has taught and trained,—so far as they are taught and trained. If the missionary's wife should happen to be a trained nurse or a medical missionary, then he

The Medical Missionary

is indeed fortunate, for she will be his "right hand man" in consultation, in giving anesthetics, in preparation of bandages, dressing materials, etc., and in teaching his assistants and nurses.

For all these reasons, therefore, I maintain that every medical missionary, man or woman, should have had a full course in a good medical college and should have taken his degree. If he has passed the examinations and received a diploma heensing him to practise medicine in one or more provinces or states of his native land, it would be better still, though not so necessary. His self-respect will be all the greater, and if he should be so unfortunate as to be unable to stand the climate in China, and have to return home, he could at once proceed to praetise.

Should the intending medical missionary take a post-graduate course? If so, where, and of what character? Much depends upon his age. For language reasons he should be on the field in China on or before his thirtieth birthday. If a post-graduate course will put him past that date before he can reach the field, I believe he should forego it and get to the field at once. But the candidate's finances may not admit of a post-graduate course, what then? He should not take it, but should come to China and look forward to at least three months in post-graduate work during first furlough. Such a man will not be the first, by any means, to go to a foreign

Post-graduate course before going to the field.

Heal the Sick

field without having had the advantage of a post-graduate course, nor will he be the last.

But if both age and finances are favorable, I believe the intending medical missionary should by all means take a year in his own or some other country, or in both, in post-graduate work. If he can secure the position of house-surgeon in a large hospital for one year, he will have a splendid opportunity to gain a wide and varied experience in all the different branches of medicine and surgery. Just after the completion of his year in the hospital, he might profitably add a few months at one of the large surgical clinics in Canada, the United States, or Great Britain.

**What a
medical
missionary
to China
should
specialize
in.**

If he is a candidate for China, he should, during his post-graduate course, pay special attention to general surgery, to the eye, and to skin diseases. He cannot see too many operations in surgery, or of too great a variety. He should pay special attention to details of technique, sutures and ligatures, material and preparation, bandages and dressings, methods of preparation, sterilizing, keeping and handling. Minute details of operations should be noted and remembered. As to eye work, if a special course of lectures is available, by all means let him take it. But he should at the same time read and thoroughly master at least one small text-book on eye diseases, and contrive to see as many of the common operations on the eye as possible. Skin diseases are very numerous in China, and

The Medical Missionary

are often seen in extreme conditions rarely met with in the home lands. These conditions result from lack of intelligent treatment, and also from lack of cleanliness. A special course of lectures on skin diseases, or at least a few weeks of regular attendance on a good skin clinic, would prove of great advantage.

Should the medical missionary take the course in theology? Under ordinary circumstances, no! He is not at all likely to have charge of a church on the mission field, but of a hospital. The extra time at his disposal might better be spent in post-graduate work in some branch of medicine, so that he may be thoroughly well-fitted for what is to be his specialty for life—medical mission work. There are circumstances which may justify the intending medical missionary in taking a theological course. He may have graduated young, too young to go to the field, even after having taken a year or more in post-graduate work. He may then take the theological course, in whole or in part, and proceed to ordination and to full connection, as soon as he has fulfilled all the conditions. There are those, too, who feel the importance of ordination and of full connection in one of the Conferences, that they may have equal standing in the church with any and all their fellow-workers in the mission field. The chief consideration is the time required; all others are secondary for the medical missionary.

Is a
theological
course
advisable
for a
medical
missionary?

Heal the Sick

**The library
of the
medical
missionary.**

The medical missionary should have a small library of good medical text-books. He ought probably to take with him all the books that he has used during his college course. If finances allow, he might add a few others, especially those of late issue. But he need not think it necessary to invest in a number of many-volumed "systems," some of which, at any rate, will be out of date before he has much more than begun to use them. Leather bindings are a needless expense; they mould more rapidly than cloth, and books in leather go out of date just as fast as any others.

**The faculty
of
adaptability.**

The faculty of adaptability is an exceedingly valuable one for the medical missionary. By this I mean something of that quality which enables the man, who has studied medicine in a magnificent new college building, who has taken his hospital practice in a well-equipped, up-to-date hospital of three or four hundred beds, who is accustomed to every convenience—nurses, orderlies, steam sterilizers, electric light, etc.—it is this quality, I say, so invaluable in the mission field, which enables such a man to begin his medical work for the Chinese in one, small, dark room, 12x15, with no assistant other than a young Chinese who knows nothing whatever about the work, and which enables him to continue his medical work there until he can get another room. Both these rooms are probably located in

**Beginning
medical
work on
the field.**

The Medical Missionary

the Chinese compound in which he and his family live. His drugs and instruments which he has ordered from the home land, and which likely as not have been dipped in the Yangtse water on their way up that great river, are contained in a few small packing-cases. He keeps right on at his work and enjoys it; relieves pain, prolongs or saves life, wins the confidence of these strange people, while they in their turn win the love of the missionary. He, with his own hands, washes and dresses their foul sores, prescribes and mixes their medicine, performs operations, and nurses the few patients he is able to take into a third room in his compound. Presently as the funds come along from the homeland, he is deep in the intricacies of negotiations for a site for a hospital. It takes months, or perhaps a year, before the coveted piece of land is actually in the possession of the mission. In the intervals between seeing crowds of patients in the dispensary, he haggles with the brick merchant, or with the lime merchant, or again with the timber merchant. To-day he sets to work with his own hands to whittle out a wooden leg for that poor man whose life he has saved by amputating his tubercular foot; now he is overseeing carpenters and masons, trying to persuade them to be accurate and painstaking in their work; and a little later he is making a splint for a broken arm.

Heal the Sick

Why go to
China to
practise
medicine?

A Canadian medical man whom I visited in his office not long since, expressed himself as quite unable to understand why a man should go off to China, and to the far interior at that, to practise medicine. Of course he could not understand, if the practice were all there is to it! No man would go to the interior of China in order to make money by practising medicine, he could not support himself; nor would he go simply for the sake of the medical practice, there are too many inconveniences, too much filth, too many bad smells and altogether too many repulsive things.

What, then, can possibly take him there? Nothing less than the "vision splendid," the joy of service and the beauty of sacrifice, for he follows the gleam of the example of the One who "went about all the cities and villages, teaching . . . and preaching . . . and healing." Away beyond the petty and sometimes sordid details of the daily routine, he sees redeemed men and women, he sees homes reorganized and transformed by the constraining love of Jesus Christ, he sees a great and growing organization, the Christian Church, the aim and influence of which is always and everywhere uplifting and saving, and finally with the eye of faith, he beholds a great nation which has been permeated and rejuvenated by the Christian ideals of justice and purity, of love and service.

The Missionary and the Language

THE MEDICAL MISSIONARY AND THE CHINESE LANGUAGE.

Once upon a time, as a prospective China missionary was about to set out for the land of his adoption, he was the recipient of a piece of sage advice from one of the officers of our church: it was this, "I believe you would do well to acquire the language; better not use an interpreter too much in your work in West China." When I heard of the incident, I was reminded of the Mission Board Secretary (not of our Church) who advised a missionary setting out in the winter for West China, that the Yangtse would probably be *all frozen over* and that he should go to a certain coast city to wait for a few months before proceeding into the interior. Interpreters are about as common in China as are icebergs in the Yangtse.

All missionaries going to West China, both men and women, married or single, learn the language. When Mission Board Secretaries and others visit us there, they are cordially invited to address Chinese congregations; and they do so, with satisfaction to themselves, and to the edification of the people. The interpreting is done by any one of a large number of missionaries.

What about the Chinese language? Is it hard to learn? How long does it take to learn it? Will the Chinese not presently discard their

Some good advice—
Interpreters
and
icebergs.

The
interpreters
in West
China.

The
Chinese
language.

Heal the Sick

ancient cumbrous characters in favor of the romanized? Is not English now being taught all over China? And will they not soon exchange their own language for English? These are some of the questions one is met with in the homeland.

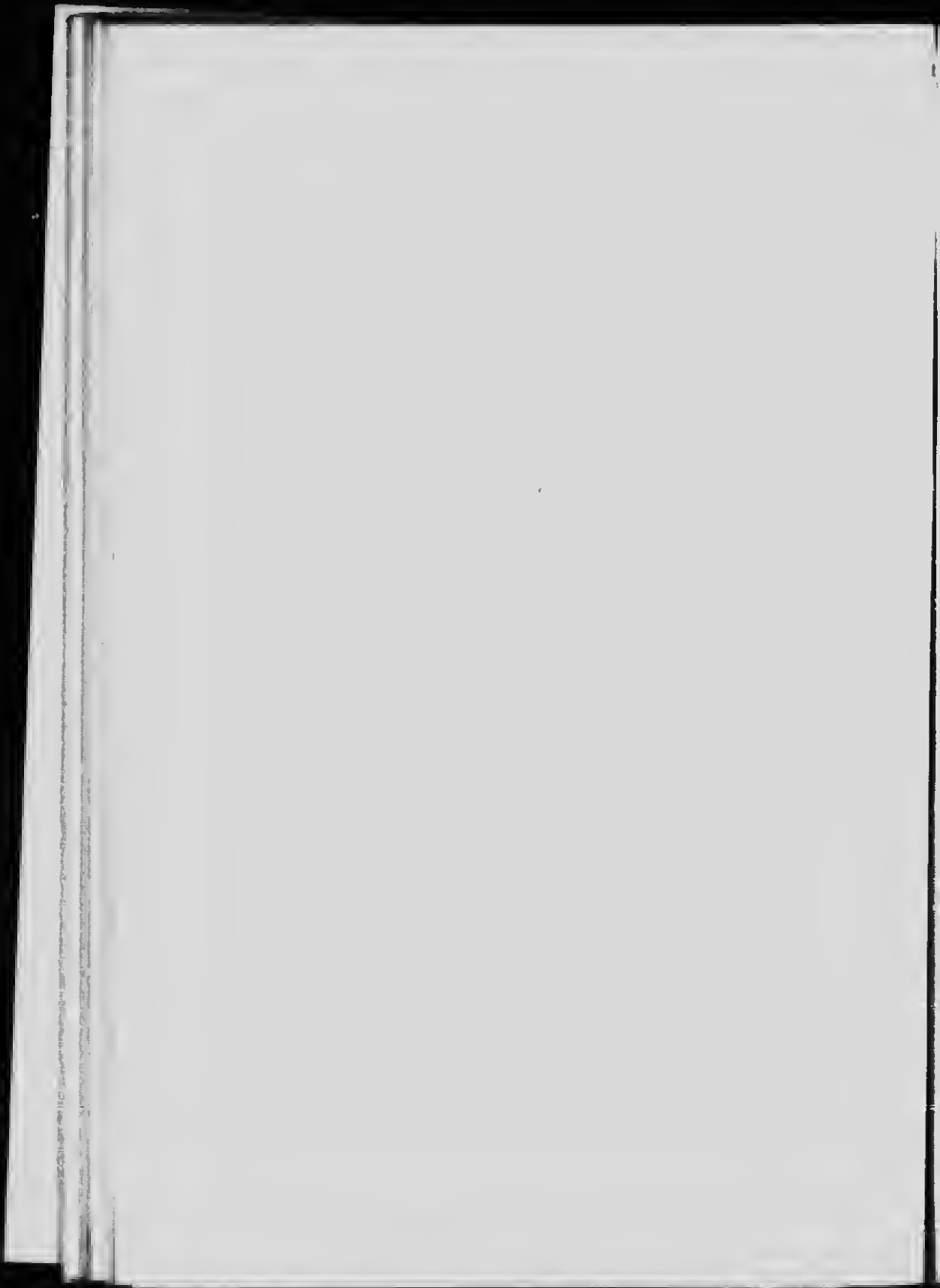
Learning the language.

To begin with the last first. No, the Chinese will never exchange their own language for any other. Yes, English is now being taught in the Government schools all over China. No, I do not believe the Chinese will ever discard their ancient and cumbrous, but beautiful characters for the more convenient romanized, or if they do it will be some centuries hence. Yes, the Chinese language is hard to learn in comparison with the languages of western peoples. But any man or woman of average ability, under thirty years of age, who will work faithfully for at least two years, can conquer it. And most of those who begin well below the thirty years limit, acquire a fluent, free use of the language. For those who reach China after thirty, the language is always harder, and they find greater difficulty in becoming free or fluent. Most missionary societies allow their missionaries from one to two years for language study, entirely unburdened by any other responsibility. But all missionaries aim to keep on studying, as time and opportunity allow, for at least three to five years longer.



THE TRACKERS' WORK IS HARD.
Human canal-horses pulling a boat up the rapids on the
upper Yangtse.

APR 1911



The Missionary and the Language

Two languages prevail everywhere in China, **The written and spoken languages of China.** the spoken and the written. The latter is commonly called the classical or Wenli (pronounced *wenlee*). This is the language of the Confucian classics and of nearly all other books, including translations of Western books. It has many characters in common with the spoken language, but is much more concise, terse and pithy. Many of its characters are used in a sense different to that of the spoken language. This written or *book language*, as it is often called, is common to all parts of the empire. Chinese in China or in any other part of the world read and understand it. They may pronounce the characters very differently in different provinces, and even in different parts of the same province; but the meanings are the same. Hence the great value of the book language.

The most widely used spoken language of **The spoken language.** China is commonly called the "Mandarin," because it is supposed to be used by the mandarins or officials everywhere. It is used, with slight variations, by about three hundred millions of Chinese, and therefore has the right, if any language has that right, to be called the "spoken language" of China. The other hundred millions of people speak a number of dialects; in some cases one dialect is used by less than one million people, in others tens of millions speak the same dialect. The Mandarin language, together with these dialects, is being used in book-making to an

Heal the Sick

**The
printed
page.**

ever-increasing extent. The Bible is now printed and used almost altogether in the spoken languages of China, and many Christian books are being steadily added, especially in the Mandarin. The Bible and other books, when written in the Mandarin or in some one of the dialects, are naturally much more readily mastered by the foreign missionary, and are more easily understood by the great majority of our Christians than when written in the classical. This use of a spoken language, especially of the Mandarin, in books, magazines, and newspapers is steadily growing in favor among all classes of the people, and the outcome will doubtless be the steady approximation of the two languages, the simplification of the classical and the increased richness and dignity of the spoken, until the two shall have become one. But this process may require a hundred years—a short time in the transformation of the language of the most numerous people on the face of the earth.

**Some com-
parisons of
dialects.**

The spoken language of China, particularly of West China, is sonorous and musical. The Cantonese dialect has eight "tones," or inflections, of the voice in pronouncing; the Peking Mandarin has four; we in West China have five, narrowed in places to four. Our West China tones are particularly well marked, giving a decidedly musical effect, pleasing to the ear.

When I went to China in 1891, and during the few years following, it was not uncommon to

The Missionary and the Language

hear the remark that the medical missionary could begin work sooner than the ministerial, because he could "get along" when he had enough of the language to question his patients, and to give them instructions about taking medicine, etc. A man does not require to be versed in the Chinese classics in order to perform a surgical operation, nor does he need to be able to preach a sermon in Chinese in order to mix medicines effectively; hence some doctors were thrust into the work as soon, or almost as soon, as they reached the field. They were certainly expected to learn Chinese, but in the daily routine of their work they could pick up all they required from the patients.

How the medical missionary was supposed to acquire the language.

I am glad to say that the situation is now entirely changed. The following resolution which was passed by the great Centenary Conference, meeting in Shanghai in April, 1907, indicates clearly the present attitude of the general missionary body on this question: "Whereas it is of the highest importance that the medical missionary should have a good knowledge of the Chinese language, spoken and written, and should early gain some experience of existing mission methods; Resolved, to emphasize the advisability of relieving him of all responsible work during his first two years in the country; of requiring him to pass examinations not less searching, if on different lines, than those of his clerical colleagues; and of locating him for a time at an established medical centre."

The resolution passed at the Centenary Conference re language study for medical missionaries.

Heal the Sick

**The policy
of our own
mission re
language
study.**

The regulation in force in our own Mission is, that the medical missionary, in common with every other class of missionary, shall have two full years *after reaching West China* for the study of the language; that is, that no other responsibility whatsoever shall be put upon him for that time. This may seem like a very long time to be spent wholly on the study of the language. So it is; but when we remember that our missionaries go to China to give not one term, nor two, but thirty or forty years—or even fifty years, if life be spared that long,—of service to God and the Chinese, two years given to learning the language at the beginning will not be considered excessive. Moreover, no missionary confines himself absolutely to the study of the language during these two years. He learns by the very force of circumstances of the habits and customs of the people, of their peculiar ways of thinking and of doing things, of the point of view of a strange people, lessons which are very necessary to his future success.

**The
preaching
places of
the medical
missionary.**

We take the ground that the medical missionary needs to know the Chinese language just as thoroughly as does any other kind of missionary; he may never be put in charge of a church, but he has a congregation and a chapel ready to hand every day in the week,—namely, his patients in waiting room and ward, or in hospital chapel. He must needs preach to them too, if he would fulfil all the functions of the medical missionary. He cannot afford to leave the evan-

The Missionary and the Language

gelistic work of his hospital entirely to his Chinese evangelist, be he never so faithful or successful a worker, for the patients always look for an example to the foreign missionary doctor in charge, and the strongest and best influence for Christ will be exerted among them only when the foreign doctor takes his share in leading meetings, giving addresses, and doing general evangelistic work.

Another important argument for a thorough knowledge of the language, both spoken and written, on the part of the medical missionary, is that, other things being equal, the man with such thorough knowledge commands the greater respect and confidence of his patients. He will, therefore, get more patients of all classes, and will have better results medically, surgically, and spiritually. "Unconscious psychotherapy" comes into play, and is a powerful adjuvant to all ordinary remedies and methods used by the medical missionary who commands the deep confidence of his patients. The Chinese patient, perhaps more than the westerner, is fond of having his condition explained to him. Even though the explanation is beyond his comprehension, he will gather some knowledge from what he hears. If the foreign doctor speaks broken Chinese, or if he fails from this or any other cause to give the patient some idea of his condition, and perhaps also of the general principle to be followed in the treatment, he undoubtedly and not un-

**Winning
confidence
of patients
through
knowledge
of the
language.**

Heal the Sick

naturally often fails to gain his fullest confidence, and hence labors under some disadvantage.

The medical missionary is often called to the homes of those high in rank or authority. The impression he makes is better, and the confidence he commands is greater, other things being equal, if he speaks Chinese clearly and intelligibly.

The medical missionary must know the Chinese characters.

The ability to read Chinese characters, at least to the extent required for reading the New Testament in Chinese, is a necessity for every class of missionary, including the doctor. There are many situations also, in which a thorough knowledge of Chinese characters, sufficient to read and understand the ordinary classical style, is found highly advantageous. This applies to the medical missionary as well as to others. For instance, should he wish to delve into the voluminous medical literature of the Chinese, or for that matter, into any of the ancient classical literature, he will require to know classical characters. A number of medical colleges have already been opened by missionary societies, and the teachers are medical missionaries. Translations of western medical books are being made for these colleges; these are invariably in the classical style. To use them, much more to make them, the medical missionary must be an expert in Chinese characters. For all these reasons, therefore, and for the self-respect of the medical man undertaking to give his life for the uplift of the Chinese, every medical missionary should have a thorough knowledge of the Chinese language.

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CHINESE DRUGS AND DRUG STORES.
CHINESE ANATOMY AND
PHYSIOLOGY.

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“China alone could immediately fill the hands of 200,000 capable practitioners, and all that is true of China proper is, with modification and variation, true of all the Chinese dependencies—Korea, Mongolia, Thibet and Hainan; also of certain portions of Japan, particularly the new dependency, Formosa.”
—*W. J. Wanless, M.D.*

“The medical missionary opens the way; but he also has unrivalled opportunities for preaching the Gospel, and while he carries the lancet in one hand, he must ever be ready with the sword of the Spirit in the other.”—*W. H. Parkes, M.D.*

CHAPTER III.

CHINESE DRUGS AND DRUG STORES.— CHINESE ANATOMY AND PHYSIOLOGY.

CHINESE DRUGS AND DRUG STORES.

Drug stores are numerous in China. They are found on almost every street in the city, and in-^{The herb drug store.} variably in every town and village. There are two kinds, the "Herb Drug Store" and the "Official Drug Store." The former is the less pretentious. It is small, and the proprietor himself usually goes at intervals into the country to collect the bundles of plants which are to be seen filling every shelf, and crammed into every nook and cranny of his shop. He knows them all, of course, together with their medicinal virtues. He does a good deal of prescribing, and sometimes attains to a degree of fame as a doctor. The herbs are taken home, boiled together as prescribed, and the resulting liquor drunk.

The "Official Drug Store" is the more am-^{The official drug store.} bitious establishment. It has drugs in the whole plant stage, but pays much attention to working up drugs into more convenient and into more or less classified forms. One sees in such a store many drawers full of chopped leaves, stalks

Heal the Sick

or roots, jars of berries, of other fruits and of dried nuts. Some of these things are ground to powder. Many pills, powders and potions, of varying consistency and color, are exposed for sale in great crocks standing in a row on the counter. From the ceiling are probably suspended such things as cast-off snake-skins, turtle shells, monkey and tiger bones, and deer horns. So we see that animal medicines form no inconsiderable proportion of the Chinese pharmacopœia.

How the medicines are used.

Besides the prevailing custom of boiling the ingredients of a prescription and drinking the liquor, there are other methods of administration. Powders are blown into the nose and throat for affections of these parts, eye waters are dropped into the eyes, and ointments are applied freely to all parts of the body. One of the commonest applications is that of plasters. Patients frequently come to us decorated with two, large, round plasters, one on either temple. They are applied to the temples for headache, to the back for backache, and to the knees, legs, or feet for pains in those parts.

The disastrous use of plasters.

The worst use they make of these plasters is that of application to a boil or other suppurating sore or wound. The result is to keep the discharges, which should be given the freest possible exit, pent in; this treatment is often disastrous to the part affected. A young man once came to me with a hand, including the fingers,

Chinese Drugs and Drug Stores

very much swollen; it was more than twice the ordinary thickness. The skin could hardly be seen for the number of black pitch plasters firmly stuck on everywhere. One or two, when pulled off, revealed discharging sinuses. The man was taken into the hospital, and under chloroform an operation was performed. The plasters were of course discarded, and under rational treatment the hand was well in an incredibly short time. The trouble in his case had begun from having slightly cut one of his fingers on a piece of broken bowl; the black pitch plasters had done the rest. As fast as the discharges made new openings for themselves, big, round plasters were promptly clapped on, and everything kept in.

Deer horn, ground to a powder, is believed to be a good tonic. But tiger bones are the tonic *par excellence*. The tiger is a very strong animal; his strength lies in his bones; therefore, if you would be strong, take tiger bones. A pedlar, from the province of Yunnan, once visited our compound. He had with him for sale two tigerskins, the bones of the fore-leg of a tiger (the foot, with claws *in situ*, was attached as proof), and also a lump of "tiger-bone-glue." He carried with him little scales with which to weigh out a portion of the glue or a piece of bone. He was ready to saw off any sized piece of bone we wished, at a certain price per ounce. The bone is soaked in alcohol, and the extract, thus

Some
medical
remedies
and reasons
for their
use.

Heal the Sick

obtained, taken. Tincture of monkey bones is another excellent tonic. It is credited with producing great suppleness of the joints.

The snake skin industry.

While travelling through the country on one occasion, I saw a man standing with a number of others, and holding in his hands a snake about four or five feet long. He had his snakeship by the tail, but presently, after some deft manoeuvring, succeeded in grasping him safely by the neck. I stopped long enough to enquire what he proposed to do with the snake. "Keep him and feed him," was the answer. "But what for?" "In order to sell cast-off snake skins to the drug stores." Here was a new industry of which I had not before heard. Snake skins, when ground to powder and administered either in alcohol or water, are believed to be of great use in reducing fevers; so are the cast-off skins of many kinds of beetles, and of cicadas. Cicadas abound in our part of China, and their cast-off skins are a familiar article of commerce. I once visited a great wholesale drug establishment in Chengtu. Crude drugs from the mountains away to the north and west, and even from far-off Tibet, were here exposed in large sacks for sale. From the top of one sack I picked up and examined a bundle of what looked, at a little distance, like a package of red lead pencils. They were dried centipedes. These form a frequent ingredient in the prescriptions of the Chinese doctors.

My visit to a wholesale drug store in Chengtu.

Chinese Drugs and Drug Stores

A dispensary patient of mine gave me an account of how his life was once marvellously saved by a prescription given him by a famous doctor. It contained two dried centipedes, he said, and the whole was taken in one dose, according to the usual custom. From his description of the awful pains he endured, together with certain other well-known symptoms which immediately followed the taking of that medicine, it was perfectly clear that the man had had a narrow escape with his life. But in his mind that was a "wonderful prescription," and the man who had exposed him to such danger by writing it for him was a "famous physician."

A famous Chinese doctor and his dose.

For broken bones the remedy is usually a medicine to be taken internally. The arm or leg, of which the bone is broken, is commonly encased in a poultice of some sort, either of greens or of powdered drugs. I have seen a leg put up by a Chinese doctor in a rough splint, but this is the exception. I have any amount of trouble trying to get a patient to leave bandages and splints alone, after I have applied them. I well remember a man with a broken arm coming regularly to the dispensary for some days. He invariably had the splint off, which he asked me to reapply, but his great want, most pathetically expressed, was for medicine to be taken internally, of course, "to make the bones knit!"

The Chinese remedy for broken bones.

Heal the Sick

**A famous
cure—
"thousand
feet earth."**

A common household remedy with the Chinese, not bought in the drug stores, is what is called "thousand feet earth." Which, being interpreted, means earth trampled by (presumably) a thousand human feet. This precious medicine is found immediately outside or inside a doorway, where such luxuries as floors and stepping-stones have not yet made their appearance, and where neither boots nor even sandals have been used. On the same principle, I suppose, of getting the filth concentrated as much as possible, another remedy is the ooze from the bottom of a gutter!

Some mineral medicines are known and used. There is a preparation of arsenic, the effects of which are well known to the people, in common use as a caustic or escharotic. It is sometimes applied to sores by Chinese doctors, with disastrous effects. Gentian and rhubarb are brought from the mountains in the west, and sold in great quantities in the province of Szechwan. The ginseng root, on the other hand, is grown in large quantity in Canada and the United States, and exported to China. Within very recent years, foreign drugs and medicines, prepared after the fashion of patent medicines, are being sold in ever increasing quantities in all the larger centres of China. But pure drugs, such as quinine and santonine, for instance, are rapidly and justly acquiring a great reputation for treatment of special conditions. Many other pure drugs can

Chinese Anatomy and Physiology

now be bought over the counters of Chinese drug-stores in the city of Chengtu. They are imported from the big wholesale dealers at Shanghai.

CHINESE ANATOMY AND PHYSIOLOGY.

The Chinese have not yet dissected the human body, but they have done an immense amount of theorizing. They have exercised their powers of observation much less than their power of imagination in describing the structure of the human body, its organs, its "pulses," and its many mysterious ethers or essences which travel up and down the several channels. Wylie's "Notes on Chinese Literature" contains extended references to fifty-nine separate treatises of a medical and physiological character. These books quote from a far greater number of authors, some of whom flourished in the earliest days of China, and many of whose writings exhibit good sense and sound advice amid the strangest theories.

Dr. S. Wells Williams, in "The Middle Kingdom," quotes at length from Dr. Harland's description of the Chinese ideas of the organization of the body, and the functions of the chief viscera. I am indebted to that standard work for much of the minute description which follows.

Chinese physiologists seem to have no idea of the distinction between venous and arterial blood, nor between muscles and nerves; they use the

**Chinese
lack of
knowledge
of anatomy.**

**The human
body
according to
the Chinese.**

Heal the Sick

same word for both tendons and nerves. According to these physiologists, the brain is the abode of the *Yin* principle in its perfection, and at its base, where there is a reservoir of the marrow, communicates through the spine with the whole body. The larynx goes through the lungs directly to the heart, expanding a little in its course, while the pharynx passes over them to the stomach. The lungs are white, and placed in the thorax; they consist of six lobes or leaves suspended from the spine, four on one side and two on the other; sound proceeds from holes in them, and they rule various parts of the body. The centre of the thorax (or pit of the stomach) is the seat of the breath; joy and delight emanate from it, and it cannot be injured without danger. The heart lies underneath the lungs, and is the prince or lord of the body; thoughts proceed from it. The pericardium comes from and envelops the heart, and extends to the kidneys. There are three tubes communicating from the heart to the spleen, liver, and kidneys, but no clear ideas are held as to their office. Like the pharynx, they pass through the diaphragm, which is itself connected with the spine, ribs and bowels. The liver is on the right side and has seven lobes; the soul resides in it, and schemes emanate from it. The gall-bladder is below the liver and projects upward into it. When the person is angry it ascends; courage dwells in it, hence the Chinese sometimes procure the gall-bladders of animals,

Chinese Anatomy and Physiology

such as tigers and bears, and even those of men, especially of notorious bandits executed for their crimes, and eat the bile contained in them, under the idea that it will impart courage. *Apropos of* this statement of the Chinese notion that the gall-bladder is the seat of courage, an incident that happened a few years ago is well known: The former Viceroy of Szechwan, Ts'en Chw'en Suen, an intelligent, progressive man, although with a reputation for cruelty, was sent to the south to put down a serious rising in the province of Kwangsi. After a hard campaign the rebels were overthrown and their leader captured. After the Chinese fashion, this rebel leader, who had shown such bravery in the field, was immediately beheaded. But his execution was fixed at such a time and place as suited the convenience of the Viceroy, who was present. Immediately on the striking off of the head, a cup of blood was caught and drunk by the latter, in order to give him courage! The horrible incident was reported in the foreign press at the time, and held up to the world as an illustration of the barbaric beliefs and practices, which still exist in China even among her highest officials.

An incident illustrating a barbaric practice.

The spleen lies between the stomach and diaphragm, and assists in digestion; the food passes from it into the stomach, and hence through the pylorus into the large intestines. The omentum overlies the stomach, but its office is unknown. The mesentery and pancreas are entirely omitted.

Heal the Sick

The small intestines are connected with the heart, while the large intestines, which have sixteen convolutions, are connected with the lungs and lie in the loins. The kidneys are attached to the spinal marrow, and resemble an egg in shape.

Bones and the circulation of the blood.

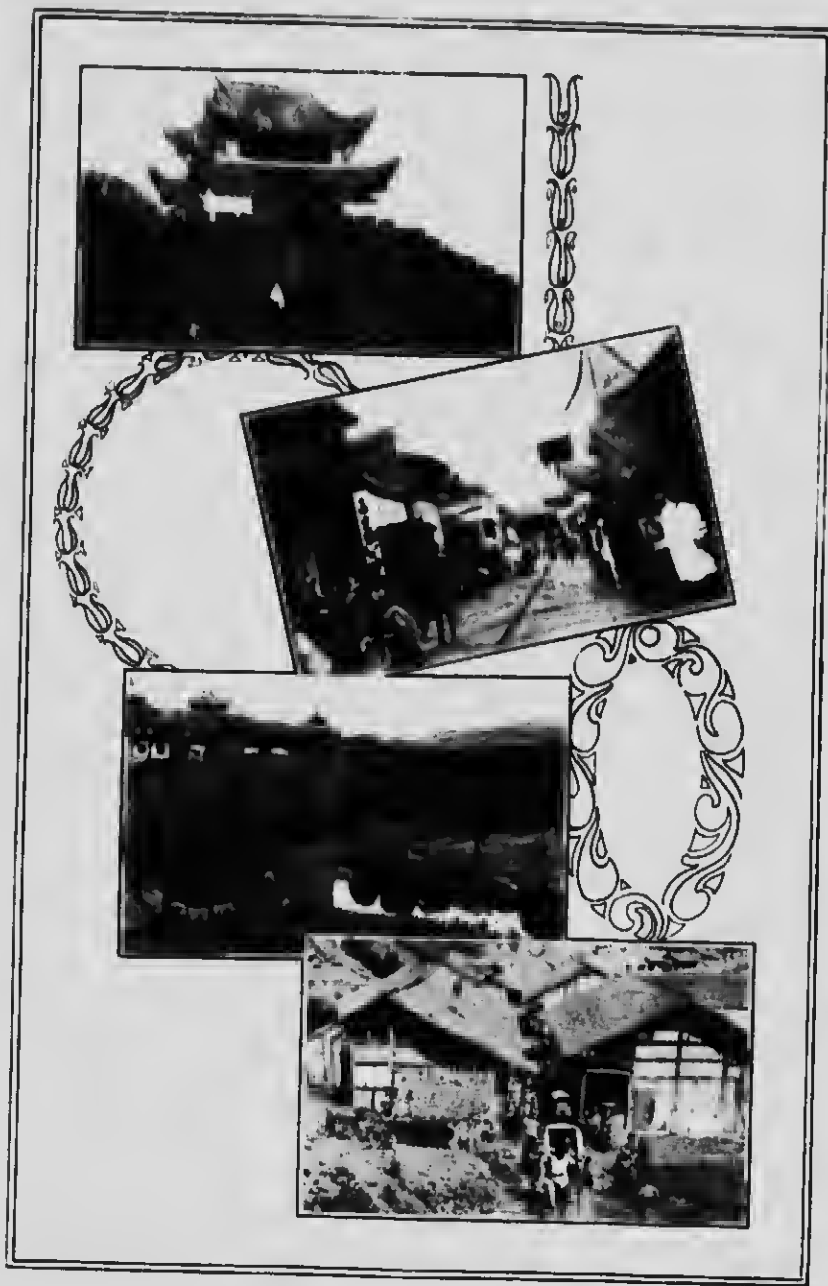
The bones and their uses are very imperfectly understood, as might be expected because of the absence of dissection. The pelvis, skull, forearm and leg are each considered as a single bone! The joints are quite ignored, and also the connections of the muscles and ligaments with the bones. The irrigation of the body with blood is rather complicated, and authors vary greatly as to the manner in which it is accomplished. Some pictures represent tubes issuing from the fingers and toes, and running up the limbs into the trunk, where they are lost or reach the heart, lungs, or some other organ as well as they can, wandering over most parts of the body in their course.

The nourishment of the body.

