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Dr. Percy Lush

“HEAL THE SICK”

THE STORY OF THE MEDICAL
MISSION AUXILIARY OF THE
BAPTIST MISSIONARY SOCIETY

By

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TO
MY WIFE

AUTHOR'S PREFACE

Two years ago, upon the occasion of the celebration of the semi-jubilee of the Medical Mission Auxiliary, the desire was expressed that some permanent record of the twenty-five years should be compiled. The following pages, written as and when they could be in the scant leisure that it was possible to snatch from the demands of other work, are offered in the hope that their perusal may deepen interest in the work of B.M.S. Medical Missions.

The very fact that the Auxiliary no longer exists as a specific branch of the Society may be held to constitute one reason why its inspiring story should be recorded ere the ceaseless march of events has caused it to be forgotten. A greater reason may be found in the character of the service which here stands revealed. No finer heroism is to be found anywhere than that exhibited by the lives of missionary doctors and nurses, and for the sake of the younger generation in particular, it deserves to be told. A still further reason may be traced in the need, increasingly apparent, to safeguard the distinctive work of Medical Missions from being lost sight of in the more general presentation of the missionary enterprise which has become customary of recent years.

In a very real sense the place and power of Medical Missions require to be defined afresh in

the days in which we live. There is considerable risk lest loose and inadequate views regarding this part of the work of God should lead to diminished service on its behalf. In the minds of too many Christian people the idea still prevails that medical work on the mission field finds its main purpose in the desire to secure an opening for the message of the gospel. The missionary doctor and nurse is thought to stand in a different category from that of the evangelistic missionary, and their ministry held to be principally concerned with the body. This leads to the emphasis being put in the wrong place both in the recruitment of medical workers for the mission field and in the advocacy of Medical Missions. Because, quite rightly, the medical missionary is not required to undergo a theological training, or produce of necessity evidence pointing to preaching gifts, confusion of thought creeps in concerning his function as a missionary, and this reacts to the detriment of the enterprise. The claim for his service becomes related to a passing phase of missionary effort, and an unwholesome limitation is set upon the value of Medical Missions.

What, then, do we need to regard as of pre-eminent importance in any adequate conception of this part of the missionary work committed to our charge?

First of all this, that the healing ministry of Christ's medical servants, like that of their Lord and Master, recognises the worth of a full human personality and seeks to benefit the whole man, even as it widens and exalts the mission of Christianity. Christ came to reveal God as our Father,

and it is unthinkable that with so majestic an aim He should fail to be the healer of the suffering children of God's earthly family. In His hands the healing of the sick was "the goodness that revealed the glory." It was not a mere incident of His mission ; it was part of that reconquest of fallen human nature for which He had come. This has recently been brought out by Dr. D. S. Cairns—" It is perfectly clear that Christ gloried in the work of healing the bodies as well as the souls of men, and that He regarded the overthrow of disease as an essential part of His mission and of His manifestation of the Kingdom."* What wonder then that Christ's followers were commissioned by Him to a similar ministry whereby His gospel was to be known as good news for every part of man's being? Therein lies a loftier sphere for the exercise of the healing gift than some have imagined. The wonder is that the Church of God has been so slow to discern this meaning in the combination of healing and preaching.

There is, however, something more for which a place needs to be found in any proper view of Medical Missions, and that is the function of the healer as an interpreter of the Christian Message. When a doctor is appointed to a post on the mission field, when a place of healing is erected at his station, and when in ever so small a way the heavy load of unrelieved human suffering begins to be lifted, a swift, sure, and successful step has been taken to speak the message of the gospel in the language of the human heart. In the words of

* D. S. Cairns—"The Faith that Rebels," p. 77.

Dr. Richard Glover—"It is the human life of love that renders credible the message of the infinite love of God." The mission station which possesses a hospital or dispensary, and also includes in its varied ministry a definite attempt to relieve suffering and to heal disease, is sending out such an interpretation of what Christianity means as may well prove of untold value in clearing away misunderstanding and setting forth the way of truth. Such a ministry is one whose permanent validity none can question.

