

MURDERED
MILLIONS.



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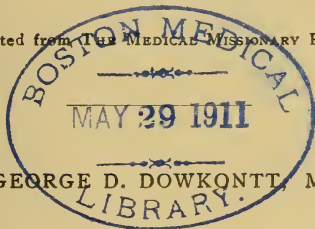
MURDERED

MILLIONS.

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GEORGE D. DOWKONTT.

MURDERED MILLIONS.

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By GEORGE D. DOWKONTT, M. D.

WITH INTRODUCTION BY THE

Rev. THEODORE L. CUYLER, D. D.

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INTRODUCTION.

BY REV. THEODORE L. CUYLER, D.D.

Our divine Master was the Great Physician of *suffering bodies* and of *sin sick souls*. In a single verse the Evangelist Matthew tells us that Jesus "went about all Galilee preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people." He was not only the loving Shepherd who "laid down His life for the sheep," and who fed their souls with heavenly bread; He was also a *Medical Missionary*, with miraculous powers of healing. His treatment of sick bodies prepared the way for curing sick souls.

Just as the Divine Founder of the Christian Church united the functions of physical and spiritual healing, so does modern missionary effort wisely aim at the same twofold work. The hearts of the heathen and the benighted victims of error can be reached through their bodies, and every cure wrought is an object lesson to

teach the core-principle of Christianity, which is pity for the suffering and power to restore.

Even if the spiritual necessities of heathendom were not the dominant motive of Christian missions, yet the sending thither of skilled physicians is the highest dictate of philanthropy. This treatise by Dr. Dowkontt gives most heartrending revelations of the cruelties practiced among half-civilized or wild and barbarous peoples. *The true Gospel for the soul—the true hygiene for the body*; this is the double purpose of Christian Missions.

I earnestly bespeak for this important treatise a hearty welcome and an attentive reading. It carries its own vindication on every page. We have had numberless books, letters, and speeches, in behalf of spreading the gospel among dying *souls* all over the globe. Only within a few years has the enterprise of Medical Missions begun to sound its thrilling appeals for the diseased and dying *bodies* of our fellow-creatures.

The "missing link" is being discovered. Science and the Gospel of redemption go

hand in hand on their errand of mercy and salvation. What God in His wise providence is thus joining together "let no man put asunder." Let us not forget that it was with his medical diploma in one hand, and his Bible in the other, that the most illustrious of modern missionaries, Dr. David Livingstone, went to his heroic service and his martyrdom in the wilds of Africa.

Theodore L. Cuyler

PREFACE.

“ We cannot but speak the things which we have *seen* and *heard*.”—Acts iv, 20.

The aim of this little book is threefold.

First.—To make known “ things as they are ” in heathen lands, from a medical standpoint. (It is a book of *revelations*.)

Second.—To cause the Christian Church to realize its responsibility for these things.

Third.—To arouse Christians to “ right the wrongs ” of the One Thousand Millions in these countries.

Few persons have any knowledge of the facts narrated herein, mostly told by eye-witnesses, and all well authenticated. Many, if they *knew*, would *do*. All who know should inform others. Pity and practical sympathy, no less than a sense of our responsibility, should lead to this.

Ministers, Editors and others are urged to **MAKE THESE THINGS KNOWN**. Some who cannot *give* much, may *do* much by sending this appeal to their wealthier friends. All can pray, and all should pray

for these suffering millions. All who do *really pray* will also *give* and *do* what they can to help.

There is danger of our becoming so *used* to the sight and recital of sufferings, as to produce *hardness of heart*. Not so was it with Him who “beheld the city, and *wept over it.*”

Oh! for that Divine compassion which *seeks to know* the needs of others, that it may expend itself in loving service for them. How this sinning, suffering, sorrowing world needs such *wingless angels*.

The kindly introduction of the veteran preacher and author, Dr. Cuyler, encourages the writer to hope that his little book may meet with acceptance and response from his fellow Christians, and lead to their providing “*Help for the Helpless.*”

GEORGE D. DOWKONTT.

New York, Feb. 1, 1894.



MURDERED MILLIONS

MURDER—WHAT IS IT?

One beautiful summer's morning the writer awoke with the one dread word *murder* strangely fixed upon his mind. He tried to shake it off, but like some grim specter it grew upon his mind and heart—is there still.

Had he been in New York, a city of many murders, and engaged in his usual work among the poor and degraded, it might have been easily accounted for; but at the time he was spending a few days in conference with some Christian friends at one of the most beautiful and quiet places in America, Northfield, Mass., the home of D. L. Moody.

What could it mean? As he asked the question he found himself defining murder to be "the wilful destruction of human life." Then there came before him instances in which, although the result was the same, the term murder was not usually applied. This led to further questioning as to the rightness of the distinction.

Consulting the Bible, he found that while man discriminated between death due to direct violence, and death resulting from neglect, God appeared to equally condemn wilful neglect of duty resulting in loss of life, with direct effort to take life. In Ezekiel, 33d Chapter, 7th and 8th verses, God said to the watchman whose duty it was to warn the people of coming danger: "If thou *dost not speak* to warn the wicked from his way, that wicked man *shall die* in his iniquity; but *his blood* will I require at *thine hand*." He then saw himself to be *guilty*, for he had not done all he could to warn his fellow-man. Determining to be more faithful in future, he decided to make known something of what he himself knew of the condition of people in less favored lands, trusting that, knowing these things, others might see their duty and be led to *do it*.

While thus meditating, a panoramic view of some incidents, occurring in his varied experience, came to his mind, illustrating the subject to which his attention had been called in this singular manner.

It may be interesting, and, perhaps, helpful to some, to narrate some of these things before proceeding to lift the curtain, as it were, to the terrible condition of our fellow creatures in other lands, which will doubtless be a *revelation* to many.

The following experiences passed in review, as they were recalled to the memory of the writer :

Cases in which he had been called to treat severe injuries inflicted with the single intent of wilful murder, the attempt too often proving successful in spite of his efforts to save life. Others, in which he had contended with drunken and dissolute mothers who *neglected* to give their sick children the medicine he had provided, either because they wished to be rid of the trouble of caring for them or wanted to get the insurance due at their death.

He had stood by the bedside of poor *self-murdered* drunkards of both sexes, dying in the horrors of delirium tremens, produced by their own hand and appetite.

He had witnessed the awful effects of a boiler explosion on board a steamer, by which seventeen poor fellows were instantly killed, and twenty seven soon after died, while many more were seriously injured—all the result of one man's *neglect*. And once more he saw the killed and dying, and heard again their groans.

Again there came to his mind the picture of a vessel at sea literally cut in halves by the ship-of-war he was on board of twenty-five years before. And the cries of the drowning, as they sank beneath the waves rang

in his ears—killed by one man's *neglect*.

An hotel was recently burned down in New York City. All might have been saved, but many perished, because the proprietor *neglected* to provide fire escapes.

Then the following illustrations arrayed themselves before the writer's mind:

A vessel at sea with signal flying "*we're sinking.*" Another vessel draws near, sheers off, and leaves all to *go down; killed by neglect.*

A train is dashing along with its living freight. Suddenly there's a crash, and the track is strewn with dead and dying. A man (?) had laid ties across the rails to wreck that train. Another passed by and saw them there; he knew the train would come that way, but *neglected* to remove them. Was he much less guilty than the other?

Years since a famine raged in an Eastern land. The king made ample provision for the needy, and sent his messengers with the same. They took, or rather *sent*, just a little, hoarded the remainder, called it *their own*, and left the people to starve and die, while they regaled themselves with the proceeds. Surely the terms "robbery" and "murder" might be justly applied to such.

A hurricane sweeps across the Atlantic. A large vessel laden with hundreds of

precious lives is wrecked on the coast. On the beach a number of young men, eager, strong and brave, gather together, anxious to save those on the wreck. They are *helpless* for lack of boats. A poor fisherman gladly gives his *only* boat, and his son with others, man her. They pull out and manage to *save a few*. Appeals are made to others, who have *many boats*, but they turn a deaf ear to the pleaders, and seem by their manner to ask, “Am I my brother’s keeper?”

Do you say, “Impossible!” Yes, so it seems; and yet we shall see later on that this is an exact picture of the condition of things in the Christian Church regarding the suffering millions in heathen lands. A few *doing* and *giving* all in their power, but a large majority *perfectly indifferent*. The question naturally arises concerning those on the wreck, “How can they be saved if boats are not sent to them?” To which I reply: “I do not know. There does not appear to be *any other way*, and if these young men do *not* go to them, they will *certainly be lost*, and they cannot go if the boats are *not provided*. You may well ask as to the crime of those who thus neglected to give the needed boats; to which I would reply by asking, “What would *you* call their crime, and what fate do *you* think

they deserve better than that which they brought upon others?"

The law of man would not charge them with any crime, much less with murder; but, He who said, "Thou shalt not *kill*," would surely count them guilty of *killing by neglect*; and what is killing but murder?

It is written, "No murderer hath eternal life abiding in him;" and, "Whoso hateth his brother is a murderer;" and the Saviour taught that to *think evil* is to be guilty of it.

These teachings are all to be found in the Bible, and some persons believe that the Scriptures are true; and yet it is to be feared that many of those who profess to believe them and to follow the example of the martyred Christ, certainly must be guilty of *murder by neglect*, for they have done little or nothing to save anyone, and few have done "what they *could*."

It often happens that in cases of murder by *neglect* the guilt is far more heinous than in those resulting from direct violence. A man in a fit of anger strikes his fellow man, this is *direct* murder; result, execution. Another man neglects his sick wife or child by not providing the needed food and medicine. Death results as surely as in the other case. It is true that it is longer delayed; but does that lessen guilt? Does it

not rather increase it, inasmuch as there is the more time given for reflection and reform? The man who, day by day, slowly poisons his victim, must surely belong to a lower type of criminal than he who kills by a hasty blow.

It would seem better that one should have been born in a heathen land, ignorant of God and good, than to know of both and neglect to give this knowledge to others in order to save them. There can be little doubt as to which would fare the best if simple justice was meted out; he who *did not*, because he *knew not*; and he who *knew*, but *did not do*. Jesus said, "He who knew his master's will and *did it not*, shall be beaten with many stripes." The same tongue and lips that will speak the welcome words, "Come, ye blessed of my Father," will also say, "Depart, ye cursed;" and the difference is hinged, not upon mere talking or creed, but upon life and deed, which alone must be the true evidence of rightness of belief.