Theories are furnished in great variety to account for the nourishment of the body and the functions of the viscera. Upon the harmonious connection of these with each other, and with the five metals, the colors, the tastes and the planets, is founded the well-being of the whole system. With all they hold an intimate relation, and their actions are alike built on the all-pervading functions of the *Yin* and *Yang*, those universal solvents in Chinese philosophy.

The pulse.

The pulse is very carefully studied, and its condition regarded as the index of every condition of



GLIMPSES OF SZECHWAN—OUR WEST CHINA
MISSION FIELD.

Kiatingfu, West Gate.

Cheung, East Street.

Tzeliutsing, river, and idol temple.

A village street, sedan chairs emerging.

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Chinese Anatomy and Physiology

the body, even to determining the sex of an unborn infant. Great parade is usually made by every practitioner in examining this important symptom. Dr. Harland's table, showing the sympathy supposed to exist between the different points of the pulses and the internal organs, is given below. In each wrist the pulses are named *Inch*, *Bar* and *Cubit*, the first being nearest the hand. A change in degree of pressure doubles the range of viscera thus indexed:

LEFT WRIST.

- Inch*, when lightly pressed, indicates the state of the small intestines.
- Inch*, when heavily pressed, indicates the state of the heart.
- Bar*, when lightly pressed, indicates the state of the gall-bladder.
- Bar*, when heavily pressed, indicates the state of the liver.
- Cubit*, when lightly pressed, indicates the state of the urinary bladder.
- Cubit*, when heavily pressed, indicates the state of the kidneys.

RIGHT WRIST.

- Inch*, when lightly pressed, indicates the state of the large intestines.
- Inch*, when heavily pressed, indicates the state of the lungs.
- Bar*, when lightly pressed, indicates the state of the stomach.
- Bar*, when heavily pressed, indicates the state of the spleen.
- Cubit*, when lightly pressed, indicates the state of the *san chiao*.
- Cubit*, when heavily pressed, indicates the state of the *ming men*.

Heal the Sick

The last two mean respectively "Three Passages," and "Gate of Life," but being purely imaginary organs, are difficult to describe.

Yin and Yang—the two forces controlling the body.

A diseased state of an organ is supposed to be owing to a disagreement of the *Yin* and *Yang*, to the presence of bad humors, or to the more powerful agency of evil spirits, and until these agencies are corrected, medicines cannot exercise their full efficacy. The surface of the body receives the closest attention, for there is not a square inch without its appropriate name. Plasters and lotions are applied to these places, according to the diagnosis of the disease, predicated on the dual theory. The strolling quacks and regular practitioners, considering probably that the medicine would lose half its efficacy upon the organs it was intended to affect if it was not mixed with faith to operate upon the sentient principle lodged there, administer both the rationale and the dose together.

A convenient theory in Chinese medicine.

The *Yang* and *Yin*, above referred to, are the dual powers of nature, male and female. By many Chinese the world is supposed to owe its existence to the retroactive agency of these two powers. "Heat and cold, light and darkness, fire and water, mind and matter, every agent, power, and substance, known or supposed, are regarded as endowed with these principles. This belief thus forms a simple solution for every question. The infinite changes in the universe,

Chinese Anatomy and Physiology

the multiform actions and reactions in nature, and all the varied consequences seen and unseen, are alike easily explained by this form of cause and effect." Hence the great convenience of this theory in medicine.

There is another very convenient theory, much used by all classes of the people—that of the "breath," or essence, or ether, described by the Chinese word "chee." A man has a pain in his stomach, the "chee" is stopped; another has a tumor composed wholly of "chee"; in still other cases, the foreign doctor is gravely informed that the "upper chee has broken communication with the lower chee," and the patient believes he has put the matter altogether clear and explicit. All he wants of the foreign doctor is to get those two "chees" into proper relation once more, and he will be cured!

The theory
of the
"chee."

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DISEASES IN CHINA.—CHINESE
DOCTORS.

“The physician's soothing, healing touch is the broad scythe which sweeps a harvest to his feet. What further word may he not speak to that grateful patient whom he has delivered from long bondage to suffering, aggravated by doctors, falsely so called, and by a pathetic servitude to witchcraft and superstition! The simple waiting-rooms of dispensaries are transformed into temples where the Lord God condescends to dwell; for some living missionary is beside the sufferer and turns his thoughts to those sweet words, ‘God so loved the world,’ or ‘Come unto me, all ye that labor and are heavy laden.’ Hospitals become schools where heavenly lessons seem more easily learned than elsewhere.”—*A.B.C.F.M.*

CHAPTER IV.

DISEASES IN CHINA.—CHINESE DOCTORS.

DISEASES IN CHINA.

The enormous population of China exists and continues to grow not because of, but in spite of, an extraordinary lack of sanitary precautions. The birth rate is high, large families being the rule. But there are two other conditions which help to keep the nation alive, their life in the open air and the fact that they cook both food and drink. The Chinese rarely drink unboiled water; tea is universally used, and is always made with boiling water. Sometimes food is eaten raw, but for the most part it is cooked, and well cooked.

The "Heart of Szechwan," where our mission is located, is in latitude 29 to 30, therefore of the temperature of Florida. The summers are long and the midsummers hot, but the winters are mild compared with those of any part of Canada. Just where we are there is no snow, and no frost to amount to anything. Ice is seen once in three or four years, and is a great curiosity to the small boy when it is seen. The atmosphere is often very damp, and the winters are chilly, but the Chinese there do not attempt to heat their houses. As the cold weather comes

Heal the Sick

on, they simply add more clothing. They add garment after garment, until they grow picturesquely round and comfortable looking. Fur garments are worn by all classes not only while out of doors, but in the house and at all times. The cotton-wool wadded garment is lighter and less expensive than the fur, yet very warm. In the spring, as the warm weather comes on, the extra garments are shed one by one, till the population once more shrink to their normal size and contour. Midsummer garments are of the thinnest material, and are few in number.

The houses of the people.

As the people dress warmly, their houses do not need to be built as tightly as ours; great gaps are left between the eaves and the roofs or in the gables. The roof is made of baked clay tiles. As there is often no ceiling, and the tiles are laid on loosely, there is free passage of air through the interstices. Windows are made of wooden lattice work covered with paper, which is usually pasted on once a year, at the New Year time, but which, exposed to wind, rain and rats, is pretty well gone in a few weeks. Moreover, the Chinese always live through the day with their doors wide open. It is a serious task to teach a helper to shut doors after him in our houses in the winter. It is evident that the Chinese have good ventilation. It is mostly unintentional, but has its beneficial results nevertheless.

Drinking- water.

Now as to drinking-water: the Chinese have a well-founded belief in the unwholesomeness of

Diseases in China

cold water. They say that it is apt to give them a pain in the bowels, and other bowel affections. Cold water is raw water, it should be cooked, hence the universal preference for boiled or boiling water. Water or tea is often drunk lukewarm or cold, but if the water has once "come to a boil" it is considered to be quite safe. The Chinese have certainly learned well from experience in this case. I believe this practice is responsible for a large measure of such freedom from disease as they enjoy.

Infectious diseases are everywhere. They are spread by the general lack of cleanliness, and also by the lack of knowledge of the commonest principles of hygiene. Cholera seems to be always present in some part or parts of the empire, and sometimes commits fearful ravages. No scientific precautions are taken, either to check its course or to heal those who take the disease. In the summer of 1892, our first summer in the province, there was a cholera epidemic. Many thousands of the Chinese died in Chengtu, and among the missionaries, my first wife. She was sick for only eighteen hours after the disease manifested itself, until she was gone. In Chungking several missionaries had the disease, but only one died, Dr. Cameron.

Smallpox is always with us. The first Christmas I spent in West China was in the house of a Chinese evangelist, whose little child was just recovering from an attack of smallpox. Our

Heal the Sick

children and ourselves are often exposed. The woman whom we hire to look after the children asks to be excused a little early some evening. On enquiry as to her object in wanting to be let off, she tells us that her own child has smallpox, has had it, indeed, for some days, but is a little worse just now, and she would like to go home an hour earlier in order to attend to him! She gets her leave of absence quickly, not only for the remainder of that day, but for some days to come. At least two adult members of our own Mission and one child have had smallpox. But in the providence of God they recovered. These two diseases, smallpox and cholera, have proved fatal to several members of other Missions in West China since we went there.

Smallpox is as common in China as is measles in Canada, and is as lightly regarded. We see many people, old and young, in all stages of the disease; they come to the dispensary, they come to church, and we meet them on the streets. It kills many, of course; that is understood and expected. But such a fate for the child is apparently taken philosophically. The poison of smallpox is in the bones, and that of measles in the bowels; these poisons must come out before the individual can be healthy. It is thought much safer for the child to have smallpox than for the adult. Much blindness in China is caused by this disease; the life is saved, but the sight is lost. Deep pitting of the face from smallpox is

Diseases in China

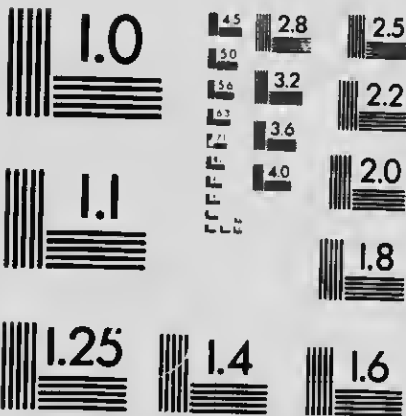
extremely common. In women this is sought to be hidden under face-powder. Vaccination is now coming into use everywhere, and is preventing many deaths which would otherwise take place. In 1898, on returning to Canada for first furlough, I was advised, by a good relative, not to stay an unnecessarily long time in Toronto in passing through; "Because," said he, "they had a case of smallpox there within recent months!"

After cholera and smallpox come diphtheria, measles and dysentery, all of which are common. Entirely without scientific treatment as they are, the death rate from these diseases is undoubtedly much higher than in western lands. There is also typhus fever, which scourges the country in famine times. In 1904 there was a famine for a few months in certain sections of Szechwan, and typhus fever raged through these parts. Harrowing tales of death and desolation which followed in its wake came to us. Two of our missionaries took the disease, and were long months in recovering from the after effects. In many cases, whole families among the Chinese, numbering as many as six to ten persons, were completely wiped out. The ignorance of the people prevents them from taking any radical steps for its prevention, or even its mitigation. In June of this year, 1910, the Rev. E. J. Carson of our Mission died of typhus after an illness of only a few days.



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Heal the Sick

**Tuberculosis
and its
ravages.**

Tuberculosis is, I believe, a greater scourge in China than elsewhere. It manifests itself in all the many ways in which it is manifested in the home lands, but there is this difference—which is true of almost all diseases—it is allowed to go to greater lengths absolutely unchecked. If the Chinese were suddenly to take to living in tightly-built houses, such as we ordinarily denominate "foreign houses," the results would be disastrous. Lack of adequate ventilation would raise the percentage of deaths to an enormous figure.

**Typhoid
fever, mal-
arial fever
and mos-
quitoes.**

Typhoid fever is found, but, like many other similar diseases, it is one with which we do not come much in contact. Malarial fever abounds in all its forms. So do mosquitoes; these are a great pest in China. We missionaries always sleep for about six months in the year under mosquito nets. The Chinese use nets made of cotton or linen, mostly, not in order to keep the mosquitoes off so much as to avoid drafts. They are exceedingly afraid of drafts of air, and probably do themselves much more harm by sleeping inside such impervious material as they use in their nets and by breathing such bad air, than they would suffer if they allowed themselves to be bitten by mosquitoes. Enough mosquitoes do bite them, however, to keep the malarial poison well in circulation. They have various theories as to the cause of malaria. It is very commonly ascribed to demons. One man told me of the frantic efforts which he made once upon a time

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THE BURDEN BEARERS OF CHINA—THE COOLIES.

On the way to consult the Foreign Doctor.

A Chinese hay wagon.

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Diseases in China

to get rid of the disease. He slept for a night in a *yamen* (magistrate's official residence), because demons dare not enter there! But his fever and ague were as bad as ever. Then he waded into a pond up to his neck: demons are afraid of water! But, alas! the horrid demons still clung to him. He tried cinnamon bark, and found in it a much better remedy, and he recovered.

Skin diseases are numerous and very common. **Skin diseases and Chinese remedies.** The reluctance of the average Chinese to take a bath undoubtedly assists in the spread and virulence of many skin diseases. Itch is exceedingly common, and is found developed to such an extreme degree that the general health is undermined, and even life itself may be endangered. Ringworm and other contagious scalp affections are often seen. The Chinese are afraid to apply water to wounds. They believe that suppuration is caused thereby, so ashes, flour, tobacco ash and many other things are applied to open wounds, often with the worst results. As might **Chronic ulcers.** be expected, chronic ulcers are very common, and hard to cure. Poor or insufficient food, lack of cleanliness, hard work, working in water, all conspire to set up such diseases, and to make it hard to cure them.

Rice culture is the great work of the farmers and day laborers in the summer. The fields are **Rice culture and rheumatism.** plowed and harrowed under water; the rice is sowed in water; it is hoed in water; and it is

Heal the Sick

finally reaped in water, or in mud and water. These classes of people complain much of rheumatism, both acute and chronic. So do the boatmen, especially those on the small river between Chengtu and Kiating. In the cold months of the year the river is very low, and these men walk day after day in the shallow water, pulling and pushing their boats along. The prolonged chilling of their legs and feet leads to more than one serious condition.

**What the
Chinese
eat.**

The Chinese are not vegetarians except of necessity. They are very fond of pork; this is the meat which is found on every market. They also consume with relish all kinds of poultry, as hens, ducks and geese. There are no turkeys in China, except such as have been introduced by foreigners into the open ports. Beef is not used, except by the few Mohammedan Chinese. Rice is the bread and butter of the Chinese, and, with one or two vegetables, constitutes the essential part of the meal. A large quantity, always well flavored with red pepper, is eaten. I fear the average Chinese does not "Fletcherize," hence we find much indigestion and dyspepsia. He has his own theories as to the real condition of affairs. A man with an obstinate dyspepsia assured me that in his youth he had had a hemorrhage of some sort, and that he was quite sure that he had a mass of "congealed blood" in his stomach, and that this mass was responsible for all his trouble.

Diseases in China

The crude notions of the people as to the structure and arrangement of their internal organs lead to some surprising theories of disease. An old Buddhist priest once came to me, bringing with him a young woman whom he introduced as his daughter by adoption. From her racking cough and general appearance, it was apparent at once that she was far gone with pulmonary tuberculosis. She staggered as she walked from the sedan chair to the steps of the house, and was pale and emaciated. The old man told his story, which was to the effect that a tortoise was growing in the young woman's abdomen, that it was drinking her blood, and that its head could be felt distinctly through the abdominal wall. They both realized that she was in a very precarious condition, and were ready to make use of any remedy that held out any hope for saving her life. Indeed, before I had a chance to examine the patient, the priest announced that he had heard of the foreigner's skill with the knife, and he wished that it should be used, if necessary, in order to remove the hated tortoise. A simple examination sufficed to disclose at once the source of the old man's ideas about the tortoise. The pulsations of the great abdominal aorta were distinctly palpable just below the stomach. I explained as well as I could the nature of the disease from which the patient was dying, and that she was already past human aid. I pointed out that what the old

Some
strange
theories—
the old
priest and
his
daughter.

Heal the Sick

gentleman had taken to be a tortoise was the abdominal aorta, the pulsations of which could be felt so distinctly through the patient's emaciated abdominal walls. But, with a smile of superior wisdom, the old priest indicated to me the exact point at which the tortoise's head could be felt, and once more entreated me to use the knife to remove the hated thing. It was evident that he had much more confidence in my skill with the knife than he had in my skill in diagnosis. I could only hope, as they departed sad and disappointed, that they would not be so unfortunate as to meet with some ignorant Chinese quack who would have the temerity to undertake a major operation to remove that tortoise! This was not improbable.

Cancer and leprosy.

I have found "stone" very uncommon in West China, as also leprosy. Tumors, large and small, benign and malignant, seem very common; a good percentage of these are cancerous. Perhaps it is because in any western country they would have been operated on early, that we do not see nearly so many at home.

Eye diseases are common, usually due to filth and to a total lack of intelligent treatment; sometimes due to maltreatment, I am bound to believe.

Industrial accidents not numerous.

We do not have many fractures or dislocations to treat, although of late years these have increased. Manufacturing establishments with more or less machinery have been introduced, and accidents occur. Broken legs and arms

Diseases in China

result from the gymnastic exercises now so common in schools, military and general. But accidents are not nearly so frequent as in western lands where we have railroads and much machinery.

Many Chinese are addicted to opium, and come to us to break off, especially since 1906, when the anti-opium edict was put forth. Much alcohol is also consumed, although drunkenness is uncommon. I had one man under my care for several days for treatment for delirium tremens and the after effects; he recovered completely, and was very grateful for what had been done for him. Much disease is caused, especially chronic disease, by the habitual use of alcohol. Chinese intoxicating drinks are made chiefly by the fermentation and distillation of millet, rice, barley and corn. Many Chinese of the wealthy classes use alcohol with every meal.

Opium and alcohol.

"Filial Piety" is responsible for many diverse phenomena in China; as, for instance, ancestor worship; concubinage, to a certain extent; the exaltation of the male posterity over the female; and the sacrifice on the part of children for the welfare of parents, in ways which are often hideous and grotesque. There is a common belief among the Chinese that a piece of flesh cut from the body of a son or daughter, and eaten by a sick parent, is a peculiarly efficacious remedy, and this barbarous practice is lauded by all classes of people as highly meritorious.

Filial piety and some of its results.

Heal the Sick

A young man's sacrifice.

Only a few months ago, in the autumn of 1909, a young man perpetrated the following atrocity in Chengtu. His mother was very ill. He cut a piece of flesh from his arm, cooked it, and offered it to her; she ate it, but did not improve. He then chopped off his left hand, using a meat chopper for the purpose. He bound up the stump, cooked the amputated hand, and offered it to his mother. She, however, refused the unsavory dish, much to the chagrin of the son. In fact, the young man was so mortified that this last great sacrifice on his part for the welfare of his mother should perforce prove unavailing, that he attempted suicide by cutting his throat. It so happened that these people were near neighbors to the compound of the Canadian Woman's Missionary Society. Dr. Anna Henry was called in great haste to go and save, if possible, the young man's life. She found him alive, but very weak from loss of blood. Miss Wellwood gave the chloroform, while Dr. Henry tied arteries and stitched up a great gaping wound in his throat. She also discovered the stump left after his amputation of his left hand, and carefully dressed it for him. In this way the whole story was learned. Her patient made a good recovery. I should add that it is not the custom for women doctors to treat men in China, unless the circumstances are altogether exceptional. This was a case of that sort—the people were near neighbors, and the case was exceedingly urgent. A delay

Diseases in China

of even a very few minutes might have put the patient beyond human aid.

Now these deeds on the part of that young man, which are so repulsive to all dwellers in Christian lands, were praised by the Chinese as a noble example of filial piety. Officials high in rank, as well as multitudes of friends and neighbors among the common people, called upon the family to show their respect and esteem.

A laudable example of filial piety.

Not long ago a similar case was met with in another city in West China. A young girl became possessed of the idea that a piece of her own liver was the only remedy that would cure her sick mother. With the greatest boldness she plunged a sharp knife into her side, and it was believed that she actually succeeded in removing a tiny portion of her own liver, which she then offered to her mother. The services of a foreign medical missionary were called in, in order to save the young girl's life.

What a young girl did to cure her mother.

Quarrels, especially between husband and wife, prosecution in the law courts, poverty and disease, cruelty and scorn, and many other causes result in many cases of suicide. Attempted suicide by opium is the most common. The individual may be man or woman, young or old. He has taken offence at something or someone, and finds his most deadly revenge in suicide! He is powerless to retaliate by any other means, at least to the extent provided by suicide. Five cents' worth of opium, bought at the nearest

Suicide and its many causes.

Heal the Sick

opium shop, is quite sufficient to effect the desired end, and then his ghost will haunt his victim, while his living relatives will have an ever-ready and never-failing cause of offence against the surviving factor in the quarrel.

Opium suicide.

We are often called to save an opium suicide. In most cases, but not in all, we succeed. The victim has concealed his deed from all about him, or he has taken a big dose of alcohol along with the opium, a deadly combination, or he fights his would-be rescuers with fierce determination, refusing to take medicine by the mouth, and effectually preventing it being given hypodermically, until the opium has taken such effect that he cannot be roused. I was called one evening to see a young man under twenty years of age, who lived on our own street, and who had taken opium. I took one of my Chinese dispensers and all my usual remedies along. We found a muscular young man, who had been recently married. In some little disagreement with his new wife she laughed at him, poked fun at him, I suppose, with the result that the foolish youth resolved to take his own life. This was the only way he could "save his face"! He bought and swallowed ten times the quantity of raw opium usually considered necessary to cause death. I had been called promptly, and when I arrived he was still conscious. He absolutely refused to take any medicines, although all the members of his own family and several of the neighbors joined in

Diseases in China

exhorting him to do so. We attempted to force him to swallow medicine, and were actively assisted by members of the family, though all unavailingly. He fought us off successfully, in spite of every effort on our part, until presently the extra large dose of opium which he had taken took rapid effect, and put him beyond possible recovery.

Not all those whom we find unconscious are beyond help. We not infrequently find them so, and yet are able to save them. Most opium suicides are quite conscious when we reach them, and, moreover, are quite willing to take medicine and actively to assist the doctor in saving their lives. With these the task is usually an easy one, although often prolonged. Calls to save opium suicides come at all hours of the day and night. Many a time I have responded at bedtime or midnight, and have worked for several hours over a would-be suicide, man or woman, using various measures to keep the patient awake and alive until the effects of the dose had passed off. The family and neighbors are always grateful and appreciative. These cases always win the good-will and even kindly regard of those who may have been previously perfect strangers to the foreigner and his message.

Suicide is sometimes effected by taking strong potash, and also by throat-cutting. In the former case, the patient lingers in agony for a few

The assistance of relatives and friends in restoring would-be suicider

Some other means of ending life.

Heal the Sick

days before death comes to his relief. In the latter, recovery sometimes takes place after careful treatment by the Mission doctor, but many die.

The insane in China. Or y one hospital for the insane in the empire.

The insane in China are an unfortunate class. I do not believe there are so many in proportion to the population as in Western countries, but they are there, and they suffer. An occasional one is treated kindly, but the greater number are chained up with scanty clothing, little attention, and often poor and insufficient food. The chances in favor of recovery must under such conditions be few indeed. The only hospital in China for the insane is a large Mission hospital at Canton, established by the late Dr. Kerr, and now under the care of Dr. Selden. Nearly two hundred patients are there cared for and treated according to the most gentle, kindly, and at the same time the most advanced methods known to modern science. A very large percentage of those received into the institution recover completely, while the patience and kindness, shown to this helpless class of afflicted ones, is a standing manifestation of the power of the love of Christ in the heart.

CHINESE DOCTORS.

The training of Chinese doctors.

Anyone may be a doctor in China. There are no medical colleges, no examinations, and no diplomas. No license is required for practice. A man makes up his mind to practise medicine, and hangs out his sign. He buys a hook or two

Chinese Doctors

and begins to read. As soon as he can get a patient, he will diagnose his complaint, write a prescription, and accept the very small fee which is given to the beginner. After varying fortunes for a year or two, he makes a "marvellous cure," surprising no one, probably, so much as himself. Likely as not his cure was effected by the method by which pins saved a great many lives, in the small boy's composition,—“By people not swallowin' of 'em.” The medicines which brought about the cure were entirely harmless, although swallowed, nature's methods were not interfered with, and a cure was effected quickly and well. Now the new doctor's fame goes up, his patients increase, and his fees also take a rise. He is able to buy a few more books, and to visit his patients in a sedan chair, instead of going afoot. Provided that he does not have the misfortune to “cure” too many patients “to death,” he may, by the time he is of middle age, have acquired a steady practice, and a comfortable income, as incomes go in China.

Nowadays in a large centre like Chengtu, where there are three Mission hospitals in full operation, the more noted Chinese doctors are in the habit of purchasing a few volumes of translations of foreign medical books, and giving out that they practise both foreign and Chinese medicine, at the option of the patient! The secret of their success is, I believe, more often in the harmless nature of the drugs they use,

How the Chinese prepare to practise foreign medicine.

Heal the Sick

than in their efficacy, although their drugs are not always harmless. My Chinese patients frequently remark that the cause of their present condition is, "Chih yoh chih kwai liao,"—"I took the wrong medicine." That is to say, that the medicine which they took was not the proper kind for their complaint, and their present diseases result largely or wholly therefrom. I used to think this must be mostly their imagination, but an experience I had on one occasion convinced me that there was certainly some truth in it. I was called in to see a bright and promising young man, a teacher of English in a large school in Chengtu. He had been engaged to come all the way up from Shanghai, and was well connected. I found him walking about, and still doing his work, but suffering from a very serious condition, much more serious than he thought. I ordered him to bed at once, and endeavored to keep him there while treating him. But his fellow-teachers began to persuade him that he was not recovering quickly enough, and that he ought to employ a celebrated Chinese doctor whom they recommended. He allowed them to call the Chinese doctor, and began to take his medicine, while mine was set aside. One morning just at dawn, I was called suddenly, to find my patient in a state of collapse. On careful enquiry, I discovered the state of affairs, and was shown my medicine almost untouched, and

Chinese Doctors

the prescriptions of my Chinese rival. During the previous night my patient had swallowed a great bowlful of medicine, after the usual Chinese fashion. This had been immediately rejected, but sufficient was retained to act as an irritant poison, and my patient was clearly in a bad way as the result. I found it quite impossible to get a guarantee that the Chinese doctor would not be allowed to interfere at any time with his bowlfuls of horrid decoctions, and so necessarily gave the case up. The young man died two days later.

The Chinese doctor is expected to diagnose his case entirely from the pulse. He gravely feels first the pulse of one hand, then that of the other. He is not at all averse, as a rule, to obtaining all the information he can by questions during and after the time taken to feel the pulse. But the pulse is alleged to be the great resource. With each of the first three fingers of his hand, he detects certain minute differences in the three sections of the radial pulse, differences which reveal to his skilled touch the conditions of the various organs, such as the heart, lungs, liver, kidneys, etc. It matters not that the Chinese doctor is quite ignorant of the location of most of these organs. He may imagine the heart to be in the abdomen, the liver in the thorax, and that a small intestine perforates the heart,—he is sure of his diagnosis by the wrist alone.

**How the
diagnosis is
made.**

Heal the Sick

**Professional
etiquette a
doctor is
forced to
observe.**

We medical missionaries are naturally expected to make our diagnosis in the usual way. Not infrequently, when called to see patients in their homes, I have, in order to avoid the necessity of long explanations, felt the pulse of each hand as presented. I was once called to see the wife of an official, who complained of her eyes; her sight was dim; what could the foreign doctor do for her? I declared solemnly that I must see the patient, otherwise it would be impossible to do anything for her. After much parleying, I was shown to her room, and a bench was placed for me beside her bed. The beautiful silk curtains were closely drawn. Another bench was placed against the bed, directly in front of me, and with the inevitable little book on it as a hand-rest. Presently from between the tightly closed curtains came a slender hand. It rested on the book, and I was told to feel the pulse. I obeyed, glad to have gotten even so near to my patient. But presently the foreign doctor felt that he must risk the danger of being thought stupid, so boldly demanded to see the patient's eyes, about which complaint had been made. A very narrow aperture was carefully made by the husband between the folds of the curtain, and as little as possible of the face of his wife was shown to me. It was at least feasible to make some kind of a diagnosis. I prescribed, but did not hear of the patient afterwards. This is, indeed, one of the greatest difficulties in the

Chinese Doctors

way of visiting patients in their homes. According to Chinese custom, no doctor may make a second visit without a second invitation. That is to say, every time he goes to see a patient in the home he must be invited. On more than one occasion, I have been disappointed in trying to gain access without waiting for that special invitation. The patient might have promised to allow me to call at my own convenience, but at the gate of the compound I would be met by a member of the family with the exclamation "Tang Kia," which being interpreted means in very polite language, "You are hindered," that is, "Please go home, for you are not admitted." On one occasion, I was met by a man who smilingly told me that the patient was quite well, that this happy result was the effect of my medicines of the day before, and that, therefore, there was no need for me to enter to-day. On making careful enquiry a few days afterwards, I found that the patient had had several Chinese doctors in steady succession after my one visit, and that he had steadily grown worse and died. Chinese doctors are not bound by any code of etiquette which hinders their taking charge of a patient whenever and wherever called, especially if there is a prospect of a fee.

Chinese doctors do not usually dispense their own medicines, but write prescriptions, just as we do in the home land. The prescription is carried to a drug store and filled. The medicines,

Chinese
medicine
according to
prescription.

Heal the Sick

which are usually numerous, may be dispensed in separate paper packages, or they may be mixed together by the druggist, and all done up in one paper. In any case, the universal custom is to carry the drugs home, empty them into a pot, pour on water, and place on the fire to boil. When the patient thinks his medicine has boiled long enough, he removes it from the fire, strains, and pours off the liquid. The latter may be of fairly thick consistency, and there may be a good bowlful; but if the patient can drink it all at one dose, he does so. That is the custom. In case he cannot manage it at one dose, the remainder may be left till next day, and then taken. If some marked effect of the dose is felt immediately, the patient is likely to boil his medicine over again or else have his prescription refilled, or he will go to see his doctor again. But unless some such marked effect is noticed, a change of doctors is sure to result.

Some troubles of the missionary doctors.

These things cause us missionary doctors trouble. For we must carefully and repeatedly caution our patients not to boil our medicines before taking; and also that the whole bottleful must not be taken at one dose! Should the patient not follow our directions the result is likely to be disastrous to him, not to speak of the sad waste of good medicine. Hence our usual custom is to give medicine for two or three days only, rather than for a longer period. In this way the patient will not get such an overdose



Tan Ko Chiu, one of our most promising evangelists, formerly a Chinese doctor.



Fan Chin Tao, a well-known Chinese doctor of Chengtu, at one time physician to the Viceroy.



Chinese Doctors

if he should take all the medicine at once, and he will return oftener if he takes it according to directions, and receives benefit. He will, therefore, come oftener in contact with the Gospel message, which is one great object of our medical work

Chinese doctors specialize to a considerable extent. There are physicians, surgeons, eye specialists, smallpox specialists, and others. There are also midwives, who not infrequently advertise on their signboards that they have their skill "from their ancestors." "Surgeons" treat chiefly skin diseases and ulcers, and are much despised by their confreres, the physicians. The latter profess much mysterious knowledge of human anatomy and of physiology, of the various organs and the "channels of influence" between them, through which flow peculiar essences or ethers. The stoppage of some of these channels, and consequent interference with the free flow of the ethers, produce most of the manifold ills to which man is heir.

There are a great many medical books in Chinese, the best of which, in Chinese opinion, have come down from remote periods in ancient times. A Chinese doctor, who lived on our street in Chengtu, showed me a copy of a medical work which he consulted constantly. It consisted of a number of small volumes, and showed the marks of faithful use. I learned that it was published six hundred years ago. Another medical text-

**Chinese
medical
books.**

Heal the Sick

book much used by Chinese doctors was published about two hundred years ago. A favorite text-book is a prescription-book which has been handed down from father to son through several generations. Not infrequently a man begins the practice of medicine and succeeds, with a prescription-book as his sole medical book or library. The practice of ancient times is revered in medical as well as in political or educational circles. The ancients excelled the moderns, and the constant struggle is to emulate the skill of these old worthies.

Complimentary boards given to doctors.

Chinese doctors very frequently receive, in recognition of their skill and success, complimentary boards from grateful patients. A complimentary board is a signboard, anywhere from three to ten feet in length, of proportionate width, and richly painted and lacquered. It usually has on it about four or five large Chinese characters, cut deep and painted in gilt. There are sometimes, in addition, many small characters, describing in detail the disease or condition for which the patient consulted the doctor, together with some account of the measures used for the cure. When I received my first complimentary board with a flattering inscription on it, I felt highly honored, until I saw exactly the same kind of board before each of the houses of half a dozen ordinary Chinese doctors. The Chinese doctor not infrequently bargains with his patient for a certain sum of money and a "board," as

Chinese Doctors

the price of his service and medicines for the cure of the condition under consultation. Later, when his reputation is fully assured, and the fees are larger, he can afford to let those send boards who feel so inclined, without any previous bargaining. The patient, on the other hand, will offer of his own accord to present a complimentary board, when he is cured, as an inducement to the doctor to do his best!

The mottoes on these boards are often grossly flattering, as "He is able to work cures like the gods"; "He is first in skill in the Empire"; "He works miraculous cures." Hwato was a very famous surgeon of ancient times, as Pien was a famous physician. The names of these two worthies are frequently invoked to describe the skill of some of their "unworthy" descendants, as for instance, "Hwato come to life again"!

A somewhat interesting sidelight is thrown upon Chinese ideas with regard to women by the circumstances attending the reception of one of my most flattering boards. My wife had attended a Chinese lady during a severe illness and had given her satisfactory and successful treatment. The lady and her husband were grateful, and the latter expressed his gratitude by presenting *me* with a beautiful complimentary board! The four large characters of the inscription declared that Hwato and Pien, those two famous men of old, were but fit to be my slaves!

Flattering inscriptions on "boards."

How Dr. Retta Kilborn was presented with a testimonial.

Heal the Sick

**Old Dr. Fang,
a famous
Chengtu
practitioner.**

Old Doctor Fang, recently deceased, but for many years a consistent member of our church at Chengtu, had a large practice. His house, or rather his rooms, were behind a public tea-shop. He was in the habit of seeing many of his patients in the tea-shop. Instead of diplomas for ornaments, the walls of this public room, full open to the street, were hung thick with complimentary boards. They were mostly small, from two to three feet long, painted more or less richly, and inscribed with all manner of highly flattering phrases. The dates extended back for many years.

**Other uses
of compli-
mentary
boards.**

Complimentary boards of great size, richly gilded and lacquered, and expressing congratulations, admiration, or commendation, are very commonly presented by individuals or organizations to temples, guild halls, yamens, and other public buildings. Sometimes they are presented to the Church. They are also presented on the occasion of the opening of a new building, or a hospital or a school.