Yet this is not all that needs to be said. There is still another powerful reason why the association of healing with the presentation of the Christian gospel is so immensely important. We live in an age which boasts of its science. The scientific method is almost worshipped. At any rate not to follow it is to be thought out of date. Furthermore, whilst much of the old conflict between science and Christianity has abated, it is still true that science represents something material which may all too easily prove inimical to the spiritual. It is just here that Medical Missions can be turned to tremendous advantage in the work of the gospel, for, be it remembered, the scientific spirit has to be met and dealt with amongst the peoples on the mission field as well as at home. "Medical Missions," to quote Dr. Weir, "form the natural point of contact between the spiritual and the material, for the essential element in the rising tide of secularism is science, and medicine is scientific."* The medical missionary, because he is a scientific

* *International Review of Missions*, April, 1929.

man, can reinforce the whole witness of the gospel, and by meeting science upon its own ground withstand the onrush of materialism. The presence of a modern and well-equipped mission hospital on the mission field can be a mighty apologetic for Christianity.

Finally, there is the unquestioned fact that in Medical Missions we have a tremendous instrument for personal evangelism. It may be doubted whether this has been realised as should be the case. The opportunities for quiet persuasive evangelism presented by the wards of our mission hospitals are not to be numbered. The Church on the mission field in place after place can trace its converts to the evangelistic influence of Medical Missions. The plain fact is that if the missionaries had been able to concentrate their efforts upon following up the impressions created in the minds of the patients who leave the hospitals, a far wider ingathering would have resulted from the seed sown. The point to grasp is that this means adequate reinforcements, and, above all, such additions to the ranks of our doctors and nurses as shall mean intensifying the spiritual atmosphere of our hospitals. Every doctor and nurse must be a winner of souls.

This, then, is the sort of work of which the following pages testify, and it may be hoped that the record here unfolded will kindle a new flame of ardour on behalf of the enterprise. The work and the workers are worthy of the best that the Home Church can do for the cause, and we hope that the needs of our Medical Missions will be supplied,

and an advance made good. It was originally intended to include in the present volume a series of chapters giving the life history of the different hospitals written by those doctors who have laboured on the spot. The resolve had to be abandoned because it would have unduly extended the size of the book. It is hoped, however, to publish this additional and most interesting information in another form at a later date.

The author would express his indebtedness to those missionaries who have so freely co-operated with him in the effort to set forth the story of our hospital ministry. He would wish further to acknowledge the help and encouragement which he has received from his colleagues in the Mission House. His friends, the Revs. C. M. Hardy and J. C. Keyte, have also rendered invaluable aid by their criticisms and counsel in the revision of the manuscript.

R. F. M.

LONDON,
October, 1929.

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“HEAL THE SICK”

CHAPTER I

AT THE DAWN

IT is of no small significance that the beginnings of Baptist Medical Missions have to be sought not in the twentieth century when the Medical Mission Auxiliary came into being, but in the eighteenth century and among the first activities of the Baptist Missionary Society. Indeed, it was a medical missionary, “the first English missionary who laboured in the East,” who led the Society to think of Bengal and to make that its first field. The doctor was present at the birth. The surgeon acted as the pioneer.

The life of Dr. John Thomas, the first Baptist medical missionary, has been amply recorded elsewhere. For our present purpose the main facts of his career must suffice.

It is doubtful if any medical missionary has had so unlikely a beginning, or that any Society has ever commenced with a more unusual type of man. He must have been a medical student of the notoriously rowdy sort, out for anything that had excitement and venture. It was probably because of this and also by reason of stress of poverty that Dr. Thomas decided to seek employment as a ship surgeon, in which capacity he journeyed to the East. Becoming converted, he became, as Mr.