It seems very important that we should look this subject squarely in the face, and call things by their right names, not only that the needy who are perishing may be saved, but also that those who could help them but do not, may see *their sin*, and repent and be *saved*. The Savior himself told the story of the rich man and the poor beg-

gar as a warning. And of two things we may be assured, He knew whereof he spoke, and, *He never lied.*

Such were some of the thoughts which came into the writer's mind on this particular occasion. Finally the explanation and application were more clearly evident to him. He saw on the one hand *one thousand millions* of poor heathen in sin and suffering, darkness and death, without any knowledge of the only true God, much less of His great love in the gift of His Only Son; and further he remembered how their sicknesses and sufferings of body were *increased* instead of relieved, and many *lives lost*, by the ignorance, barbarity and resultant cruelty, among them. On the other hand, he saw hundreds of noble Christian young men and women, who had offered to go out and help these suffering millions. Many of these people had come to him to know how and where they could get the needed medical and other knowledge to fit them to go, as no medical missionary college existed to give it to them, although many theological seminaries were ready to give them theology *free*. In this way he decided to do what he could to meet this crying need by laying the following facts before the Christian church.

“But,” you ask, “why trouble so about the heathen; no doubt they will be saved,

somehow?” Well, one thing is certain, that whatever opinions we may have as to their *future* state, there can be no question regarding their *present* condition being one of terrible need and suffering. And it is surely worse than idle mockery, it is *criminality*, to speculate as to their *future*, while neglecting our duty to them *here and now*, and failing to carry out the plain command of Christ to “Preach the Gospel to every creature.”

The present awful condition of these suffering millions is as great by contrast with that of people living in a Christian land as anything we can conceive of regarding a *heaven and hell of the future*; and while people discuss and question regarding the *future* of the *heathen*, they would do well, yes, better, to interrogate concerning the *future prospects* of those who, having the Gospel for their spiritual needs, and medical science for their physical ills, enjoy the blessings of the same, but fail to send or give them to their needy fellow creatures. How will such stand and answer before the Great Tribunal?

From THIRTY TO FORTY MILLIONS of these people die EVERY YEAR without the knowledge of the gospel, and all the resultant blessings to mind and soul are lost to them. Again, many of these lives *might be saved*,

but are lost for lack of the knowledge we possess. Thus do they perish by our *neglect*. Further, in some parts of the world, as in Africa, (see page 78,) when one is sick or dies, one or more are put to death for bewitching. Thus are *millions murdered*, and who is responsible for these lives if not those who could help them, but do not? Surely such are *the murderers of these millions*.

We may rest fully assured that if "For every idle word," men must "give an account," they certainly will be called to account for neglecting to use their wealth, time and talents, to bring the Gospel to those in darkness and death, and provide them with the means they themselves possess for the relief of pain, the cure of disease, and the *saving of life*.

Some very searching questions are contained in God's Word, and the following is one of them: "But, whoso hath this world's goods, and seeth his brother have need, and shutteth up his heart of compassion from him, *how dwelleth the love of God (i. e., God's love) in him?*" How, indeed. And the veteran apostle John adds, in the succeeding verse of his epistle: "My little children, let us not love in *word*, neither in *tongue*, but in *deed* and in *truth*."

The apostle James asks this question: "If a brother or sister be destitute of daily

food, and one of you *say* unto him, 'Be ye warmed and filled,' notwithstanding ye *give them not* those things which are needful to the *body*; what doth it profit?" And he adds: "Even so, faith, if it hath not *works*, is dead."

If the Bible is true, and there is a future state to which all men are hurrying, and there is to be such an accounting as that predicted by the Savior in Matthew, 25th chapter, then we must be making the most stupendous blunder, and committing the most heinous crime, if we do not do all in our power not only to preach the Gospel to our fellow man, but to relieve his physical ills and save his natural life, lest we have the terrible words uttered in our ears, and thrilling our hearts, "*Depart, ye cursed.*"

One simple fact remains for consideration. Either this religion of Christ is the greatest and grandest thing on earth, or the most complete mockery and delusion; and we do well to settle this point, and either make it the *everything* of our lives, or have nothing to do with it, lest we play the hypocrite, and bring disgrace upon the cause which the Savior founded by the sacrifice of His life for *others*.

If for every life *lost* which might have been *saved*, there is the record of a *murder*, then there must be *millions of such murders* recorded.

THE GREAT PHYSICIAN.

Many voluminous Lives of Christ have been written; the Bible gives it in five little words, "He went about *doing good*"; and his enemies and murderers have given it in three words, uttered by them as he hung upon the cross, "*He saved others.*"

He came and lived, suffered and died, that He might be the Savior of our souls by becoming the sacrifice for our sins, and He rejoiced to tell his hearers of a place when and where there shall be no more sin, and therefore no more pain or sorrow; and said, "*I go to prepare a place for you.*" At the same time He was constantly emphasizing the loving care of His Father, for the whole being of man, *body* as well as *soul*, and while telling them of a "*heaven above,*" He gave them a taste of heaven *below*.

"Even the very hairs of your heads are all numbered," said He; and, pointing to the lilies of the field, He asked, "If God so clothe the grass of the field, shall He not much more clothe you?" Then, referring to the sparrows, He said, "God feedeth them," and added, "Are *ye* not much better than *they*?" Thus did He tell forth the goodness and care of His Father for their perishing bodies.

Further, He always pointed out that while He willingly *came* to save man, yet he was *sent* by His Father, and said, "*God so loved, that He gave His Only Son.*"

When He stood up in the synagogue at Nazareth, where He grew from child to man, and read his great commission from His Father, it was worded thus: "*He hath sent me to heal the broken-hearted; to give sight to the blind; to set at liberty those who are bound; and to preach the gospel to the poor.*" And when John the Baptist sent men to ask, "Art thou He that should come?" they found him busy at His "*Father's business,*" as He called it, and He said to them, "Go and tell John what things ye see and hear." The *lepers* are cleansed; the *blind* see; the *lame* walk; the *dead* are raised; and the *poor* have the gospel preached unto them." He had said: "By their *fruits* ye shall know them," and applying the test to Himself, He pointed to the *fruits* of His life and ministry, as *proofs* of the divinity of His character and mission.

Of him it was written, "And great multitudes followed Him, and *He healed them all.*" The simple fact being, that wherever He went the sick came to Him, whether in the synagogue or in a house, or on the street of city or village; they sought but to touch His garment, and "as many as touched

Him were made perfectly whole of whatsoever disease they had." It seems as if He never preached without some sick one interrupting Him in the middle of His discourse; yet he never turned them away, but gave evidence of His power and willingness to forgive sins on one occasion, by healing a helpless man let down through the roof of the house where He was. How faithfully He carried out His commission is seen by the verdict of those He had so blessed, who said of him, "He doeth all things well," as they referred to these very *works*. Near the close of his earthly life, His Father was heard saying, "This is my beloved Son, in whom I am *well pleased*;" and the Savior Himself could honestly say to His Father, "I have finished the work which *Thou gavest Me to do*;" and, bowing his thorn-crowned head upon the cross, He was heard saying, "*It is finished.*"

Of thirty-six of these miracles recorded, twenty-four were for physical relief; but those recorded must be but a small part of the thousands He performed.

Not content with what He could do personally, He multiplied Himself, so to speak by calling unto Him twelve men at the first, "and other seventy also;" and, after enduing these eighty-two men with miraculous power, He sent them forth to do *two things*,

i.e., “*Heal the sick, and say unto them, the kingdom of God is come nigh unto you.*” Afterwards, they returned to Him with great joy. They had given great joy to others, in exchange for suffering and misery. Thus they enjoyed the greatest joy, *doing good.*

Not only did He thus teach and practice, but He laid particular stress upon the duty of man to care for his fellowman, even though he had no miraculous or special power to do so. In the same chapter in which we read of the sending out of the seventy (Luke x.), we have the story of the Good Samaritan. As the Savior commended him as an example of what to do, and how to do it, and showed who was a neighbor, He held up to rebuke and contempt the priest and Levite who passed by on the other side, so occupied with the *spiritual concerns* of men as to neglect to attend to the *physical sufferings* of the wounded man. And they are not the only ones who have fallen into such error: indeed, there is danger to-day that, while the unconverted disregard their Eternal welfare, their present well-being and needs may be overlooked by those who are striving to convert and save their *souls.*

As far as the priest and Levite were concerned, the wounded man might have died, and probably would, had not the third man

passed that way; and had he so died, we know that the officers of the law would not have laid hold of, or punished them; but would they not have been guilty of *Murder by neglect*?

To merely *talk piously* and tell suffering people of a *future state*, while neglecting to relieve their *present needs*, when in our power to do so, must be nauseating both to God and man, and certainly is a libel upon the Christianity Christ both taught and practised, in which He combined care for the whole being of man, *body and soul*. This very neglect has often brought reproach upon the cause of the self-denying Christ, and thus prevented success in *preaching* no less among the working classes at home, than among the heathen abroad.

Every church and mission among the poor and needy should be a Helping Hand Society in every possible sense, especially medically. A place where the poor and needy of every sort can find sympathy and help in their everyday struggles with sin and sickness, pain and poverty, and not a place *for preaching only*.

Thank God several pastors and others are now so working in some of our large cities; but there is room for much more of this effort, and it is very easy of accomplishment, by the use of rooms which are often unused

all day, and by obtaining the aid of Christian physicians, who will readily give their services *free* to the sick poor. In a word, whether it be at home among the poor and ignorant, the criminal and vicious, or in the dark lands of heathenism, it will ever be found that the greatest success in Gospel effort will be met with when the Saviour's example and teaching are followed, and the *physical needs* of the people are attended to, combined with *Bible instruction*. But I forbear to speak of work at home, my purpose being rather to call attention to the crying needs of those in heathen lands.

In the following pages are set forth :

First. The great need for this agency in heathen lands, owing to the terrible and revolting practices in vogue through prevailing ignorance, superstition and witchcraft.