**How the
Chinese
doctors
collect their
fees.**

There is a common notion that Chinese doctors are paid while their patients are well, and that when their patients fall ill the doctor's pay stops. However praiseworthy such a method may be thought to be, the Chinese of West China must forego their share of the praise, for I never heard of such a practice there. It may exist in some other provinces. The universal practice in our part of China is that the doctor receives

Chinese Doctors

an honorarium from each patient he prescribes for. The amount is small, varying from two cents to twenty, depending upon the reputation of the doctor, and whether the patient is seen in the doctor's office or in his own home. A young doctor, struggling to establish himself in practice, goes afoot to see his patients. But very soon he attains to the dignity of the sedan chair. Chair-hire, as well as the honorarium above mentioned, is always paid by the patient. At first he calls an ordinary chair from the chair-shop, but later on, when his name and fame are widely known, he keeps a handsome private chair, and three or four chair-bearers whom he employs by the month. Under these circumstances sedan-chair fares are collected as before, but are now added to the doctor's general income.

In addition to these ordinary fees, Chinese doctors make a practice of charging for expensive medicines which they declare they require to make up the desired prescription. "This medicine is very rare, and very expensive," they say, and one dollar or five dollars or sometimes more are advanced "to buy the medicines." **Extra fees demanded.**

Another method much used in West China is that of "taking a contract" for the cure of the particular patient the Chinese doctor is called to see. For twenty dollars, or fifty, or in some cases, of which I know, for as much as two hundred dollars, the Chinese doctor undertakes to see his patient when required, and to provide all the **Cure by contract.**

Heal the Sick

medicines for his complete cure. The patient is often glad to make such a contract, because then he will not be asked in the middle of the treatment for some exorbitant sum without which his doctor will not be able, as he says, to get the necessary medicines. Such contracts do not always prove satisfactory, because the patient may grow worse instead of better, and a change of doctors may be decided upon. In this case the doctor stands to gain, because for various reasons it is difficult to get money returned that has once been paid.

Treatment by acu- puncture.

Acupuncture, or a method of treatment by pricking with needles, has been used in China from ancient times. An acupuncture doctor came to see me on one occasion. He was a venerable looking old man, and as we sat talking together, he described with great gusto the three hundred and sixty different points in the human body at which needles "could be inserted"! These included several points about the knee and other large joints, and even about the abdomen. He pulled out package after package of needles to show me. He kept them classified as to length and size in little wooden cases. All of them were dirty, and some were covered with verdigris. They are used hot or cold. Pity the poor Chinese patient who submitted to stabs with those dirty needles if used cold. If they were thoroughly heated, he would oftener escape.

Chinese Doctors

Another interesting side-light is thrown upon the utter absence of all standards for medical practitioners in China, by a farcical examination of medical men held in the city of Chengtu in July, 1907. This utterly unheard-of procedure, the examination of medical men with a view to judging as to their fitness for the practice of medicine, was provoked by an incident which just missed being a tragedy.

Among the many interesting and beneficial reforms which have been introduced within the last ten years in the city of Chengtu, is the establishment of a number of beggar workhouses and "houses of correction" for children. Their organization and management are wholly under the Chinese Police System of Chengtu. A Chinese doctor is attached to each one of these institutions. He is paid a salary amounting to about ten dollars a month for his service, and is considered one of the regular officers.

In June, 1907, at a "house of correction" for children, located just outside the south gate of Chengtu, a number of children were suddenly taken ill. On investigation, they were found to be receiving doses from a concoction prepared according to a uniform prescription by the doctor in charge. The doctor was promptly called before his superior officers, and questioned as to the nature of the affection he was treating in the children and as to the action of his medicines. He could not give satisfactory answers, and was

Chinese
medical ex-
aminations,
Chengtu,
1907.

Some insti-
tutions in
Chengtu and
their
doctors.

One medi-
cine for all
—Almost a
tragedy in a
children's
home.

Heal the Sick

accordingly fined two months' pay, and peremptorily dismissed. The deputy who had recommended this doctor for employment was fined one month's pay but retained in office. The fact that all the children ultimately recovered did not prevent this summary punishment.

A test of efficiency.

The matter was not allowed to rest here. The Police Department presently put out a proclamation calling upon all doctors in the city and suburbs to present themselves for examination on July the 7th. Only after satisfactory proof, in this way, of their knowledge of the principles of the science of medicine, would they be allowed to practise within the police precincts.

The Chinese medical examination papers.

Before the date set, more than six hundred men had signified their intention to come up for examination, by registering at the places provided. The candidates were divided into two lots who were given different sets of examination papers. Each paper contained six questions, of which the candidate was permitted to select any two. A translation of some of the questions is given below:—

1. Discuss the diseases peculiar to the three superior and three inferior "powers" (in nature).

2. Among the seven diseases resulting from catching cold, there are those whose pulse varies in character from the ordinary pulse of this class. How are these distinguished?

3. Carbuncles and allied diseases were strictly



THE OLD AND THE NEW IN EDUCATION IN WEST
CHINA.

Old examination cells, Chengtu, now the site of modern
school buildings.

Two former students of our Mission School, Chengtu, who
have studied abroad for several years.



Chinese Doctors

classified by Djung Gi (who lived in the fifth century) into lung carbuncles and intestinal carbuncles. These matters may be studied in the Linshu (text-book). Explain in general terms to what organ, and to what pulse-channel belong the theory, symptoms, and pulse of carbuncles.

4. Heart, small intestines, liver, and kidneys all have diseases which require purging. Some of these diseases are above the stomach and large intestines; some pass through these viscera; others again do not enter them. Give a detailed explanation of these doctrines.

5. Most cases of malaria are treated through the gall-bladder pulse channel. Why must the fever be treated differently according to the season of the year? Discuss this question.

6. Wry-necks are either very stiff or moderately stiff. This disease arises from maltreatment of one of the pulse-channels. Which one?

A total of 397 candidates passed this examination, and were accordingly licensed to practise the science of medicine in Chengtu and suburbs. A day was appointed upon which all the successful candidates met together and received their certificates. When the diplomas were conferred.

A translation of the answer to one of the above questions taken from the paper of a successful candidate, may not be uninteresting. One of the questions he chose was No. 5. He proceeds:—"The four seasons have their noxious vapours and the five viscera are all The answer given by one of the candidates to question 5.

Heal the Sick

affected thereby. The fevers and the rigors (of malaria) are due to the weakness of the stomach with interrupted and inefficient digestion. On examination of the text-books on materia medica, we find that many of them treat malaria through the gall-bladder. But should one prescribe from a wrong class of remedies for correcting the digestion, or proceed to repeatedly strengthen the spleen, then he will find himself very much mistaken! The true method for curing this disease is nothing more or less than making a clear opening through the alimentary canal. If we would know the causes of this class of diseases, we must remember the principles of hygiene. An examination of the long-established treatises, together with the famous prescriptions, shows that there are methods whereby the diagnosis, the theories of the disease, and the treatment may be determined. 'Nine attempts and we shall arrive at the truth!' How shall we endeavor to preserve life? The principles of hygiene are real. When food and drink are taken in harmony with the needs of the system, how can these pestilential diseases find an entrance?"

An appeal
for medical
education.

Here we have ample evidence of the grossest ignorance of the very foundation principles of medical science. Anatomy and physiology are unexplored territory, while materia medica consists very largely of a long list of prescriptions, with the diseases for which they have been found useful. Intelligent medicine and surgery

Chinese Doctors

are impossible, because intelligent diagnosis is impossible. For this in turn must depend upon a knowledge of the structure of the human body, and of the functions of its various organs. Other important and indispensable branches of medicine are either entirely unknown or ignored. Finally, to cap the climax, we are treated to the spectacle of more than six hundred members of the medical profession of the great city of Chengtu submitting to an examination on the technicalities of their speciality at the hands of the police! Moreover, no less than one-third of the total were plucked, and cut off from practice.

Since such is the state of medical science, so called, in West China, what must the masses of the people suffer in times of serious illness or accident, and at certain critical times? Even though our friend, the candidate, from whose paper we have quoted above, has made a shrewd remark or two about the value of hygiene, there is no evidence that he has any practical knowledge of the subject. He is on much safer ground when he descants upon the importance of "a clear opening through the alimentary canal," and upon taking food and drink "in harmony with the needs of the system." Such knowledge as he may have of these things is entirely empirical, or is based on a vivid imagination.

A deplorable
state of
ignorance.



**OPIUM.—THE PROHIBITION OF OPIUM.—
OPIUM AND THE MISSIONARIES.**

" I trust you at home are joining with us in China in daily prayer that this awful traffic in the bodies and souls of men may soon cease, so that the temptation either to contract or to renew the habit may be removed."—*C. W. Service, M.D.*

" I still look upon the opium vice in China as China's greatest curse. I do not see how the Chinese are to rise as a people while the curse rests upon them."—*Dr. Griffith John.*

" The awfulness of the opium habit seems to grow upon us only as we realize how widespread is the desolation and the ruination caused by opium in China. Not the destruction of an individual, but of a nation."

" I left Shuenking early Monday morning, and did not pass through a mission station or see any Europeans till I arrived at our own compound in Chengtu the following Saturday evening. During those six days I did not see a solitary poppy, and it was quite evident as I approached the capital that the law was better enforced in our section of the country."

CHAPTER V.

OPIUM.—THE PROHIBITION OF OPIUM.— OPIUM AND THE MISSIONARIES.

OPIUM.

The poppy is believed to have been brought from Arabia to China in the ninth century, although the drug, opium, has not likely been known to Chinese doctors for more than two hundred years.

The importation of opium from India to China may have begun as long ago as that, but it was only in the latter half of the eighteenth century that as many as a thousand chests were imported annually. At first this trade was carried on mostly by the Portuguese, but it gradually fell into the hands of the East India Company. Later, other nationalities joined the trade, importing the drug from Turkey and Persia as well as from India. The traffic was prohibited by the Emperor Kiaking in 1800 under heavy penalties, "on account of its use wasting the time and destroying the property of the people of the interior of China," and because they were exchanging their silver and commodities for the "vile dirt" of foreign countries. It was again prohibited in 1820 by the Governor-General and Collector of

How opium
found its
way into
China.

Heal the Sick

Customs of Canton. But by the aid of bribery, smuggling and kindred practices, the importation went steadily on and increased, until its legalization in the treaty of 1858 made after the second war between China and a western power. After this date it was useless for the Chinese to attempt to restrict the cultivation of the poppy, and it spread rapidly over the whole empire. Now opium is produced in large quantity in every province of China, or at least it was so produced until the issuing of the famous anti-opium edict of September, 1906. All that one writes on the opium question in China must be modified by the remarkable changes which are found in progress since that date.

Szechwan Province and opium.

So much good land was given over to the cultivation of the poppy that the price of rice and wheat and other important food-stuffs was enhanced. Szechwan is the largest province in China, and has more people than any other province. Moreover Szechwan is also one of the most fertile provinces of China. These things help to account for the fact that this province rapidly assumed the first place in the production of opium, and that a very large percentage of the people of Szechwan became addicted to the opium habit. It was estimated that from fifty to eighty per cent. of the men, and from thirty to fifty per cent. of the women, had in some parts of Szechwan begun to use opium.

The poppy is the same as that cultivated in

Opium

our own country for the beauty of its flower. Some years ago one of our good missionary women took some poppy seeds, among other kinds of flower seeds, with her to China. Along with the others, she sowed them in a little bed by her house. They grew and blossomed. Immediately the Chinese jumped to the conclusion that one of the missionaries was growing her own opium! The poppies came to a sudden and violent end.

All West China missionaries are familiar with the poppy by the acre. A great field of poppies all in bloom, with colors varying from pure white to a deep purple, is a beautiful sight, and one which I have often looked upon day after day and week after week in travelling through the province. When the petals have all dropped, and the oval or rounded capsule appears, the Chinese proceed to cut it slightly every few days with a many bladed knife. They go carefully over the whole field, cutting each capsule, large and small. Then at least once in twenty-four hours the farmer goes just as faithfully over the whole field, scraping the thick black juice, which has exuded from the cuts on the capsule, into a dish or pail. Every capsule has, of course, to be scraped. The process is slow and tedious, and takes the time of many workmen. The drug is then exposed to the sun to dry. It is a thick, brownish, sticky mass, with small lumps or granules appearing through it, and has a powerful

The beautiful poppy fields. How opium is gathered.

Heal the Sick

odor. The dealer boils and strains it, until the bulk is considerably reduced. When it is ready for smoking, it is a smooth, black, thick liquid, resembling treacle or tar. There are regular boiling shops, which do nothing else but boil opium for individual customers or for the opium dens. The process is carried on in full view of the street, and is a familiar one to both sight and smell of all who have lived in an interior city of China.

An opium den.

Opium dens were of frequent occurrence in the streets of Chengtu and other cities of Szechwan. They were usually plain, ordinary shops with the door opening directly on the street, and with an old, dirty, cloth curtain hanging over the open door. On pulling this curtain aside, one saw two rows of beds, one on each side of a central aisle, running away back to the farther end of the room. The floor was probably of earth, and the beds simple wooden frames, covered with a straw mattress, and having the usual sheet of rush matting over all. The "office" of this establishment opened off one end, and was decorated with a great row of opium pipes, lamps, cups, and all the usual paraphernalia used by smokers. The attendant stood behind his counter, ready to serve his numerous customers.

How the opium is smoked.

On market day in villages and small towns, and on almost any day in the larger cities, one might see two rows of feet sticking out into the

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OPIUM—THE CURSE OF THE LAND AND
THE PEOPLE.

A poppy field.
Opium smokers.



Opium

aisles from the beds. The opium smoker always lies down to smoke. He does not remove his clothes, nor does he cover himself with bedding. He lies across the bed with his head towards the wall and his feet towards the aisle. His head rests on a small, hard, Chinese pillow. Two men usually face each other, and use one lamp in common. This is a little brass lamp only a few inches in height, burning rape-seed oil, and having the small flame protected by a conical, thick, glass globe. Each smoker uses a pipe made of a straight piece of bamboo with a detachable metal or porcelain bowl. This bowl has a very small opening, into which is thrust, with the aid of a long needle, the small pellet of prepared opium. The bowl is then approached face downwards to the flame of the lamp, the opium pellet is heated, and finally hisses and boils. The smoker with one or two powerful inhalations takes the whole of the fumes at a gulp, as it were, into his throat and lungs. He holds his breath for an instant, slowly exhaling, so as to enjoy to the full the intoxicating effect.

The opium-smoker never becomes intoxicated as does the user of alcohol. He never breaks furniture, does not become quarrelsome, nor abuse his wife and children. He does not reel in the streets nor fall into the gutter. He injures himself first of all, rather than those about him. The first effect of the daily dose is to make the habitué very talkative, as we missionaries often

Some of the effects of opium.

Heal the Sick

know to our sorrow. Many a time I have gone to bed in the early evening in a Chinese inn, tired out with a long day's travel, and hoping to have a good night's rest preparatory to another long stage the next day. But, immediately next door, separated from me by a thin partition, two opium smokers talking incessantly, absolutely *incessantly*, never both silent, and much of the time both talking at once, would effectually prevent sleep. The fumes from their opium are penetrating and disagreeable, but their talk, talk, talk, often goes on till long after midnight. At last the smoker falls asleep to wake late the next day, feeling all the discomforts of the reaction from the exhilaration of the night before. He is not fit for work, mental or physical, until he has had another dose. Sometimes the morning dose is swallowed, because of insufficient time for the prolonged smoke, but he will look forward to his evening smoke as before. This is the daily routine of the opium smoker.

How the
opium
habit is
formed.

The opium habit is first formed by the Chinese in ways similar to those in which the alcohol habit is formed in this country. That is to say, for good comradeship's sake, or because of the desire to do as others do. Opium is offered by host to guest, and is partaken of "just for fun." A few indulgences, and the craving is felt, and very soon the daily habit is formed. Then again it is begun in order to relieve a cough or a pain, very probably by the advice of a friend. The

Opium

cough or pain is relieved, of course, temporarily, but before it is cured, a worse disease, the craving for opium, has fastened itself upon him. The habit once formed, there is only one thing to be done—keep right on taking the daily dose, or the victim suffers. And the dose must be increased from time to time to satisfy the increased craving.

The effects are soon manifest in the appearance of the devotee; he begins to lose flesh, and to become pale. At times he is in high spirits, loquacious, jolly, brimful of schemes for making money and getting rich quick, etc.; at other times he is dull and depressed, moody and irritable, with features downcast and hands trembling. After months or years, depending upon the rapidity with which the craving masters him, he loses his appetite; his features become deathly pale and drawn; his eyes become unusually bright, with pin-point pupils; his breath is heavy with opium most of the time; he has become extremely constipated, with digestion much disordered; he is careless about his dress, dirty and slovenly; his business is neglected; he pawns his clothing and household furniture, and in the worst cases he will pawn his wife and sell his children, in order to get the means to buy opium. If some passing disease does not carry him off, he dies of exhaustion which is partly the result of starvation.

The undoing
of the
opium
smoker.

Heal the Sick

Why the wealthy do not suffer so much as the poor from the use of opium.

Not every case follows just this course. The wealthy have the best of nourishing food, and this makes a decided difference in the rate of decline in health. But the great majority of the Chinese people are poor. Their food is not of the best under ordinary circumstances, and it is often insufficient in quantity. When it is still further reduced under the decreased earnings of the opium smoker, his march down grade towards ill-health, poverty, disease and starvation is sure and rapid.

When the daily dose of opium is withheld.

If the opium smoker fails at any time to get his daily dose, he soon begins to feel great discomfort. He hesitates, falters, and is uncertain in his work, whether it be physical or mental. He becomes nervous, anxious, irritable, and if his opium is persistently withheld he may have a sharp attack of diarrhoea or vomiting or both. He breaks out in a profuse perspiration, is sleepless, sometimes has a headache, and is without appetite; often he has repeated attacks of shivering or shaking, quite strong enough to shake the bed violently, and to alarm him, although there is no rise of temperature such as accompanies a chill or rigor. He tosses about on his bed, and seems unable to lie still for more than a few minutes at a time; his nose may run, as if he had a severe cold, and his eyes water uncomfortably. But the most persistent symptom is "distress," as he says; he is anxious, almost wild-eyed, feels as though something dreadful were

Opium

about to happen to him, and if in the hospitals, he pleads with us for medicine to relieve his symptoms.

Among our patients in West China are many opium smokers who come to break off the habit. We require full payment in every case for board and medicines, otherwise we do not take them in. In some cases, however, the amount we demand for one month's board and treatment is less than that which they have been accustomed to spend during the same time for opium alone.

We have abundant opportunity to watch the symptoms above detailed, and it has been my privilege to help a goodly number to regain sound health and vigor, after years of devotion to opium. Our usual custom is to withdraw all opium at once, and to administer various remedies to meet the peculiar symptoms which arise. After about three days' complete abstention from opium the worst of the patient's trials are over, and he begins to gain confidence. About the fourth or fifth day, his appetite returns, he begins to sleep better, and in two or three weeks' time shows a marked improvement. He puts on flesh, is a better color, is happy and cheerful, and is downright glad to be free from the cursed stuff which has held him as a slave for so long. Fatal results have occurred, I believe, in the attempt to break off the opium habit, although I have never seen one. It is usually in the case of elderly people,

Our opium patients and their treatment.

Heal the Sick

who are much emaciated by opium and weakened by age, and who cannot well stand the shock. But for ordinary individuals in youth or middle age, no harm ever comes to them except the distressful symptoms of which they complain. It takes a strong will and a powerful resolution on the part of the patient to undertake the treatment, and still more to persevere right through. Here is where the power of prayer is often made manifest. These poor unfortunate men are emaciated in body and weakened in will, the veriest slaves the world has ever seen, not to men but to a *thing*, a drug which many of them loathe while they submit to its power. To these unfortunates comes the message of help and sympathy, sympathy for their sad condition, and help for both body and soul, not such as they have been accustomed to entreat from their deified heroes of ancient times, but from the all-powerful and all-sympathizing Saviour, Jesus Christ. Many a one, who was ready to give up and to sacrifice everything in order to get opium once more, has been strengthened in body and mind and helped to overcome through his own prayer for himself in the hospital ward.

THE PROHIBITION OF OPIUM.

The edict
against
opium
issued in
1906.

At last the Chinese government became convinced of the degradation and the ruin which opium was working upon their country and nation. In September, 1906, the old Empress

The Prohibition of Opium

Dowager issued that famous edict against it. This edict ordered that within ten years' time the importation of opium, the cultivation of the poppy, the manufacture, sale, purchase, and use of opium in any form, except for legitimate medicinal purposes, should be absolutely prohibited within the bounds of the Empire.

Before this edict could be issued, an agreement had to be entered into with the British Government that the export of opium from India to China should gradually cease during this term of ten years. China on her side was to cease the cultivation of the poppy and the production of opium for herself.

The successful efforts of the Chinese Government against opium.

A good deal of doubt was thrown by people of other nationalities upon the sincerity of the Chinese Government in this matter, and perhaps still more upon her ability to carry out the terms of the prohibitory edict. But I believe that we have abundant evidence, in the four years which have now elapsed since the issuing of the edict, of both the sincerity of the Chinese Government, and its ability to live up to its expressed determination.

The most far-reaching measure adopted is that of the *reduction of the area under poppy cultivation*. Several provincial governments announced that they had set for themselves not the full time-limit of ten years, lest they run over, but only one half the time, that is, five years, in which, if possible, to be rid entirely of opium. Already

Heal the Sick

three or four whole provinces have reported that no longer is the poppy grown within their borders; and some of the prefectures and counties in other provinces have reported the same thing. This year, 1910, our own province of Szechwan is undertaking to prohibit entirely the sowing of the poppy seed. Yunnan, to the south of us, had apparently gotten rid of it all in 1909.

**Ridding
Szechwan
of the opium
traffic.**

First of all, the order was simply given out, that during that year only four-fifths of the land previously under poppy cultivation might be so used, and that one-fifth more was to be reclaimed each year, until in the fifth year no poppy should be grown at all. In many cases, men were sent out by the authorities to discover whether the law was being obeyed. A great many farmers had the whole or part of their poppy crops pulled up as a punishment for disobedience; others preferred not to sow the seed, lest they lose all in this way.

In May, 1909, as Mr. Claxton, of the L. M. S., and I were travelling down the Yangtse we visited the city of Fuchow, a busy centre on the river, a few days east of Chungking. This city has a wide reputation for the quantities of opium exported or transhipped from there to points in the eastern provinces. We saw evidences of the wealth of some of the big opium firms, in their fine houses, grand equipages, and other things. We were told a story that shows that men who have made their wealth in an iniquitous

The Prohibition of Opium

traffic use the same tactics the world over, but that they are not always treated as sympathetically by an autocratic government as by the democratic government of a Christian land.

A number of the big opium dealers, on learning of the proposed restriction of the growth of the poppy, came together to consult as to what measures they should take. They argued that since it was "by this business that we have our wealth," and moreover that "not alone at Ephesus but almost throughout all Asia" there was grave "danger that this our trade come into disrepute," they ought to appoint a strong committee of representative, influential men, who should go at once to Chengtu to wait on the provincial government. The committee was forthwith appointed. They travelled thirteen days in order to reach the provincial capital; they interviewed the high provincial authorities, and stated their case carefully, showing the immense danger which would result to their large vested interests by the proposed legislation; they urged that the very least that should be done was to postpone the time during which the growth of the poppy should be interdicted. We missionaries

**The
capitalists'
protest.**

**The attitude of the
officials.**

Heal the Sick

the sixty millions or more people of Szechwan was of vastly greater importance than all the "vested interests" of the few hundreds or even thousands of opium dealers in the county of Fuchow, or, for that matter, in the whole province. This year opium restrictions promise to be just as severe in Fuchow as in any other part of the province, even though some prospective fortunes fail to be made.

The attitude of the Government.

Another measure adopted for the better advancement of the cause of prohibition of opium, is that which was promulgated very soon after the issue of the general edict; this was that all provincial officials from a certain rank upwards should give evidence within a limited time of entire personal freedom from the opium habit. The penalty was dismissal from the service. An opium refuge, for the use of officials wishing to break off the habit, was opened by the government in Chengtu, and a large number of men, some coming from points located on the extreme boundary of the province, twenty or more days' journey away, took advantage of it. A few came to the medical missionaries for medicines, or into the wards for treatment. Some resigned and withdrew, because they either preferred not to give up their opium, or feared the possible disastrous results of attempting to break off. Some, on the other hand, professed abstention, but kept on using it. A military official of considerable rank attempted fraud in this way, by

The Prohibition of Opium

concealing his opium smoking after professing to have given it up. He was discovered, tried, condemned, and promptly beheaded. This was at Peking. No one justifies the cruelty of Chinese methods of punishment, but such promptness and determination in eradicating a great evil win the heartiest approval.

The influence of right example set by the officials of China can scarcely be over-estimated. Their position is very different from that of government officials in western lands. They receive their appointment from those above them, not by the votes of electors. There is a great gulf fixed between the officials and the common people. The latter look up to those in authority with a mixture of reverence and real fear, for the official's lightest word is law; the county magistrate has the power of life and death entirely in his own hands. The powerful influence of officials may be used for the ends of justice, or as all too often happens for their own selfish purposes. But in any case, the influence of even their example is very powerful, and thus in ranging themselves on the side of anti-opium, they are making use of one of the most effective measures at their command.

A third important means being made use of is the closure of the opium dens. There were many thousands of these in the great city of Chengtu with its half million inhabitants. They were on every street, and were well patronized

The effective influence of the action of the officials.

In April, 1909, the opium dens in Chengtu were closed.

Heal the Sick

both through the day and in the evening. Young men and old, youths and middle-aged, were to be seen there, but no women. Chinese ideas of propriety would prohibit the presence of women in such a place. The cities in our province were more slow to move in this respect than some of the other large cities of the Empire. But one day early in 1909 a proclamation appeared to the effect that on a certain day and date in the month of April all the opium dens in the city should be closed! The people had not been consulted in any way in the making of this radical change, although this was not the first warning that such a step was likely to be taken, for certain cities in other provinces had already enacted such a law. That all the advantage does not lie with the democratic form of government in making and enforcing laws, was proven by the fact that on the day named in the proclamation, all the opium dens in our great city were closed without noise or disturbance of any sort. We saw padlocked doors, as we walked along the street, instead of the open doors with parallel rows of smokers on the beds inside. At one fell stroke all those dens of idleness, disease, and debauchery were wiped out.

**Closing of
the opium
dens
removed
temptation.**

We were not so foolish as to believe that all the opium smokers had suddenly given up the habit. We knew very well that many men had been assiduously buying and storing up a generous supply of the drug against the day of the closure.

The Prohibition of Opium

These simply transferred their place of smoking to their own homes. But one thing was certain, the horrible temptation to men of all ages and classes, as they thronged up and down these narrow streets, was entirely removed; moreover, the sale of the drug in this way became illegal, and the traffic more disreputable than ever before. I believe the effect upon the city of Chengtu was just as beneficial as the effect would be upon the city of Toronto if all the saloons there were suddenly closed.

Within the past four years the price of opium has doubled, and from this cause alone many are compelled to break off; they cannot afford to use it. Many became apprehensive lest the supply would be entirely cut off—this is just what the government is aiming at—and therefore they are taking early steps to rid themselves of the craving.

By these and many other less conspicuous methods, the Chinese Government is undertaking to rid their land and people of one of the most widespread and most deadly drug habits which has ever afflicted mankind, and I believe they will succeed, and that, too, well within the time-limit they have set for themselves, that is, by 1916. They deserve praise and sympathy for the great effort they are making, and prayer for their success. It is at the same time not at all impossible for Canada, and perhaps for other

**Praise is due
the Chinese
Government,
a lesson for
Western
nations.**

Heal the Sick

Alcohol
and opium.

Christian lands of the West, to learn some lessons from the mighty struggle now going on in China.

Opium is comparable with alcohol in several respects. It causes its victim to believe that he can, when under its influence, put forth greater physical effort, whereas as a matter of fact he is really weaker, just as in the case of alcohol. He believes that with the aid of opium he can think faster and more clearly, whereas the contrary is the truth, again exactly as in the case of alcohol. The prohibition of opium is opposed by some on the ground that it will interfere with trade, and therefore with the prosperity of the community. This fallacy reminds one of the precisely similar arguments used by those opposed to the prohibition of alcohol.

The prosper-
ity of Yun-
nan under
opium
prohibition.

I was much struck not long since by an account I read of the transformation which had taken place in certain parts of the province of Yunnan to the south of Szechwan, consequent on the prohibition of opium. The writer was a missionary living amid the scenes he described. He said that within the year after opium was removed from certain village communities in Yunnan, a general air of thrift and prosperity became noticeable. Houses and shops were cleaned and repaired, and were more neatly kept. Business seemed to improve. More men were ready to work than before, and they worked better. They earned more wages, and spent them on their families. More money seemed to be in circulation, and

Opium and the Missionaries

altogether the contrast with previous conditions when opium was almost universally used, was striking and encouraging.

Such transformation will undoubtedly be noticed in every province, prefecture, and county, as the opium is put away. The importance of this great reformation and its far-reaching influence upon the future development of the Chinese nation can scarcely be over-estimated. It means life prolonged, and the best energies of millions of men and women saved for something useful: it means an economic gain of hundreds of millions of dollars to each generation, both in money saved from useless and harmful expenditure on opium, and in that earned by those who must otherwise have been non-productive members of the community; most important of all, it means the emancipation of the nation from the deadly thrall of a drug whose whole effect upon the intellect and morals of its victims is nothing less than *withering*. All honor to the Chinese people for their recognition of the evil, and for their determination in grappling with it. May they be given the wisdom and the grace of perseverance necessary to a complete victory.

OPIUM AND THE MISSIONARIES.

There never were two opinions on the opium question on the part of the missionaries in China. The degradation and ruin which the drug works upon the individual, the family, and the com-
As the missionaries find the opium smokers.

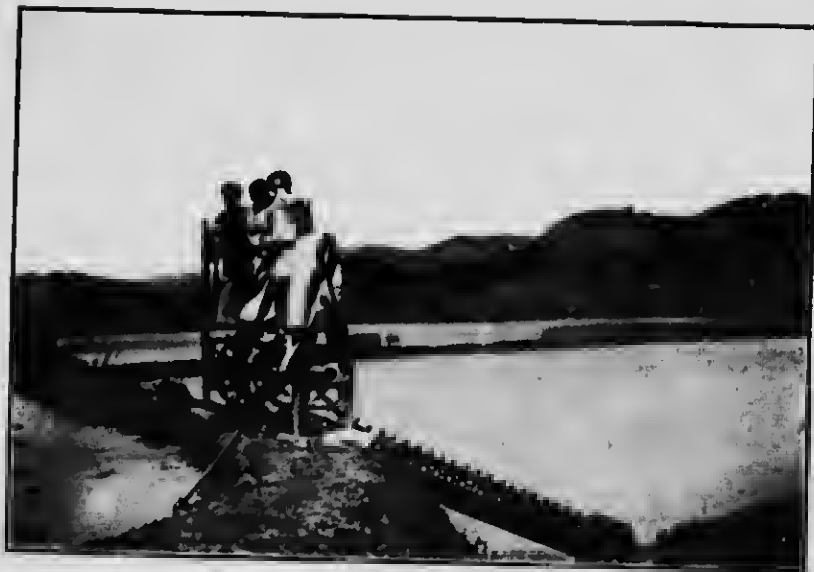
Heal the Sick

munity are ever before us. I have never heard a Chinese defend the use of opium, but I have heard many condemn it. The smoker himself is usually ready to admit that it does harm, and that the practice is wrong. No Protestant Church knowingly admits one who uses opium into membership. We never employ a man who smokes opium, if we can help it, for any purpose whatever. Smokers are slow and uncertain in their work, they have not the physical endurance of the non-smoker, they are untrustworthy in money matters, in fact there seems sometimes to be a real perversion of the moral sense, as a result of the use of the stuff. Those who are confirmed in the habit are slovenly and dirty in their persons, they are unshaven and uncombed, their breath is foul, and their clothes are dirty. They rise at noon, or, as I have had occasion to notice, not till well along in the afternoon, and they do not retire until the small hours of the morning, sometimes not until daylight. They gamble and smoke the nights away. Their habits, made necessary by the imperative demands of the drug, render them totally unfit for study or for business. Unless the young man is gripped in time by some powerful force—the Gospel or some other message—he proceeds with ever-increasing momentum down the broad road to ruin and death.

The church members are anti-opium.

Every missionary, no matter where you find him, from Peking to Yunnanfu, from Canton

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INSTEAD OF THE POPPY, RICE IS GROWN.

Among the rice-fields on the "Great Road" from Chungking to Chengtu.

A chain pump, a common method used in irrigating the rice-fields.



Opium and the Missionaries

to the most north-westerly limits of Kansuh, is, therefore, an active anti-opium agitator. In the conduct of his own household, in all his business dealings with the general public, and in the direct preaching of the Gospel in his church, he maintains an attitude of uncompromising hostility to the use or the handling of the opium in any way, except for medical purposes by the doctors in the hospitals. He has always done this, and further, he does not have to work long single-handed, for his church membership is composed of anti-opium people, men and women who are pledged absolutely against it, and who do not hesitate to use all their influence in the good cause. They let others know their principles, both the doctrines of the Gospel and some of its necessary corollaries, as total abstention from opium. Thus every missionary and every Christian organization, whether composed of two members or of two hundred members, is as leaven which is leavening the whole lump. These centres of influence are yearly growing in number throughout all the province; while as yet few, sadly few in proportion to the enormous mass of population to be leavened, still they are now exerting a decided influence upon the whole.

The medical missionary is doing a large share of this great work, for he not only directly urges along the campaign against opium, but he helps **The schools and opium.**

Heal the Sick

in a very effective way, by taking in patients who wish to break off the opium habit.

The educational missionary is doing his share, both by enlightening the students who come under his teaching, and by refusing admittance to any student who uses opium. The government schools are also doing a great work for the anti-opium cause by just as rigidly denying admittance to their schools to all who use opium in any form. No teacher, lecturer or professor, not even the meanest coolie in any one of the government schools all over China, is allowed to use opium. The discovery of its secret use means instant dismissal.