Pearce Carey has called him, "a great Christian," and was as out and out in his Christian witness as previously in his surrender to the life of this world. His very cabin on board ship became the scene of personal evangelism. Time and again he rose to great heights of spiritual ecstasy. Arrived in Calcutta his soul was stirred with compassion for the Christless multitudes, and he set out to win both Englishmen and Indians to the Saviour. It is surely one of the choicest gems in the crown of Medical Missions that of this missionary surgeon it could be said that he was "the first, whether of English or any other race, who made it his life's business to take the gospel to the Bengalis." The fact that at first he could not speak to them in their own tongue, enhanced the value of what Dr. Thomas could do in the service of healing. It is placed on record that he "never turned aside from man, woman, or child." If we may apply the words of St. Matthew concerning the Lord to one of His disciples, we may well say of John Thomas that seeing the multitude he was moved with compassion toward them, and he healed their sick. Such was the impression created by his ministry of succour that nearly a year after he left North Bengal, Mr. Fountain, one of the early B.M.S. missionaries, wrote thus about "Brother Thomas":

"Perhaps there never was a person in this country who has done so much in this way for the poor and needy as he has. I understand that he has been thronged with patients from place to place wherever he has gone. The blessings of hundreds ready to perish have fallen on him. His regard for them is so great that I have known him to get no sleep for a whole night when he

has had a surgical operation to perform the next day. He has many qualifications which render him the fittest person for a missionary that could anywhere be found."

The plain facts of history oblige us to agree with Mr. Pearce Carey that John Thomas was sometimes "a woeful blunderer," but it can never be contested that he was other than an eager and successful missionary doctor. Furthermore, he set a shining example for all subsequent medical missionaries in becoming fluent in the vernacular! "After three years he could hold crowds and reason with their Rabbis." It was true of him, as it was of his Master, that the people listened gladly to his preaching. Faced with some of the most prodigious difficulties and discouraged by successive disappointments, he never lost faith in his message or in his mission. "Woe is unto me if I preach not the gospel" was as much the motto of this apostle of Christ to Bengal as it was of the great apostle of the Gentiles. By pen and tongue, as well as by countless deeds of mercy, he sought to proclaim the evangel of Christ. This then was the stamp of man who commenced the Baptist Mission in Bengal, and who proved the means in God's providence of leading William Carey to that field. Let it never be forgotten that the B.M.S. began its heaven-sent task with a missionary doctor as its pioneer.

We need not recount here how Thomas was brought into touch with the founders of the Society, and how Carey and he went forth to India in 1793. Nor need we linger over the years before "the Serampore beginning" in 1800. In that year,

however, we find ourselves brought to one of the historic events of missionary history in the conversion of Krishna Pal, "the first Bengali Christian of North India of whom we have a reliable account." And the significant thing is that just as a medical missionary had been the means of leading us to Bengal, so now it was mainly through the service of that doctor-padre that the first convert was won.

Krishna Pal was a carpenter and also a "Guru," that is a religious teacher. He had already heard something of the gospel, amongst others from Dr. Thomas. On November 25th, 1800, Krishna Pal sustained a fall while engaged in his morning worship and dislocated his shoulder. This caused him intense pain, and in his extremity he sent to the Mission House at Serampore for the help of the missionary doctor. Thomas, with Carey and Marsham, went at once to his aid and proceeded to reduce the dislocation. He then began to tell the man more of the gospel, speaking "with his accustomed fervour." Krishna Pal was evidently moved, and though still complaining of the pain, he spoke of himself as a sinner. The treatment of the doctor made Krishna responsive to the teaching, and very shortly he was coming to the missionaries daily for spiritual instruction.

The following month, just before Christmas, Krishna Pal spoke to Dr. Thomas of the firm conviction that he now possessed concerning the gospel. He referred with deep emotion to the words addressed to him by the doctor on the day when his dislocation was reduced. "I shall never forget them," he said. "Oh! how they softened my

heart. I am a very great sinner, Sahib, but I have confessed my sins, I have obtained righteousness of Jesus Christ, and I am free." This was followed in a few days by the breaking of caste on the part of Krishna and another convert, and on December 18th, 1800, Krishna Pal, with Carey's eldest son, Felix, was baptized in the River Hooghly. The one great sorrow was that the missionary doctor, whose healing skill and evangelistic zeal had so largely contributed to the momentous result, had become temporarily insane. Though he recovered sufficiently to leave the asylum in which he had been placed, his work was nearly done, and in the following autumn this great soul passed to his eternal reward.