Second. The immense advantages of medical knowledge to the missionary, from the three-fold standpoint of *successful effort, self-preservation and self-support*.

Third. What has been done. What ought to be done. What each can do to bring "the Gospel to every creature," not in *word only*, but in *living act* also, by this combination of "Healing for Body and Soul."

THE GREAT NEED FOR MEDICAL AID IN HEATHEN LANDS.

COMPARISON OF HEATHEN COUNTRIES WITH THE UNITED STATES.

In the city of New York there are *over three thousand* physicians to attend to the physical needs and sufferings of about *a million and a half* of people, or, *one doctor to every five hundred* persons.

Throughout the United States there are over *one hundred thousand* physicians, to attend to *sixty millions*, or about *one doctor to every six hundred*.

In heathen and Mohammedan lands there are about *three hundred and fifty* medical missionaries scattered among *one thousand millions* of people, or about *one to three millions*.

Excepting in India, where the British Government and the Dufferin Association have some agents to give physical relief, without the Gospel in *word*, there is scarcely any medical provision in these countries, apart from the medical missionaries laboring there.

NATIVE TREATMENT OF THE SICK.

AFRICA.—Except along the coast, where Christian civilization has taught them differently, the general condition is more or

less one of perfect ignorance as to the *fact* of disease, and therefore of its treatment. The general belief is that what we understand as sickness and disease is the result of witchcraft, and the only doctors they have are the witch doctors, whose business is, *not to diagnose and treat the disease*, but to find out who bewitched *the sick or dead one*. To accomplish this, the doctor, arrayed in hideous garb, assembles the inhabitants of the village or town, and after a beating of drums and a time of dancing, selects some poor wretch, man, woman or child, as the perpetrator of the deed. It is in vain that the selected victim protests his innocence; the relatives of the sick or dead one are ready to pounce upon him, and are quite ready to acquiesce in the "doctor's" decision, lest they be "*selected*" next time.

Sometimes the "doctor" undertakes to prove his diagnosis. A large pot of water is made to boil, and the victim has to dip his hands therein. If they come out *unharméd* he is innocent; or he may be made to drink a test draught, compounded by the "doctor," and made of various poisonous substances. If he dies it proves the doctor's verdict to be correct; if he does not die, well that is the doctor's fault; he mixed the draught. The victims are put to death in various ways. They may be cut in pieces

or burned alive, as the doctor or the relatives prescribe, and thus millions of poor innocent creatures have been, and *still are being*, sacrificed and MURDERED. Three or four years since Bishop Taylor saw a father plunge a knife into the heart of his little girl because he believed that she had bewitched her mother, who was sick and dying, the chief reason for his belief being that the child *squinted*. (See page 78).

A man recently crawled to a missionary's house so unlike a human being that the missionary at first thought him to be some hideous animal. This young man's mother had been accused of bewitching. [She was tied to a stake in front of her hut, and *slowly roasted* to death. The son, touched by the awful spectacle, as the screams of his mother rent the air, made an attempt to rescue her. They caught him and threw him *into the fire*, and he barely crawled out alive and escaped, bearing on his body scars which showed that the sons of Africa possess feelings akin to those of the sons of other lands.

In some places an attempt to "treat" disease is made. Dr. Summers, who died at Lualaburg in 1888 (the first student of the Int. Med. Miss. Society, and the first missionary of any kind in that part of the country), on his way across the continent, met with two cases of children who had

been "treated" by their mothers. They did *the best they knew* for their children. The children were scored or cut, from head to foot with a sharp instrument. It is needless to add that they were dead when the doctor saw them.

In North Africa they use the red-hot iron freely over the body, and in one case, seen by a missionary, a hole had been burned *through the foot* "to let the disease out."

In cases of bronchitis and pneumonia the practice is to place cones of sulphur over the chest and set fire to them. Veritably counter irritation with a vengeance. In November, 1893, an Arab woman was arrested for having treated a sick child, near Wilkes-Barre, Pa., by branding its body with a red-hot iron cross, after the manner of the country in which she was born.

ALASKA.—Strangely true is it that similar practices prevail among the ice bound regions of the North to those met with in the heart of Africa. It does seem indeed evident that the same power of evil ingenuity has been at work in each case, and it appears equally true that only one thing is likely to, and can, right these wrongs, viz.: the introduction of a *living* Christianity.

The following is taken from a letter written by Mrs. Eugene S. Willard, a missionary:

“I shall confine myself to *what I have seen*, and heard, and known in the Chilcat country, which is free from much to be met with at Fort Wrangell among the Sitkines. There a girl can be bought for a bit of ribbon, and the people are so diseased and deformed that a healthy child is the exception.

“The mortality among these Indian women is frightful. Two or three of our Chilcat girls, who were enticed away just about the time we came, fell victims to that terrible disease which follows such sin, and died during the year in horrible agony. The death of one of these girls was attributed by the Indians to witchcraft, and her companion, a girl also from Chilcat, was the accused. The Indians at Juneau employed the usual methods of torture to extort confession—cutting her hair off, then so weaving into it cords to form a rope, by which, after the body had been tied in a low crouching position, hands behind the back, feet together and knees against the breast, the head was drawn back and tied to a low stake driven into the ground. In this position the “witch” is left for *three days without food or water*. This girl was then beaten, and after “confessing” that she had bewitched the deceased and that her mother—an old woman living in our lower Chilcat

village, had taught her the black art, and had, herself, killed ten men in that way, she was brought, bound in a canoe, to her mother's house, when the old woman was also seized, and it was with difficulty that we saved their lives.

Last winter we had terrible storms at Haines, and, after the natives had exhausted themselves against the missionary as the cause, the medicine men declared that two of our brightest and best school girls had brought it on by hiding their sickness. The parents brought their children to me saying that they believed I knew more than the medicine man (because I had dared his shaken fist and all his threats in trying

TO SAVE THE LIVES OF SICK PERSONS),

and that by some sort of divination and the Bible, I could tell whether or not the charge were true. After talking with them of the wrong of these things, the father said to me, "I think you don't know and can't believe how our people hold to these things; the *life* of my child is in danger; I dare not let her be seen. You must hear of what happened before you came to us. There was a great storm; all the canoes seemed lost; everything was done to stop it, but still the storm went on. At length a medicine man told the people that the young daughter of the

chief was the cause—that she must confess herself a woman. This she refused to do;

THE TORTURE BEGAN;

still she denied; still raged the storm. Her blanket (worn close about the body) was set on fire; inch by inch it was burned half off her; still she persisted that she was innocent. A slave was next killed, for the double purpose of frightening her into a confession, and to prepare her way in the spirit world; still it failed of its first object; she would not acknowledge her guilt, and the storm increased its fury, till at last the girl was *killed and burned*, when immediately the sun broke through the clouds, the storm ceased, and the great calm told the people all the truth.”

In all the native villages, back of the dwellings, there are little booths about four feet square and two or three feet high, some even less, built of pine boughs or pieces of bark, to which the women are banished during childbirth, and for ten days after. Last winter I saw these women digging an entrance into these holes through many feet of snow and crawl into them

AS A DOG TO HIS KENNEL;

sometimes they gather handfuls of moss or bark and have a little smoking fire, but with fire or not there they must remain until the time is past. Through one bitter, bitter cold

week, a woman came to me with her little child almost perished; they had been in an outhouse for two days and nights, she having no one to leave her child with, and almost without food or clothing. She told me that she had attempted to go back into the family house to get something for her child, but they had driven her out with awful threats and charges of having brought evil and sickness upon them, and she was afraid her child would die. Shall I go on, as easily I might. Or is this enough for my sisters in Christian America? Could I give *one* incident in its *true* life—*darkness*—surely it would kindle in their hearts such a new and holy fire as would give out its bright blessings until these dark, dark hearths of Alaska should be changed into *Christian homes*.”

ARABIA.—Dr. Marcus Eustace, of the Church Missionary Society of England, writing from Busrah, Arabia, in 1891, says: “There are *no proper medical men* among the Arabs; simply a system of quackery, usually handed down from father to son. They cauterize—burn with a hot iron—the affected part. I have seen a seton—large, flat needle—put in the back to cure a strangulated hernia (rupture). A favorite internal remedy consists of some verses of the Koran written on paper and eaten. Limbs are *amputated with a chopper*, and the stump

thrust into *boiling oil* or tar to stop hemorrhage. They come to my dispensary several hundred miles, journeying 10 or 12 days in a boat. The Turks, who call themselves '*doctors,*' can do no proper surgery for want of knowledge, and for the same reason their practice of medicine is most dangerous. The European surgeon can bring about results never dreamed of by them; hence the sick and suffering come to him by hundreds and beg, nay *pray* him, to only *look* on their sick and heal them." The doctor also tells of the removal of a tumor of 60 lbs., and of stones from the bladder weighing half a pound, and adds, "I have had to work all this time without proper drugs or instruments, and without any other hospital than a room in my own house, quite unfitted for the purpose." Think of it—a talented, skilful man, who would doubtless rise high in his profession at home, giving up all for this work, and yet lacking the means and tools to do the work with. Sad and shameful, indeed.

BURMAH.—Some of the practices in this country, especially at the time of approaching maternity, afford striking evidence of ignorance and resultant barbarity.

The following account from a lady medical missionary, Dr. Marie Cote, of Rangoon, Burmah, may suffice:

“ My work here is mostly confined to the obstetrical branch of medicine. When a patient is brought, it is usually after having undergone the treatment of the native midwives, which is most barbarous, they (midwives) having no knowledge of anatomy, believe it possible for the child to be *born by the mouth*. So as to prevent such a procedure a *tight rope is tied around the waist and pulled by two robust adults* (generally men) as soon as the patient has any slight labor pain. Then the poor creature *lays herself on the floor of her hut*, when the midwives *stand on her and trample her* until the expulsion of the child and placenta takes place. It is a *common thing* for these poor creatures to rise from such treatment with a complete ‘*prolapsus uteri*.’ I have witnessed one such performance, and then and there I promised my God that with His help I would do all in my power for improving this sad state of things.”

Let your mind dwell upon the scene, as did He who “wept over the city,” until your heart is sad, your cheeks wet, and your hand ready to help them.