**The abuse
of official
rank by
Roman
Catholic
missionaries.**

There has been much trouble in China because of the interference of missionaries in the lawsuits of their converts. Roman Catholic missionaries were some years ago, I think in 1900, accorded official rank, according to their standing in their own church. A priest ranked with a county magistrate, and a bishop with a viceroy. The Roman priests were, therefore, empowered to demand and receive interviews and special attention from the Chinese officials in a way they never had been able to do before. Protestant missionaries were at the time offered the same status as their Roman Catholic confrères, but respectfully declined to accept it. The ground taken by the Protestant missionaries was that such a relation was altogether contrary to the spirit of the Gospel message which they go to

Opium and the Missionaries

China to preach, and that it would lead to abuses of such privileges on the part of our Christians. Their Chinese rank has recently been withdrawn from the Roman Catholic missionaries by the Chinese government, so that some of the abuses due to that relation will surely disappear in the near future.

There may have been some Protestant missionaries who, through a mistaken notion of the value of the good to be derived from allowing their names to be used in Chinese lawsuits, have been the unwitting tools of false and designing men—men who had crept in unawares. But this does not seriously affect the position of the Protestant missionary body as a whole. We shall always do much more harm than we can possibly do good, by interfering in any way, whether personally, or by allowing our names to be used, in cases at law between Chinese and Chinese, and, therefore, the principle of non-interference is strictly adhered to by all, or practically all, the Protestant missionaries throughout the length and breadth of China.

I have mentioned these matters in order to make perfectly clear the difference between what I have just referred to above, and a very valuable method of work which is only too little used by missionaries, I mean that of the cultivation of social relations with Chinese officials, and of the use of every legitimate influence to ally them with us in the promotion of moral reform movements.

**Protestant
missionaries
and law
suits.**

**A neglected
method of
promoting
reforms.**

Heal the Sick

When the inner history of some of the great reform movements now in progress in China comes to be written, it may be found that missionaries have had more to do with their origin than is evident on the surface.

**An
important
circular
letter re
opium.**

In midsummer of 1906, missionaries in West China, in common with those in all other parts of the Empire, received circular letters, asking that the blank forms enclosed be signed by all the men and women missionaries, in Chinese and English, giving the missionary's nationality, date of his arrival in China, etc., and requesting that as soon as possible the completed forms be returned to the sender, Dr. Dubose, a veteran United States missionary of Soochow. Dr. Dubose had visited the Viceroy of his province, and when he urged the anti-opium cause, the Viceroy had promised that if he would get all the missionaries in China of all nationalities to sign a carefully prepared petition for the prohibition of opium, he, the Viceroy, would undertake to forward it to the Imperial Government at Peking. Our signatures were to be attached to this petition,—a copy of which was enclosed to us,—the whole made into a neat book, and then handed to the Viceroy for transmission. We may never know just what influence, if any, that petition had on the minds of high authorities of the central government at Peking; but we do know that within a few days after its receipt in Peking, the great Anti-Opium Edict of Sep-

Opium and the Missionaries

tember, 1906, was issued, and that from that time till this, the Chinese Government, and practically the whole Chinese nation, have been doing their best for the eradication of opium and the opium habit.

Locally we have been able to do a little for the cause. In Chengtu some years ago, I was privileged to be one of a delegation appointed by the missionaries of the city to call on the Viceroy, and to urge upon him the importance of legislation against either opium or footbinding, or both. That was after 1902. In that year the missionaries in our city were permitted for the first time to make a friendly call upon the then Viceroy. That call was made at his request. Since that time not a year has passed, I think, in which there has not been at least one call made by a missionary or by missionaries upon the highest provincial officer.

A call on
the Viceroy
and its
results.

On the occasion referred to, Mr. Grainger and myself were received at the appointed time and place with every mark of politeness and respect. We had nearly a half hour's interview. The conversation was free and unconstrained. His Excellency sympathized with the object of our visit, and promised to do something. A few weeks later, he put out a long and very carefully prepared proclamation, which was hortatory rather than prohibitive, and which urged in clear language and with many good reasons the com-

Heal the Sick

The visit
of Mr.
Alexander
to Chengtu.

plete abstention from opium and the doing away with the ancient custom of footbinding.

The Chengtu community of missionaries took a similar step on another occasion, and with similar good results. In the winter of 1906-7, the Honorary Secretary of the British Society for the Suppression of the Opium Traffic, Mr. Alexander, visited West China, and addressed a large number of public meetings of Chinese in the interests of the prohibition of opium. One of the most remarkable meetings I ever attended for any purpose was his biggest meeting in Chengtu. He held one or two meetings for the Christians alone in the churches, but in addition an interview was arranged for him with the Chief of the Chengtu Police System, Mr. Chow. The latter was ready to co-operate at once, and put out a police notice that a great public meeting would be held on a certain day and hour in the courts of the Fukien Guild, a great public building in the centre of the city. At the time and place appointed, we missionaries found that we were associated with several officials of considerable rank, and that a great crowd had gathered to hear the addresses. The audience, who stood in an open court, consisted of men only. There were no seats, and no roof. The men were packed closely together, shoulder to shoulder, and chest to back. If there had been seats, the area could not have contained more than one-third or one-quarter the number present. A curious incident

Opium and the Missionaries

was the injunction by the high official who was acting as Chairman of the meeting. Between two of the addresses, he said: "Now, clear your throats and cough," and as with one common inspiration, that dense mass of several thousand men did as they were told, cleared their throats and coughed, and then once more settled down in perfect quietness to hear the next address.

The speakers stood on a raised, covered platform at one side, whence they could command a good view of the crowd, and could be fairly easily heard. It was estimated that at least five thousand people stood there for one hour and a half, listening attentively to the three addresses delivered. One, the Secretary's, was given in English, and interpreted by a missionary into Chinese; the other two were given in Chinese. One of the latter had been prepared by the official who was in the chair, but was delivered by his deputy.

This great meeting was an inspiration to all the missionaries, and it was undoubtedly a strong stimulus to all Chinese who had the abolition of opium at heart. The method of teaching and exhorting the people by means of public lectures was presently adopted and made persistent use of by the Chengtu Police Department. They hired a number of rooms in different parts of the city, and appointed police deputies to give addresses daily on the harmfulness of opium, and

An audience of 5,000 men.

The police help in the campaign against opium.

Heal the Sick

on the proposed policy of prohibition throughout the Empire. These lectures must have done much good, both in enlightening the people and in winning support for the sweeping reform only then being inaugurated.

**The
greatest
reform of
modern
times.**

In all these ways, then, are missionaries endeavoring to make the very most of every legitimate influence, and are looking to the complete abolition of the curse of opium in China. With the blessing of God this greatest moral reform movement of modern times will go on to victory, and one of the most serious obstacles to the progress of the Gospel among the Chinese will have been removed.

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**FOOT-BINDING.—THE MISSIONARIES
AND FOOT-BINDING.**

PRAYER

Prayer is the mightiest force that men can wield;
A power to which Omnipotence doth yield;
A privilege unparalleled, a way
Whereby the Almighty Father can display
His interest in His children's need and care.
Jehovah's storehouse is unlocked by prayer,
And faith doth turn the key. Oh, would that men
Made full proof of this wondrous means, for then
Would mightier blessings on the Church be showered.
Her witness owned, her ministers empowered,
And souls ingathered. Then the Gospel's sound
Would soon be heard to Earth's remotest bound.
All things are possible if men but pray,
And if God did but limit to a day
The time in which He'd note the upward glance,
Or fix the place, or name the circumstance
When, where, or why petitions could be brought,
Methinks His presence would by all be sought.
But since He heareth prayer at any time,
For anything, in any place or clime,
Men lightly value Heaven's choicest gift
And all too seldom do their souls uplift
In earnest pleadings at the throne of grace.
Oh, let us then more often seek His face
With grateful hearts, remembering, while there,
To thank our Father that He heareth prayer.

—W. W. P.

CHAPTER VI.

FOOT-BINDING.—THE MISSIONARIES AND FOOT-EINDING.

FOOT-BINDING.

No one knows for certain the origin of the custom of foot-binding; no one knows just when it began, but everybody knows that the practice is practically universal throughout China. At any rate this was true up to the first few years of the twentieth century. There are various stories as to its origin, as that an imperial concubine of two thousand years ago applied pretty silk bandages to her feet to hide their deformity. The emperor admired them, and the other court ladies following the fashion, the custom gradually spread through the whole land. One story has it that one of the ladies of the court in a dynasty between one and two thousand years ago, bound her feet simply for amusement, and showed them to the emperor. He admired them, and the fashion spread. It is a stock joke in China that men first bound the feet of their wives in order "to keep them from gadding about!" The Chinese themselves laugh freely when making this suggested explanation.

The origin
of foot-
binding
not known.

Heal the Sick

The women
of China
cripples.

Then as to the time, it is quite certain that the practice has prevailed for more than one thousand years; and it may be more nearly two thousand than one thousand. It is hard for us to realize that practically all the women of China are cripples. When we first landed at Shanghai, and saw now and again a Chinese woman hobbling along, the first thought was that here was a woman with a peculiar deformity, or perhaps her feet were sore, causing her to walk with such a gait. But the next we saw, and the next, walked in the same way. As we penetrated into the interior of the country, it became evident that the women were really deformed, and that *all* were deformed. Sometimes people say to us that "Surely the farmers' wives do not bind their feet?" But they do. "But how can they do their work?" On their small feet, of course, although they cannot possibly have the physical strength or endurance which they would have, had their feet not been bound. I have seen women, whose feet were tightly bound, in the fields hoeing corn. In some parts of southern China many of the women on the farm have natural feet, but in West China farmers' wives seem to be just as rigid in their observance of the custom of foot-binding as any other class of women. This is true, I believe, of most of China. We hire a woman to do our washing, but she cannot *stand* all day long at the tub, she *kneels* on a board by the side of the tub, in order

Foot-binding

to do her day's work. Her feet get tired and sore, if she uses them too long at a time.

Slave girls do not bind their feet; they are not allowed to, for they would then be incapable of the amount of work demanded of them. Chinese girls who are brought up from childhood to lives of shame, especially those found in the open ports, do not usually have their feet bound. Manchu women never bind their feet. The Manchus, it will be remembered, are the reigning dynasty in China. There are Manchu colonies, originally garrisons, in each provincial capital. We have a large one in Chengtu. The Manchu women are taller than the Chinese, and as a general thing of more regular features; one often sees those among them who are handsome in figure and face. I believe both these advantages may be traceable to a very considerable degree to their abstention from foot-binding. The custom seems to have no attraction for them; on the contrary, they despise it. With these exceptions, practically all the women of China have bound feet. The faintest suggestion that the boys or men should bind their feet is quite enough to provoke a Chinese audience to mirth. That one-half of the population bind their feet is no argument for the extension of the custom to the other half.

The process of binding is begun when the child is about four or five years of age. The feet are bound by the mother or grandmother; if a

**Slave girls
and the
Manchu
women
have natu-
ral feet.**

**The process
of foot-
binding.**

Heal the Sick

girl's mother dies, the neighbors pity her because she has no one to bind her feet! At the very first the suffering is slight, but the bandages are slowly tightened as the child grows, until it becomes intense. Only the big toe is left straight, the other four are turned under the sole of the foot, the instep is gradually pulled backwards, while the heel is pushed forward. There results a deep crevice across the sole, just in front of the heel between the heel and the "ball" of the foot. A case-knife might be laid in this notch without projecting to the level of the sole. The child walks on the upper surface of the four smaller toes, which in course of time sink into the under surface of the "ball." The general shape of the sole of the bound foot is that of a long narrow triangle, the end of the big toe forming the apex, and the back of the heel the base. The upper part of the instep bunches up in front of the ankle, and makes an ugly lump or mass where it would seem that an ankle should be. All the advantage of the arch of the natural foot is completely lost; there is no longer any *spring* in walking, because of this fact. If possible the child avoids putting any weight on the front half of the foot, and walks entirely on her heels, and this is the peculiar gait which she is forced to assume for the rest of her life. She walks, in other words, as though her legs from the knee down were made of wood. Her feet cannot grow in the natural way, nor has she

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THE BOUND FEET AND THE CRIPPLED WOMEN OF CHINA.
The tiny silk shoes cover hideous
deformity.



THE BOUND FEET AND THE CRIPPLED WOMEN OF CHINA.
Unable to walk without her
slave girl.



Foot-binding

any use for most of the muscles below the knee. Consequently the calf and ankle muscles never develop to their normal size, and the legs are always thin and spindling. A common Chinese expression refers to them as "two sticks of firewood."

Within the first year after binding is begun, the child suffers acutely. She will not walk or play if she can sit down, and consequently she gets altogether insufficient exercise. She often loses sleep on account of the pain, or sleeps with her feet hanging over the edge of the bed, in order that the numbness may deaden the pain. Or she cries night after night, and then she is beaten or pinched, or treated in some other cruel way. No child can suffer in these ways without showing the effects in her general health. Her appetite fails, she grows pale and thin, and her vitality is lowered. She is subject to all the usual "children's diseases," and a great many girls who have survived the most critical period, the first two years of life, are carried off between five and ten years of age by what would otherwise be unimportant ailments. They "take" things easily, and their resisting power is so low that they do not easily recover.

The bandages are removed and the feet washed at infrequent intervals—several days, or perhaps even a month. Sometimes face powder is put on the feet, and as most Chinese face powders contain lead, the child is apt to get lead poisoning.

The suffering of the little girls.

Evils of foot-binding.

Heal the Sick

This interferes with the general health. She often cries piteously when she has to have her feet unbound and washed; this part of the operation may not be very painful, but the rebinding causes great pain. Sometimes a child tries to loosen the bandages, but the mother or grandmother finds it out, punishes her and tightens the bandages once more. The deformity is not complete until the twelfth or thirteenth year. The result is that health is impaired, growth is retarded, and by the constant abuse the moral nature of the child is very much dwarfed and perverted. Girls with bound feet when sent to school make very poor students; they have not the mental and physical vigor required for application to their studies. Many cases of disease of the feet which result directly from foot-binding are seen. There are ulcers and abscesses, caries and necrosis, and sometimes gangrene of toes, or heel, or of bones.

After marriage a wife may loosen the bandages somewhat, in order to please her husband, or for the same reason she may tighten them. In some few cases in the country, the husband may make her take off her bandages so that she can work better. On the other hand, she may, if their circumstances admit, tighten her bandages to an extreme degree, so that her feet may be smaller than her neighbors'.

**The
tyranny of
fashion.**

We often ask the Chinese about us why they persist in such a cruel practice. There are

Foot-binding

just two reasons given: "It is the fashion," and "We cannot marry our daughters off unless we bind their feet." They argue with a great deal of cogency that if they were to allow their daughters to grow up with unbound feet, they would be peculiar, their neighbors would point at them, and ridicule them; their daughters might be taken for slave girls! These things are all but vital with the Chinese. Fashion is a powerful force in Christian lands, but it is infinitely more so in those that are non-Christian. "We might as well be out of the world as out of the fashion!"

Then there is the second reason; we must remember that in China the young man and woman most concerned are not consulted when the marriage is arranged. These matters are all attended to by the parents. A middleman or middlewoman is used to help along the negotiations between the two families. The parents of the groom-to-be may have a glimpse of the bride-elect before the ceremony, or they may not, but with the rarest of exceptions the groom never sees her, much less speaks to her beforehand. Among the questions asked by the parents of the young man, and by the young man himself, is the very important one as to the *size of the young woman's feet*. This matter is of at least as much importance as her regularity of features, and the question as to whether she is able to read or write her own language is altogether subsidiary;

**Small feet
and
marriage.**

Heal the Sick

at least this was true up to a very few years ago, and it is still true of the great majority of the Chinese people. If the young woman's feet are bound small, her chances of an advantageous marriage are thereby increased. Pockmarks from ear to ear would not injure her prospects so much as bound feet which have been left a trifle large, whereas feet that have not been bound at all at once mark the slave. While we may find the smallest feet among the wealthy and those of official position, it is undoubtedly true that the middle and poorer classes adhere to the custom with more slavish obedience. Why? Because they hope that their daughter's very small feet may prove to be her passport to an especially good marriage and a higher position in society.

**Patients
suffering
from foot-
binding.**

My wife, Dr. Retta Kilborn, has seen more patients who have come for the treatment of their bound feet than I have, but I have seen a share. A richly dressed young lady came to my dispensary for some trouble with her feet. On being assured that it was absolutely necessary to see the painful member before I could do anything for her, she removed enough of the rich silk bandage to allow me to see a sore on her heel. I dressed it for her, but told her that it would probably not heal unless her bandages were removed entirely. I never saw her again.

I was called to see the wife of an official, who complained of a sore foot. I found her seated on her bed, dressed in her gorgeous silks and

The Missionaries and Foot-binding

satins, and with her face pasted over with cosmetics after the usual fashion. She showed me her poor, little, broken foot, thin and bloodless, blue, in fact, from the cold and poor circulation combined. The ankle above was not much more than skin and bone, the muscles were all wasted away from lack of use. It is not easy to do anything for such a case even when we are given a chance, and too often we do not get the chance. In this case there was a sinus, leading to diseased bone in the instep. I could do nothing without operation, and that was out of the question without a hospital, and in those days there was no hospital for women. Now we have such a hospital carried on by the Woman's Missionary Society in Chengtu, to which the Chinese women go freely for all sorts of treatment, both medical and surgical. They do go to our General Hospital for treatment by our men physicians, but they go more freely to that of the Woman's Missionary Society.

THE MISSIONARIES AND FOOT-BINDING.

The unbinding of the feet in the case of adult women has not been made a test of membership of the Christian church, but the whole influence of the church has been and is against the custom. Old women have not been urged or even asked to unbind. Middle-aged women have been urged to set a good example by unbinding, but all parents have been charged not to bind the feet

Church
members and
foot-binding.

Heal the Sick

of their small daughters, and to unbind those of their older daughters. A serious difficulty in the way of the latter proposition is the will of the young man to whom the older daughter has probably been betrothed. Without his consent she dare not unbind. After betrothal, the young woman belongs more to her future husband than to her own parents, while after marriage she belongs wholly to him and to his parents, and practically severs all relations with her own family.

Anti-foot-binding societies organized by the Church.

Anti-footbinding societies were formed, consisting of members and adherents of the church. Monthly or quarterly meetings were held, at which strong addresses were given, the evils of the practice made plain, and the duty of the members shown to them in the light of God's Word and of their own consciences. Handsome pledge cards were printed, and many, both men and women, took the pledge. For the men it meant their share in the responsibility of bringing up their daughters with natural feet, or in the case of the young men, the choice, where possible, of brides with natural feet. There was always a strong exhortation to send their daughters to school where they would be educated, then the parents would find no difficulty in getting sons-in-law, even with the supposed handicap of natural feet. When put plainly to them, not many Chinese, even as long ago as the last decade of the last century, were prepared to hold that a

The Missionaries and Foot-binding

pair of crushed and deformed feet were equal in value to a well-trained and educated mind.

Our Woman's Missionary Society boarding schools have made it the rule from the beginning, that all girls must unbind their feet upon entering the schools. Adhering to this rule, there has been little or no difficulty at any time in getting a full complement of students. These students are not by any means all Christians; in fact the most of them are non-Christians when they first enter, but a very large number become Christians while in the school. The work of our Woman's Missionary Society schools is now made easier in regard to foot-binding by the strong position taken by the government schools for girls. All these schools, in all parts of the Empire, admit as students only girls with unbound feet, and the influence of this action is wide and powerful against this horrible custom.

Following close on the proclamation, issued by Viceroy Hsi Liang in response to the request of the delegation sent by the Chengtu missionaries to interview him, there were organized a large number of anti-foot-binding societies in different counties throughout the province of Szechwan. These originated wholly among the Chinese people, and were organized and managed by them. A rule common to many of them was that all who joined should seek wives for their sons among the members of their society, and thus one of the most serious difficulties in the way of in

Schools of
the Woman's
Missionary
Society.

Anti-
foot-binding
societies
among non-
Christian
Chinese.

Heal the Sick

roducing natural feet was avoided. Some of these societies were very popular, and gained a large membership. Very much good was done. Many of them are still persevering, and continue faithfully to educate the people along the line of the principles of natural feet.

**Official
proclama-
tions against
foot-binding.**

In the beginning of 1909, the present Viceroy of Szechwan, Chao Erh Hsuin, issued a proclamation strongly exhorting all the people to do away with the custom of foot-binding, though not absolutely ordering that it be done. Many of the county magistrates followed with stronger regulations, calling for the unbinding of all bound feet within their jurisdictions, and setting a limit of time during which this should be accomplished.

**A tribute
to Mrs.
Archibald
Little.**

Very valuable work was done for the cause of anti-foot-binding by a non-missionary English lady, Mrs. Archibald Little. She travelled over many parts of China, holding public meetings, often under the auspices of Chinese officials or their wives, addressing them herself and getting others, whether missionaries or non-missionaries, to deliver addresses also. By these means and by organizing "Natural Feet Societies" in many centres, she succeeded in stirring up a deep interest in the cause of natural feet.

**Foot-binding
will be
abolished.**

It is safe to say that a movement has begun against foot-binding which we believe will go on until the custom has become entirely a thing of the past. It may take a generation or even longer, but the practice is doomed. It is a curious thing

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ONE OF CHINA'S REFORMS—THE CRUSADE
AGAINST FOOT-BINDING.

First annual meeting of the Anti-Footbinding Society in
Kiating.

A gathering of high-class women in Chengtu, to listen to an
address on footbinding by Mrs. Archibald Little—Dr.
Retta Kilborn as interpreter.



The Missionaries and Foot-binding

that the most enthusiastic advocates of natural feet, aside from the Christians, are the women of the official and literary classes. Many belonging to the wealthiest and socially the highest classes are now proud of their natural feet, proud of their ability to walk firmly and naturally without having to lean on a slave girl as their mothers do. From these higher classes the "fashion" will surely spread down through the masses, until assisted by the growing Christian communities everywhere, the hideous practice of foot-binding will be swept from the Empire.



SLAVERY AND POLYGAMY.

"So I do from my heart believe that in these difficult places, in some of the bigger cities in China, and especially among the Mohammedans in Persia, Palestine and Africa, the medical missionary, whether man or woman, is able to do a work which no other one can do."—*Dr. Herbert Lankester.*

CHAPTER VII.

SLAVERY AND POLYGAMY.

SLAVERY.

Rarely indeed do we hear of slave boys or men **Men slaves.** in China. I never saw one, although I have been told harrowing tales of men who have been kidnapped and carried off to work in coal mines; of how they are made to work very hard, and beaten if they do not accomplish their allotted task for the day; and of how they are never allowed to move away from the mouths of the coal pits, but are kept as prisoners in the mines, lest they make their escape. Among some of the Chinese nobility, however, male slaves are not uncommon. Sometimes they and their ancestors have been slaves in the family for several generations. Under such circumstances marriage is contracted between slave men and women, and the children of such unions, if living on the premises, are also regarded as slaves. Only when the third generation is reached may they cease to be slaves, and be paid wages for their services. Male slaves are found holding positions of trust and influence as overseers or managers of the property of their owners, whether large farms in the country or house property in the cities.

Heal the Sick

Slave girls and women.

Slave girls and women, on the other hand, are to be seen everywhere throughout China. All wealthy Chinese own slaves, the only limit to their number being the length of their owner's purse. The little girls are bought at from five to eight years of age at prices varying from two dollars or less up to one hundred dollars or more. The most common reason given for the traffic is the same as that given for infanticide—poverty! The parents are poor to begin with, and fear that they cannot earn enough to feed the extra girl, or, as very often happens, the father is an opium smoker, and is in need of money to buy opium. On the part of the buyer, the assertion is made that slave girls are needed to wait upon the lady of the house and her daughters. Slaves are cheaper than servants, and, like the daughter-in-law, they are obliged to take all the abuse and all the beatings without complaining. They cannot leave, and they dare not run away, for they would be caught, brought back, and beaten more cruelly than ever. In purchasing a slave the precaution is taken to guard by a carefully worded agreement against the possibility of the parents ever claiming the girl later in life.

One or two slaves are deputed to wait upon the lady of the house, and, if the family can afford it, one also to wait upon each one of the daughters. Their whole duty is this personal service, and it is made comparatively pleasant or exceedingly exacting, according to

Slavery

the temper and disposition of the woman or girl who does the ruling. In the more pleasant circumstances, the little slave girls are very meek and very attentive to every wish of their mistress. They submit without complaint to all the beatings and all the revilings which fall to their lot, until something like friendship grows up between them and their young mistress, who may be about their own age, and their lot grows easier with the passing years. The slaves go with their mistress as part of her dower when she is married, and sometimes are elevated to be the concubines of their mistress' husband. The late Empress Dowager of China was reputed to have been a slave, and to have gained her prominence in the court in the first place in this way.

But for the vast majority of slave girls in China no such easy though degraded lot is possible. The slaves of the well-to-do middle classes are used and abused in the most cruel fashion. The slave is the absolute property, the chattel, of the slave-owner the world over, whether in China or in Africa, and the owner acts accordingly. He bought her with his own money; can he not do as he likes with her? Most certainly he can, according to Chinese reasoning, and he proceeds to show the world that he can.

The slightest failure on the part of the slave to satisfy the insistent demands of her mistress

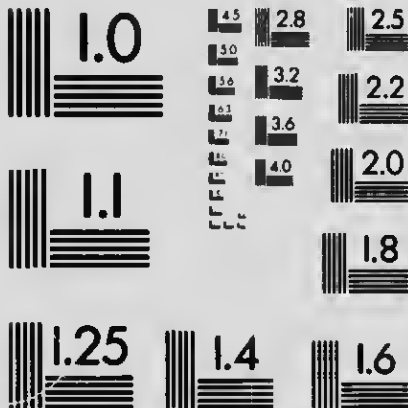
The slave girls of the middle classes.

Cruelty to the slave girls.



MICROCOPY RESOLUTION TEST CHART

(ANSI and ISO TEST CHART No. 2)



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Heal the Sick

often leads to a fearful outburst of anger, followed by slappings and beatings with the hand and fist, to beatings with sticks, to pinching, and to the use of pins and needles, and in the most cruel cases to the use of hot irons for burning. While Dr. Retta Kilborn was in charge of our W. M. S. hospital in Chengtu, some very pitiable cases of cruelty to slaves came under her notice. The first patient to be received into the W. M. S. hospital was a little slave girl, who partly walked and partly crawled to the dispensary. She had many ulcers on her body, and a deep, peculiar-looking one on one of her heels. She would not tell at first what caused the sores, but after her confidence was gained she told how her mistress had burned her with a hot iron; this was how the ulcer formed on her heel. She was so reduced in vitality that the best of care and good food were insufficient to restore her. She died in about two weeks. Another little slave came who had been abused and beaten, and scalded with the hot tea which her mistress had thrown on her. She also died. Still a third came to the hospital who had been so abused and neglected that some of her toes were gangrenous. It was thought at first that her feet would have to be amputated, but she rallied so that only some of her toes had to be sacrificed. She grew strong and well, was taken into the boarding-school, and became a bright, earnest Christian. Alas! when she was about fourteen tuberculosis fastened upon her

Slavery

and soon took her away. The testimony of her character and conduct was most inspiring to all her schoolmates.

The mistress in a Chinese family, who lived just two blocks from us in Chengtu, abused one of her slave girls by beating and by sticking pins into her so that she became unconscious. Then she was thrown into the yard. Presently her mistress ordered that she be taken away and buried. This was done. After she had been buried in a pauper's lot just outside the city, some passers-by heard moans proceeding from the lightly covered grave, and gave an alarm. The coffin was exhumed, and the girl recovered consciousness long enough to tell who her mistress was and where she lived, then very soon she died and was again buried. But this was more than the public conscience of even the Chinese could stand. That inhuman mistress was arrested and heavily fined, although she was a member of a family of very considerable official position. The punishment was not for killing her slave, but for doing it in such a heartless, brutal manner. Punishment does not by any means always follow the beating to death of a slave, for under ordinary circumstances, in theory at least, the owner may put his slave to death and no questions are asked.

At the Woman's Conference held at Shanghai in November, 1900, Dr. Ida Kahn, a Chinese young lady educated in the United States, nar-

A Chinese woman fined for inhuman treatment of her slave.

Some stories of slave girls which Dr. Ida Kahn told.

Heal the Sick

rated some of her experiences as follows: "My first painful contact with the system of girl slavery occurred in far-off Szechwan. One of my schoolmates there was little Winnie. She was not pretty, but she was at least sweet and amiable, and she sang with an almost phenomenal voice. Our teacher would often smile and say, 'Ah, how people in America would appreciate Winnie's voice!' Unfortunately she had no mother, and her father was an opium smoker. One day, finding himself without the means of indulging his appetite, what did he do but sell this mere slip of a girl. How well I remember the consternation among us, when one of our schoolmates came in haste to tell us that she had seen Winnie's father carrying her off to her master! A messenger was despatched, and you will be glad to hear that means were found for her rescue. Alas! her respite was short, for like a thunderclap came the riots of 1886, and all foreigners were driven away from Chungking. When we heard from that place again, we learned that Winnie had been resold. Somewhere she may still be living. Who would not hope that the truths she garnered at school have proven 'a savor of life unto life' in a higher and better world?

"My sorrow for Winnie's lot cannot be compared with what I felt for my classmate, Sin Si-Chen, on hearing that she, too, had been sold by an opium-smoking father. We were baptized

Slavery

together, and she confessed to me that she would like to devote her life to Christian work, adding, so sadly, that she must first try to help her father. Where were gone her longings and aspirations, when she became the concubine of a man sixty years of age? Surely, on this eve of China's regeneration, we, the more favored ones, must plead with all our might that all these unnatural customs shall be swept away with the last relics of our country's barbarism.

"Directly opposite our home at Kiukiang dwells a woman fairly well-to-do in the world. She kept two slave girls, one above and one under ten years of age. Her treatment of the two poor creatures became a neighborhood scandal. The younger of the two, being the weaker and less useful, suffered the more. Rarely did they have enough to eat, and my sister, as well as the other neighbors, sometimes tried to give them a full meal, but they needed to be exceedingly wary, or a harder beating than usual would be forthcoming. No bedding was furnished them, only a heap of straw, and often the younger one was made to sit on a bamboo chair all through the night. Being but scantily clothed, you can imagine how the child would shiver through the cold, wintry nights. As she grew weaker she must have suffered more without any outsiders knowing it, and evidently her shivering angered her master, for he made her tramp up and down the room, saying, 'The foreigners tell us that

Heal the Sick

exercise stirs up the circulation and makes people warm.' One morning, sleepy and weary, she was perhaps a little more stupid than usual, and she did not heed her mistress' commands fast enough, so a quick blow came, and she was stretched upon the hard stone floor. This time she did not rally. Later on a Christian neighbor came to us, asking if we would not try whether anything could be done to help the child. We found her thrown on a brush heap in the back yard. There was no roof anywhere to cover this child of God except the pitying heavens. She was in terrible convulsions, so we hurriedly asked if we might remove her to our hospital. 'You do not think she will live, do you?' was the query. 'No, we do not think she will, but we wish to do our best for her anyway.' The permission was grudgingly given, and we took her in. After a while the heartless woman came to look at her property. Seeing the child lying quietly in a bed and surrounded by every comfort, she asked again, 'Is she going to live?' 'No,' we sadly replied. 'Then when she is at her last gasp, just throw her out into your front yard, and when she is cold I will send a man with a sack for her.' How indignant we were! But we only said, 'What harm would she do us if she did die in the hospital?' So, all unconscious, she passed away to Him who said, 'Suffer the little children to come unto Me, and forbid them not; for of such is the kingdom of heaven.'"

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"CHINA NEEDS NOT GODS, BUT **GOD.**"

"Eyes have they, but they see not. They that make them shall
be like unto them."



Slavery

The province of Szechwan has an unenviable reputation for supplying slave girls to other parts of the empire. A slave market exists in Chengtu. It is well known to those interested in the traffic, but is carefully concealed from all others, because the public conscience of the people of China is a force which is coming more and more to be reckoned with, and may not be flouted with impunity. Officials who are about to make the journey to the coast not infrequently buy six or more girls, whom they take with them to Shanghai to sell to the brothels. This is a well-known branch of the slave trade in China. It is cheaper to buy small girls and bring them up to lives of shame than to attempt to get them any other way. They are taught to play musical instruments and to sing. These are the well-known "singing-girls" of Shanghai. Many little girls are kidnapped and sold to the brothels, but Chinese law against kidnapping is strict and punishment severe, so that the dealers buy many outright, rather than run the risks of kidnapping. This is real slavery, just as real as servant slavery and much more shameful, while still just as hard to escape from. Sad beyond telling is the lot of these children, busy all night, singing, dancing, and filling opium pipes, beaten or burned if they are not sufficiently attractive to the guests or obedient to their owners, their only education that in the language and habits of sin, and their only prospect that of a sinful life at any age when they may be desired

The slave traffic and slave market of Szechwan.

Heal the Sick

by evil men. No words can picture too darkly the horror of such a child's life. Until 1901, when a Rescue Home was established by some devoted Christian women in Shanghai, there was no possible way of escape for these brothel slaves except by suicide. Not a few of them took this last method. Some hundreds have been saved from the brothels through the Rescue Home, but these form but a very small fraction of the total.

POLYGAMY.

Polygamy.

Polygamy prevails in China among the official and wealthy classes, while polyandry is found only in Thibet. I have already mentioned that this practice of polygamy is one of the direct results of Chinese ideas of "Filial Piety." A common saying in Chinese declares that the greatest breach of filial piety is to have no children, that is to say, no *male* children. Hence there is a strong impetus to polygamy on the part of the childless, and of those without male issue. We must, therefore, be free to acknowledge that lust is not by any means the only, nor even the chief, cause of polygamy in China.

The influence of ancestral worship.

One of our Christians at Chengtu was gone for some days to see his wife in the country, who had been reported to him to be dying. He returned to say that she had died and was buried. I commiserated with him. What, therefore, was my surprise when a few months later, the same man brought his "sick wife" to the dispensary

Polygamy

for treatment. "But," said I, "I understood that your wife was dead and buried." "Yes, but this is the other." Not that he had married another, he explained, but that he had originally had two wives. It seemed that his uncle had died without male issue, and he, as a young man, had been required by his older relatives to marry two wives, and to raise children by the one in order to continue his uncle's branch of the family, while the children of the other he reckoned as his own.