Looking back, after this lapse of time, can there be any doubt as to what Christ desired His servants to learn from the seal which He had thus placed upon the association of healing and preaching? The facts are beyond dispute. It was a missionary surgeon who cut the first sod in the task of laying the foundation of B.M.S. work in India. Through him came the call to William Carey that turned his mind from Tahiti to Bengal, and planted the missionary enterprise of the Baptists in one of the greatest mission fields of the world. And when the hour struck for the first convert to be won it was the touch of the healer that opened the doors of mind and heart to the emancipating message. The same Lord Who had commissioned His earliest disciples to "Heal the sick" as well as to "Preach the gospel" is seen once again establishing the validity of the medical missionary method.

CHAPTER II

A FAULTY PERSPECTIVE

IT was the afternoon of a grey November day in the year eighteen ninety-four. The precincts of the Baptist Mission House, 19, Furnival Street, Holborn, at no time particularly inviting, were rather less than more so on this occasion, while the House itself looked just as it always does, affording no hint of the momentous decisions that are frequently recorded within its walls. But to the initiated visitor, November 10th, 1894, was one of the most important days of that year in the history of the Baptist Missionary Society. The Candidate Committee was in session, and No. 2 committee-room was the scene of an interview between the Committee and a medical candidate which was not a little significant of the mind of the time.

To begin with, let us look at the Committee itself. In the Chair was one of the most honoured Ministers who has ever served the Denomination, the late Rev. Geo. Short, then of Salisbury, and President of the Baptist Union for that year. By his side was that "Prince of Missionary Secretaries," the late Mr. Alfred Henry Baynes, and around the room were seated men prominent in the Baptist Ministry. Amongst others there were present Dr. Richard

Glover, of Bristol, Rev. Jenkyn Brown, of Birmingham, Rev. Samuel Vincent, of Plymouth, and Rev. J. R. Wood, of Holloway. Hardly could there have been found a more influential group of distinguished and devout ministers, representative alike of the best traditions of the Baptist pulpit and of the missionary outlook with which that pulpit has been so conspicuously associated.

On this particular day the Committee was faced with an unusual type of candidate. He was, as we have said, a medical man, and his written answers had revealed the fact that he wanted to go out as a medical missionary. To the Candidate Committee of that generation this presented a knotty problem. They were accustomed to interview men fresh from the Theological Colleges of the Denomination, and to them it almost seemed axiomatic that a missionary must have a proper theological training. So they asked this medical candidate whether he did not think the same, and were only partly reassured when they learned from his reply that, having spent three years in an Arts course, and another five and a half years in the study of Medicine, with which training evangelistic work in the slums of Edinburgh under the Edinburgh Medical Missionary Society had been associated, he thought that he had spent enough time in training and should now get to work.

The majority of the Committee were constrained to agree that the contention was a reasonable one. But now came the crux of the case. The Committee wanted to know what were the candidate's views of medical missionary service. Admitting that they

were prepared to waive further training, what would the doctor regard as essential to his task? His reply showed that he felt that just as theological or educational missionaries wished to do competent work in their respective spheres by being provided with all necessary equipment, so medical missionaries ought to have an equal opportunity to make full proof of their ministry. This led to an interesting exchange of ideas :

COMMITTEE : " Your reply then means a hospital ? "

CANDIDATE : " Yes, in due course, if not immediately. "

COMMITTEE : " But we have missionaries doing excellent medical work without hospitals. "

CANDIDATE : " Excellent, as far as it goes, I admit, but it does not go far enough. What are we to do in surgery, midwifery and the more serious medical cases without in-patient accommodation and equipment ? "

COMMITTEE : " But (with evident disapproval) we cannot go to such a length and expense; other Societies certainly are doing such work, but the B.M.S. has no mandate from the Churches for such an expensive undertaking. "