CHINA.—In this land, with its teeming millions, with its thousands of sightless eyes, lunatics, lepers, and gigantic tumors, very little knowledge is possessed of the human frame and system, and the followers of Con-

fucius have erected no refuge for lepers or lunatics. A certain mandarin once undertook to rid his district of leprosy. A radical cure with a vengeance. He arranged a banquet *for lepers only*, took care to have all present, then set fire to the building at different points, a cordon of soldiers and swords preventing escape. Up to the present day *no lunatic asylum* exists in all China, as affording evidence of *practical Christian sympathy*. Dr. John G. Kerr, forty years in Canton, wants to see one established before he dies. Afraid to dissect the human body, they have the most absurd notions of the location and offices of the various organs, and stand in awe at the opening of a simple abscess.

In some towns they have a brass mule placed in an open square, and those suffering from any disease are directed to rub the affected part upon the corresponding part of the mule, when lo! perhaps, the trouble may disappear, and these poor deluded sufferers have rubbed holes into the brass figures in their attempts to get some relief from the varied ills common to man, and to them. Were it not for the terrible revelation the knowledge of these things affords in regard to the helpless condition of these poor victims, their ludicrousness would cause a smile; but there is *no smiling for them* as they vainly struggle to get relief from

pain, cure for disease, and life for death, for themselves or those near and dear to them.

Mr. John A. Anderson, of the China Island Mission, who, after extensive traveling in China, is now finishing medical study at the I. M. M. Society in New York intending to return to China, saw the following case. A little boy had a harmless eruption on his body. His parents secured the services of the best (!) native doctor. For about two months that man tortured the poor boy till his screams roused the neighborhood, by applying the lighted wick of a lamp to each spot on his body, until, at last, the parents brought the poor child to the mission, where he was *cured in a few days*.

The following is taken from a recent address by Dr. H. W. Boone, President of the China Medical Missionary Association :

“See what the Chinese know about medicine. They have no proper methods of examining the sick. Auscultation, percussion, the use of the thermometer, and all the varied appliances at our command for interrogating the patient, are unknown to them.

“Their drugs are crude, inert or drastic.

“They probe the joints and the viscera with needles, cold or *red hot*, and even run them into the spinal cord.

“They have no knowledge of obstetrics, no anatomical or surgical knowledge.

“A fractured bone is left to get well as best it may.

“A dislocated joint is let alone.

“Tumors grow until the patient is destroyed, strangulated hernia is unrelieved, patients with stricture die without any attempt being made to help them.

“Diseases of the eye run riot and end in total blindness.

“*No attempt* is made to treat the insane.

“Saddest of all, the LITTLE CHILDREN SUFFER and linger and die from preventable or curable disease. Hygiene is unknown.

“Why prolong the mournful record?

“Here is a nation of nearly 300 millions that suffer from every ill that flesh is heir to, *with no relief* and no prospect of relief except that which the medical missionary has to offer. In the past, medical missionaries have striven nobly to heal the sick, to teach the heathen. But what can 50 or 60 men do to relieve nearly 300 millions? The mass is too great to be reached by their individual efforts.”

In some parts of China attempts have been made to treat disease, but how? The most revolting and disgusting decoctions and mixtures are prepared, and given in large doses to the poor sufferers, whose

faith in the potion given is in proportion to its size and repulsiveness. Decoctions of snakes, reptiles, scorpions, etc., are prepared, the mixture often including one hundred of such ingredients. Two hundred pills a day, or *three pounds* of medicine taken daily for several weeks, guarantee a *sure cure*, unless, indeed, the patient expires before the expiration of the time allotted.

The most terrible thing met with in China is the use of human flesh, cut from the living body of son or daughter, (and that without ether or chloroform,) and “prepared” by the “doctor” for a dying parent. The result of the injuries thus inflicted has often brought the sufferers miles, with their ulcerated gaping wounds, to the medical missionaries for relief and cure.

INDIA.—In this country something is being done for the sick and suffering, but the condition of things, even in the larger cities, in which the best medical provision is found, is seen by the statement made by the Health Officer of Calcutta, to the effect that, out of a total of 49,761 deaths in that city in the five years, 1886-91—31,221—more than three fifths—had *no medical attendance whatever*, and the others were attended by every sort of quack or self-constituted doctor, as well as the properly qualified.

In Calcutta the ratio of males to females is 211 of the former to 100 of the latter, a fact doubtless largely due to the lack of proper care and aid in times of maternity, and to proper after treatment.

In some parts of the country, in cases of delayed delivery, a stout bamboo is laid across the body and manipulated by two persons so as to produce expulsion.

In all cases the mother has no food for four days and is then compelled to walk barefooted over cold stones and given a bath.

Do you wonder that many commit suicide to end such miserable lives? May God, in His mercy, excite your pity for them. As you *read* these things, and *shudder*, they *suffer* them and *perish*.

“In the country districts,” writes Dr. Macphail, a medical missionary in Bengal, “hundreds of villages, with thousands of people, live in the midst of hunger, dirt, and vice, scarcely allowing one to escape with *a mens sana* or *a corpus sanum*: and there is *no man to care* either for their bodies or their souls.”

Dr. Macphail further says: “It is heart-breaking work to go among the villages of India, and find what great multitudes there are diseased for life, blind, lame, deaf and dumb, beyond the possibility of cure, because in early infancy the simplest remedies were

not available. A child's eyes are inflamed; the simplest and cheapest remedies would cure them in a day or two, the cost of the cure being about the fiftieth part of a pice; but through neglect or through no help being near, the disease is aggravated and the child becomes

HOPELESSLY BLIND FOR LIFE.

“Or the ear suppurates, a very frequent occurrence in India; it is neglected, and the delicate organs of hearing in the middle ear are destroyed. A child falls into the fire while its mother is out working, a very common accident where there are neither grates nor fenders, and for want of proper treatment while the wounds are healing, it is lamed for life. Such cases are occurring in countless numbers every day all around us, and must continue to occur unless the means of supplying medical relief to the poor and the out-of-the-way are increased a hundred fold. The native treatment, too, is often

WORSE THAN THE DISEASE.

“The red hot iron is freely applied even for such trivial complaints, as toothache and headache, or rags dipped in oil are set on fire and applied to the body. The writer has had under treatment a patient who in the agonies of toothache had repaired to the village blacksmith, who, in extracting the

tooth with his tongs, had taken with it a considerable portion of the sufferer's lower jaw, leaving

A LARGE HOLE IN THE SIDE OF HIS FACE

through which his food escaped if he did not lie down on one side while eating. It is needless to refer to the horrors of childbirth among the women, to the loss of life and endless suffering caused by the ignorance, carelessness, and vicious practices of the native *dhais*. It is strange that a Government which abolished *sati* should not treat as a criminal offence the native treatment of difficult cases of labor by placing a pole across the wretched woman, with attendants resting their whole weight upon the ends of it; but any who have interested themselves in the matter have probably come to the conclusion that the extent of the evil of such malpractice baffles legislative interference.

“The poor of India, in the cities, but especially in the villages, stand sadly in need of medical help. *It is a wonder*

HOW THEY LIVE AT ALL,

when the income of an entire family is often less than two annas a day, even in the best times. Living always on the verge of starvation, with almost no protection against summer's sun or winter's cold,

drinking filthy water from a muddy tank in which the whole village washes itself,

THEY ARE NEVER REALLY HEALTHY, and fall easy victims to disease and death. The incurable among them would by themselves form a large population—458,000 blind, 126,000 lepers, 191,000 deaf and dumb, 76,000 insane. Yet even in Lower Bengal there is just one public dispensary to 270,000 of population.*”

Dr. Macphail makes a strong point in the following paragraph: “The loss of the miraculous power of healing no more absolves the church of Christ from obeying her Lord’s command than the fact that she no longer possesses the Pentecostal gift of tongues frees her from the duty of acquiring new languages in order to spread the Gospel.”

Miss Emma J. Cummings, M. D., a medical missionary in India, thus narrates a case in her own experience :

“I shall never forget (I wish I could) one experience that I had ; I was called up at midnight to see a woman in the last stages of puerperal fever.

“I found her tossing and muttering in a delirium that ran into stupor and then death.

*In an article in the *Asiatic Quarterly Review* for October 1892, Sir W. J. Moore states that the relief at present afforded by the hospitals and dispensaries of India does not reach 5 per cent. of the population.

I did what I could to make her comfortable, bathing the hot skin, and moistening the parched lips, etc., then inquired if the child—born seven days before—were living. One of the women answered indifferently, ‘Yes, it’s alive.’ I asked where it was, and she replied, ‘Oh, it is in there,’ pointing to another room, ‘but never mind the baby; it’s not worth while to do anything for it; it is nothing but a girl.’

“I went in at once and found the poor little thing lying on a rough cord bedstead, with only one thickness of thin cloth beneath it. It had NEVER BEEN WASHED, and for *four days had not been fed*, and every tiny bone was visible through the drawn skin.

“Physician though I am, my eyes filled with tears as I took up the little skeleton. I did what I could to save, but a merciful Father took the little soul to where it would be loved and developed, even though it had been ‘only a girl,’ and as I thought of the blessed change I thanked Him that my efforts had been unavailing. The mother died a few hours later, but I wonder if you ladies, in your refined homes, can imagine

THE DEATH SCENE

in India? No sooner did they learn that death was near, than neighbors began to swarm in, until the miserable hut had twenty

or thirty in it, all vieing with each other in groaning, shrieking, smiting the chests and screaming. In vain I showed them that the noise was torture to her poor brain, and that her head began to roll from side to side again. I could not keep them even from

THROWING THEMSELVES FULL WEIGHT

on to her poor chest, laboring harder and harder to give her breath, and when I wanted to give a few drops of medicine, but failed because her jaws were already set, I turned cold and faint to see her own mother *strike* her to compel her to swallow! I saw that I could do no good, and as the strain was too severe to be borne unnecessarily, I left her two hours before she died, but the scene haunted me for months.”