There was another and a similar case at Jen-show. A man who, we believed, was an earnest, conscientious Christian told us the whole story of his marriage in middle life to a second wife, by the express command of his old parents. A brother had died without sons, and this man was ordered to raise up sons for him, in order that his branch might be continued, and that the usual forms of ancestor worship for the dead brother might be carried out. In both these cases marriage with the second wife had taken place long before the men had heard of Christianity. The custom is recognized by the Chinese; it is perfectly legal, and it is respectable—it is even to be commended—from their point of view. The man kept up two separate establishments, of which he was the head. One house was in one place, and the other some distance away. Both those women were wives, they were on the same plane exactly. There is a clear distinction be-

Heal the Sick

tween this form of polygamy and that whereby a man takes secondary wives into his house for his own purposes only. In the latter case, one woman only, the first married, is recognized as the wife; all the others are concubines. The latter are looked upon as entirely respectable members of the family. They are addressed by a term which signifies "Number Two Madam," "Number Three Madam," etc., according to the order in which they were married, while the proper wife is simply "Madam," or "Lady," if she is of rank. They all live in the one house, although each wife or concubine has her own suite of apartments. Children of concubines may be claimed and reared by the wife, if she chooses, for they are hers in the sight of the law.

Concubines
and
unhappiness.

Concubines are respectable members of the family, but there is a decided difference in their position in society. The forms and ceremonies are pretty much dispensed with in the "taking of a concubine." She is usually from one of the inferior classes, or she may have been one of the slaves of the family, whose beauty of face or brightness of wit has attracted the master of the house. A young lady of equal rank would scorn to be given in marriage as a concubine; she would consider the position as altogether beneath her. The Chinese are exceedingly jealous of the chastity of their women and surround them with many conventional safeguards. An unfaithful wife is executed with barbaric cruelty.

Polygamy

The conscience of the people as a whole is strongly against any loosening of the marriage tie, and there is something about the custom of polygamy, even when practised for the ends of filial piety, which causes people to speak of it on the aside, in a low voice or a whisper; it is not a proper subject for ordinary conversation. While there are instances in which the proper wife concurs, or even advises her husband to take a concubine, in most cases it forms a subject of contention and quarrelling, of heartaches and tears. The women quarrel among themselves, and there is often cruelty on the part of the husband. In one of our stations in West China we lived for a year next door to a family of official rank. The old father of the family was commonly reputed to have beheaded one of his concubines in a fit of anger, and to have never been called to account for it. We had no reason to doubt the accuracy of the story.

Why should the women not quarrel? What else can be expected from such unnatural relations? Moreover, these unfortunate women are seldom able to read their own language. They have therefore no books or newspapers. They have nothing to talk about but gossip and scandal. They have nothing with which to fill their time. Why should they not be envious and jealous and quarrelsome?



CHINESE GIRLS AND WOMEN.
WOMEN MEDICAL
MISSIONARIES.

"The same persons constantly return, bringing their relatives and friends, and thus the circles of influence perpetually widen. In the poor man's home, where the newly-born girl baby is not wanted, the woman physician does the work of an evangelist by telling of a Heavenly Father's love for even this tiny babe. To the crowd on the street, where a woman has taken poison and thrown herself on the doorstep of her adversary to die, she tells the story of redeeming love. Many a sufferer turns to kiss the shadow of these Santa Filomenas as it falls upon the wall in hospital or home."—*Arthur H. Smith, in "Rex Christus."*

CHAPTER VIII.

CHINESE GIRLS AND WOMEN.—WOMEN MEDICAL MISSIONARIES,

CHINESE GIRLS AND WOMEN.

The women of China are not secluded in harems as are those of some other non-Christian lands, although they have not the freedom of the women in Christian countries. Little girls play about the courtyards and even on the streets, much the same as the boys. They occasionally attend the same schools, and are taught in the same schoolroom. But when they grow up a bit, and are about ten or twelve years of age, they are kept from school entirely, or they are put into girls' schools. They are guarded very carefully by parents or guardians, whether at school or at home, until marriage has been arranged. This last is a matter for the parents of the young people to arrange; rarely do the individuals concerned have a word to say, even though they may be consulted.

Not until some time after the birth of her first child does the young mother enjoy a measure of freedom. She may then go on the street sometimes to see a near neighbor, or she may go to church and Sunday School

Girls
carefully
guarded.

When the
women go on
the streets.

Heal the Sick

without being compelled to go in a sedan chair. I have been speaking of women of the ordinary working or merchant classes. Women of the literary and official classes seldom, if ever, go on the street afoot. They must always call a sedan chair, and for the most part, especially if young, they must go with curtains down, so that they are quite invisible. Within the last few years a change has been noticeable in these respects. There is a marked disposition on the part of women of rank to go on the street on occasion, and to walk with attendants, proud apparently of their natural feet and of their new-found liberty in using them. In March, 1909, the wife of the Viceroy of Szechwan, with a number of attendants, visited the great annual exhibition held a mile from the south gate of Chengtu. Amid the great crowds of people of all classes she walked about, seeing the sights quite unconcernedly, only proud to be able to lead in the new custom. So far, there has not been the slightest indignity offered nor the least inconvenience experienced by those Chinese ladies who have dared to be seen walking on the streets. Elderly women of the middle or lower classes go on the streets at all times without embarrassment and with perfect freedom ; and they meet with no indignity or lack of respect from anyone.

**The place of
girls in
the family.**

The female infant, as a rule, is not welcome in the Chinese home. This is the result of various beliefs and customs, of which the most im-

Chinese Girls and Women

portant is probably ancestor worship. Sons are required in order to perpetuate this form of worship, therefore daughters are not so important or necessary in the family. Daughters are simply married into some other family as soon as they are of marriageable age, say, thirteen to fifteen, and therefore they are not permanent members of the family. Moreover, a vast number of Chinese families are so poor that they feel that they cannot earn enough to feed the "extra mouth," added to the number, especially when the extra one is a girl. So they quickly put the little one out of the way. The horrible deed is accomplished by strangling, drowning, or by burial alive. In West China the evidences of the practice are not in sight. The casual visitor sees nothing and hears little, but the medical missionary learns of the practice from his patients. "How many children have you?" we ask; "Four," is the reply, and in the earlier years I was deceived by that reply, and imagined that I had received definite information. Later, I learned always to add, "And how many girls?" Then came the further information, "Three girls." In other words, four children and three girls, a total of seven sons and daughters! The important children are the boys, the girls are of so little account that they are not ordinarily reckoned. This is a measure of the esteem in which girls, as compared with the boys, are held in the family.

Heal the Sick

Infanticide
and some of
its causes.

Some mothers destroy their girls rather than bind their feet, so reluctant are they to put their little ones to the torture of footbinding. But poverty is the most common reason assigned, and the fathers are more often responsible than the mothers. I well recollect hearing from an intelligent country woman, who came to our dispensary, the story as to the number of her girls that had been buried alive, or thrown into a cess-pool by their father, because, he declared, he could not earn enough to feed them. The tears were in her eyes as she spoke, and she added, "You don't know how cruel some of the men in the country are." I have heard similar stories from others. There is much less of this sort of thing in the cities, partly because public opinion would not justify it, and partly because other ways are found for the disposal of girl babies. Infants from a few days to a year or two old are laid on the street, in the doorway of some compound, or beside the road near the home of some well-known benevolent family. A small bunch of straw serves to keep the thinly-clad infant off the ground or cold stones. A paper is pinned on her clothes giving the all-important "eight characters," that is, the year, month, day, and hour of her birth. Her name is of course not stated, because that would indicate her parentage, and her parents prefer not to be known, for it is a shameful thing, according to Chinese standards, for parents to discard their

Chinese Girls and Women

children. The "eight characters" are important, because they are necessary in arranging her marriage, if she survives; and they are also required for her spirit tablet after her death. I have many times seen this sight—the little one placed beside the street or in a doorway. It is very commonly done in the evening or early morning, when there are few abroad to see. There the little mite lies, crying piteously because of the cold or hunger, or of both, sometimes because of illness and pain. The hope is that some kind-hearted person will pick the child up and adopt it. It is from these poor little waifs that our Jennie Ford Orphanage in Chengtu is recruited. In the cities these castaways are usually picked up, as expected, but many of them are so wasted with disease or from hard usage or starvation, that they do not live long, even with the best of care.

Another of the "tender mercies of the wicked" is the early betrothal which is the rule in China. It may take place any time from birth to twelve or fifteen years of age. There is a case on record—and probably it is only one of a great many—in which an agreement was made between two neighboring women before their two children were born, that if they should be boy and girl, they should be betrothed; the agreement was carried out. Among the wealthy and the official classes, the girls may not be betrothed or married until twenty. This is especi-

Some reasons
for early
betrothal.

Evangelist Li, wife, and children.

Heal the Sick

ally noticeable of late years. As in footbinding so in this matter, *custom or fashion* is the reason universally assigned. The very early betrothal is especially common among the poor, because it costs less than when the children are older. Fifty cents or a dollar, or at most two dollars, will cover all the necessary expense in infancy, whereas ten dollars or tens of dollars would be required later. Another reason sometimes assigned is the *advice of the fortune teller*. This ignorant deceiver, for various reasons, all of which tend ultimately to his own advantage, advises an early betrothal. Failure to do as he says will be visited with dire calamity, therefore the parents immediately look out for some other child suitable for a match. Early betrothal is often entered into because it is *convenient*. There is debt in the family, or other adverse circumstances, as the death of the father or of both parents. The little girl has no proper guardian, and betrothal is the easiest way to dispose of her. Furthermore, a woman will often arrange for her son's engagement, and the little daughter-in-law that is to be is brought to her mother-in-law's house as soon as she is old enough to work, there to be the maid-of-all-work, the drudge and slave to her future husband's family. Even among the rich it is sometimes simply a matter of dollars and cents. It not only costs less for the early betrothal, but the daughter-in-law costs less to keep in the mother-in-law's home than a

Chinese Girls and Women

servant. If the mother-in-law reviles and beats a servant, the latter will leave, but the daughter-in-law must take it all, including reviling and beating, and go on doing the work just the same.

The evil results of early betrothal are seen in the mismating, which becomes evident by or before the time for marriage. At the Women's Conference held at Shanghai in November, 1900, Miss Culverwell gave an account of a very sad case which came under her notice. The children were betrothed when very young. The man became an utter rogue and gambler, living on the streets; the girl, the youngest and the pet of the family—her people were farmers—grew to be a very sweet, beautiful, intelligent girl. Her poor old mother's heart broke at the thought of giving her over to the wicked family, who would doubtless sell her for a good price. The girl's mother tried in many ways to get the betrothal reversed, but no! The man said that, dead or alive, he would have the girl. There was no law to prevent it, for the girl's mother was not rich enough to carry the matter through the courts. The old mother died of a broken heart, and the girl tried to commit suicide, first by opium poisoning, then by throwing herself into the river. She was saved by her own relatives and sent to her husband's home, there to experience such cruelties as we who live in Christian lands can scarcely imagine.

Evils of
early
betrothal.

Heal the Sick

Because they were betrothed in infancy and there is no law to enable them to break the betrothal, young men in China have again and again been compelled to marry idiot girls, who were unable to feed or dress themselves.

**The
"undivided
family"
brings
troubles.**

The Chinese have a rooted objection to "dividing the family," as it is called; that is to say, it is considered to be always the proper thing for the son to bring his new wife home to the parental roof, where she may wait on her mother-in-law. There may be three or four or more daughters-in-law in one house. There may be cases of harmony between them, but these are few. As a rule there is constant strife as to who shall be head of the house, with the balance always in favor of the mother-in-law. The daughter-in-law expects to be abused, and in many cases she submits meekly to a certain amount, though this attitude more often than not draws down upon her the more terrible wrath of her mistress. She is reviled, beaten and pinched, till her body is covered with bruises; she is struck with sticks or whips, till she is seriously wounded, or until she resorts to suicide. The constant contention in the household makes life perfectly miserable for all its members. In the case of one of our newly-married Christian young men, I did not hesitate to advise him to come away, and set up a home for himself. The result proved the wisdom of the arrangement.

Chinese Girls and Women

The Chinese betrothal is supposed to be in-^{A real} violable, but new China will make changes in ^{love story.} this, as in many other customs. Indeed, the changes are already in progress. A conspicuous instance was that of one of our Christian young men in Chengtu a short time since. His widowed mother had betrothed him, when he was perhaps fifteen or sixteen, to a respectable girl in the neighborhood. His mother was not a Christian, neither was the girl whom she had selected. The latter had, however, a considerable fortune as a dowry, as such things go in China, and the match was therefore regarded by the mother as a very desirable one. But alas for her plans! Her son, who had been one of our students for many years, and who was working his way up as an assistant teacher in our school in Chengtu, occasionally saw in church one of the pupil-teachers of the Woman's Missionary Society's School for Girls. This young woman was a bright, earnest Christian, a good student, and a successful teacher. By mysterious ways known to Cupid, they heard about each other and were mutually attracted. The next thing we knew, there was trouble in the home of the young man, for he wished to break the engagement arranged by his mother. He declared that the young girl to whom he was betrothed was not a Christian. She was quite ignorant, had had no school advantages, and had also bound feet! Moreover, his mother had not consulted him in effecting his

Heal the Sick

betrothal, and he thought she ought to have done so. The sum and substance of the whole matter was, that he wished to be released from his betrothal, in order that he might marry the young teacher. There were many meetings and many earnest consultations, in which the foreign missionary used his best offices towards justice and satisfaction. I fear the young man did not get much sympathy in his effort to break with long-established Chinese custom. But he was determined, and ultimately succeeded. The first betrothal was broken without any serious consequences, and a few months or a year later the two pupil-teachers were happily married.

Status of women.

Chinese husband and wife do not sit together at the same table, except among the very poorest classes. Among those who go upon the street, husband and wife never walk together; women walk with women, and men with men, or alone. In recent years our missionary ladies walk freely upon the streets, without meeting with the slightest unpleasantness. But I well remember when my wife and I first began to go out together. *Then* we did attract attention, and some of the Chinese women in our neighborhood were reported to have remarked that they "would be glad if their husbands would walk shoulder to shoulder with them, as the missionaries did"! Alas for the Chinese wife! She is not respected, much less honored, by her husband, as are wives in Christian lands. When we call upon a Chinese

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THE HOPE OF CHINA—THE CHRISTIAN FAMILY.

Evangelist Li, wife, and children.



Chinese Girls and Women

friend, we never see the lady of the household; she keeps carefully out of sight. Or if for any cause she should appear, she would not be introduced; that would be altogether beneath the dignity of her husband. If he has occasion to refer to his wife in conversation, he does not speak of her as Mrs. Li or Mrs. Chang, but of his "unworthy inner one," that is, the one who lives in the inner rooms. His wife is not his equal, either in fact or in his esteem. She is uneducated; she cannot read or write her own language; she knows nothing of books or of business, of government or of laws. She is not a helpmeet; she is a necessity to her husband in order that he may raise a family, and so perpetuate his name and family ancestor worship. She is the property of her husband, and may be put away almost at his will. It is very easy for the husband to divorce his wife, but next to an impossibility for her to divorce her husband. He may beat her if he chooses, and at intervals he does so choose. She is his property; can he not do as he pleases with his own? I had a woman with a broken forearm as a patient, who described volubly how the fracture occurred—she was attempting to parry the blows of her husband! There is a common saying that women are always in subjection: as girls, to their fathers; as wives, to their husbands; and as widows, to their sons! Widows commonly remarry, although this course is considered unbe-

Heal the Sick

coming; they are regarded as showing insufficient respect to the deceased husband.

"The Christian idea of woman's position differs from the Chinese as day from night. Only by the spread of the new ideas as to the dignity of womanhood can we ever hope to see the evil customs of China changed. But little can be accomplished by attacking them from the outside. We must implant new ideas, and as these take root and grow the evil customs will then slowly wither and die away."

WOMEN MEDICAL MISSIONARIES.

**China a
great field
for women
physicians.**

The Empire of China presents opportunities altogether unsurpassed elsewhere in the world for the work of women as medical missionaries. This is because of the extreme need of the women of China, and because they can be reached more easily by the woman physician than by the man. We have no zenana or harem in China, and the women are not specially secluded. A few come to our general hospitals to be treated by men physicians, but they come much more freely to our Woman's Missionary Society Hospital for treatment by women physicians. In diseases peculiar to women and at the lying-in period, women physicians have the greatest possible advantage, for these are the diseases and the times which bring the greatest suffering to Chinese women.

Women Medical Missionaries

Women have all the ordinary diseases to which men are subject, and a few besides. Foot-binding is both a direct and an indirect cause of disease. Directly, it causes sores, which are not infrequently tubercular, and these lead to disease of the bones of the feet. Abscesses and sinuses may form, and the child often succumbs, or she may live, but with permanently crippled feet, so that walking is difficult or impossible. Indirectly, the bound feet, through pain and lack of exercise, cause the girl or woman to lose her appetite and become pale and thin. A Chinese woman realizes that her poor bound foot is not handsome, and she will not remove the bandages and expose her feet to the male doctor, except under strong protest; but she will allow the woman doctor to see them and treat them with much less reluctance.

Because of lack of exercise and other causes, woman have many disorders of circulation, with a great variety of attending symptoms. They have also the usual coughs and colds, inflammations and fevers, eye and skin diseases.

But it is when women need treatment for their numerous "diseases of women" that they suffer. They do call in their own ignorant Chinese doctors, who feel the pulse with their customary gravity, and write out long prescriptions; they swallow dose after dose of nasty medicines, but are no better, rather worse. Then they get recipes from their aunts or their grandmothers,

Foot-binding
ing a
cause of
disease.

General
diseases.

Chinese
doctors and
medicine.

Heal the Sick

and go themselves or send trusty messengers to pull the required plants from the fields or roadsides. The whole armful is boiled together after the usual fashion, and they dose themselves with the resulting liquor. Sometimes the efficacy of the doses which they prepare for themselves would seem to be in direct ratio to the nastiness.

Medical care when children are born.

It is at the period when woman needs the most skilful and patient care that they suffer most. At these times their doctors are not called, but the midwives, who are just as ignorant as any other class of Chinese women about such things and more meddlesome and venturesome. They have no more idea of the importance of cleanliness and of quiet intelligent nursing than had Sary Gamp of old, while the methods they use in difficult cases are revolting, no less for the ignorance and actual mismanagement displayed than for the cruelty. It is not at all uncommon for such cases to be protracted through several days of weary agony, until death comes to the patient's relief. Not a few Chinese women owe their lives to the prompt and efficient aid given them by the women medical missionaries, after they had already suffered untold tortures from neglect or maltreatment, or both.

A call from the women of China to the women of Christian lands.

Women medical missionaries gain access to Chinese women in their homes as men cannot. They are carried in their sedan chairs directly through the upper or innermost court of the compound, and enter the women's apartments

Women Medical Missionaries

at once. The women and girls crowd around them, and confidence is won immediately. Over and over again does the woman medical missionary hear the remark, "I did not know before that there was a woman doctor, or I would have come to you." And they do come, from all classes, wives and daughters of wealthy merchants and officials, together with multitudes of women and girls of the middle and lower classes. Representatives of all these classes may come at times to the men doctors, but there is no question that they come more freely to be treated by women. That is to say, they come in larger numbers, and they open their hearts to the women as they do not to the men; the influence, therefore, which the women physicians are able to exert upon the women of China is proportionately deep and strong. The appalling need of Chinese women is calling in tones, ever louder and more insistent, to the Christian women of Canada and other western lands for the help which they alone can give.

It is sometimes taken for granted that only **Married women and their work in the Mission** single women are eligible to carry on medical mission work for women in China; that married women doctors should spend their whole time in the care of home and children, and take no active part in medical mission work. With this view of the case I am wholly at variance. Medical women in Canada do not by any means always cease the practice of the profession, because of

Heal the Sick

having taken upon themselves the responsibilities of married life, and most of the organized Christian work carried on by women in the home lands is done by married women. Single women in China, as well as those who are married, have to take time to look after their homes. Children take up the time of the married woman—I would not for one moment suggest that the home should be without children; it is not complete till they come, and there should be at least several in each home—but she is able to engage cheap help, and to train her helpers so that they become efficient. Moreover there are not the social duties to be attended to in China which take so much time in the homeland, so that if the married woman in China can find or make time for duties outside her own home, much more can the married woman in China find time for such work. In the very nature of the case, she cannot give so many hours to Christian work as the single woman, but what she can give ought to be accepted and used. It is my candid judgment that those missionary societies, which make no provision whatever for any systematic organized Christian work by their married women, whether such married women are doctors, nurses, or teachers, or gifted leaders in evangelistic work, fail to make use of a most valuable asset.

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**THE MISSION DISPENSARY.—THE
MISSION HOSPITAL.—SOME
PATIENTS I HAVE
HAD.**

"In trying to decide as to your duty, do not emphasize too much any contrast which you may have in mind between evangelical work and medical work. True medical work is evangelical. Our Lord never separated the two, but preached and taught and healed as He went, and so should we. If we do not combine the two we cannot succeed. Our remedies frequently fail, but Christ as the remedy for sin never fails."—*W. H. Parkes, M.D.*

CHAPTER IX.

THE MISSION DISPENSARY.—THE MISSION HOSPITAL.—SOME PATIENTS I HAVE HAD.

THE MISSION DISPENSARY.

The Mission Dispensary is usually associated with the Mission Hospital, but is sometimes carried on independently. It may, therefore, be simply a spare room in the Mission compound, in which patients are seen and all medicines dispensed. Patients come in at all hours, when the doctor is at home, and he sees them one by one. He probably charges them a very small fee, if any, and one assistant suffices for his purposes, or perhaps he uses no assistant at all. The Mission Doctor's wife is often his only assistant. She dispenses all his medicines, does much of the bandaging, and attends to many other duties about the single room of the dispensary. There are some advantages in this simple form of work. The doctor is able to get near to his patients. They come into a room in his dwelling compound; that is, into a room of his house. There is little or no formality, and therefore a good opportunity for getting acquainted and for impressing the Gospel message. But there are

The advantages and disadvantages of a dispensary without hospital connection.

Heal the Sick

also disadvantages. Many patients come whose complaints cannot be properly attended to in the dispensary. They need to be under observation for a few days or weeks, or require a slight operation which cannot be performed with safety in the dispensary, and so all Mission doctors long for the time when they may be provided with hospital wards with at least a moderately complete equipment.

The hospital dispensary.

A dispensary which is part of a hospital is sometimes called the out-patient department, and is a much more highly organized institution than the independent dispensary above referred to. It does the same work as the other, but more of it, and with less expenditure of time and energy. The hospital dispensary, or out-patient department, comprises a large waiting room, a consultation room, a private consultation room, a surgical dressing room, a dark room for examination of eye, ear, nose, and throat, and a drug dispensing room.

The waiting room.

First of all, the waiting room. This is furnished with long benches to accommodate fifty to one hundred persons. It is well lighted, and is ornamented with tracts, scripture portions, Christian calendars, etc., hung or pasted on the walls, so that all may read. There is probably also a notice, "No Spitting or Smoking Allowed." At the door sits the registrar. All patients are required to record their names, with address, age, occupation, etc., in the dispensary register. Each

The Mission Dispensary

one pays the nominal fee of thirty cash (one and a half cents), and for this amount he may come for a month, or sometimes for longer, without being asked to pay again. Each patient is provided with a number, written on a slender slip of bamboo, and with a prescription form; supplied with these, he takes his seat to await the hour of opening. I always begin to see patients immediately after dinner; that is, about one o'clock, or one fifteen. Fifteen or twenty minutes before the time, our hospital evangelist steps upon the little platform at the upper end of the waiting room and reads a portion of scripture, which he proceeds to expound. Sometimes the foreign medical missionary preaches instead of the Chinese evangelist. On the whole the patients listen well. There is never any opposition; there may be indifference, and perchance silent contempt for the foreign doctrines, but there is, at least, outward respect.

At the hour assigned, the patients are invited to enter the consultation room ten at a time. **The consulting rooms.** Twenty or thirty per cent. of the total are women. These are invited to enter first, and only after the last woman is seen are the men requested to come in. As the patients come in they are seated on a long bench by the wall, and one by one called to the chair near the doctor's desk for examination, diagnosis, and prescription. Those with wounds or ulcers are asked to pass into the surgical dressing room, where there are facilities

Heal the Sick

for attending to their especial needs. For such as need special examinations, there are the private consultation room and the dark room. But, sooner or later, each one receives a prescription, which is taken into the drug dispensing room. Here he receives over the counter at the hands of a Chinese assistant the medicines prescribed with full directions for taking. He passes right on through to a passage leading back to the main gate of the hospital, and so to the street.

How the doctor gives the Gospel message.

While the patient is with the foreign doctor in the consultation room, the latter presents him with a copy of one of the Gospels and perhaps a tract as well, and asks him to take them home to read. The missionary may also drop some seed of the Gospel message in the hope that it may take root and grow. In the waiting room each patient hears the Gospel preached; he may read a tract on the wall and hear something about it from the Registrar who is, if possible, a Christian man. In all these ways we seek to fulfil the Great Commission. But more especially in the *doing good*, in the relief of pain or distress, in kindly cheer and encouragement, we attempt to give the message of life and love, the message which has cheered the downcast, encouraged the faint-hearted, and comforted the sorrowful in all lands and climes and amid all races of mankind.

Some early experiences in West China.

In the earlier years of our dispensary work in West China, we had some curious experiences.

The Mission Dispensary

The people were at that time suspicious and distrustful of the foreigner. We were not well understood; our motives for coming to China at all were suspected; our motives in doing free medical work were the subject of much conversation and speculation on the part of those who came to know anything about us. Many who came to us for treatment and received benefits at our hands were yet unconvinced of our disinterestedness. Those who knew us by reputation only were entirely free to assign the very worst motives to the foreign medical missionary. Two women came into the dispensary together on one occasion. They manifested a good deal of alarm, stood near the door, and were careful to leave it slightly ajar, with the object, without a doubt, of being assured of a way of escape in case they should be threatened by any awful fate!

Some years later I had an amusing experience; **A patient who didn't appreciate my good intentions.** amusing to me, but perhaps not to the poor vietim! One day, amid the throng, I noticed a man standing, while others sat. I politely invited him to sit down, as the others were doing. He replied that he could not sit down! His hip joints were stiffened by disease to such an extent that he could sit down only with the greatest difficulty. I invited him to come into the private consultation room, where we had a rattan couch. Now this couch was of local manufacture, and had a light rail along one side. I turned it so as to get the best light from the window, but

Heal the Sick

this brought the rail on the outside. I sent one of my assistants to call the carpenter, who was at work on the premises, and to save time I mentioned that he should tell the man to bring his saw, chisel and hammer; for I was determined that that offending rail on the couch should be removed at once, so that my patient could lie down. I asked him to wait a moment and I would examine him; in the meantime, I stepped back into the consultation room to continue seeing other patients. Almost immediately my poor man with the stiff hips appeared, waddling across the floor. I wondered if he had misunderstood, and asked him what was the matter. He replied that he would step outside for a moment, and made some trifling excuse. I went on with my work. The carpenter came in, very quickly removed the couch-rail, and went out. Then I called for the man with the stiff hips. I looked for him everywhere, but he was not to be found. Enquiry at the gate revealed the fact that he had come out from the consultation room with a look of terror on his face, had gone out of the gate, and waddled off down the street as fast as his crippled legs could carry him. He had misunderstood the intended use of the carpenter's saw, chisel, and hammer, and must have congratulated himself on his narrow escape.

**Fifty to one
hundred
patients
a day.**

It usually took me from one o'clock till dark to see and prescribe for the fifty to one hundred patients who came each dispensary day for treat-

The Mission Hospital

ment. For a few weeks, on one occasion, from one hundred and thirty to one hundred and fifty persons came each dispensary day. That was about all I wanted to attend to on one afternoon. Sometimes it was seven o'clock and often away after dark before we finished and went to supper, tired and hungry, but glad for the abundant opportunities for service.

THE MISSION HOSPITAL.

From among the throngs of patients who crowd the dispensary, we select those suitable for treatment in the wards and invite them to come in. In the earlier years, that is to say, before 1900, there was often some difficulty in persuading these men and women to entrust themselves to us. They hesitated to come and live right in the foreigner's buildings, to so put themselves in our power. From the first we got at least a few of those we invited. With the years their confidence grew, until nowadays we have no trouble at all getting the Chinese to come into our wards. Indeed, as in church work, the problem is now rather to make a suitable selection from those who present themselves. An incident will illustrate: One day, while I was busy, as usual, trying to see the numbers who were in attendance, one man presented himself at my desk immediately threw down a few hundred cash and said, "There is

Growing confidence in the missionary doctor.

The man who was determined to "come in" the hospital.

Heal the Sick

my board money, I am coming in for treatment." I hastened to explain that I must first examine him, diagnose his case, and see whether he were suitable for treatment in the wards. He replied that a friend of his, naming him, had been in our hospital, had got well and returned to his village; so now, he, the speaker, had brought his board money for several days, and wanted to come in right away. We had only twenty-five beds at most. On that particular day, I had only one vacant bed, and I did not want to give it to any but a most deserving case. Our beds were usually full, and often several patients were awaiting their turn to come in. I examined my patient, and found that he was one of those who could just as well take his medicine three times a week from the dispensary, and live at an inn or the house of a friend. The man pleaded to be taken in, but I had to be firm with him, finally telling him that it was quite impossible, that he must take his medicine home with him, and come each dispensary day for treatment. He took his prescription and disappeared. Next morning, as I started on my rounds, I discovered my friend of the previous afternoon comfortably ensconced in bed. He had said that he was coming in, and sure enough he did. He had gone along to the ward and announced to the attendant, probably, in much the same tone of voice with which he had met me, that he "was coming in." The attendant had supposed it was all right, had

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SOME OF OUR FIRST HOSPITAL BUILDINGS.

Old Hospital, Chengtu, 1896, Women's Ward.

Old Hospital, Chengtu, 1896, Men's Ward.

Ruins of First Hospital, Chengtu, after Riots of 1895.

Hospital, Kiating.



The Mission Hospital

put him through the bath-tub in accordance with the usual practice, and put him into bed.

In the wards we have an excellent opportunity to get acquainted with the patients; we can get close to them; they stay with us for several days or weeks, or in some cases for several months. We see them every day, often several times a day. They get good food and plenty of it, good clean bedding and hospital clothing, and kind, careful, medical and surgical treatment.

I have seen men come into the wards, fearful and doubting, but next day, after they had had time and opportunity for conversation with others in the same ward, they would be as happy and smiling as the rest. They had learned something of what all the others were ready and willing to tell them of their own experience of the foreigner's skill and of his kindness, or of what they have heard of the cures that have been wrought. So they gain confidence, and this is a big part of the battle, both for physical health and as preparation for the sowing of the Gospel seed.

Daily services are held in the largest ward or in the hospital chapel with the Mission doctor in charge or with the hospital evangelist, a Chinese, as leader. Christian hymns are sung, a portion of scripture is read, all the patients who can read taking part, and finally prayer is offered. Copies of the New Testament, hymn

The unequalled opportunity of the hospital ward.

Teaching the Gospel in the hospital.

Heal the Sick

books, as well as other Christian books, are placed freely in the hands of the patients. The Lord's Prayer, the Ten Commandments, and the Apostles' Creed are written in large characters, neatly mounted, and hung on the walls of the ward. While we try always to have a Chinese Christian evangelist in every hospital, and he is given much work to do, yet it is agreed that the foreign mission doctor must do a certain amount of direct evangelistic work in order to get the best results. He must not leave it all to his Chinese helper. The aim is to develop and conserve a thoroughly Christian and evangelical atmosphere in and about the institution, so that all who come in touch with the Mission hospital will feel and know a power there which is not of man.

Results of hospital teaching.

The longer a patient stays with us, the more likely is he to be converted and to go from us a professing Christian. But I am entirely safe in saying that every patient goes from us strongly prejudiced in our favor, and that is prejudiced in favor of the Gospel message with which we are identified. We have had baptisms in the hospital, but they are the exception rather than the rule. More are received into the Church some time after leaving the hospital. In any case, we make *friends* of the people, and wherever we go in town, village or country we meet them. They welcome us, and introduce us to their village or country friends in such a way as to prepare the way for the cause we have at heart.

The Mission Hospital

The Chinese make good patients. We have **The Chinese as patients.** more surgical than medical cases, partly, I think, because the superiority of scientific surgery is more easily demonstrated to the Chinese than that of scientific medicine. They take anesthetics well, perhaps because they do not realize the danger, and recover readily from even severe operations. We have not yet had an untoward result from the administration of anesthetics in our hospitals in West China, and we have had many hundreds of cases during the past eighteen years. Naturally we have selected our cases, and have done our best to avoid having many deaths in our hospitals from any cause. During the first eight or ten years, I think we had no death in our wards. It would have been disastrous to our work, for the Chinese are so suspicious and so ready to ascribe an evil motive, especially if they do not fully understand all that goes on. Moreover, they do take advantage of such things to their own gain, even though they may know perfectly well that no evil was intended or done. An incident will illustrate: In the autumn of 1892, about September, when Dr. D. W. Stevenson and I had been less than one year in China, I responded to a hurry call to see a woman who was reputed to be very ill. I was carried in my sedan chair to a courtyard in a poor neighborhood not very far from our home. The poor woman lay propped up in bed in a very serious condition from cholera. The disease had

Heal the Sick

not quite disappeared from the city after the summer epidemic. I knew of the danger of giving medicine when the chances were not in favor of the patient's recovery, but yielded to the solicitations of the husband, and to the hope that her life *might* be saved even yet, and gave her one dose. I gave directions as to her care, and returned home. Late that evening another hurry call came; an old man had fallen in a fit which might be apoplexy; would I go at once? Again I was carried in the same direction as earlier that day, and after travelling by devious routes, found myself finally put down in the same courtyard. I did not at first recognize it in the dark. I was shown into the same sick-room in which I had unfortunately administered that one dose of medicine. The husband appeared, walked quickly to the bed, threw down the sheet, and showed me the dead body of his wife. I had been brought by a trick, and was now trapped. I could hardly take it in, but appearances were certainly that way. God's providence was over me, or the results might have been more serious. I noticed that an animated discussion was being carried on among a group of men and women in an outer room; evidently there was a difference of opinion. Some argued and talked vigorously, and yet in suppressed tones, for one course of action, while others were no less assertive for some other course. At that time I did not know enough of the Chinese language to be just sure

The Mission Hospital

what they were arguing for ; but felt certain that it boded no good to me. In the midst of the heated discussion, I walked quietly but quickly past the crowd out into the courtyard, and immediately entered my sedan chair. I was surprised that I had been quite unopposed, but I was not yet out of the trap. The sedan chair was surrounded, the chair-bearers were hindered from lifting the chair and starting off as they attempted to do, their lantern was suddenly extinguished, and a small *melée* was in progress with the sedan chair for the centre. The light bamboo frame would not have stood very long, but all at once the arguments of the more peaceful faction seemed to prevail, and my chair was picked up and carried out into the street, and without undue delay I found myself in our own compound. A noisy crowd had followed, and entered the outer court of the compound with me. Their purpose was soon made known. The husband of the woman carried an infant child in his arms, and respectfully asked for money with which to bury his dead wife. On the surface, the matter appeared very simple—it was a straight case of poverty and begging, and it was quite optional whether I gave anything. But I was assured that I was confronted with a very common and very despicable kind of blackmail. If I declined to contribute anything, this man, with his relatives, would industriously spread evil rumors all over the neighborhood, or, if possible, over the whole

Heal the Sick

city, to the effect that we foreigners had poisoned his wife. Such evil rumors might result only in loss of patients, or it might mean riot, with looting, burning, and perhaps bloodshed. I believe we acted under good advice when we decided to give the man a small amount of money. He took away with him 3,000 cash, worth at that time about \$2.30. While my personal teacher, who managed the matter with great skill and address, advised paying the amount, and himself handed it over, yet in true Chinese fashion he scathingly denounced the method used to extort money, and threatened all manner of retribution if a single word of calumny were breathed abroad about the matter. The crowd of people took the money and departed. We never heard another word about the affair; they obeyed the teacher's injunctions.