CANDIDATE : " May I ask whether the Churches know enough about Medical Missions to enable them to give, or to withhold a mandate? Moreover, is there not sufficient warrant in the example and command of our Master without waiting for any lesser authority ? "

This created quite a diversion in the solemn conclave. Dr. Richard Glover, with the remembrance of what he had recently seen of Medical Missions in China, and the Rev. Samuel Vincent, became the protagonists of the view urged by the candidate, and with fine scorn the former turned

upon the opponents : " This young man," said he, " knows quite enough theology for his purpose. He has more sense in his little finger than you have in all your heads put together. He should be encouraged in his full purpose." When the candidate had retired, however, and a precise recommendation had to be framed for the General Committee, all that the Candidate Committee would agree to was to recommend the acceptance of the doctor, subject to there being no undertaking about a hospital. They could not suggest that the Society should promise anything of the sort.

When this was communicated to the candidate he wondered seriously whether he should withdraw his offer and seek the realization of his desires through another Society. It took all the persuasion of the Rev. Samuel Vincent to induce him to accept the situation, and to go forth in the B.M.S. relying on the fact that there were those at home who were in agreement with his ideas and would do all that they could to support reasonable proposals for a hospital. And so it came to pass that Dr. Vincent Thomas, for he was the candidate, sailed for India as a missionary of the B.M.S. in December, 1894. Yet because of that decision of the Candidate Committee the month before, he had to wait eleven long years before he had his first hospital. Eleven years of marking time, of having to put up with an utter absence of essential equipment for the very work for which he had been trained ; eleven years of being compelled to do only the most elementary work when he might have done so much more to meet the serious ills

of the suffering people amongst whom he found himself in North India.

We have drawn attention to the action taken by the B.M.S. Candidate Committee of 1894 in dealing with an offer of service from a doctor because it reveals, with all the force of a concrete example, what was the prevailing attitude of mind toward the subject of Medical Missions in the counsels of the Society at that time. We say "attitude of mind" advisedly, because there can never be the faintest suspicion that the leaders of the Society a generation ago were deficient in those qualities of the heart which the parable of the good Samaritan was designed to teach. The need of the attitude of mercy in commending the gospel of Christ was as apparent then as now. What was lacking was an appreciation of the part that mercy, as shown in the ministry of modern medicine, might fitly take in the spread of the gospel. And, after all, this attitude is easy to understand. Those men of God who guarded the Society's interests had, as their supreme objective, the saving of souls. Were their resources to be diverted to activities which in their sight seemed so indirectly related to the greater issue? All honour to them that the things of the spirit were uppermost in their minds, and we of this generation may fitly pray to be as faithful as they were in putting the emphasis in the right place. To-day the need of Medical Missions is no longer in question, the battle has been fought and won. What we have to do is to interpret adequately the enormous spiritual significance of the trophies already gained, and still being won,

by the medical ministers of Christ in the various mission fields.

Other factors have also to be taken into account. In the first place the work of the Student Volunteer Missionary Union in recruiting medical men for missionary service had hardly commenced in the nineties of the past century. The offer of a doctor, so far as our denomination was concerned, was so infrequent an occurrence as to give small occasion for the Candidate Committee to become accustomed to the idea of medical work.

In the next place medical science itself was only just entering into the possession of those tremendous possibilities for curative work which followed in the wake of Simpson's and Lister's great discoveries. Hospital work at home had but recently been emancipated from the comparative gloom of the pre-Listerian era and the modern surgical triumphs, which, as we know to-day, our mission hospitals are capable of achieving, were then frankly impossible. Medical Missions were not in a position to demonstrate their scope and power as they can do now, and the appeal of work accomplished had yet to be made.

For these and other reasons the B.M.S. medical effort still had to be made. Happily the way was being prepared by the Edinburgh Medical Missionary Society, that noble pioneer of British Medical Missions which celebrated its Jubilee in 1892. If young Baptist medicals who were trained in its institution were being kept from offering to the B.M.S. because of the idea, then prevalent, that the Society "did not believe in Medical

Missions," we can rejoice that they were not thereby kept from the foreign field. The solitary regret that lingers in our mind is that the B.M.S. part of the field failed earlier to secure the medical reinforcements which were so greatly needed.