KOREA.—The ignorance prevailing among the people of this country may be somewhat realized by the fact that, about seven years since, when a war was raging, a nephew of the King was severely wounded in the thigh. The best native skill was at hand, and when Dr. Allen, the medical missionary, was summoned, he found no less than thirteen native surgeons present, in the act of pouring molten wax into the gaping wound, to stop the hemorrhage. As he brushed these “doctors” aside, and ligated the bleeding arteries, they were simply astounded at his

wonderful skill. The prince said to him afterwards, "My people say, 'that doctor did not come from America, he must have come from *Heaven.*'" Was that an echo of the Savior's words, "Heal the sick, and say unto *them* the Kingdom of God *is come nigh unto you?*"

Recently a terrible case was brought to the knowledge of some of our missionaries at Korea.

A parent was dying, and the "doctor" demanded the hand of the patient's daughter to be '*cut off and stewed*' to make broth for the patient, and *it was done*, and the poor girl-child was not only thus terribly tortured and butchered (without any anæsthetic), but all through her future life she will bear her mutilation, not simply as an example of ignorance and cruelty on the part of her own people, but she will go about with her *handless arm*, because the Gospel and medical science *have not been given* to her people, as they *could* and *should* have been. This is not an isolated case by any means; there are many such maimed daughters in Korea.

SIAM.—Two cases, cited by eyewitnesses in this land, set forth the awful practices in vogue there. The first is from Miss Hartwell, of Bangkok :

"My man servant said, 'My wife is suffer-

ing very much and I want to take care of her.' I excused him and followed him to his house. "The woman's first born child was two weeks old. She had been lying by a fire of hard wood coals.

"I found her burnt to blisters from the breasts to the pelvis in front, and one of the blisters on her back was as large as your two hands! Many of the blisters had broken, and she had rubbed them full of dry lime and cumin.

"If you could see how these poor benighted people do, you would wonder how any ever survive.

"As soon as the child is born, a pile of hard wood (neatly laid with the ends toward the edge of a plank) is ignited. The woman then lies down on this plank, with no bed—not even a sheet under her—and exposes her naked abdomen to the heat. They think they will die if this is not done. With the first child the woman must lie by the fire *thirty days*. The result is severe burns, which always cause acute suffering and sometimes death. This woman's skin looks just like the outside of a piece of roasted pork. * * It is beyond description."

Some idea of the manner in which lunatics are treated may be gained from the following thrilling narrative. Mrs. Peoples, writing from Siam, says:

“Two of their number became crazy, and as was their superstitious custom, they were tied up for a time, but as they grew no better they were *taken out and buried alive*, in spite of their cries and pleading. There are thousands and thousands bound in just such horrible superstitions all around us. *How much longer* will those who know and enjoy the sweet liberty of God’s children let them stumble and fall in the darkness? *Why don’t more come?*”

There are some who say, why trouble about *lunatics*, you can’t *convert them*? Suppose *you* cannot, *God can*. And can even convert *you*, my friend, and lead you to have *divine* sympathy, “For the heart of the Eternal, is most wonderfully kind.” Neither God nor man may be able to *convert* sparrows, oxen or sheep, into anything other than they are, “Yet your Heavenly father feedeth—and careth for—*them*,” and “How much better is a man than a sheep.”

One would think that the deepest sympathy would be evinced towards these poor afflicted ones, to many of whom the sound of the Gospel would be most welcome, and would likely bring relief and perhaps cure. There is no doubt that many of these poor creatures become lunatics because of the intolerable burden of sin, for which they seek relief in vain. Such might not only be *sane*,

but happy Christians, going about doing good had they heard the gospel.

The Savior thought enough of the *one man* possessed of the legion, to cross the stormy lake with his disciples to deliver him.

There were those in the time of Christ who knew so little of the Divine Father, and were so interested in *religious duties*, that they actually found fault with *His Son*, and said, "There are six days in which to be *healed, not on the Sabbath*; as if God was more concerned about the *day* than the *man*."

Oh! for a broader sympathy for all of suffering humanity of every sort, this is what is needed to banish anarchy and socialism in all lands.

True all people need the Gospel, and the Gospel is for all, but let it be "*not in word only.*"

THE VALUE OF MEDICAL MISSIONS.

Having dwelt upon the *need* for medical aid in heathen lands, the advantages of medical knowledge to the missionary, his family, and his work, will now be considered.

But first, let it be remarked, that if no advantages of a *spiritual* character accrued as a result of physical relief afforded to these suffering millions, yet, as Christians, we would be bound to do all in our power to relieve their pains, cure their diseases, and save their lives.

It is by no means certain that all the sufferers who obtained physical relief at the Savior's hands were recipients of the Gospel He preached: indeed, we know that in the case of the ten lepers, only *one* returned to give thanks; and the Savior must have known that such would be the result of his action on their behalf, but that did not deter Him from doing them good.

He it was who called attention to the same magnanimous benevolence on the part of His Father, who "Sends sunshine and rain on evil and good, to give to all their needed food." And in the parable of the feast, He taught that the poor and blind, the halt and lame, should be invited, and that good should be done, "hoping for nothing in return."

It may not have been mere coincidence that led the Savior to omit the narration of a *single word* of cheer spoken to the wounded man, or of gratitude uttered by him to his Samaritan benefactor; the apparent teaching being in accord with the old proverb "actions speak louder than words." After all what are mere *words* without *acts*? The "*Book of Acts*" is the title given to the account of the lives and labors of the early Apostles. May there not be in this a lesson for us?

No one could have been so deeply interested in the *spiritual* welfare of those who crowded around Him as he who allowed men to crucify *Him*, that He might save *them*: and it is evident that he did not confine His temporal blessings to the good or even hopeful classes. It was their *present need* that led his generous heart and hand to provide bread for the hungry in the wilderness, though He knew He would have to rebuke them on the day following, for seeking only the "loaves and fishes," instead of the "*living bread*."

It may appear unnecessary to thus treat of the subject; but the writer has met Christian people whose horizon was too small to admit of their doing aught for *physical* relief, unless they were pretty sure of some *religious* advantage, and it is particularly to

such that the foregoing remarks are offered for prayerful consideration.

The following quotation from an address delivered in New York in March, 1893, by Dr. R. H. Nassau, the oldest medical missionary in Africa, is quite relevant to this aspect of the subject.

He said: "As a result of the terrible need and suffering I have witnessed in Africa, I would be willing, and feel ready and justified to go, if only to respond to the cry of the needy and dying in that dark land, and bring some help for its sin, suffering and sorrow, even though I was not a Christian, and had no higher aim than *mere philanthropy*, for this in itself would amply justify and demand such a course."

While mere philanthropy demands that we send help to these suffering millions, without regard to spiritual results, yet the advantages afforded by this agency are very great—the greatest, indeed—as a means of overcoming prejudice, superstition and bigotry, and removing opposition to the gospel of *words*. Let us apply the thought to ourselves. Who among us would not be ready to listen with deep interest to *anything* spoken to us by the man or woman who had relieved our suffering and saved our lives? And, if he or she told us of a time and place where there shall be "*no more pain*," and

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no more sorrow, when we had suffered much from both, how our hearts would leap and respond; and, "God hath made of *one blood* all nations that dwell on the earth," at least the Bible tells us so.

The chief advantages of medical knowledge to the missionary may be given under three heads: *Self-preservation—Self-support—Successful Gospel effort*. It may appear egotistical to place *Self* first; but we are speaking *about* the missionary, not he of himself; and if he is to accomplish anything he must first *exist*; and, second, he must be in *good health* of body and mind.

SELF PRESERVATION.—In view of the enervating influence of climate, and the depressing effect of constant contact with misery and degradation, coupled with separation from home, friends and native land, the missionary needs far better care than if at home.

Only persons of deep sympathy should go to the mission field; but to such the most *excruciating torture* possible is to *see suffering*, such as exists in these lands, *without being able* to relieve it. Many noble souls have been so placed; and the writer has personally known several who "stood it as long as they could," and then came home again to study medicine and return. But what a change when they returned, able to go about,

like their Divine Master, "doing good," by relieving the hundreds who crowded around seeking relief at their hands. By thus taking the *fruits* of Christianity they could and did much more readily plant the "*roots*."

The marvelous thing is that any man or woman should have been sent to a heathen land away from civilization, and hundreds of miles from the nearest doctor worthy of the title, *with* wife and family, but *without* any knowledge of medicine. And yet hundreds have been so sent into the heart of India, China and Africa. Brave, noble, heroic souls were they, thinking not of themselves, but alone burdened with the needs of others. All honor to their heroism and devotion, but the same can scarcely be said of the sympathy and wisdom of those who allowed them to go, or sent them.

Mrs. Isabella Davis, widow of a medical missionary, narrated the following case in the hearing of the writer at a public meeting in New York, in 1891. A Mr. and Mrs. Farnsworth were stationed in the East. They had four children. One became sick and died; then a second; and again a third.

Finally the fourth child was taken sick, and in desperation those parents traveled 270 miles—two ranges of mountains being *en route*—to reach the nearest medical mis-

sionary. He shook his head and said, "Too late." They turned back homewards, and, when four days from home, that child died, and the parents carried it in that hot climate those four days to lay it by the side of THE OTHER THREE.

An English missionary in China was sent with his young wife into the far interior. He was 800 miles from the nearest doctor, a medical missionary. A time was approaching when a physician would be needed. They did the only thing they could do; started on the journey by wheelbarrow and boat. When half way from home, 400 miles, a doctor was needed, but none was near. Fortunately the case was a normal one, but the only help obtainable was that afforded by a poor old Chinese woman. They were utterly ignorant upon the subject of medicine. Is it to be wondered at that that man, when he arrived home again, left his wife and children in England while he studied medicine in New York, ere he returned to China, where he is now laboring as an M.D.? Recently one of the leading dailies of New York contained an editorial article nearly a column in length commenting upon the marvelous success of his efforts since returning to China. Drs. Cameron, Douthwaite, Soltau, Randle and Anderson, all of the China Inland Mission, have so returned to study.

Other cases might be cited, but these are probably sufficient to show the value of this agency in this direction. Many valuable lives have been lost on the mission field from diseases usually amenable to proper medical care, because such was not to be had; and many have no doubt succumbed in spite of the best medical skill and attention. But surely we ought to do all we can to save life, and certainly none the less so in the case of a noble and efficient worker in the mission field.