When we
could not
cure.

When, during the first few years of medical work, one of our patients resisted all efforts to bring him back to health, when, in other words, a man was about to die in the hospital, we always sent for his relatives to take him away. It was not considered wise to have a death in the hospital wards. It was feared that evil rumors would be circulated with disastrous results. Sometimes a patient had no relatives; then we sent for the street elder, who in every case was good enough to find a place where the poor unfortunate individual might draw his last breath. It seemed cruel, and it was cruel to send a dying man away,

The Mission Hospital

but it was quite in accord with Chinese ideas. Happily that day has passed, and for some years we have had no fear of any evil resulting from death in our hospital. We have had a few deaths in our Chengtu hospital without any trouble whatever resulting. Our institution has won a place for itself in the esteem of the people. One must admit, however, that our improved relations are due in part to the much better position of foreigners generally in interior China. We are not so much despised as we used to be; the masses have learned much about the power and prestige of foreign nations, of which a few short years ago they were in total ignorance. For several years we have had friendly relations with even the highest provincial officials, something altogether unheard of during the earlier years. I think it was in 1902 that the foreign missionaries of Chengtu first called upon the Viceroy. That was in response to a request from the Viceroy himself. But from that year onwards, calls have been made at certain times, and missionaries have been invited to dine with the Viceroy, and with other high officials, on more than one occasion. Recognition by the Viceroy and other officials meant prestige and assured position for the missionary wherever he went. Many causes, of which medical missionary work was undoubtedly one, combined to lead up to these greatly improved relations.

Heal the Sick

Improved relations between Chinese and foreigners.

One result of these improved relations was that we were able to receive in-patients, with whom we would formerly have been afraid to have anything to do, for fear of death and evil rumors. One day word was brought to the hospital gate, that out yonder on the open parade ground there lay a man dying from wounds received at the hands of the magistrate. We told those who brought the word to carry the man in, which they did. He had fallen into the hands of the official for some crime or misdemeanor, and had been severely punished by beating with strips of bamboo across the backs of his thighs. Without any proper treatment, the great wounds resulting had festered and grown larger and more painful, till by this time, some days after the beating, he was unable to walk. He had no relatives in the city, so the only place for him was the open parade ground, where he had lain exposed to sun and rain. His wounds were foul, maggots were crawling from the depths of each great raw surface, and the man was in high fever. He would soon have died from exposure and exhaustion. For this reason, and because of the foulness of his wounds, we could not place him at once in a ward with other patients, so fixed a bed of straw under a shelter used as the hospital laundry. Under careful treatment his wounds became healthy, his fever disappeared, and in a very few days the man was among the other patients in the

Some Patients I Have Had

ward, going on steadily towards health and strength. But if he had died in the hospital at that date, we would have suffered no ill consequence.

SOME PATIENTS I HAVE HAD.

Beggars are common in China. Poverty is everywhere, and most people live so close to it always that it is a very short step from independence to beggary. Occasionally a man is better off as a beggar than he was as an artisan; such a man was probably a lazy workman, or he has special capital for the trade of begging. An incident in my hospital experience serves to illustrate. One day a workman whose leg was broken was carried to our hospital in Chengtu. He had fallen from a height a few days previously, and received a compound fracture of his right ankle. I believe he was one of the two patients I ever had, with broken bones, who came to me with the broken limb in splints. A "famous doctor" (Chinese) had put them on in this case. The patient was groaning with pain. On removing the splints, the cause was evident: the bones were still protruding, the wound was foul, and both man and wound were in such condition as to warrant nothing more likely than amputation. The announcement that he would probably have to lose his foot did not seem to worry the patient. In order to give him every possible chance, we put him to bed, after thoroughly

The man
who wanted
to be a
beggar.

Heal the Sick

cleansing the wound. Treatment was kept up for a few days with what appeared to be favorable results. One day, with his full consent, we put him on the operating table, intending to amputate if necessary. To our surprise, on examination under an anesthetic, we found that healing was already in progress. Instead of amputating, we gave the wound another thorough cleansing, brought the broken bones into apposition, and bandaged carefully with splints. When the patient awoke in his own bed in the ward, the news that he still had two feet, and was likely to retain them, filled him with—dismay! We suspected at that time, what we were sure of later, that our patient had been counting on changing his occupation. To become a beggar with only one foot appeared much more attractive to him than to continue through life as only a carpenter.

Our friend, the patient, was possessed of a remarkable degree of perseverance. He had visions of the delights of sitting by the roadside day after day, and taking in the contributions of the compassionate, and he was not to return, without a struggle, to the hard lot of a laborer with tools. That night he removed the splints, loosened the bandages, and endangered the success of all the work we had done for him. We reasoned with him, and reapplied the dressings and splints. Next night he not only removed the splints, complaining of the pain, but thrashed his leg about in bed so much that he actually dis-

Some Patients I Have Had

placed the broken bones once more. Again we applied the dressings, this time with the aid of an iron splint. We made sure that he would not, or could not, tamper with his wound again. Alas for our pains! On the following morning the iron splint was off, and the wound was in the worst condition it had yet been. What were we to do with such a refractory patient?

Now the missionary is always glad to invoke *Shingle treatment*, wherever he can make use of that powerful lever, to aid him in his work. It is well known that in China the grown man is a child to his parents so long as the latter live. Or if they have passed away, an uncle may exercise almost the same authority over him. We called in the nearest relative of our patient, who happened to be his uncle. The situation was explained, and we asked the uncle to remove the man at once, as we could do nothing with him. The older man pleaded with us to keep him, and to cure his foot. He exhorted us and scolded his nephew by turns. After much consultation, we agreed to keep the patient, but on one condition—his uncle should give him a good spanking. Our condition was promptly accepted, we found a shingle, and the uncle applied it heartily. The patient's howls could be heard farther than his previous groans, but we were given full permission to reapply the same remedy if in our judgment the patient should need it. That night the dressings and splints stayed on perfectly.

Heal the Sick

I am not sure whether I ought to tell the next act in the drama. Next day the patient tied a cord around his neck, and made a half-hearted attempt to strangle himself. This seemed to be the condition for which the uncle had given us permission to act on our own responsibility, and we acted! It took only a very few pats with the shingle, however, to cure him of this small delinquency, and after this occasion we had no further trouble. The wound went right on to good healing, and the patient left us some weeks later with two good feet, well able, and I trust not unwilling, to pursue his trade of carpentering. For our part, we had learned a few more characteristics of these peculiar people, while we were doing one of them good.

Sight
restored
to a little
boy.

One of the most encouraging diseases of the eye, with which we have to deal, is that one cause of blindness which gives the most hope, namely, cataract. I well remember my first case. It was a boy about twelve years of age, who came to us at Kiating during the year in which our Mission opened the work there. He was quite blind in both eyes, and had to be led by the hand as he came in. His mother brought him, and left him with us quite cheerfully. He made his way about the hospital courtyards with the aid of a stick, which he used in the most approved blind man's fashion. His face was long, and he was grave, rarely smiling or laughing, and he was not easily drawn into conversation. First

Some Patients I Have Had

one eye was operated on, then the other, and good results were obtained in each case. After a few days, when the bandages were removed, he was allowed to sit up, and then to walk about. Very soon he was running all over the premises using no stick, laughing and talking with every one, and showing the most decided change in disposition as the result of eyesight regained. In less than a month after he entered the hospital, his mother took him home, after having expressed her deep gratitude for what we had been able to do for him.

An old man came to me in the Chengtu ^{A grateful} hospital, who had cataract in both eyes. He ^{old man.} came into the wards and readily submitted to operation. When the bandages were removed, he was noticed counting his fingers. Then another day he could point out each window in the building, and a little later he could distinguish the outline of each of the other beds in the ward. Finally one morning, as I entered the room, I stepped up to his bed and enquired how he was. He answered me very cheerfully that he could now see very well indeed. "Stand back, Doctor," he said, "back a little further,—there, I can see you distinctly there," as I reached a point about ten feet away. He took his departure, first overwhelming us with thanks for the benefits he had received. He, as well as the boy above mentioned, was poor, so could pay no fee; both paid the cost of their food while

Heal the Sick

in the hospital. We heard of the old man afterwards, that he spent much time on our own street, sitting in the teashops, talking with all comers, and telling how he had visited the foreigner's hospital, that he went in blind and came out seeing. His influence was all on our side, and the whole incident did good to our medical work. That means that all departments of our work received benefit, for we all stand for the same thing, the holding up of Jesus Christ and Him crucified. It does not matter whether it is the church, the hospital, the school, or the press, the supreme aim of each and every department of work is the winning of men to the Lord Jesus, and their upbuilding in the faith.

Old Mrs. Du. The last case of this sort to which I wish to refer is that of old Mrs. Du, a well-known old Christian and member of our Chengtu church. She was over seventy years of age, but bright and clear in intellect and in Christian experience. She it was who, when the movement against foot-binding began, insisted upon unbinding her feet. We almost urged her not to do so, because of her age, and because they could not expand to any great extent after the bandages were removed. But she said she would unbind for the sake of example, and unbind she did.

Her sight began to fail, and she applied to one and then another of the Mission doctors for relief. Nothing could be promised her until her cataracts were ripe. In the meantime she grew steadily

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MRS. DU AND A LITTLE GIRL FRIEND.

"Whereas I was blind, now I see."



Some Patients I Have Had

worse, until at last, after a year or more, she could no longer venture out to church unless her grandson led her by the hand. She was always in great distress over her loss of sight. Jesus cured a great many of blindness, why couldn't we? She had prayed to Him many times to restore her sight, why did He not answer her prayer? Every time we saw her in church or elsewhere, the first query was always, "Oh, doctor, can't you do something for my eyes?" She had a simple, strong faith, and she often added, "I shall see clearly when I reach heaven any way." To add to her sadness her son and daughter-in-law commenced using opium, and, as the habit grew upon them, gradually wasted her property. She became anxious and prayed much for her son and his wife. From comfortable circumstances, she was reduced to poverty, and could not be otherwise than somewhat anxious about her own future. At last the time came when it was thought that her eyes could be operated on with safety. Dr. O'Donnell took her in at the W. M. S. Hospital, and Dr. Retta Kilborn and I were called in to help perform the operation. Mrs. Du was much in prayer, and was grateful for what we were trying to do for her. Her eyes were slow in healing, but by the time she was ready to leave the hospital her sight was good, and she was happy accordingly. Dr. O'Donnell sent to Shanghai for a pair of spectacles for her. It was about two months

Heal the Sick

before they reached Chengtu, but when they came, and were fitted, and the old lady was able to see still better, in fact almost as well as ever she did how happy and thankful she was. She gave constant expression to her gratitude, both to us who had been the means used to restore her sight, and to God who had provided such means. She declared to Miss Brooks that she was going to devote her remaining years to preaching the Gospel. "My hair is gray," she said, "and people will listen to me, and believe what I have to say." She began at once, going into people's houses, and telling the Gospel story—emphasized always by the story of her own blindness followed by sight restored. What a change came over Mrs. Du's face and disposition. She was no longer downcast and melancholy, going out led by the hand, feeling her way carefully with a staff, but bright and cheerful, smiling and happy, her inward joy reflected in her countenance.

Mr. Moody once said that one of the keenest joys to be had in this world is to have some one take us by the hand and say, "By your means I was led from darkness to light." I believe the joy that comes next to this is that of bringing light to the physically blind. Both these joys are the privilege of the medical missionary.

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MEDICAL EDUCATION IN CHINA.—
MISSION MEDICAL SCHOOLS.

"It is also freely acknowledged that in the United States there are already three times as many physicians and twice as many medical schools as there is need for. Grist after grist of doctors—more than 5,000 a year—are turned loose on this country, where the majority stay, either to eke out an existence or practise because the vocation is pecuniarily more profitable or socially more congenial than other callings.

"And is it not also true that in some of our magnificent hospitals the wounds of the relatively few are not only scientifically treated, but in addition elegantly dressed, 'to secure primary healing,' while the unwashed, untouched sores of the untold multitude in heathen lands are left to suppurate, to mortify and to kill? New York City alone has ten thousand hospital beds, costing upward of a million dollars a year—more beds and more money for the sick among two millions than are used and spent for the relief of the sick by all the medical missions that exist among a thousand millions of heathen and Mohammedans."—*W. J. Wanless, M.D.*

CHAPTER X.

MEDICAL EDUCATION IN CHINA.—MISSION MEDICAL SCHOOLS.*

MEDICAL EDUCATION IN CHINA.

The Chinese Government in its published scheme for the organization of schools and colleges for the whole empire, distinctly includes *medical colleges*. The "scheme" has been in print for three or four years, but the first Government medical college has yet to be organized, unless we except the one weak, struggling, medical school at Tientsin. "It was established about twenty years ago, and was at first in the hands of one or two medical missionaries for organization, but was later taken over by the Chinese with some foreign assistance. It has graduated quite a number of students, some of whom have proved useful men, but their education is superficial and otherwise insufficient."

The Government is scarcely to be blamed for not having made more progress along these educational lines. They have not had time during the less than five years which have elapsed since

Government included medical colleges in its educational scheme.

Medical schools not yet organized by Government.

*I am very largely indebted for the material of this chapter to the September, 1909, issue of "The China Medical Journal."

Heal the Sick

the promulgation of the edict abolishing the old system of competitive examinations and ordering the establishing of schools. In any case, comparatively few Government students are yet ready for a course in medicine, and for the same reason—insufficient time.

The College of Medicine at Hongkong.

As long ago as 1887 a college of medicine was established in the British colony of Hongkong, under the auspices of the Hongkong Government. It has gone steadily on educating Chinese students in the principles and practice of Western medicine. In 1905, a very suitable site, centrally located and convenient of access to the several hospitals and laboratories of the city, was donated by the Government, and in 1907 and 1908 large sums of money were contributed by Mr. Mody, a Parsee gentleman, and Mr. Ng Li Hing, a Chinese gentleman, residents of the Colony for the erection of buildings for the Hongkong University, of which the College of Medicine is to form a part. The institution is primarily for Chinese, but students of other nationalities will not be refused admittance. Graduates in medicine are required to serve the Hongkong Government for all or any part of the three years immediately following graduation, at a small fixed salary.

A medical school at Shanghai founded by the Germans.

A hospital and a medical school have been founded in Shanghai by certain German practitioners, with more or less backing from the German Government. As it is proposed to teach

Mission Medical Schools

entirely in the German language, most of the training thus far has of necessity been in language study.

MISSION MEDICAL SCHOOLS.

There are thirteen medical schools under distinctly Christian auspices already in operation in China, and three others are proposed:—

IN OPERATION.

CITY.	PROVINCE.	SCHOOL.	MISSION.	LANGUAGE USED.	YEAR FOUNDED.
Peking....	Chili.....	Union Medical College.	Union.....	Chinese..	1903.
Peking....	Chili.....	Union Medical College	Union.....	Chinese..	1906.
Tainan....	Shantung..	Union Medical College.	Union.....	Chinese..	1904.
Shanghai..	Kiangsu....	School of Medicine— St. John's University.	Am. Episcopal.....	English..	1896.
Soochow...	Kiangsu....	Soochow Medical School....	M. E. South.	English & Chinese..	1883.
Hangchow..	Chehkiang..	.....	C. M. S.	Chinese..	.....
Foochow...	Fukien.....	.....	C. M. S.	Chinese..	.....
Canton....	Kwangtung..	Hackett Medical College for Women....	Am. Presby.	Chinese..	1901.
Canton....	Kwangtung..	South China Medical College..	Canton Med. Miss'y Soc.	Chinese..	1903.
Tungkun...	Kwangtung..	.....	Rhenish....	Chinese..	.....
Hankow...	Hupeh.....	Union Medical School.	Union.....	Chinese..	1902.
Wuchang...	Hupeh.....	Boone Medical School.	Am. Episcopal.....	English..	1907.
Changsha...	Hunan.....	.....	Yale.....	Chinese..	.....

Heal the Sick

PROPOSED.

CITY.	PROVINCE.	MISSION.	LANGUAGE USED.
Moukden.....	Manchuria.....	Scotch Presbyt'n.	Chinese.
Nanking.....	Kiangsu.....	Union.....	Chinese.
Ohengt'u.....	Szechwan.....	Union.....	Chinese.

Where
medical col-
leges are
located.

It will be noticed that the first ten colleges mentioned in the list of those in operation, are located in eight cities in six provinces. Of the eight cities, Peking and Canton each has two colleges, but in each case one of the two is a college for women only. This is a noteworthy fact, that of the sixteen medical colleges in operation or proposed, two are for the education of Chinese women in medicine, and are already in operation. It will also be noticed that the six provinces in which are these ten medical colleges, are six coast provinces from Chili in the north to Kwangtung in the south, in the order named. This is the natural result of the earlier occupation of the coast provinces of China by foreign missionaries, and therefore of the more advanced state of the work in these provinces.

Of the remaining three medical colleges in operation two are in Hankow and Wuchang, two big cities located on the Yangtse directly opposite each other, about 650 miles from its mouth. The third and last is in Changsha, the capital of Hunan, south-west of the two cities just named.

Mission Medical Schools

Of thirteen colleges in operation, four are union institutions; that is, they are organized, managed and supported by two or more missionary societies; nine are supported and controlled each by one missionary society. Two use English as the medium of instruction, one both English and Chinese, and the other ten Chinese.

There has been a division of opinion among missionaries engaged in educational work in China, as to the wisdom of using English or Chinese as the medium of instruction. The advantage in using English or German is the opening of practically the world's literature to these students, and thus a wide range of text-books and dictionaries, as well as the current issues of medical papers and magazines, is at their command. The great disadvantage is the "necessity of not only learning the foreign tongue, but learning it thoroughly, so exacting and difficult is the technical medicine of modern development."

"By using the Chinese language as the medium of instruction, much time is saved in preparation of students for the course, medical students will very soon be unlimited in number, and with the steadily growing medical literature in Chinese, I believe the work will be quite as efficient. Moreover, all foreign missionaries to China learn the Chinese language, whatever the department of work in which they are engaged; and it is very much easier for one missionary to learn Chinese living in China, than for scores of Chinese to learn

The language used as the medium of instruction.

Heal the Sick

a foreign language without leaving China. The use of a foreign language as a medium of instruction in schools or colleges for Chinese students in China can, in the nature of the case, be but a temporary expedient at the best; their own language must be the ultimate and permanent language of instruction. In this connection it is interesting to note that the Union Medical College for Women, Peking, while using Chinese as the medium of instruction, teaches English to its students each year throughout the whole six years of their course, 'with the idea of preparing the students to read medical literature in that language by the time they have concluded their studies.'"

The length of a medical course.

The time required to complete the course in these thirteen schools varies from four to six years, and the aim in each case is to cover as thoroughly as possible the ground covered in the best medical schools in Western countries. The staffs are invariably composed of foreigners and Chinese; they vary from three to fourteen foreign doctors, with an indefinite number of Chinese. In most cases the foreigners are all medical missionaries, but in some instances foreign doctors, other than missionaries, who are engaged in private practice, are giving of their services. All medical missionaries engaged in teaching, at the same time do more or less medical work in the mission hospitals.

Granting of medical degrees.

Three schools, carried on by United States missions, are incorporated under State laws, and

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A NOTABLE GATHERING OF EDUCATIONISTS.

Drs. Burton and Chamberlain, of the University of Chicago, together with several Chengtu missionaries, entertained by the Treasurer and the Commissioner of Education of the Province of Szechwan.

Mission Medical Schools

are in a position to give the degree of M.D. at their discretion. The Union School at Peking has Government recognition to the extent of giving degrees under Chinese consent. "But all these schools realize that a tremendous responsibility is theirs, and that there is a great difference between training men for hospital service under foreign direction, and giving men license to practise scientific medicine at large. But whether degrees are given or not, none are required for practice, nor is any such question raised when the Chinese physician hangs out his shingle. If a nurse is discharged, likely as not he will set up as a physician, or even a coolie may do so. So that whether we give degrees or not will not effect the question of any native assistants leaving hospitals and taking up private practice. It is a question of responsibility, not of controllability."

So far as I have been able to ascertain the facts, all but two of these schools have been established since 1900. Why should they have been delayed so long? What was the state of affairs previously?

The first missionary to China was the Rev. Robert Morrison, who landed at Canton in 1807. and the first medical missionary was Dr. Peter Parker, who arrived in 1834. But almost three-fourths of the four thousand missionaries now in China have gone to that land since 1890. Naturally the greatest development in missionary

The recent development of mission work in China.

Heal the Sick

work in general and in medical missionary work in particular, has taken place during the last twenty years; and the most of this, again, within the last ten years.

**One-man
medical
school a
failure.**

From the very beginning, the need was felt for trained Chinese assistants in the mission hospitals, and for qualified Chinese physicians. There were no medical schools, and, I believe, I did only what almost every other medical missionary tried to do, in undertaking to train my own assistants. I did just enough to realize the hopelessness of the "one-man medical school" as an adjunct to a large, busy hospital. Until he can secure competent, trustworthy assistants, the medical missionary must be not only physician and surgeon to his own institution, but also evangelist, steward, head-nurse, and superintendent and supervisor of floor-washing, laundry, kitchen and food supplies, chief pharmacist and dispenser, etc., so that when he undertakes in addition to teach a class of medical students, he is convinced after a few years that he has undertaken more than one human being can compass. I was as sanguine as anyone at first, but had to give up, as a great many others have done.

**A demand
created for
medical
training.**

"This pioneer work in medical education has been accomplished almost entirely through the labours of an increasing and widely spreading body of missionary physicians who have opened up extensive medical work in every province in the empire. They number at the present time

Mission Medical Schools

something over eight hundred, with perhaps forty trained nurses, and are in charge of probably three hundred and fifty hospitals and dispensaries, seeing in the neighborhood of two million patients a year in and about their hospitals and on extended itinerations in outlying country districts. And this progressively over some fifty years.

"When one realizes the potentiality of this force, and that a large band of more or less trained native assistants has developed as an auxiliary thereto—native doctors, medical students, nurses, orderlies, dressers, and so forth—one can readily see how it is that even this great mass of people has been fairly well leavened, and that an active sentiment is already making itself felt, demanding the education of native physicians for the practice of the science of medicine in the land."*

It is true that a few men have managed to carry this work along year after year, until with the aid of some of their own graduates, the burden was lightened a little, and a number of students have been graduated. But as a general rule, co-operation was substituted wherever possible and as soon as possible, and medical schools came into being.

"Certain of their graduates, showing special zeal or fitness, have found their way to foreign lands and brought back foreign degrees as the

* Dr. Jeffreys, *China Medical Journal*, Sept., 1900.

Heal the Sick

reward of their labors, and settled down in private practice, or taken government employment, or given their services to the Mission Boards to which they owe their education. The number of these is still small, probably under twenty-five, even at the present time (1909), though increasing rapidly year by year."

**Why
Mission
medical
schools were
delayed.**

There are two chief reasons for the delay in the establishment of Mission Medical schools until within recent years. The first was the persistent notion that the solitary medical missionary working alone in a station, was competent to give his assistants all the teaching and training they required; and the second was the very small number of medical missionaries in the whole of China, until within the last ten or fifteen years. Only when we began to have several medical missionaries of the one or of the several societies stationed in one large centre, was it possible to combine and co-operate in medical teaching, and so to establish medical schools.

I believe there is another reason, which, perhaps, is quite as potent as either of the two just cited. It is only within very recent years that the wider view of medical work has been taken and held by the Mission Boards, or even by the missionaries on the field; namely, that the medical mission is not merely a pioneer agency, but an integral part of the Christian propaganda; that the medical mission is not, therefore, a temporary form of work, to be withdrawn when its

Mission Medical Schools

peculiar work is done, but is a permanent department of every well-equipped Mission in China, which is likely to finish its work only when that of other departments is finished also.

If this view of the medical mission is the right one, then it is the duty of the medical missionary to *multiply himself* by making medical missionaries among the Chinese just as it is the duty of the ministerial missionary to make ministers. As the latter process requires the theological school, so the former must have the medical school. Not that the theological school is ever going to displace personal teaching and leadership on the part of the foreign missionary, for an essential part of the training of the candidate for the ministry is that given by the missionary as they tour the country together, preaching in the out-stations, selling scriptures and tracts together, sharing in the joys and sorrows, the failures and the triumphs of the active warfare of the Cross. Few nowadays would contend that the latter form of training is sufficient preparation for the office and work of the Christian minister in the growing Chinese Christian church. In other words, the one-man theological school as an adjunct to the work of the evangelistic missionary in church and out-stations, is voted insufficient, and fully manned institutions are called for and provided. So is the one-man medical school insufficient, and fully manned and equipped medical schools are called for, and

**An appeal
for medical
colleges.**

Heal the Sick

are being provided. "There is a general realization that the day of small things is over, and that larger and more thorough-going and more advanced work must be undertaken. There is a general disposition to close up the business of the education of students in isolated hospitals, and to send them instead to central schools where they may have the benefit of concentrated, co-operative teaching"; and it is hoped that "requirements and standards will be raised all along the line."

**The aim
of the
Mission
Medical
College.**

The aim of the Mission Medical College may be summed up in one sentence—the furthering of the interests of Christian missions. Christian students are always preferred in the Mission Medical College, though non-Christians are usually admitted. Such a strongly evangelistic atmosphere is maintained in the whole conduct of the institution that many who enter as non-Christian are converted during their course. The primary aim is to prepare Chinese young men as medical missionaries among their own people. To this end nothing short of a first-class course of didactic and clinical instruction is given, extending over four, five, or six years, and usually with abundant opportunity for practical experience in the adjacent Mission hospital. When they have finished, they may become:

**How the
problem of
adequate
medical
service will
be solved.**

1. *Hospital assistants*, helping the Mission which has given them their education. They may continue doing this for two or three years, at a fixed small salary, or they may choose to con-

Mission Medical Schools

tinue indefinitely in the Mission hospital, even at a nominal remuneration, for the sake of the opportunity thus afforded for successful Christian work. Young Chinese medical men who have taken the full course, and who are qualified to practise medicine and surgery, and who are at the same time earnest Christian workers, will furnish the solution of the great problem of supplying the Chinese with an adequate number of medical missionaries within a reasonable time. More and larger hospitals will be built by the missionary societies, aided by benevolent men of wealth among the Chinese. These hospitals will be manned by foreign and Chinese medical missionaries working together, and much more work will be undertaken and accomplished with the comparatively slight additional expenditure necessary for the employment of these qualified Chinese hospital assistants.

2. *Independent practitioners of medicine* among their own people. In this capacity they will be able to relieve an enormous amount of suffering every year of their lives; they can and will wield a very powerful influence, both for the Gospel message and for the general uplift of the people; they will be centres of light and of information, tending to better sanitation and improved hygiene, and in general to higher standards of living among all classes; they will be well able to earn a good living, or even to amass a competency, according to Chinese standards.

Heal the Sick

Medical graduates as teachers in Government colleges.

3. *Government employees*; that is, they may be given positions as surgeons in the army or navy, or in large Government institutions. The institutions which will need them most are the Government Medical Colleges, which are included in the published scheme for organization of schools and colleges for the empire. There has not yet been time to organize and open the first Government medical school. The Government is as yet too busy—and necessarily so—organizing the primary and secondary school systems, to think of opening professional schools. And, moreover, the only possible teachers now obtainable for such medical schools are foreign teachers, for the simple reason that there are as yet practically no qualified Chinese medical men. But the time will come in the not distant future when the Chinese Government will determine upon the active opening of medical schools throughout the empire, and to do this they must have qualified teachers. Here is a magnificent opportunity for Christian Missions, working through Mission medical schools, to prepare a supply of Chinese Christian physicians to take positions as lecturers and professors in Government medical schools.

The status of Mission schools.

There is a prejudice on the part of the Chinese officials against Christian schools, arising largely from jealousy of foreigners and foreign influence in their country rather than from ill-feeling against us because we are Christians and missionaries. This prejudice has been manifested in various ways: some two or three years ago

Mission Medical Schools

an order went forth that no Christian schools should be registered by the Government Education Bureau. Later another order, which is still in force, declared that no graduate of a Christian school should be allowed to exercise the franchise in the election of representatives to the newly constituted provincial legislatures. But beyond these orders, which have undeniably detracted from the prestige and influence of our schools no active hostility has been shown, and no restraints whatever have been placed upon the conduct of schools of all grades by the missionaries of different denominations. It is our policy to proceed tactfully, always, in the development of all grades of Christian schools among the Chinese, aiming to co-operate wherever possible with Government schools, but striving everywhere and under all circumstances to avoid wounding the susceptibilities of the Chinese officials, whether of the educational or of any other department.

In West China, I think, the general feeling among missionaries is against pressing any claim for recognition or registration of Christian schools by the Government. We prefer rather to proceed quietly with the steady, orderly development of our Christian school system, putting our very best endeavors into the efficient training of the boys and girls, and the young men and women entrusted to our care. We have faith to believe that when we have graduated from our schools young men of good moral character, who at the same time present evidence of scholar-

The educational policy of West China missions.

Heal the Sick

ship and of capacity for affairs, the Chinese authorities will pay more attention to these things than to the nationality of the teachers or the name of the schools from which they have been graduated. In a word, these young Chinese physicians will at once find themselves in demand by their own Government, for appointment as professors in the Government medical colleges. What an influence they can wield in such positions! What a great power for good! They will mould the thoughts and conduct of scores, of hundreds, yes, of thousands of other young men who will pass through their hands as students; they will start rivers of blessing, which will flow out among the myriads of toiling, suffering, pain-stricken, disease-ridden people, carrying relief and healing everywhere they go. Their teaching will tend to a moral and spiritual as well as physical uplift of all classes, and will expel superstition and ignorance as the light drives out the darkness.

**Support of
medical
Mission
schools
urged.**

With all my heart, then, I would plead for the continued and increased support of the Mission medical schools in China. I believe they are a legitimate form of work; I believe they are one of the most effective arms of the Christian missionary service, one which should be strengthened with more men, good buildings, and better equipment, in order that as God has most signally used the medical missionary in the past, so He may use him in the future to do a mighty work for the uplift of the Chinese people.

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CANADIAN METHODIST MEDICAL
WORK IN WEST CHINA.
UNDER THE GENERAL BOARD.—UNDER THE
WOMAN'S MISSIONARY SOCIETY.

" I think one might properly answer this question by saying that the essential element of a missionary call is an openness of mind to the last command of Christ and to the need of the world; and then one needs only to subject himself to the judgment of the proper authorities as to whether he is qualified to go."—*R. E. Speer.*

" Our appeal is not addressed to young men who have a high estimate of their own ability, and who make light of the difficulties and responsibilities of the work. Such men, however richly endowed with gifts and graces, make but poor representatives of the Master anywhere, but especially so in the mission field."—*John Lowe, F.R.C.S.E.*

CHAPTER XI.

CANADIAN METHODIST MEDICAL WORK IN WEST CHINA.—UNDER THE GENERAL BOARD.—UNDER THE WOMAN'S MISSIONARY SOCIETY.

UNDER THE GENERAL BOARD.

The pioneer party of missionaries sent by the Methodist Missionary Society, Canada, to China in 1891, was composed of four men and their wives; two of the men were ministers and two were doctors. This proportion of medical men to ministers has not been quite kept up as the years have gone by, but at any rate our Mission may be said to have emphasized medical work as a very important department. The thought was that the direct preaching of the Word should be always accompanied, if possible, by the practical benevolence of the medical missionary.

In Chengtu, our first station, medical work was begun by Dr. D. W. Stevenson and myself, as soon as we had acquired sufficient of the language. Indeed, it was begun before we had sufficient of the language. I well remember the day, November 3rd, 1892, one year from the day we had landed in Shanghai, when we opened our Chengtu dispensary, in order to commemorate

**Our
pioneer
medical mis-
sionaries.**

**The begin-
ning of our
medical
work.**

Heal the Sick

that day. We had been less than six months in Chengtu, and, as it proved, we had been there too short a time. We had eighteen patients the very first day, and they kept coming in, increasing numbers every dispensary day, three days a week, until we had fifty to sixty in a day. Cases appeared which could not be satisfactorily treated in the dispensary, and so we hastily fitted up two more small rooms in our big dwelling compound, and put men patients in one and women in the other. Before long we had four or five patients in each room. Several operations were performed, some of considerable severity, but we had good results, all tending constantly to increase the number of those coming to us.

**Medical
work and
language
study in the
early days.**

Now we had planned in the beginning to see patients three days a week, and to study the language the other three days. This we accomplished for a week or two, but soon between incessant calls for attention on the part of the in-patients and out-patients, and the calls to go to see others in their homes, together with operations to be performed, dressing and bandaging to be done, etc., we found our time wholly taken up for six days in the week and all language study completely crowded out. I have always been glad that we took the course of closing our medical work so that we could have time for uninterrupted study of the language for six months or a year longer. Of necessity, our medi-

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SOME HOSPITAL PATIENTS

Waiting their turn.
Dr. David Stevenson and patient.



Medical Work in West China

cal work had been slow at that stage, for we were obliged to keep our Chinese teachers at our elbows all the time to help us understand our patients and to help our patients understand us. I was in the habit of giving addresses or preaching to the patients as they gathered in the waiting-room, but it was in a very halting fashion. I lacked much of attaining to that happy stage when I could be said to be "free" in the language. The other missionaries agreed with us that it was highly desirable, perhaps necessary, that we medical missionaries should learn the language thoroughly. There was no manner of doubt about the necessity for the medical man to possess the ability to *preach freely in Chinese* for the sake, above everything else, of being able to preach to his patients. I have already stated in a previous chapter that this accords with the expressed judgment of the great Centenary Conference meeting at Shanghai in 1907.

We had been living and working in a rented Chinese compound. Early in 1893 a medium-sized compound was purchased on the street called Sz Shen Tsz, adjacent to the East Parade Ground, and the Chinese houses on it were repaired and adapted for use as dwellings for three families. At the beginning of 1894 two more small compounds were added which were immediately adjacent, and then the building of the first foreign hospital in Chengtu was begun.

The first hospital built in Chengtu, 1894.

Heal the Sick

Medical work opened in Kiating, 1895, by Dr. Kilborn and Dr. Retta Kilborn.

Dr. Retta Gifford, for the Woman's Missionary Society, reached Shanghai in February, 1893, and Dr. H. M. Hare, for the General Society, in September of the same year. They did not arrive in Chengtu till about the end of February, 1894. In May, 1894, Dr. Gifford and I were married, and were sent immediately to Kiating, a city about 110 miles south of Chengtu, to open work for our Mission there.

As soon as a compound was secured as a dwelling, and a large room prepared for preaching, regular services were conducted each Sunday. An additional compound was soon after rented, and repairs slowly effected in preparation for medical work. We opened medical work and carried it on for about the first four months of 1895, my wife attending to the women, and myself to the men. We had four dispensary days a week, two for men and two for women. We took in a considerable number of both men and women as in-patients, and performed a number of operations. Our dispensary patients numbered from fifty to eighty each dispensary day.

The stations of the missionaries in 1895.

Among the changes made by the Council of the year 1895, was the removal of Dr. and Mrs. Hart and Miss Hart, Mr. and Mrs. Endicott, and Dr. Hare, to Kiating, and myself and wife to Chengtu. The exchange took place at the end of May and was accomplished just before the outbreak of the riots of that year.

Medical Work in West China

The riots began in Chengtu on the afternoon of May 28th, 1895, and did not cease till all mission property in the city, both Protestant and Roman Catholic, was completely destroyed. **Riots in Chengtu, May, 1895. Property destroyed.**

I do not mean to enter here into a detailed account of these riots, their causes, course, and effects. In brief, they were caused by ignorant suspicion, on the part of the populace, of the character and motives of the foreign missionaries, aided by the culpable indifference or even the active incitement of the high officials. Many believed the missionaries to be of the lowest, vilest sort, who had probably been obliged to flee from their own country, and had come to China in order to defeat the ends of justice. It availed little to tell them repeatedly in our sermons and in our tracts that we were there for their good; this to them was a very transparent subterfuge. One must acknowledge that at that date even the highest provincial officials were often more ignorant of foreign missionaries and the countries and peoples they represented than the average Chinese schoolboy is now. So when evil rumors began to circulate among the people of Chengtu as to the criminal practices of the foreigners, and appeal was made repeatedly by members of our Mission to the District Magistrate to issue a proclamation forbidding such scurrilous talk and quieting the people, a deaf ear was turned to us. There was evidence afterwards that he was simply acting on the orders

Heal the Sick

of his superiors. Our appeals were ignored, the evil rumors increased in volume and virulence, and naturally the excitement of the people rose steadily. At the opportune moment, an excuse was easily concocted for the beginning of the stone-throwing at the gate of our compound, which ended only with the complete destruction of all mission property in the city.

Evil
rumors
about our
medical
work.

The *occasion* of some of these evil rumors was connected with our medical work. One of our medical men in Chengtu was called to see a woman in a very critical condition. He had been called too late to save her life, but not too late for her husband and other relatives to attempt to take advantage of the situation for their own ends. The woman died, and blackmail was immediately demanded from the missionary; this was promptly refused. The story was at once circulated that the foreigner had been the cause of the death of this patient, and her body was exposed for several days to the curious gaze of all and sundry. Was she not dead? Had she not been treated by the foreign doctor? Surely it was evident that he had poisoned her—for some horrible purpose of his own, of course! And so the vile story grew, until people were afraid to allow their children to go upon the streets for fear they would be caught and “boiled for their oil” by the awful foreigner. From these things to riots, with lootings and burnings, was a short step.

Medical Work in West China

During the ten days of our detention in the magistrate's yamen immediately following the riots, the city was for a time in a state of frenzied excitement. Human bones were dug up in one of the pauper cemeteries, and were carried about the streets as evidences of the horrid practices of the foreigners; they were openly alleged to be the bones of our victims. A glass jar of stewed cherries, looted from some missionary's store-room, was exhibited in a similar way, accompanied by the loud-voiced announcement that these were babies' eyes which we had extracted for medicine. But the most startling of all was a deliberate plot or trap laid to catch us in our alleged crimes. A boy was reported to have been found in a tin box under the floor of our rioted chapel. He was said to have been stupid when found, from some drug which we had given him. Presently he recovered consciousness sufficiently to understand what was said to him, but was found to be dumb. Still, he was able to write a few characters in a scrawly hand, by which he made his dreadful condition known, and revealed the identity of the authors of his misfortune. Dr. Stevenson and I were confronted with the boy, in the presence of the prefect and the magistrate in the latter's yamen, and were questioned as to his condition. The boy had not been well coached and played his part badly. For our part, we declined to discuss the case, because we felt sure that our words would

The attempt to incriminate the medical missionaries.



MICROCOPY RESOLUTION TEST CHART

(ANSI and ISO TEST CHART No. 2)



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APPLIED IMAGE 

1653 East Main Street
Rochester, New York 14609 USA
(716) 482 - 0300 - Phone
(716) 288 - 5989 - Fax

Heal the Sick

be twisted into some kind of self-condemnation, no matter what we said; furthermore, we altogether denied the magistrate's jurisdiction over us in the matter, and after considerable parleying, we were dismissed from our *quasi* trial to our rooms. The plot had failed. "The dumb boy in the tin box" doubtless soon recovered his power of speech, perhaps about the time the stern order arrived, by telegraph, from Peking to "protect the foreigners and quiet the people."

Dr. D. W.
Stevenson
and wife
leave China.

Notwithstanding the great destruction of property, all within about twenty-four hours, providentially not a single life was lost. All Chengtu missionaries, and some from other stations as well, were escorted to Chungking. Nearly all were obliged to travel to Shanghai in order to replace their lost property. It was a great loss to the Mission that Dr. and Mrs. Stevenson were compelled to return to Canada in 1895, not to return to China. Mrs. Stevenson passed through some very trying experiences during the riots, which resulted in a nervous breakdown, from the effects of which she was years in recovering.

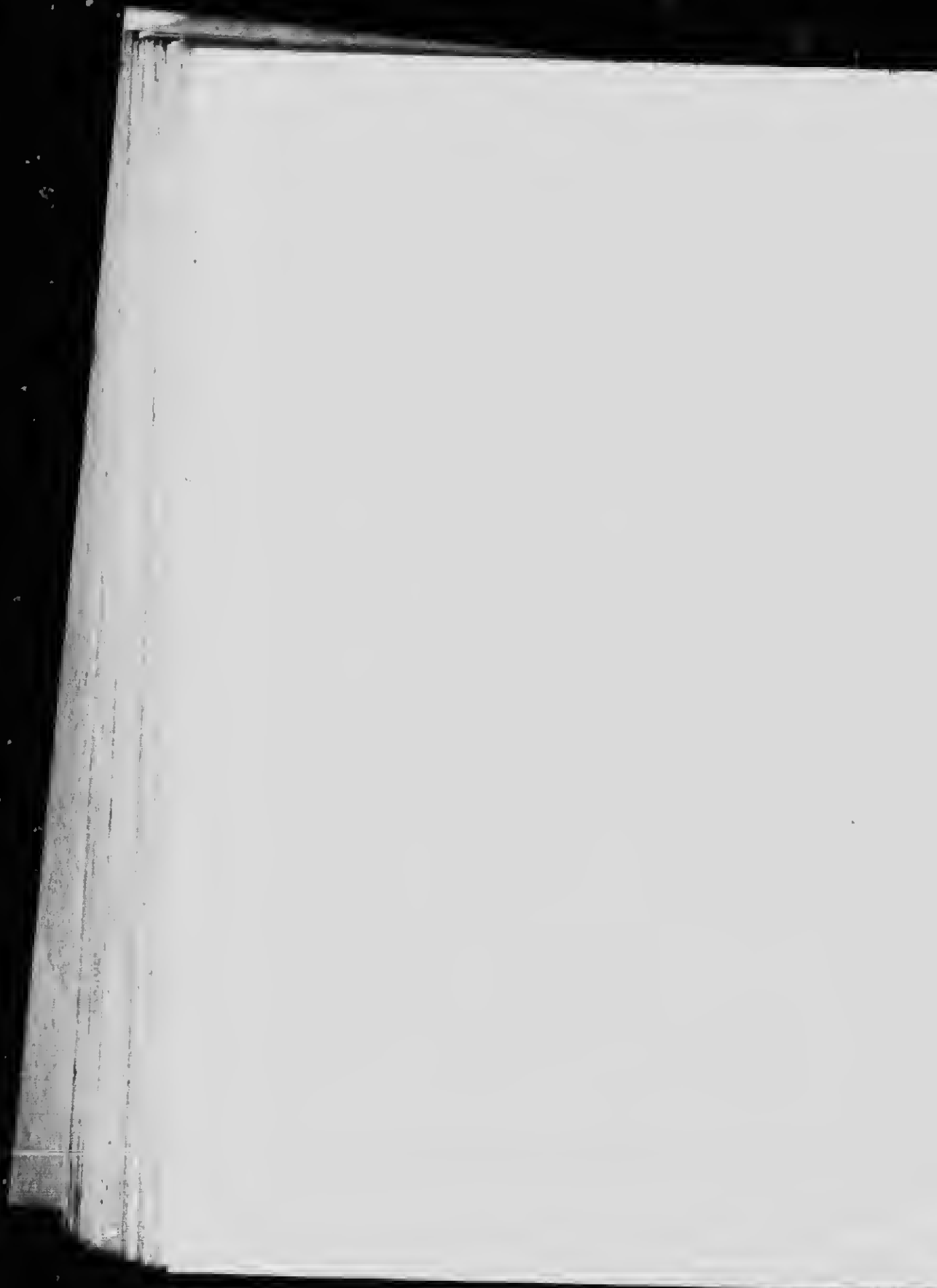
Reoccupation
of field,
1896 to 1900.

We reached Chengtu again early in 1896, and began at once to rebuild houses and church, and in the early autumn the hospital. I was able to open medical work once more in the General Hospital. In November, 1896, Dr. Retta Kilborn opened medical work for the Woman's Missionary Society in rented buildings which she had repaired and adapted. In March, 1897, Dr. Hare

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CANADIAN METHODIST HOSPITALS, WEST CHINA.
The new Hospital, Chengtu.
A glimpse of the Hospital at Chungking.



Medical Work in West China

and Mr. Endicott had returned to Kiating, and the former was soon engaged in the erection of fine new brick buildings for a hospital. In the winter of 1896-7, the Mission was reinforced by Rev. W. E. Smith, M.D., and in the following winter by Rev. R. B. Ewan, M.D. When, in July, 1898, I left Chengtu for furlough, Dr. Smith was appointed in charge of the Chengtu hospital. July, 1899, Dr. Smith was appointed to itinerate among the outstations of the Chengtu Plain, and Dr. Ewan was appointed to the hospital. One year later, July, 1900, all missionaries were ordered away from West China by the consuls, because of the very serious Boxer disturbances in North China. My wife and children and myself, returning from furlough, had reached Chengtu only in April preceding. Again we journeyed to the coast, and with many hundreds of other missionaries, awaited in Shanghai the outcome of events in the north.

Those were days of anxiety and suspense for the thousand or two of missionaries gathered in Shanghai; but for the missionaries and the Christian Chinese of the northern provinces of China, and for those who were shut up for two long months in the city of Peking, they were times of tragedy, of tortures and murders of strong men and of helpless women and children, of lootings and burnings, and of the awful scenes and experiences accompanying war and bloodshed. One hundred and thirty-six men and women and fifty-

The Boxer
uprising
of 1900.

Heal the Sick

three children, a total of one hundred and eighty-nine of the Protestant foreign missionary force of three nationalities—British, Swedish and United States—were killed or died from injuries received during the Boxer uprising of 1899 and 1900. Of Roman Catholic priests, bishops and nuns there were about thirty-five killed. Probably twelve thousand Chinese Christians were killed, many of them having been first urged to abjure their faith, but, refusing, were brutally put to death.

How the missionaries in Shanghai spent their time during the Boxer troubles.

The months passed slowly enough for us who were exiled in Shanghai, although the time was not by any means wasted. Conferences were arranged for the deepening of the spiritual life, in which missionaries of all denominations freely took part; others for the reading of papers and discussion of methods of work. Particularly helpful was a series of weekly meetings of medical missionaries from all parts of China, at which papers were read and valuable discussions carried on. A conference of women missionaries was held, to gain a better knowledge of the social life of the women of China and to bring together suggested methods for reaching them.

Most missionaries of both sexes took advantage of the freedom from responsibility to spend much time in study of the Chinese language. And so the winter passed by.

Missions reopened in 1901 after Boxer troubles.

Regular time for furlough had nearly or quite arrived for Messrs. Endicott and Hartwell, and for Dr. Hart and Dr. Hare;

Medical Work in West China

these all therefore returned to Canada in 1900. Dr. Hart's increasing ill-health prevented him from returning to China. In February, 1904, he died at his Canadian home in Burlington, Ontario. In the spring of 1901, Drs. Smith, Ewan and I travelled westward up the Yangtse as far as Chungking. The British Consul at Chungking advised us, as a precautionary measure, not to go beyond that point till after the summer. We therefore eagerly availed ourselves of the summer months for language study. In May, I had paid a brief visit to Chengtu and Kiating from Chungking in order to look into the condition of the Mission property in our two stations, and to endeavor to hearten our members and believers. Finally, in September, we all left Chungking, Dr. Smith to reopen the evangelistic work in Kiating, and to do as much of the medical work as he had strength to carry on; Dr. Ewan to reopen the medical work in Chengtu, and myself to reopen the church work in Chengtu.

The Mission property in our two stations—^{The mission property unmolested.} houses, churches and hospitals—had been well cared for by the Chinese officials, in whose hands we had left it during our enforced absence. Nothing had been lost or destroyed, except for a certain amount of petty thieving which had occurred in Kiating. No charge was made by the officials for this efficient oversight, nor did we pay them anything. The only expense to which the Society had been put was for wages

Heal the Sick

for certain of our Christians whom we had hired, on our own account, to live in the compounds during the year of our absence and to keep guard over the buildings and their contents, and, if the truth must be told, to some extent *to watch over the men placed there by the officials.*

**Drs. Service
and Adams
reach China,
1902.**

The next medical men to join our Mission were Dr. Service and Dr. Adams, who landed in China in October, 1902. Dr. Adams reached Szechwan early in 1903, and was stationed at Kia-ting. He was a graduate in both medicine and dentistry, and was ordained to the ministry besides. In 1904 he was appointed to the Kia-ting church and outstations; but during that year a severe attack of typhus fever preceded a long, trying illness which finally necessitated his return to Canada early in 1905. He has since returned to China under another Society. Dr. Service, for the sake of the health of his family, remained at Wuhu, a river port between Shanghai and Hankow, until the autumn of 1903, when he escorted the contingent of that year up the river. They reached the province in the early months of the following year, 1904. Dr. Service was appointed to reopen the medical work in the Kia-ting Hospital in the fall of that same year. It had been closed from the time of Dr. Smith leaving for furlough in March, 1903. The work grew and developed under Dr. Service's care in a very gratifying manner. There was a large

**Dr. Service
and the
work at
Kiating.**

Medical Work in West China

dispensary attendance, and the hospital wards were well filled most of the time. Latterly many patients came to break off opium. On Dr. Service's departure for furlough in March, 1909, Council was unable to appoint any one to continue the work. There was no doctor available for the active work; the best we could do was to appoint Dr. Crawford to live at Kiating for his second year of language study, with the expectation that he would reopen medical work at that station in the beginning of 1910. Dr. Service leaves Canada for China after furlough in the autumn of 1910.

Dr. J. R. Cox reached China for the first time in November, 1903, and arrived in Chengtu in the spring of 1904. He started immediately upon the study of the language. In 1905 he was appointed to Jenshow, where he began his medical work in the fall and continued it through the winter. But a trip to Ichang in the spring and another in the fall of 1906 to escort a party of reinforcements up river during the winter of 1906-7, delayed the reopening of Jenshow medical work until early in 1907. Rooms were fitted up in the old Chinese compound there, which had become the property of the Mission some years previously. At first only dispensary work could be carried on, but when the first foreign dwelling was finished and Mr. and Mrs. Hoffman had moved into it, the rooms they had occupied in the old compound

Medical
work
opened in
Jenshow.

Heal the Sick

were utilized as wards, and patients were taken in.

**A tribute
to the
good work
done by Dr.
Cox at
Jenshow.**

Jenshow, under the efficient management of Dr. Cox, proved responsive to the work of the medical missionary. Patients attended in increasing numbers, both as dispensary patients and as in-patients. Operations were performed, and much good was done. Many here also came in to break off the opium, and many opium-suicides were saved from death. This all goes to show what can be done in an old, dark, insanitary Chinese building, making all the more conspicuous by contrast the much better work done when a good foreign building is available. To all who came the Gospel was preached and Scripture portions or tracts were given; so the seed was sown in many hearts, dark with ignorance, idolatry and superstition, to take root, spring up and bear fruit, we trust, in after days.

**Dr. F. F.
Allan at
Jenshow.**

When Dr. Cox left Jenshow for furlough in November, 1908, his work was taken up immediately by Dr. Allan, with this exception, that since no other dwelling accommodation was possible, Dr. Allan and family had to occupy the rooms which had been used as wards. His medical work was and is yet limited to that of the dispensary. Active preparations are being made for the erection of another dwelling at Jenshow into which Dr. Allan will move, and so release his present living-rooms for use as wards once more.

Medical Work in West China

Dr. Smith, returning from furlough, reached China in December, 1904, and Szechwan early in 1905. He was appointed to open the new station of Junghsien and to carry on the church and chapel work, also a certain amount of medical work in a small dispensary as time permitted. While Dr. Smith has not had a hospital or accommodation of any sort for in-patients, he has not ceased to dispense medicines and to perform minor operations in his limited quarters; and this only during the spare hours in the intervals of the exacting calls of his chief work—the caring for the church and outstations, the erection of two new brick dwellings, and the other necessary buildings of the compound. He has relieved much pain, and gained the good-will of many, yet he would be the first to deprecate the continuance of the dispensary without hospital ward accommodation. Because such a large proportion of patients, presenting themselves for treatment, cannot receive proper attention in the dispensary, they must be taken into the wards. Moreover, the spiritual results from work done in the wards are necessarily superior to those resulting from work done in the dispensary. As at Jenshow, so in Junghsien, our Mission is in urgent need of a good foreign building for the medical work. \$6,000 for hospital and dispensary, or with site and equipment \$10,000, will provide the plant needed for the work of one medical missionary, that is to say, a hospital

Dr. Smith opens the new station of Junghsien. Medical work opened.

An appeal for hospitals.

Heal the Sick

with twenty-five or thirty beds and a fair supply of furniture, bedding, hospital clothing, etc., etc. This year, 1910, Dr. Smith is set free to give himself wholly to his church and chapel work by the appointment of Dr. Cox to do medical work in Junghsien.

**Co-operation
on the
mission
field.
Medical
work in
Chengtu.**

In the early months of 1906, Dr. Ewan returned from furlough. The Council of that year appointed him to the Chengtu hospital, and to begin the erection of the large new building. As the burden of the task of the erection of such a large building—four stories in height—rolled upon him, Dr. Ewan found it less and less possible to attend to the many calls upon his Chinese patients, until for the last year or two he has been compelled to greatly limit or altogether close his medical work for Chinese. Hence for this year, 1910, when it was found that, through shortage of men, the Methodist Episcopal Mission had decided to close their Chengtu hospital for one year, an agreement for co-operation between the Canadian Methodist and the Methodist Episcopal societies was reached, and Dr. Sheridan of our Mission has been appointed to carry on work for the year in the Methodist Episcopal hospital, leaving Dr. Ewan quite free to finish the building operations.

**Our
splendid
new
hospital at
Chengtu.**

With the completion of the new building, we shall have one of the very finest hospitals in all China. It is of brick, four stories in height, with general and special wards, and private wards

Medical Work in West China

for the better classes of Chinese, will be expected to pay accordingly for such accommodation. There are the usual rooms connected with the dispensary, waiting-room, consulting-room, drug room, etc., besides dressing, operating, anæsthetizing and sterilizing rooms, etc. The hospital equipment will be very complete; there will be one hundred and thirty beds without crowding, or as many as one hundred and fifty with crowding. Two doctors, besides a missionary pharmacist and a missionary nurse, will probably be required to manage the work of this hospital. The new hospital will have a fine large hospital chapel, in which daily services will be held for the patients. The volume of Christian influence which will radiate from this great central institution cannot be estimated in figures. Not only will it minister directly to many thousands of sick and suffering Chinese every year, but indirectly, by furnishing the clinical material for our proposed medical department of the Union University, it will help in the education of Christian Chinese physicians who will in turn succor their own people.

Leaving out of account the return of medical missionaries from furlough, there was an interval of three years after the arrival of the previous medical man, Dr. Cox, before the next was sent to us. This was Dr. F. F. Allan, who landed at Shanghai in December, 1906. I have already

Dr. Allan
reached
China, De-
cember,
1906.

Heal the Sick

referred above to his having been stationed at Jenshow, where he is now (1910).

Drs. Crawford and Sheridan arrived in 1907.

In November, 1907, we were reinforced by two medical men, Drs. Crawford and Sheridan. The former was appointed to live in Penghsien and the latter in Tzeliutsing for the study of the language. In March, 1909, Dr. Crawford was moved to Kiating for his second year language study, as already mentioned, and this year, 1910, he is appointed to carry on medical work there "on rise of Council," i.e., beginning in the month of February. Dr. Sheridan spent his two years of language study at Tzeliutsing, and has been moved by Council of this year, 1910, to Chengtu, where he is appointed to carry on medical work for a year in the Methodist Episcopal hospital, which would otherwise have been closed for the year. Dr. Ewan's time is this year given entirely to the work of finishing building operations on the new hospital in Chengtu, and on the new hospital house.

In 1908 Drs. Barter and Ferguson came. Their present stations.

The reinforcing party of 1908 also brought two medical men, Drs. Barter and Ferguson. The former lived for the first part of 1909 in Chengtu, and for the latter half of the year in Penghsien, where he is again stationed this year. He is now, therefore, in his second year of language study, and will be ready for full work in February, 1911. Dr. Ferguson was appointed to Luchow, where he is now putting in his second year of language study, and where he will prob-

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MEDICAL MISSIONARIES UNDER THE GENERAL BOARD.

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| 1. Dr. R. B. Ewan. | 2. Dr. E. C. Wilford. | 3. Dr. C. W. Service. |
| 4. Dr. A. J. Barter. | 5. Dr. D. F. McKinley. | 6. Dr. G. L. Kilborn. |
| 7. Dr. W. D. Ferguson. | 8. Dr. J. R. Cox. | 9. Dr. Wallace Crawford. |
| 10. Dr. F. F. Allan. | 11. Dr. W. J. Sheridan. | 12. Dr. W. E. Smith. |

Photo of Dr. Wolfendale not obtainable.

Medical Work in West China

ably be appointed to open medical work in February, 1911.

The 1909 party had only one new doctor, Dr. Wilford Wilford. He is appointed to study the language at Tzeliutsing. With the 1909 party, Dr. Cox returned to China from furlough. Council has appointed him to Jungshien, where he will give himself wholly to medical work and set Dr. Smith entirely free for his church and chapel work. The party for 1910 will have Dr. McKinley.

In addition to the medical men we have several nurses. Miss Switzer and Miss Plewman reached China in October, 1908. On the way up the Yangtse, Miss Plewman was taken so seriously ill that her immediate return to Canada was necessary. Miss Switzer studied Chinese in the Language School for missionaries at Chengtu during 1909, and this year continues her studies at Jenshow. The 1909 party included two nurses, Misses Wood and McNaughton, who are this year stationed at Chengtu in order to take advantage of the Language School. The 1910 party is unfortunately without one trained nurse.

During the early months of 1910, an arrangement was consummated by which the whole work and territory of the London Missionary Society in the province of Szechwan was transferred to the Missionary Society of the Methodist Church, Canada. This gives us at once

Heal the Sick

one more central station, our share in the big city of Chungking, eleven outstations, a great many other cities and towns to be opened as *outstations*, and at least several more to be opened as soon as possible as *central stations*. (The "central station" has foreign missionaries, the "outstation" has no resident foreign missionaries, and may or may not have a resident Chinese evangelist. The work in the outstation is carried on primarily by the Chinese helper or evangelist, superintended by the foreign missionary, who itinerates from time to time through a number of these places).

**Our newly
acquired
hospital at
Chungking.**

The large brick hospital, previously the property of the London Mission at Chungking, now belongs to us; and, moreover, we are privileged in having as members of our Mission the Rev. John Parker and Dr. Wolfendale, formerly of the London Mission. Dr. Wolfendale is this year appointed in charge of the Chungking hospital. He erected the building some ten or twelve years ago, and has had charge of it almost continuously since. There is room for about sixty beds, most of which are placed in three or four large general wards; but there are also a number of private wards, for one or two patients each.

Medical Work in West China

UNDER THE WOMAN'S MISSIONARY SOCIETY.

This account of the medical work of the Canadian Methodist Mission would be quite incomplete if we were not to include some description of that of the Woman's Missionary Society. The first medical missionary to be sent out by the W. M. S. was Dr. Retta Gifford. She reached Shanghai in February, 1893, but failing escort up river was obliged, with her fellow-missionary, Miss Brackbill, to remain there till autumn. She reached Chengtu in February, 1894. In May of that year, Dr. Gifford and I were married. Contrary to the usual custom, her marriage did not result in the severance of all connection between her and the Woman's Missionary Society, at least not immediately. She was retained as a missionary of the W. M. S. (without salary, of course), and studied the language in preparation for opening medical work for women. Immediately after our marriage we moved to Kiating to open that station for the General Society. May, 1895, we returned to Chengtu, just in time to be rioted. In April, 1896, we arrived back in Chengtu from the coast, and, as I have already mentioned, Dr. Retta Kilborn succeeded in opening medical work for the W. M. S. in Chengtu in November, 1896, after having first repaired and adapted Chinese houses for use as dispensary and hospital. She carried on the

The first
medical
missionary
of the
W.M.S.,
Dr. Retta
Gifford.

Dr. Retta
Gifford
marries
Dr. O. L.
Kilborn.

Heal the Sick

work for the first year, assisted by Miss Ford, a trained nurse, seeing and treating some thousands of patients in dispensary and wards, till February, 1898, when she sent in her resignation to the W. M. S. Board of Managers. Dr. Maud Killam had arrived in China early in 1897, and took over the responsibility for the W. M. S. medical work at the time my wife gave it up. Dr. Killam had continuous charge of the W. M. S. hospital in Chengtu until the summer of 1900, when she was compelled, with all the rest of us, to journey to the coast, on account of the Boxer disturbances in the north.

Dr. Maud Killam in charge of the W.M.S. work after Dr. Retta Kilborn's resignation.

The furloughs of 1900

Along with the other W. M. S. workers, Dr. Killam went right on to Canada in 1900, taking a slightly early furlough. This early furlough was explained for all who took it by the near approach of the time for their regular furlough and by the certainty of at least a year's enforced absence from our field, and the uncertainty as to when we should really be allowed to return into the interior.

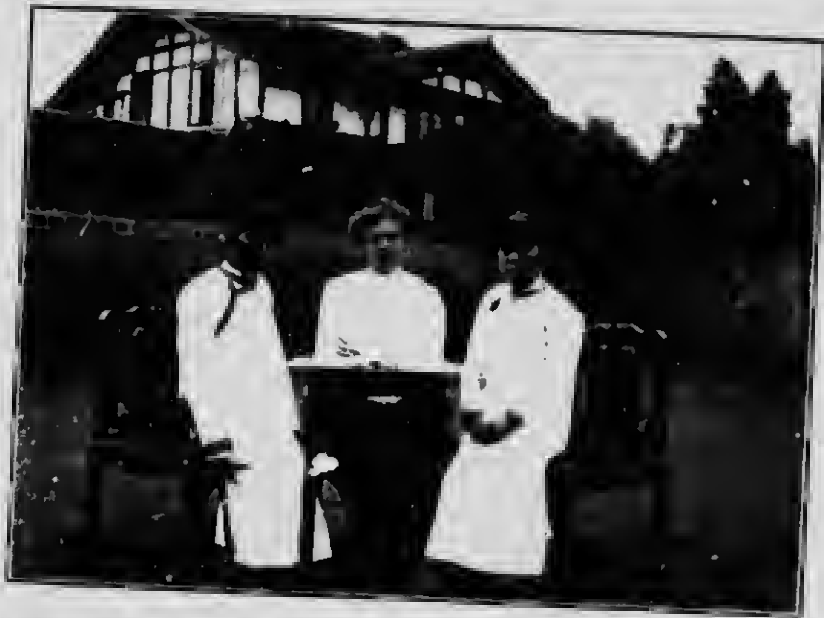
Drs. Henry, Retta Kilborn and Maud Killam carry on the work.

In the meantime a new worker was already on the field; Dr. Anna Henry left Canada in the autumn of 1899, and reached Chengtu in the early spring of 1900. She was also exiled to Shanghai in the summer of 1900, returning westward in the spring of 1901. She reached Chengtu in September, 1901, and immediately opened the W. M. S. hospital and dispensary. Dr. Henry had not yet had the usual time for the

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MEDICAL WORK OF THE WOMAN'S MISSIONARY SOCIETY.

Miss Wellwood and two Chinese nurses in training.
"We've had our feet unbound; when they're better, we can run."



Medical Work in West China

Chinese language, so Dr. Retta Kilborn offered to help for a time. Her offer was accepted, and she and Dr. Henry carried on the work together for a year. In the spring of 1902, Dr. Killam returned from furlough, and from that time she and Dr. Henry worked together. The latter opened a dispensary in the east gate suburb of the city, thereby reaching a section of the population previously untouched.

In 1904 Dr. Killam was married to Mr. Neave ^{Dr. Killam's resignation and marriage in 1904.} of the General Society, and therefore left the ranks of the W. M. S. workers. Towards the close of the same year, Dr. Henry left for Canada on her first furlough. But provision had been made for the continuance of the medical work. Dr. Florence O'Donnell left Canada for China ^{Dr. O'Donnell arrived in 1903.} in the autumn of 1902, reaching Chengtu in the spring of 1903. She was, therefore, ready to take up the medical work when Dr. Henry left for furlough in 1904. Dr. O'Donnell had continuous charge of the W. M. S. hospital until she left for furlough in February, 1908, not to return to China.

Because of illness, Dr. Henry's furlough was ^{Dr. Henry in charge of the W.M.S. Chengtu hospital.} prolonged. She reached China in April, 1907, but was permitted to spend the heat of the summer at Kuling, and did not, therefore, reach Chengtu until about the end of the year. She, therefore, took up the medical work as soon as Dr. O'Donnell left for furlough in the beginning of 1908, and is still in charge.

Heal the Sick

**Dr. Mabel
Cassidy,
Dr. May
Austen and
Dr. Rae.**

Dr. Mabel Cassidy was sent to China by the W. M. S. in the autumn of 1904, reaching the field in the spring of 1905. In November of that same year, she was married to Mr. Mortimore of the General Society, and, therefore, no longer reckoned as a W. M. S. worker. Dr. May Austen left Canada in the autumn of 1907, reaching West China in the spring of 1908. She is this year, 1910, appointed to help with the medical work, and also to do a certain amount of teaching in the girls' school. The last medical woman to be sent out by the W. M. S. is Dr. Rae, who reached the field the beginning of 1910, and is now engaged in language study.

**The found-
ing of the
Jennie Ford
Orphanage.**

The Woman's Missionary Society has sent a number of nurses to West China, beginning with Miss Jennie Ford in 1895. Miss Ford arrived in Chengtu just in time for the riots of May of that year. Her experiences at that time were a severe shock to her, and undoubtedly contributed to the causation of the disease of which she died in April, 1897. It was Miss Ford's kindness of heart which led to the establishment of the orphanage in Chengtu, called by her name. Just a few weeks before her fatal illness she took in from the street and adopted as her own, two abandoned waifs, one an infant of two months, the other a poor starved outcast of two years. These two formed the nucleus of the present large family of orphans who are comfortably housed and cared for in

Medical Work in West China

a building specially built for the purpose in the W. M. S. compound.

The next nurse was Miss Foster, who reached Chengtu early in 1897. She was one of those who took early furlough in 1900. Returning, she arrived in Chengtu early in 1902, and did yeoman service, not alone as nurse assisting in the medical work, but as evangelistic worker in Kiating. She opened the work for the W. M. S. in Kiating, and carried on both evangelistic and school work there, until a serious illness caused her to be invalided home to Canada in the early months of 1907.