Economical considerations would dictate the adoption of this agency in all of our missions, as not only lengthening the time of service of our experienced missionaries, but also in preventing loss of time and effort as the result of sickness, involving lengthy and expensive traveling to obtain treatment, and tardy recovery as the result of lack of knowledge. Our thoughtful readers will readily appreciate the advantages to be secured under this head.

SELF-SUPPORT.—A very important advantage is afforded the missionary in this direction by medical knowledge. One of the great problems of to-day is “how to make the most of the means at the disposal of the various missionary societies, so as to accomplish the greatest good at the least cost.”

In medical missions, the solution of this problem is given as in no other way. However good and necessary theological knowledge may be, and it is certainly both, yet to unchristianized peoples it has no marketable value. But when these people become Christians, they often shame those in so-called Christian lands, by their devotion and generosity towards the cause of Christ.

On the other hand, medical skill has intrinsic marketable value the world over; and certainly not less so where the need is greatest, by its very scarcity or entire absence. There will necessarily be differences according to location, but speaking generally, a good medical man or woman could be self-supporting in three years, on the average, if not trying to do the work of two or three persons, in exclusively benevolent service. The majority of our medical missionaries are so over-burdened with gratuitous service, that they have no time or thought left to see the half-dozen private patients a day whose fees would well support

them. Again, doubtless, there are some extreme cases where self-support would not be fully possible, but on general principles it should be aimed at everywhere. The number of medical missionaries now at each station should at least be doubled; then each would have time enough at disposal to attend patients who could *pay them*, and all such *should pay*, the world around. What has been done, can doubtless be done, and the following cases will show what some have accomplished in this line.

Dr. Ellen E. Mitchell is at present serving as a medical missionary in Burma, under the Baptist Missionary Union. She is now in her sixty-fifth year. During the whole of the civil war she served as a faithful nurse.

In 1871, she was graduated in New York City as doctor in medicine. For the next eight years she sought to go to the mission field, but was not sent until 1879—a remarkable evidence of the small value then placed upon this important agency. Dr. Mitchell came home on furlough in 1888, and pursued post-graduate study, while residing at the I. M. M. Institute, in New York. During her stay, she told the above facts in her history to the writer, and further stated that, as soon as possible, after obtaining the language—beginning to acquire it at fifty—she sought to contribute towards her own

support. For the last three years of her service, 1885-8, she not only did not receive any salary from her Board, but paid an assistant an allowance amounting to one-half the salary formerly granted her, and furnished the drugs for her poor patients beside.

Dr. Summers, previously alluded to, landed in Africa in February, 1885, as the pioneer of Bishop Taylor's Mission. He was stationed at Malange, in Angola, for nearly a year and a half.

In June 1886, he left Malange,—400 miles inland,—and journeyed to Luluaburg, on the farther side of the Congo or Kassai rivers, arriving there in December. He died there of consumption, May 24th, 1888. From the time he landed in Africa until he died, he did not receive one complete dollar from any source outside of Africa. On one occasion, he received from the authorities at Melange, the sum of \$127 for services rendered to the people in time of cholera, and from the start the people contributed to support him, often bringing more than he could consume, in the way of chickens, fruit, eggs, etc.

He left Malange with thirty-six carriers, loaded up with the gifts of a grateful people, who had come to him with a definite offer of a salary of \$1,200 a year, afterwards making it \$2,000, if he would remain. His heart, however, was not set upon dollars,

but upon the needy millions beyond, who had no *physicians* for body or soul.

The writer has been informed that Dr. A. Sims, of Leopoldville, on the Congo, who has been there a dozen years or more, is paid by his Mission Board a salary of \$500 a year. For attending some of the State officials, he receives \$600 a year, which he turns over to his Board, or puts into his medical work.

Dr. Salmans is laboring in Mexico under the Methodist Board. He is earning \$150 a month by daily attending half a dozen patients who could pay, and was thereby enabled to support himself and attend ten times as many more poor patients, to whom he preached the Gospel. These four cases may suffice; but the same thing is true at home. Dr. James Law, one of the students of the I. M. M. Society prevented from going abroad through an injury, is at the present time a self-supporting medical missionary, devoting his afternoons daily to the sick poor at the Harlem Medical Mission of the I. M. M. Society, and attending private patients for support. Dr. Hays receives \$7,000 a year from the King of Siam. (See page 69).

It may occur to some that there is danger of missionaries degenerating into mere money-makers, by aiming at self-support. There is no room for any such fear regarding the workers to whom reference has been made, and if some

have been sent to the mission field whose aim is rather to *get* than to *give*, then the sooner they are recalled the better for the cause. Generally speaking, the best plan is for the physician to receive a regular salary from his society, and pay in all fees received.

There certainly is great need for scrupulous care in the selection of *all* missionaries. No unknown, untried person should be sent out; but only such as have demonstrated in their past life earnestness of spirit, with ability and good sense, coupled with geniality of disposition, and adaptability to circumstances without temporizing.

The right men will turn out right, and everything should be done to prevent the wrong ones from being sent. As a means to this end, it is very desirable that all candidates for mission service should be under competent personal oversight and training in institutions providing residence and board, with opportunities for mission work at home.

This is one of the special features of the International Medical Missionary Institute, where boarding and residence, with opportunities for practical medical and mission work are provided, and the value of this plan has been well demonstrated by experience, not one of the students endorsed by the Society having been recalled; while, of five others sent out without such endorsement, four are home again already.

SUCCESSFUL GOSPEL EFFORT.—It is not deemed desirable to weigh one advantage of medical knowledge against another, but rather to let each stand by itself.

Yet, inasmuch as the *special* object of the missionary is to enter heathen lands and reach the inhabitants with the Gospel in such a manner as to win their confidence and remove opposition, this agency is the most important in existence. When the Savior called Peter, James and John from their fishing boats, He said to them, "Follow me, and I will make you *fishers* of men." They did follow Him, not only literally walking in His footsteps, but watching how He "fished" for men, by *drawing* unto Himself "all the publicans and sinners for to hear Him." And seeing that "great multitudes followed Him, and He healed them all," the disciples followed his example, healing and preaching. Sometime after the Savior's death, Peter and John on going "up to the temple to pray," healed the man lame from his birth, who when so healed, *stood*, and *leaped* and *praised God*; the people all wondering as the Apostles explained the cause, and pointed them to Christ. Surely he who runs may read the lesson here without stopping to do so, and he who wills can know much more in the light of subsequent experience.

To try to enumerate the many instances in which medical knowledge has opened the otherwise closed door and heart would fill a large volume, and but few people in these days will stop to read anything voluminous. It is, however, sincerely hoped that many will read and ponder the facts briefly stated herein.

The first thing necessary if we would lead people to give up what they possess, is to show them clearly that we have something better for them. A ripe orange offered to a child has led him to give up a green crab apple, when argument and threat failed.

When we go to these people in their terrible need and suffering and alleviate or remove their pain and disease, giving sight to blind eyes, and feet to the lame, we not only do what the Savior practised and commanded, but we certainly bring to them something they have previously sought for in vain.

Let your mind go back to childhood, and how deeply imprinted upon your memory—you will find everything about the doctor who attended you. his look, his every little act, his very tone of voice and manner were noted, and are not forgotten by you to-day.

The difficulty is not how to find entrance to any land or people, but how to deal with the multitudes that crowd, not only

the physicians, but every missionary clamoring for that relief which their own idolatrous priests profess to give—or they expect their idols to bestow—and which they naturally look for from the men who profess to bring to them a better religion than they possess.

Surely the inhabitants of Christian lands, who alone possess medical science worthy of the name, have had placed in their hands a wonderful power to use for the Gospel, and a glorious privilege to do good with.

The following cited cases are but a few from the many that might be given as illustrating this phase of our subject:

AFRICA, North—A wonderful entrance has been gained among the most fierce and bigoted tribes by means of medical relief. Time would fail to tell of the cases. Every month the MEDICAL MISSIONARY RECORD contains some such instances.

In 1881, Dr. Southon, of Scotland, was sent to Ujiji. On his way there he passed through Urambo. The king sent for him, and showing him a large tumor on his arm, which, by pressing upon an important nerve, had caused him much pain, asked, "Can you do anything for this?" The doctor replied, "Yes, I can take it all away." "But will it not hurt a great deal?" asked the king. "No," replied Dr. Southon, "I shall put you

to sleep, and when you awake, all will be done." "Do it at once, then," was the reply, "I have not slept for a long while." Afterwards the king said, "You must not leave us ever. Here is land, here is wood, here is everything, only do not leave us." And the doctor stayed.

Dr. Livingston had looked into this subject and took a medical degree in Glasgow before going to Africa, and how much do we owe, and that dark land, to the medical knowledge which enabled the great man to live and labor as he did, and open that land to Christianity and civilization. Only shame on so called Christian countries whose people take advantage of the opening thus gained, to send vile liquor there, to enrich themselves with silver and gold. Surely a terrible time of reckoning is coming to such persons.

CEYLON.—On this island of spicy breezes the same has been made manifest as elsewhere. Dr. Samuel F. Green devoted many years to arduous labor among the Cingalese, not only treating many thousands of sick folk, translating many medical books, and training native doctors, but by his medical skill, kindness of spirit and Christian character, winning many hearts to accept Christ as their Savior and friend. And to-day a great work is being carried on as the result of his labors.

CHINA.—It has been frequently said that Dr. Peter Parker “opened up China to the Gospel at the point of his lancet.” He went there in 1834, from the United States, and saw marvellous results of his labors ere he died in 1888. Dr. John G. Kerr, who, for the last forty years has conducted Dr. Parker’s first hospital in Canton, has performed nearly a thousand operations annually and treated over *a million cases* of sickness. Dr. Kerr has operated for stone in the bladder over 800 times. He is second only to Sir Henry Thompson, of England, in this line of operation, as regards number of cases.

In Swatow, in 1883, no less than *forty* converts were received into the church as the result of work at the hospital, and the numbers each year have not been less.

About twenty years’ since, the wife of the greatest man in China, Li Hung Chang, was sick and dying. Dr. Mackenzie, of England, and Dr. Mary Howard, of America, by their united efforts, saved her life. The Viceroy then built a hospital for men, and his wife one for women, and, being so high in position, his favor has been of great service to the mission cause. Indeed, one reason why the missionaries have not all been banished from that land in retaliation for the Geary law passed in the United States, may be largely because of this experience, and of the value

of medical skill, which the Chinese, no less than others, appreciate while they are, in the main, opposed to Christianity.

In one town in China where Dr. Mackenzie gave sight to a mother and two of her children, a church was established with over one hundred members. Shortly before Dr. Mackenzie's death he was visiting a poor dying man. While unable to heal his body, he pointed him to the Great Physician. The poor fellow grasped the doctor's hand as he bade him "Good-bye," and said: "When I get to heaven, I will go straight to Jesus, and thank Him for sending you to poor, heathen me. Then I will ask Him to let me wait at the gate 'till you come, and I will take you to Jesus then." He had not long to wait—only a few weeks.*

INDIA.—In 1636 a princess of the Great Mogul in Delhi was seriously injured. Dr. Gabriel Boughton went there from Surat and saved her life. He was asked what compensation he desired, and replied, "Let my people trade with yours," and it was done. In 1713 Dr. Hamilton cured the Emperor at Delhi of a disease causing great pain. He was asked to name his reward. He desired that an embassy of his country-

*Dr. Malcolm (I. M. M. Society) recently gave sight to a man in China, perfectly blind for twenty years, known at all the fairs for many miles around.—See John ix.

men be granted their petition. It was granted, and a war in all probability avoided.

The Church Missionary Society of England made three attempts to enter Cashmere in 1854, 1862 and in 1864, but in vain. In 1865 Dr. Elmslie, of Scotland, went there and gained an entrance, treating some 3,000 cases the first six months. Dr. Maxwell succeeded him, and by his influence with the Rajah erected a hospital, since which the work of healing and preaching has gone on.

“The beginning of a mission in Jeypore was still more remarkable because it came unsought. Dr. Colin S. Valentine, then stationed in Beawar, was passing through Jeypore on his way to the hills, and when calling on the Maharajah was asked to see, and prescribe for, the Maharani. The treatment proved so successful that His Highness asked the missionary to become his private physician, an offer which was accepted on the condition that full liberty was to be allowed for mission work. Dr. Valentine labored as a missionary, *at the Maharajah's expense*, for fourteen years, and although he is now at Agra, where he has a Medical Missionary Institute for natives, and the old monarch is dead, not only the city but even the zenanas of Jeypore are still open to the Gospel.”

“Dr. Leech, the first missionary to Travan-

core, was accidentally drowned a year or two after his arrival. He had so endeared himself to the people in that short time that when the news of his death reached Travancore they carted stones down to the beach to *build a temple* to the missionary's honor, if his body should be found. The body was never found, but the success of the mission has been a better monument. Brahmins and Sudras, Shanars and Pariahs, Mohammedans, Roman Catholics and Protestants is side by side in the dispensary, and, more remarkable still, occupy the same wards in the hospital. A Canadian missionary made strong efforts to found a mission in one of the Native States of Central India, but he was bitterly opposed. "*Come as a medical missionary*" the people said, "and we will give you a site at once for a house, and help you to build a hospital." Although advanced in years, the missionary went home to Canada to obtain a medical qualification and return, but he was removed by death before he could carry out his intention."

"No one can live in India without feeling how difficult it is,—impossible, some would say,—to really get to know the people as we know each other. Sir Monier Williams has said, "Oil and water can no more be got to mix, than can the European and native

elements in Indian society be brought into sympathy with each other.”

Much of the foregoing relating to India has been taken from a recent pamphlet, *Medical Missions in India*, by Dr. Macphail, who is laboring in Bengal as a medical missionary. One important fact in relation to this land is not generally known. Dr. John Thomas, a young English surgeon, was led to resign his commission from an East Indiaman called the “Earl of Oxford” in 1785, and devote himself to relieving the suffering he saw in India. In 1792 he returned for assistance, and the year following took William Carey out as his *assistant*. Seven years later the first convert from heathenism was baptized in the Ganges, a man named Krishna Pal, who having broken his arm, was not only attended to medically, but *heard words* from the doctor’s lips which saved his soul.*

KOREA.—Dr. Allen’s success has already been referred to under another aspect of the subject, viz: the *need* for medical aid.

When the king of Korea desired some able man to represent his country to the United States, Dr. Allen was asked to officiate and did so. When the United States needed a representative of its government in Korea,

* A sketch of Dr. Thomas appeared in the MEDICAL MISSIONARY RECORD for December, 1893.

Dr. Allen was asked to accept the post and did so with the approval of his Board.

PERSIA.—The remarkable work of Dr. Asahel Grant among the Mohammedans and Nestorians of Persia, where his life had no safeguard except the good will of the fanatics among whom he lived alone, is an instance of the success of a medical mission in what is perhaps the most difficult of all fields. It was written that he “had *twenty times* more intercourse with the Mohammedans than the missionary sent out expressly to labor among them.

SIAM.—When Dr. Bradley went to this country in 1857, some of the priests derided him and sneeringly asked, “Have you come here with your contemptible little chisel of Christianity to uproot our great mountain of Bhudda?” The doctor quietly replied that he had come to try and do a little good to the people. Not long after the cholera raged in Bangkok and hundreds died daily. Dr. Bradley went there and heroically worked day and night among the dying people, saving hundreds of lives thereby.

Recently the king and queen of Siam erected three hospitals, and asked Dr. Hays to take charge of them, paying him a salary of \$7,000 a year, mostly given to his Board, and giving him full liberty to *preach the gospel* all he

pleased. The doctor had attended the son of the king and queen and their hearts were touched by his skill.

SYRIA.—Dr. George E. Post, one of the greatest of living surgeons, who has been laboring as a medical missionary at Beirut, Syria, for over thirty years, has had among his patients some of the most bigoted and intolerant Mohammedans, and after he has touched them with his skilful hand, they have stooped to *kiss his feet* to express their gratitude; and hundreds have not only been healed in body but in soul also.

What is true abroad is equally true at home. In every large city there are thousands of people whom the ordinary missionary or Gospel agency cannot reach, but when sickness comes in they will call the doctor, and will not only admit him, but gladly welcome him to their aid and into their homes.

The writer could readily tell of deeply interesting cases of infidels, harlots, drunkards and criminals, who have by this means been led to the foot of the cross, and thereafter have lived *changed* lives. Many thus brought into the fold are now respectable members of society, and attend various churches in the city. Want of space forbids further enlargement upon the subject, except to state very briefly what is being done.

WHAT IS BEING DONE AND WHAT OUGHT TO BE DONE.

In 1841 Dr. Peter Parker, of China, visited Scotland and other countries. In Edinburgh he succeeded in interesting some godly physicians in the welfare of the Chinese.

Some years later the Edinburgh Medical Missionary Society established a mission on the Cowgate, where the sick and poor gathered for treatment and heard the gospel. In 1851 an effort was made to aid intending medical missionaries by providing residence and board with pecuniary aid as needed, to meet their fees at the medical colleges. Over one hundred noble young men have gone into the foreign field from this society. Dr. Sargood Fry is now the superintendent.

In 1878 the London Medical Missionary Association was formed for similar work, and several young men have been aided by this society to go to the mission field. Dr. Maxwell is the secretary of this association.

The students at both of these institutions attend the regular medical colleges, where the fees are very high. There are also some other institutions in England where some medical instruction is given to intending missionaries but there is no fully equipped Medical Missionary College in the world.

In March 1881 the writer was led to New York city, to form a society similar to that in Edinburgh. Beginning with a mission in the worst part of the city, the work has developed until no less than eighty-two of the students of the society, now called the International Medical Missionary Society, have been appointed to India, China, Africa, and other parts of the world. A large double house was rented in 1885, as a residence for male students, and in 1887 a second was rented for female students. In addition to the advantages of a Christian Home, affording board and residence, medical instruction, supplemental to the college course, and opportunities for practical work at the mission dispensaries have been provided for the students of the society. These students have taken the lead and gained prizes and honors at the Medical College in New York. (See foot note page 76).

Until recent years the students obtained reduction of fees at the University Medical College of New York City, paying about \$150 for the entire course. Now reductions of every sort are cut off, and \$535 demanded.

During the year 1893 no less than one hundred and sixty young men and women applied to the writer of this paper for information and aid to obtain medical knowl-

edge for mission service. Only one tenth of the number could be received for lack of means.

It will be seen at a glance that the society occupies a very trying position. Brought into existence to meet the crying need for medical aid and Gospel effort in heathen lands by training medical missionaries for the various Evangelical denominations, it is peculiarly embarrassed. On the one hand, a crowd of noble young men and women are clamoring for admission and aid, that they may respond to the cries for help in these dark lands; while on the other, the colleges demand such high fees that it is not in the power of the society or these applicants to meet.

After speaking at a meeting recently, the writer was told by a lady on the following day, that she had been unable to sleep for thinking over the terrible facts narrated.

The writer expressed his interest, explaining that he could readily sympathize with her, for he had often been kept awake himself, and had been led to pray that the Lord would allow him to go to sleep, and lay the burden of this work upon the hearts of those to whom wealth and much else had been given.

Sleeping or waking, the one practical question now is

WHAT OUGHT TO BE DONE ?

The solution of the problem evidently lies in the establishment of a fully equipped Medical Missionary College.

Such an institution could not only give the needed instruction at about *one-fourth* of the sum now charged, but other very important advantages would be secured.

Not the least among these would be *greater efficiency*, by students being taught in small classes, in close touch with teacher, patient, and materials, used in instruction, a thing scarcely possible in a college of several hundred students.

By being under one management the opportunities for gaining *practical experience* in both medical and missionary work, at the dispensaries of the society, would be greatly increased—a most valuable advantage.

Instruction could be given in *subjects not embraced* in the ordinary medical curriculum, but essential to a medical missionary, who, as one has said, should be “A SPECIALIST *in all branches.*”

The students in such an institution would be in *harmony* and *sympathy* with one another, having a common aim, although differing in some respects as in creed and country.

Last, but not least, the society would have a *fuller knowledge* of its students in

regard to their fitness and ability *for* the work, and their devotion *to* it.

The necessity for such an institution is too apparent to need further argument. The problem now is, How to perfect the plan and carry it out?