The opening of the W.M.S. work at Kiating.

Miss Fannie Forrest left Canada for China towards the end of 1900. She reached Chungking in the spring of 1901, and Chengtu in the autumn. Her work was mostly nursing in the Chengtu hospital, until she left for furlough along with Miss Foster in February, 1907. Miss Forrest returned to China in 1908 to be married to Mr. Geo. Franck of the China Inland Mission.

Reinforcements.

Miss Wilkins went to China in 1905, and was married to Mr. Muir, of the China Inland Mission, in 1908, withdrawing from our Mission.

Miss Wellwood was one of the party of reinforcements of 1906, reaching Chengtu early in 1907. She is now working in the Chengtu hospital along with Dr. Henry.

Miss Lawson reached West China at the beginning of 1909, and Misses Asson and

Heal the Sick

Marshall in the beginning of 1910. These are, therefore, as yet engaged in language study.

The difficulties of our W.M.S. in West China.

The Woman's Missionary Society has opened work in only four stations, but is urged by the Council of the General Society to come along and help us by opening work in each one of our other stations as soon as possible. The only reason why they have not kept pace with the work of the General Society is the lack of workers; the W. M. S. has the double difficulty, that of finding suitable candidates for the work in West China, and that of keeping them after they get them.

The W.M.S. hospital at Chengtu.

They have not yet opened medical work more than the one station, the city of Chengtu. Their medical work is for women and children only, and is carried on in Chinese buildings which are the property of the Society, and which have been altered and adapted for the purpose. There is a consulting room, a waiting room, which is also a chapel, a drug store room and a dispensing room, operating and instrument rooms. There are four or five wards, containing thirty beds. Upwards of one hundred patients are seen in the dispensary each week, and from these the wards are easily supplied. The women and children come freely, listen for the most part attentively to the Gospel message, and submit to operative or other treatment without much difficulty. As in the case of the general hospital

Medical Work in West China

work, the volume of work which is undertaken and accomplished is limited only by the physical endurance of the missionary physician in charge.

Just now there is a project afoot for a new building, a "foreign" building for the W. M. S. medical work. The present buildings have answered the purpose for fourteen years: they are not so convenient or sanitary, by any means, as a proper hospital building would be, and moreover are urgently required for the expansion of the Jennie Ford Orphanage, which long ago outgrew its original narrow quarters. For these and other reasons, it is proposed to erect a new brick structure which will accommodate more patients, in pleasanter and more sanitary wards; and it is intended also to include accommodation for a *training school for Chinese nurses*. I sincerely hope the Woman's Missionary Society will succeed in acquiring a suitable site, and in erecting a building or buildings adapted in every way for the purposes they have in view.

The proposed new W.M.S. hospital in Chengtu.

Heal the Sick

A SUMMARY OF OUR MEDICAL WORK.

A bird's eye view of the present status of our medical work may be gained by a glance at the accompanying table:

Station	Building	Beds	Approx. No. of Patients each year	Doctor now in charge
Chengtü ...	New brick building just approaching completion	130	10,000	Drs. Fwan and Sheridan
Kiating	Brick building erected in 1898-7	30	5,000	Dr. Crawford
Jenshow ..	Old Chinese buildings adapted	10	2,000	Dr. Allan
Chungking.	Large 2-story brick erected about 12 years ago ..	60	10,000	Dr. Wolfendale
Junghsien..	Probably renting Chinese for temporary use ..	..	....	Dr. Cox (just appointed there—Council of 1910)
Penghsien.	None .....	..	....	Dr. Barter (studying the language)
Luchow	None .....	..	....	Dr. Ferguson (studying the language)
Tzeliutsing.	None .....	..	....	Dr. Wilford (studying the language)
Chengtü, W.M.S.	Chinese buildings adapted	30	5,000	Drs. Henry and Austen

A few of the large cities within the territory assigned to the Canadian Methodist Mission, for which *we are exclusively responsible*, are the following:—*Tsingyuan, Weiyuan, Wenkiang, Pih sien, Tsungning, Sinfan, Changshow, Fengtu, Fuchow, Chungchow, Nanchwan*, and there are others. These are all walled cities, with a population of from ten thousand to fifty or seventy thousand each, and with one to five or six hundred thousand of a population in the market

Medical Work in West China

towns and villages round about each city. In each one of these we should have a hospital and a medical missionary, in addition to other foreign missionaries. The hospital would cost about \$6,000, or, with site and equipment, about \$10,000.

OUR MEDICAL MISSIONARIES.

GENERAL SOCIETY.

Name	Present Station	First Arrived in China
F. F. Allan	Jen-show	December, 1906
A. J. Barter	Penghsien	October, 1908
J. R. Cox	Junghsien	November, 1903
W. Crawford	Kiating	November, 1907
R. B. E van	Chengtu	December, 1897
O. L. Kilborn	Returning October, 1910, from furlough	November, 1891
R. G. Kilborn (nee Gifford)	Ditto	February, 1893
D. F. McKinley	Returning October, 1910	October, 1910
M. Mortimore (nee Cassidy)	Returning October, 1910, from furlough	December, 1904
M. K. Neave (nee Killam)	Chengtu	February, 1897
O. W. Service	Returning October, 1910, from furlough	October, 1902
W. J. Sheridan	Chengtu	November, 1907
W. E. Smith	Junghsien	September, 1896
E. O. Wilford	Tzelutsing	November, 1909
R. Wolfendale	Chungking (entered C.M. Mission 1910)	1896 (?)

WOMAN'S MISSIONARY SOCIETY.

Name	Present Station	First Arrived in China
M. Austen	Chengtu	1907
A. J. Heury	Chengtu	1899
O. M. Rae	Junghsien	1909

Total number of Medical Missionaries—Men	12
Women	6
	18
Medical Missionaries of the General Society	15
of the Woman's Society	3
	18

Number of Medical Missionaries in China, 1910	13
Number going this year, 1910, for first time	1
Number returning this year from furlough	4

18

Heal the Sick

**The status
of married
women as
missionaries.**

I should explain that technically in our Society married women are not reckoned as missionaries, although in China they are usually so counted. In many societies working in China, married women have a standing more or less equivalent to that of the men.

**Our medical
equipment
in West
China.**

From the two tables given above, we may note that our Church has five hospitals, with 260 beds, and a capacity for treating about 32,000 patients each year. This figure includes "new patients" and "return visits," as well as visits in the homes, etc. Of the thirteen doctors just now in China, one is a married woman who is not doing active medical work; two are single women of the W. M. S., working in one institution; four are in the language study stage; and one, Dr. Cox, has just been appointed to Junghsien where there is yet no hospital or dispensary building. Only four men and two single women are able to be actively engaged in hospital and dispensary work for the Chinese, in five institutions in four cities. The other four cities in which we have other forms of work, as church and chapel, and usually school work, are urgently in need of medical work; and they should be provided with good "foreign" buildings at the earliest possible date. At least eleven more cities, as listed in the first table, await opening by our Mission, for medical work and all other forms of Christian activity. But more about this in the next chapter.

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OUR PRESENT NEEDS.—AN APPEAL.

OTHERS

Lord, help me live from day to day,
In such a self-forgetful way,
That even when I kneel to pray,
My prayer may be for others.

May self be crucified and slain,
And buried deep, and all in vain,
Attempts be made to rise again,
Except to live for others.

Take all my selfishness from me,
Ope' Thou mine eyes that I may see,
That even what I do for Thee,
Must needs be done for others.

And when on earth my work is done,
And my new work in Heaven's begun,
May I forget the crown I've won,
While thinking still of others.

Others, Lord, yes, others ;
May this my motto be,
"Help me to live for others,
That I may live for Thee."

—C. D. Meiggs.

CHAPTER XII.

OUR PRESENT NEEDS.—AN APPEAL.

I have devoted the preceding chapter to some account of the medical mission work now carried on by the Methodist Church, Canada, in West China. I have now to indicate our present needs in this department.

First of all, our greatest need is for men and women as workers. We want nothing less than the best—men and women of character, of well-balanced judgment, of whole-souled devotion to Jesus Christ and to the establishment of His Kingdom in China. They must be well prepared in their specialty, at least as well prepared as though they were about to set up in practice in Canada; better, if possible. And they must come to China determined to spend their lives there, God permitting, in His service and in the service of the Chinese. I am surprised that there are not more young men and women now in the High Schools and Collegiate Institutes of our country, who are looking forward to the four or five years' course in medicine, preparatory to coming to China as medical missionaries. Better still if they look to the combined course in arts and medicine, six years, and then a year in

An appeal
for work-
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ough equip-
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Heal the Sick

postgraduate work, all of which is not a whit too good for the great responsibility that will rest upon them in China. Surely there are more young men and women in our medical colleges than we have yet heard of, who are preparing definitely for medical missionary work in China. Our country is crowded with medical practitioners; the United States is overcrowded; Great Britain and Ireland are in a similar condition. There is no loud cry arising from any part of these countries for men to come to save the sick and dying, to relieve pain and misery, to give back life and health and happiness to myriads of suffering people. But China echoes and re-echoes with the never-ceasing wail, from men, caught in the grip of the opium habit and many other vices, and longing to be free; from women, suffering inexpressible agonies from which the light of our modern science has relieved those of Christian lands; from helpless children, sick and dying at a rate which would appal us if we knew, and from complaints and diseases which are being overcome and banished from our more favored lands. Come over and help us! You young men who burn with the desire to make your lives count for the very most for God and your fellow-men—COME! You young women who realize that you have only this life to live, and who would serve God by serving your fellow-women—COME! People will tell you that there is much opportunity for service in Canada, and so attempt

Will you
respond to
this call?

Our Present Needs.—An Appeal

to dissuade you from coming to China. So there is a great opportunity in Canada, *and many workers!* By coming to our aid in China, do not imagine that you will deplete the number of workers in the home land; do not fear that your coming will cause any work to be left undone at home; rather will your coming be the means of stimulating many others to take up the work which you leave at home. And remember that if you do not come with us, there is no one else to do the work in China which you would have done. Our two Mission Boards are unable to find the requisite number of suitable candidates for China and Japan. This year, 1910, our General Board was to have sent fifteen missionaries to China; only nine have been found, including the two who have come to us from the London Mission. Our Woman's Mission Board also endeavored to find and send ten workers; only six are available. The cry is for more workers for China: who will respond?

In the second place, we need hospitals. We have hospitals at present in four only of our eight central stations. We ought to have the means provided at once for the purchase of sites, the erection of good buildings, and their equipment, in the other four central stations. Ten thousand dollars will do it in each place, except possibly in Tzeliutsing, the great salt well city. There the amount required must be double that needed elsewhere, because of the size and influ-

An appeal
for hos-
pitals.

Heal the Sick

ence of that centre. A much larger hospital is needed there, comparable with that now approaching completion at Chengtu, the provincial capital. Ten thousand dollars will do as much for us in West China in providing site and building as fifteen or twenty thousand in Canada. Labor is cheap, so are some of our building materials; and land is much cheaper.

Fifteen hospitals are required for central stations.

I have already indicated in Chapter XI. the eleven other cities for which our Church is exclusively responsible, and the claims of which are pressing upon us. These eleven cities must be opened as central stations within a very few years; medical men and women are needed to place in them, and a hospital will be required in each, as well as a church and a school. Here, then, is a minimum of fifteen hospitals required within a very few years. Can you to whom God has given the means think of an investment which will bring in greater returns than the establishment of a hospital in one of these great cities of West China? The returns are not in hard cash, it is true; but in that which hard cash cannot buy—relief to the suffering, hope to the disheartened, and best of all, to many, a joyous experience of eternal life, the free gift of Jesus Christ their Saviour. We need your help and co-operation in providing our hospitals.

An appeal for a medical college.

In the third place, we need a medical college. Chapter X. deals at some length with the subject of medical education in China as a whole.

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TWO PIONEER MEDICAL MISSIONARIES.

Drs. O. L. and Retta Kilborn usually work together in the operating room.



Our Present Needs.—An Appeal

All lists of large centres in China, made to show those suitable or advisable for the establishment of medical colleges, invariably include the city of Chengtu. Now Chengtu is a city of four to five hundred thousand, the capital of the great province of Szechwan, and the acknowledged literary as well as political centre for 69,000,000 people. Chengtu is the headquarters of our Mission, and of several other Missions at work there. There is a large measure of co-operation existing in all lines of work among these different Missions. But the closest and most cordial co-operation is in educational work. A Christian Educational Union has been formed, which co-ordinates all elementary and "Middle" or High Schools carried on by all the Missions. There is a common course of study, very carefully graded; there are uniform examinations, with printed examination papers circulated all over the province; the committee of examiners is made up of missionaries from all the Missions, and living often hundreds of miles apart. Pass-cards and certificates of standing are awarded annually on the results of the examinations.

The aim of the Christian Educational Union is brought to focus in a Union Christian University, formed for the present by four different Missions, and located at Chengtu. Ours is one of the four Missions entering into this union. Sixty-five acres of land have been purchased just outside the walls of Chengtu, to the south, and

The Union
Christian
University
in Chengtu.

Heal the Sick

this area is allotted in sections to the four Missions. A central section is reserved for Union purposes later on. Each Mission undertakes to erect on its own allotted section a college building, dormitories for its students, and dwellings for its teachers, foreign and Chinese. There is also a union Middle or High School in close association.

Why we must have a medical college.

University work in the two faculties of arts and theology is in operation; the former began in February, 1910, the latter two or three years previously. From the beginning, it has been the aim of the organizing Missions to include a medical college as a department of the university. Thus the way is made easy for the establishment of such a college at Chengtu. It will be a union college; two or more Missions—all four, if possible—will contribute teachers; our Mission is expected to take a leading part in this department, because of the emphasis which we have always placed upon this form of work. Our Mission, more than any other Mission in West China, needs this medical college, because we have more hospitals, and therefore need more trained Chinese as medical assistants, and also because we, more than any of our sister Missions, are better able to contribute several medical missionaries as teachers.

A magnificent opportunity for investment.

We need a good building, with equipment, and we may require a little additional land for site. Here is another magnificent opportunity for in-

Our Present Needs.—An Appeal

vestment in an institution which will bring great blessing to multitudes of the people of West China, of just the same sort as the foreign medical missionary is now taking to them, only multiplied many fold. If ever an institution was calculated to bring help to men in need, to scatter the darkness by bringing in the light, to drive away superstition and ignorance by bringing in knowledge and enlightenment, surely this one is so calculated. We believe our proposed medical college at Chengtu will be second to no other institution in the work which it will do towards the establishment of the Kingdom of our Lord Jesus Christ. We need your help in this matter.

The Chinese Empire has an area greater than **"China in transformation" appeals to the West.** that of our Dominion, and a population greater than that of any other country on the face of the earth. The last five years have witnessed the beginnings of great changes there. These are: *commercial and industrial*, the rapid extension of railways, the opening of mines, and the establishment of many industries; *political*, as the first elections ever held in China, those of 1909 for provincial legislatures, and the definite plans for an Imperial parliament by 1915; *educational*, as the abolition of the ancient system of civil service examinations, and the rapid opening of tens of thousands of schools and colleges; *moral and social*, as witness the marvellous movements against opium and footbinding. There is the steady stream of intelligent young Chinese stu-

Heal the Sick

dents now flowing to the United States and Canada, and to the countries of Europe. These will return to China in from four to eight years, to become the leaders in government, and in all the movements for the progress and development of their great nation. These movements are already of such magnitude and importance as to justify the application of the term "reformation" —one might almost say "revolution." What place will the rejuvenated Chinese nation occupy among the nations of the earth? As she grows in strength and in wealth she will grow in influence, but how will she exert that influence? Will it be on the side of righteousness and of peace?

The supreme opportunity.

I believe this question will be answered to a very large degree by the attitude of the peoples of the West towards China, as expressed through Christian Missions, and the results will be evident by the middle of the century. Now, as never before, and probably as never again in the future, is the supreme opportunity for giving the Gospel to China. And what a privilege! To have a part in the uplift and in the moulding of what has been in the past, and is destined to be again, one of the greatest nations of the earth! What a privilege, thus to be co-workers with the Lord Christ! Come over and help us!

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APPENDICES.



APPENDIX No. 1.

SPELLING AND PRONUNCIATION OF NAMES.

How to spell and how to pronounce the names of the missionaries' stations is often a perplexity to those at home. The following list of spellings adopted by the Chinese Imperial Post Office, with the approximate pronunciation of the names will be interesting and valuable:

Post Office Name.	Pronunciation.
Szechwan.....	S'-chwan
Yunnan.....	Yu-nan
Kweichow.....	Gway-jo
Chengt'u.....	Chen-doo
Kiatingfu.....	Jah-din-foo
Jenshow.....	Ren-show
Junghsien.....	Yuin-shan
Tzeliutsing.....	Zil-yu-jin
Penghsien.....	Pen-shan
Luchow.....	Loo-jo
Chungking.....	Chung-king
Tsingyuanhsien.....	Jin-yan-shan
Pih sien.....	Pee-shan
Tsungninghsien.....	Tsung-lin-shan
Sinfan.....	Shin-fan
Wenkiang.....	Wen-jong
Weiyuanhsien.....	Way-yuan-shan
Wenchwan.....	Wen-chwan
Omeih sien.....	O-may-shan
Kwanhsien.....	Gwan-shan

People at home addressing missionaries on the field must be sure to put the above spelling. Then they need not be afraid of their letters going astray. Put not only the name of the station, but the name of the province—Szechwan. "Via Chungking" is no longer needed.

APPENDIX No. 2.

MISSIONARIES AND THEIR STATIONS, 1910-1911.

Chengtu—

- N. E. Bowles—Church, Junior and Senior Primary and Charity Schools.
- A. W. Lindsay—K'ö Kia Hang Street Chapel, Dental Department (part time).
- R. B. Ewan—To build hospital, dwelling, and out-buildings.
- W. J. Sheridan—Medical work (on rise of Council).
- M. A. Brillinger—Medical work (part time after January 1st, 1911).
- J. Neave—Press (part time), Language School teacher in charge (one hour per day).
- S. P. Westaway—Press.
- Miss L. A. Ker—School for Missionaries' Children.
- A. T. Crutcher—Treasurer's Accountant (half time).
- J. L. Stewart, C. R. Carscallen, H. D. Robertson, P. M. Bayne—Theological and Middle Schools; Out-stations: Sinfan, Pih sien, Wenkiang, East Gate Street chapel. (J. L. Stewart part time Treasurer and Secretary pro tem of Mission). (P. M. Bayne part time to Educational work after September 1st only.)
- W. Small—Construction of College dwellings (after Sept. 1st).
- Students at Language School—J. W. A. Henderson, A. J. Elson, R. E. S. Taylor, D. S. Kern, G. G. Harris, J. E. Thompson, Miss B. G. McNaughton, Miss M. B. Wood.
- Students of the Language, second year (part time)
—A. T. Crutcher, M. A. Brillinger.

Appendices

Students of the Language, second year (until Sept. 1st)—W. Small, P. M. Bayne.

Student of the Language, third year—A. W. Lindsay.

Kiating—

A. P. Quirnbach—Church and Outstations, including Tsingyuanhsien School (until Sept. 1st).

A. Hockin—School (full charge after Sept. 1st).

W. Crawford—Hospital (on rise of Council).

A. Hockin—Student of the Language.

Junghsien—

W. E. Smith—Church, Street-Chapel, and Certain Outstations.

R. S. Longley—Certain Outstations, West Gate Street-Chapel, all School Work (on rise of Council).

J. R. Cox—Medical Work.

Student of the Language—W. B. Aibertson.

Jenshow—

R. B. McAmmond—Church and Certain Outstations.

J. R. Earle—Schools and Certain Outstations (on rise of Council).

F. F. Allan—Hospital.

Student of the Language—Miss M. E. Switzer.

Tzeliutsing—

R. O. Jolliffe—Church and Certain Outstations.

G. W. Sparling—Schools and Certain Outstations (on rise of Council).

Student of the Language—E. C. Wilford.

Student of the Language—T. E. Plewman.

Appendices

Penghsien—

W. E. Sibley—Church and Outstations, including Tsungninghsien; Day and Boarding Schools (until Sept. 1st).

H. H. Irish—Day and Boarding Schools (after Sept. 1st).

Student of the Language—H. H. Irish.

Student of the Language—A. J. Barter.

Luchow—

C. J. P. Jolliffe—Church, School, and Outstations.

Student of the Language—W. D. Ferguson.

Student of the Language—E. R. Brecken.

Shanghai—

J. Parker—Church.

E. J. Carson—Outstations.

E. W. Wallace—Schools (on rise of Council).

R. Wolfendale—Hospital.

Student of the Language—D. M. Perley.

To Leave for Furlough—

G. E. Hartwell (April, 1910), J. Endicott (April, 1910), A. C. Hoffman (April, 1910).

Returning to China from Furlough, October, 1910—

O. L. Kilborn, C. W. Service, W. J. Mortimore.

On Furlough—

E. W. Morgan.

APPENDIX No. 3.

MISSIONARIES UNDER APPOINTMENT TO
CHINA, TO SAIL AUTUMN, 1910.

Under the General Board:

F. L. Abrey and wife.

Rev. T. W. Bateman and wife.

Rev. A. E. Johns, M.A., and wife.

Rev. G. R. Jones.

D. F. McKinley, M.D., and wife.

Miss L. Norman.

Miss M. L. Perkins.

Under the Woman's Missionary Society :

Miss M. Smith.

Miss V. Shuttleworth.

Miss M. Thompson.

Miss A. Estabrook.

Miss Ethel McPherson.

Miss Olive M. Turner.

APPENDIX No. 4.

GOOD INVESTMENTS.

\$10 buys ordinary food for one patient in one of our hospitals for one year.

\$20 buys extra good food for one patient in one of our hospitals for one year.

\$30 supports a cot or bed, i.e., supplies food, bedding, and necessary hospital clothing for a patient for one year.

\$25 pays the wages, including board, of a hospital gateman, for one year.

\$35 pays the salary of a dispenser for one year.

\$40 pays the salary of a hospital evangelist for one year.

\$25-\$35 pays the salary of the hospital registrar for one year.

\$500 covers cost of the usual supply of drugs for one of our hospitals for one year, and pays freight to West China.

\$6,000 builds a hospital, including dispensary and necessary outbuildings.

\$10,000 provides site, erects hospital building, including dispensary and necessary outbuildings, and equips the institution completely.

\$25,000 erects and equips a medical college, in connection with the West China Union University, located at Cnengt'u.

APPENDIX No. 5.

REFERENCE LIBRARY ON MEDICAL MISSIONS.

All the following books will be mailed for
75 Cents, Postpaid.

Order from F. C. Stephenson, Methodist Mission
Rooms, Toronto.

The Work of the Medical Missionary. By Martin
R. Edwards, M.D. 25 cents.

The Medical Missionary. By James L. Barton.
15 cents.

Practical Ideals in Medical Mission Work. By W. H.
Jefferys. 10 cents.

Observations on the Medical Progress in the Orient.
By I. Ludlow.

A Modern Miracle Plant. By F. F. and E. B. Tucker.
25 cents.

The Medical Mission. By W. J. Wanless. 10 cents.

The Healing of the Nations (paper). By J. R. Wil-
liamson. 25 cents.

APPENDIX No. 6.

BIBLIOGRAPHY.

- The Middle Kingdom. S. Wells Williams. 2 Vols. (Second Edition '83.) Charles Scribner's Sons, New York. Illustrated. \$9.00.
The standard reference work in English. The chapters on government, literature, religions, and history are especially valuable.
- The Lore of Cathay; or, The Intellect of China. W. A. P. Martin. Fleming H. Revell Co., New York. Illustrated. \$2.50.
Dealing with the commerce, sciences, literature, religion, education, and history. Written after fifty years of diligent study.
- A Cycle of Cathay: China, North and South. W. A. P. Martin. Fleming H. Revell Co., New York. Illustrated. \$2.00.
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- Chinese Characteristics. Arthur H. Smith. Fleming H. Revell Co., New York. Illustrated. \$2.00.
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- Village Life in China. Arthur H. Smith. Fleming H. Revell Co., New York. Illustrated. \$2.00.
A description of village life in North China, its institutions, public characters, and family life. The best account of Chinese social life that has ever been written.
- Rex Christus; An Outline Study of China. Arthur H. Smith. Central Committee on the United Study of Missions. Paper, 35 cents; Cloth, 50 cents.
A very valuable brief survey of China and Chinese Missions.
- Dawn on the Hills of T'ang. Harlan P. Beach. Student Volunteer Movement. Paper, 35 cents; Cloth, 50 cents.
This is the best brief summary of things Chinese to be found. Every student of China and every missionary library should have a copy for reference.

Appendices

The Uplift of China. Arthur H. Smith. Young People's Missionary Movement. Illustrated. Paper, 35 cents; Cloth, 50 cents.

A study of China, especially prepared for study classes.

Intimate China. Mrs. Archibald Little. C. L. Bowman & Co., New York. Illustrated. \$5.00.

An attractively written description of life in various parts of China, by the wife of a British merchant, who had a special opportunity for observation.

Western China. Virgil C. Hart. Houghton, Mifflin & Co., Boston. Illustrated. \$2.00.

Describes a journey from Hankow to the great Buddhist centre, Mount Omel. Although written twenty years ago, it is one of the standard works on Western China.

The Heart of Sz-Chuan. Edward Wilson Wallace. Young People's Forward Movement for Missions, Toronto. Illustrated. Cloth, 50 cents; Paper, 35 cents.

The story of the founding and development of the missions of the Canadian Methodist Church in West China. It is well illustrated with photogravures of the missionaries, mission buildings, and interesting pictures of the country. As a story the book is full of interest.

New Forces in Old China. Arthur J. Brown. Illustrated. \$1.50 net.

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The Awakening of China. W. A. P. Martin. Doubleday, Page, New York. \$3.80.

Through the Yangtse Gorges. A. Little. Charles Scribner's Sons, New York. \$2.50.

The River of Golden Sand. W. Gill (1883). Murray, London, England. \$2.50.

Report on Szechwan by Consul-General Hosie. (Parliamentary Blue Book.)

All books of reference may be ordered from F. C. Stephenson, Methodist Mission Rooms, Toronto, Ont.

APPENDIX No. 7.

REFERENCE LIBRARY ON CHINA.

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These books are not sold separately.

Chinese Characteristics. Arthur H. Smith, D.D.
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China's Only Hope. Viceroy Chang Chih Tung. Illustrated, Cloth, 75c.

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Dawn on the Hills of T'ang; or, Missions in China. Harlan P. Beach, M.A., F.R.G.S. (New and enlarged edition of 1905.) Bibliography, analytical index, missionary map, statistics, illustrations. 50c.

In this volume the main points are given in as brief form as possible. In the eight chapters the most interesting factors relating to the Empire are discussed from the missionary standpoint. The author vividly describes the land, people and religions of China, and gives an interesting account of missionary operations in this Empire, with special references to changes following the Boxer uprising of 1900.

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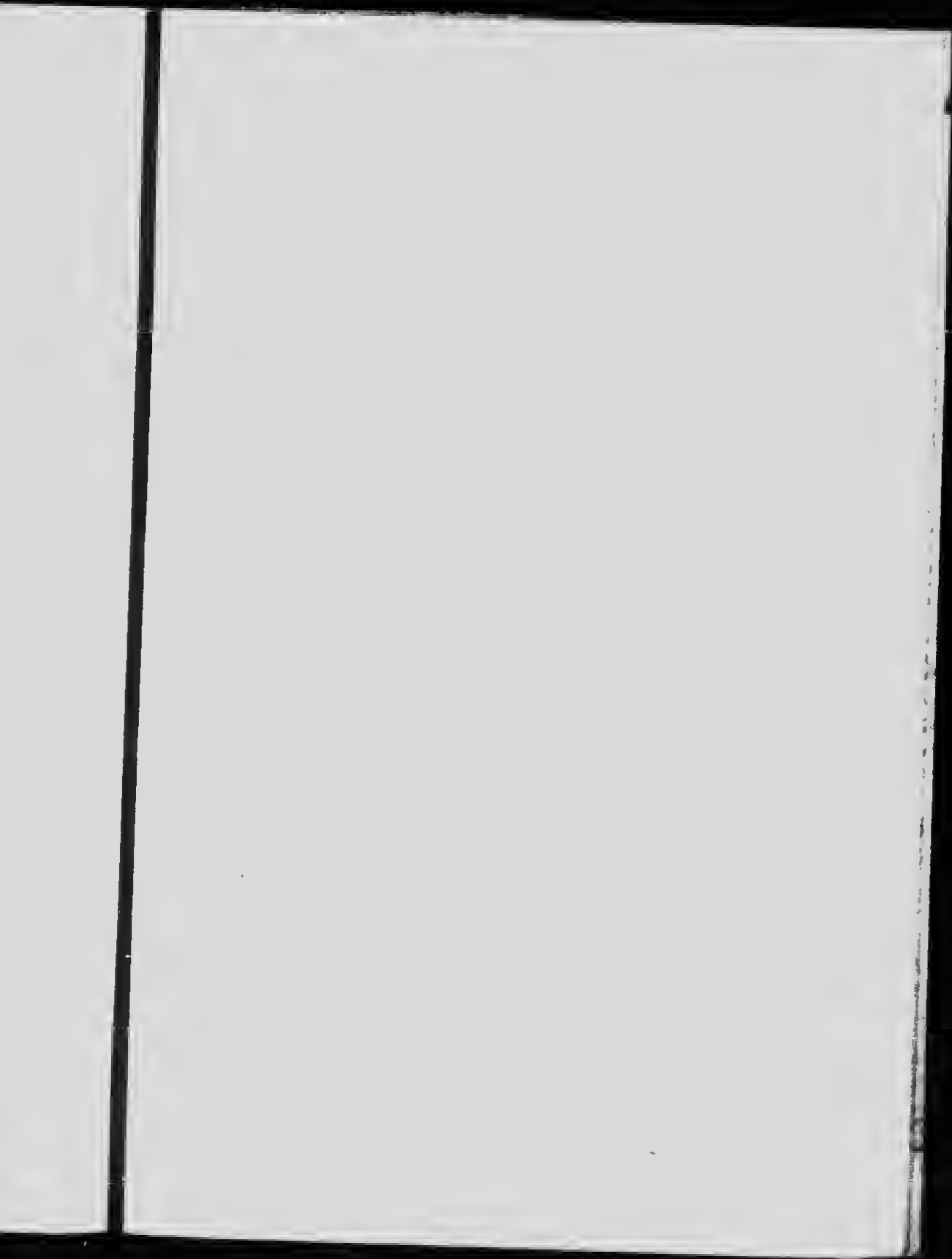
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MISSIONARY MAP
OF
CHINA

Compiled by
Harlan P. Beach



Explanatory

- Provincial Capitals ●
- Department Capitals ○
- T'ing District Capitals ○
- Chou District Capitals ○
- Heise District Capitals ○
- Market Towns, Villages, etc. ○
- Ports are underscored

These Designations should be added to the towo names. Thus a Su-chou would be read Su-chou Fu; a Liao-hu would be Lien-hue T'ing; a T'ung would be Tung Chou; and a Wai would be Wai Hsien. Railroads completed are indicated thus ———— those projected, thus - - - - -





SOME INTERESTING FACTS ABOUT OUR WEST CHINA

(See Canadian Methodist Dist...)

OUR FIELD.

In the Province of Szechwan.
 Area of Szechwan, 218,000 square miles.
 Population, 69,000,000.
 Largest, most populous and one of the most fertile provinces in China.
 Very mountainous, bordering on Tibet.
 Contains 112 walled cities, and many thousand market towns and villages.
 Has eight different church organisations with 400 missionaries, that is, men and women, married and single, at work for the evangelisation of the people.

OUR RESPONSIBILITY.

A strip in the centre of the province, running north and south, and the whole of the south-eastern corner (indicated by the heavy black outline).
 Population, 10,000,000, assigned exclusively to the Methodist Church, Canada, for Christian work.
 Includes twenty walled cities, and many hundreds of market towns and villages.

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Wall Map of China, 28 by 32 inches - - - - - \$1.25
 Set of Outline Maps for the Study of our Work, 8 by 14 inches - - - .13



POPULATIONS AND DENSITIES OF THE CHINESE PROVINCES

Below is given the population of each of the Provinces and Manchuria according to the estimates of "The Statesman's Year book, 1913." The figures within parentheses following the millions give the number of inhabitants per square mile.

An-hui	23,670,314 (432)	Kuang-hai	5,142,330 (67)
Ché-chiang	11,380,892 (316)	Kuang-tung	31,863,231 (319)
Chiang-hai	26,332,225 (368)	Kuei-chow	7,530,262 (124)
Chiang-su	13,980,233 (362)	Manchuria	8,300,000 (83)
Chih-li	20,257,000 (172)	Shan-hai	12,300,456 (149)
Fu-chien	22,876,540 (494)	Shen-tung	24,347,000 (662)
Ho-nan	35,378,800 (320)	Shen-hai	5,430,122 (221)
Hu-nan	22,169,673 (268)	Sü-ch'uen	68,724,890 (314)
Hu-peh	35,280,665 (492)	Yün-nan	12,324,374 (84)
Kan-su	10,365,376 (82)		

THE CHINESE MISSION IN THE PROVINCE OF SZECHWAN.
(Methodist District outlined.)

OUR WORK.

Including 1910 appointments, we have a mission force of 186 men and women, representing the General Society and the Women's Missionary Society. We have eight central stations and about 180 out-stations, with an approximate membership of 1,000. In addition to the members there are about 2,000 inquirers. We have about sixty evangelists and helpers. Five hospitals and dispensaries. Twenty-five schools. A press, turning out millions of pages annually, and doing work in four languages. Our "special" missionaries include two dentists, a pharmacist, a builder, an architect, an accountant, three nurses, and a matron and two teachers in charge of the school for missionaries' children. The "Jennie Ford" Orphanage for castaway girl babies.

OUR NEEDS.

More men and women workers: ministers, doctors, teachers and nurses. Twelve more stations and three hundred more out-stations to be opened as soon as possible. Sixteen churches. 300 out-station chapels. Twelve hospitals. Eighteen more schools. An extension of the press, to enable us to keep pace with the demand. A medical college, as a department of the West China Union University at Chengtu. Money for mission buildings (See Missionary Report, page 375). More prayer and study by the Home Church.