Two things only are needed viz., *legal recognition* and *funds*. With regard to the former it may be explained that the society applied to the Board of Regents at Albany, who control all education in New York State, for a charter as a *teaching school* of medicine for missionaries, the students of which should be examined and graduated by the University of the State of New York. The State alone granting the degree, no question can arise as to the graduates being well educated. The Regents have promised this charter upon the society possessing the sum of \$50,000.

This leaves the project lacking but one thing, DOLLARS. There is a golden opportunity for those who want to do some good in this world before they leave it to share in this grand project, and lay up "Treasures in Heaven."

My Reader, how does the subject present itself to you? Do you feel a desire and determination to do something?

You remember the wreck portrayed in the first chapter? Does it not seem to you

to be a justifiable illustration? You see the wreck beyond, the people being washed off, the volunteers on the beach, the little boat tossing on the waves, and *a few saved*. And now comes the pleading for the needed boats, or means to supply the missing link, making it a question of life or death to those perishing ones. Do you hear it? Do you see the need? Will you do anything to help? If so, write us

The Saviour erected three platforms of service. The highest, "Freely ye have received, *freely give*." The middle one, "Give and it shall be *given you*." Last and lowest, "I was sick and ye visited me *not!* I was hungry, and YE GAVE ME NO MEAT," — "*Depart*."

The great Scottish preacher, Dr. Guthrie, had just finished one of his eloquent sermons to a crowded audience, when coming down the pulpit stairs he encountered a poor old woman, who grasped his hand and eagerly asked: "An', is it all *done*, sir?" "No, my good woman, it's all *said*, but the *doing* begins from now."

What will you do?

* In addition to students born in the United States, the society has had in training natives of England, Ireland, Scotland, Wales, Canada, Russia, France, India, China, Africa, Persia, Siam, Burma, Nova Scotia, Switzerland, West Indies, Syria, Guernsey, and the Sandwich Islands. Students have gone to India, Africa—East, West, North and South—China, Siam, Burma, Ceylon, Syria, Arabia, Persia, and among the North American Indian. They represented the following denominations: Presbyterians (N. and S.), Baptists, Congregational, Methodist (N. and S.), Episcopal, Dutch Reformed, Moravian, Brethren, Evangelical, Free Methodist, and Church of Disciples; yet they lived and labored together in harmony. The society is incorporated, and has a board of eighteen managers of various denominations. The average annual income of the society for the past six years has been nearly \$10,000.

PLANS AND NEEDS FOR THE PROPOSED MEDICAL MISSIONARY INSTITUTE.

NAME—International Medical Missionary Institute.*

BASIS.—Evangelical, Inter-denominational.

COURSE.—Four years; sessions, nine months.

EXPENSE.—Board, residence and full education \$200 a year; less when buildings are provided.

NEEDS.—1. A plot of ground in or near New York City.

2. Buildings for residence and instruction for 250 students.

3. Furnishings and equipment.

COST.—*Land*—according to location.

Buildings—about \$250,000. Five sections or halls, costing \$50,000 each; these can be named by donors.

\$1,000 will provide a students' room in perpetuity.

\$100 will furnish a students' room.

To provide microscopes, \$25 to \$50 each.

Further information will be gladly furnished by the writer, Geo. D. Dowkontt, M. D., 118 East 45th Street, New York City.

*The possession of \$500,000 is necessary to charter a *Med College*. \$50,000 only justifies the use of the words *school institute*.

A TRULY MARVELOUS TESTIMONY.

"All who die are believed to have been bewitched, and the devil doctor indicates who the guilty parties are. They prove their innocence or guilt by drinking sasswood poison, resulting usually in sudden death, or they suffer some terrible torture. One method is to stake the victims out to be devoured by ferocious ants; another by a

FORTY HOURS' ROASTING

by slow fires. One poor fellow at Boporo, West Coast of Africa, was cut into small bits and fed to catfish, by order of the king.

I saw a woman who had been accused of witchcraft, and condemned to death by ants. Her own brothers were her executioners, and bound her to an ant-hill to be devoured. She was kept there all day, but at night the cries of a young infant she had left at home caused her release to nourish it, and the next day she was again pinioned to the ant-hill. Death generally ensues after two days of such treatment, but in the case of this woman the respite given to attend her child each night

PROLONGED THE TORTURE FOR FIVE DAYS;

then her executioners declared that she was such a witch they could not kill her, and turning her loose, they bid her depart and never return.

She crawled painfully on the ground to a mission station. The missionary told me she was the most pitiful sight he ever beheld. The ferocious ants had in some places burrowed under the skin and eaten holes in the flesh. By months of careful nursing she was brought back to comparative health, *and this same woman, scarred and disfigured,*

WAS CONVERTED AT MY SERVICES.

The recital of such scenes may seem terrible to civilized nerves; but how much more the endurance of them by millions of helpless human beings!"—*Bishop William Taylor in "African News" for February, 1894.*

SICKNESS TO US.—SICKNESS TO THEM.

From a recent address in Exeter Hall by Mrs. Isabella Bird Bishop, after spending nearly five years visiting Missions in the East.

“Sickness means to us tenderness all about us, the hushed footfall in the house, everything sacrificed for the sick person, no worry or evil allowed to enter into the sickroom, kindness of neighbors who, maybe, have been strangers to us, the skill of doctors ready to alleviate every symptom—all these are about our sick beds, together with

LOVING RELATIONS AND SKILLED NURSES,

and if any of us are too poor to be nursed at home there are magnificent hospitals where everything that skill and money can do is provided for the poorest among us. And, besides, there are the Christian ministries of friends and ministers, the reading of the Word of God, the repetition of hymns full of hope—all that can make a sick bed a time of peace and blessing, enters *our own sick room*.

“But what does sickness mean to millions of our fellow-creatures in heathen lands? Throughout the East sickness is believed to be the work of demons. The sick person at once becomes

AN OBJECT OF LOATHING AND TERROR,

is put out of the house, is taken to an outhouse, is poorly fed and rarely visited, or the astrologers or priests, or medicine-men or wizards, assemble, beating big drums and gongs, blowing horns, and making the most fearful noises. They light gigantic fires and dance round them with their unholy incantations.

THEY BEAT THE SICK PERSON WITH CLUBS

to drive out the demon. They lay him before a

roasting fire till his skin is blistered and then throw him into cold water. They stuff the nostrils of the dying with aromatic mixtures or mud, and in some regions they carry the chronic sufferer to a mountain top, placing barley balls and water beside him, and leave him to die alone. I could tell you things that would make it scarcely possible for anyone beginning life without a fixed purpose, to avoid going into training as a medical missionary. The woe and sickness in the un-Christianized world

ARE BEYOND TELLING,

and I would ask my sisters to remember that these woes press most heavily upon women, who in the seclusion of their homes are exposed to nameless barbarities in the hour of "the great pain and peril of childbirth," and often perish miserably from barbarous maltreatment.

"This is only a glimpse of the sorrows of the heathen world. May we seek to realize in our own days of sickness and the days of sickness of those dear to us, what illness means for those millions who are without God in the world, and resolve, cost what it may, to save them from these woes and to carry the knowledge of Christ into these miserable homes!"

CONGRATULATIONS AND COMMENDATIONS FROM A FEW OF OUR FRIENDS.

RT. REV. H. T. BACHMAN, D.D., Moravian Church in the United States.

“May the divine blessing attend your every effort to promote medical missions.”

REV. S. L. BALDWIN, D.D., Secretary Methodist Episcopal Mission Board.

“I wish you speedy success in your noble enterprise.”

REV. ALONZO BUNKER, D.D., Baptist Missionary to Burmah for thirty years.

“I trust that you will be able to send forth scores with healing for body and soul, who now have no help for either.”

REV. DAVID J. BURRELL, D.D., The Collegiate Reformed Church.

“I give a hearty ‘God speed’ to the new missionary medical school.”

REV. HENRY N. COBB, D.D., Secretary Missionary Society Reformed Church in America.

“I trust the Lord will raise up friends who will be able and willing to aid the work.”

REV. C. H. DANIELS, Secretary A. B. C. F. M.

“The issue of your application to the Board of Regents is a cause for hearty congratulation.”

HENRY FOSTER, M.D., Clifton Springs Sanitarium, New York.

“The proposed school seems to meet the necessities admirably.”

REV. A. J. GORDON, D.D., Pastor Clarendon Street Baptist Church, Boston.

"I desire to express my renewed sympathy with you and your most useful society."

HON. ANDREW H. GREEN, Ex-Comptroller, New York City.

"It should receive encouragement and aid from every humane person desirous of relieving human suffering."

REV. DAVID H. GREER, D.D., St. Bartholomew's Church, New York.

"I fully believe that the missionary work of the future will be along the line of your example."

REV. C. CUTHBERT HALL, D.D., First Presbyterian Church in Brooklyn.

"I shall watch the development of your work with the greatest interest."

REV. A. P. HAPPER, M.D., D.D., Presbyterian Medical Missionary to China from 1844 to 1892.

"I rejoice with you and pray God to bless the society yet more abundantly."

REV. M. H. HOUSTON, D.D., Secretary Presbyterian Church Foreign Missions in United States.

"I earnestly hope that nothing will prevent the accomplishment of the noble purpose which you have been striving to carry out."

REV. B. R. JONES, D.D., Editor The Free Methodist.

"May God help you in your faithful effort to thus bless the world."

DR. JOHN G. KERR, Presbyterian Medical Missionary to China since 1854.

“I hope you will soon have suitable buildings and apparatus.”

REV. ABBOTT E. KITTREDGE, D.D., Reformed Church, New York.

“I am in hearty sympathy with the aims of your society.”

REV. WM. S. LANGFORD, D.D., Secretary Missionary Society of Prot. Episcopal Church, U. S. A.

“Your success is the due reward of perseverance in a good cause. May you realize all the success which the present outlook promises.”

JAMES LAW, M.D., a former student of the International Medical Missionary Society.

“The conception of a ‘missionary school of medicine’ is unique, and marks a new era in the history of missions.”

REV. R. M. LUTHER, D.D., many years Baptist Missionary to Burmah.

“There can be only one opinion as to the necessity for such an institution.”

REV. R. S. MACARTHUR, D.D., Calvary Baptist Church, New York City.

“Permit me to congratulate you on the good work which you have done. With best wishes for your future.”

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