At the time when Dr. Vincent Thomas offered his services to the Society in 1894, there was not a single medical man on the B.M.S. staff in India, and only one medical woman, Dr. Ellen Farrer, in the ranks of the Baptist Zenana Mission. One medical man—Dr. William Carey—had been on the staff in Delhi for a short time, but with that single exception the staff of the B.M.S. in India had no fully qualified medical missionary from the time of Dr. John Thomas until the acceptance of Dr. Vincent Thomas.

In the case of the Mission in China, whilst a medical man, Dr. Brown, had been a colleague of Dr. Timothy Richards for the first four years of the latter's service (1870-1874) only two doctors were accepted for China in the next twenty years. These were Dr. Russell Watson, appointed to Tsingchowfu in 1884, and Dr. T. C. Paterson, sent out in 1892 and appointed to Tsowping in 1896. Both of these medical men had to conduct their hospital work under all the inconveniences of rented dwellings, and it was not until the days of the Medical Auxiliary that either doctor came into possession of hospital premises built for the purpose. Later, just before the Boxer Rising of 1900, another medical man, Dr. J. A. Creasey Smith, was appointed to Shensi with a view to medical work in Sianfu. A Chinese dwelling in the centre of that

great city had been obtained by the Rev. Moir Duncan for hospital purposes. This was all that had been done, however, in the organization of fully qualified medical work in our China Mission Field for the first thirty years of its history.

Turning to the Society's field on the Congo, whose Jubilee was celebrated last year (1928), we find that during the first twenty-nine years (1878-1907) only three doctors were added to the staff of missionaries. One of these returned in the same year in which he went out. The other two—Dr. Sidney Comber (1882-1884) and Dr. Sidney Webb (1893-1895) were men of high attainment and conspicuous zeal, but their service on the Lower Congo was destined to end almost as soon as it was begun. Yet their memory will never fade; with them remains the honour of being the first medical missionaries of the Congo Mission.

It has, however, to be reluctantly admitted that the going forth of these doctors bore no relation to any medical missionary policy on the part of the Society, of which indeed there was none. Where the attempt had been made to secure doctors for the Congo, it was more as medical officers for mission stations than as missionaries in the ordinary sense. The doctor might only be willing to go for three years, but so long as he was a Christian man, and possessed of an interest in the missionary enterprise, that was deemed sufficient. No conception of the medical missionary vocation, as a definite element in the work of world evangelization, had as yet dawned on the Committee of the Society. The draft regulations regarding medical men for

the Congo, adopted by the Committee in 1885, showed that the appointment of doctors was to be on a distinct and separate footing to that of other missionaries. It was as a Christian professional man that the doctor was to be engaged and his sphere was to comprise the medical attendance of the missionaries of his district, combined with gratuitous help to "any European or Native in the neighbourhood who may be ill or send for help." Therein is revealed the mind of the Committee of that day concerning doctors and missionary work, and whatever may be thought of their laudable desire to provide medical skill for their missionary staff, it is plain beyond words that they had been betrayed into an altogether false perspective regarding Medical Missions. It was to be the business of the Medical Mission Auxiliary, when it was established in 1901, to correct that mistake.

CHAPTER III

A NEW BEGINNING

THE dawn of a new century may quite properly be regarded as an opportune moment for the launching of a new enterprise. There is something fresh astir in the minds of men, a sense that the hour for a new beginning has struck. At such a moment new sympathies are more easily aroused, and the hearts of men and women more finely touched by the higher loyalties of mankind.

However we may regard it, all will agree that the beginning of the present century heralded a period of astounding change and development. In the realms of politics, commerce, science, art, education, travel, indeed in almost every direction, new discoveries were to widen the boundaries of civilisation. In the greatest realm of all, that of religion, the new century was to prove a challenging epoch for the Christian faith. "Like a forest fire," as Sir Donald Macalister once said, "the Church which exists to propagate that Faith must go on or go out." It was fitting therefore that at such a time the twin calls of human need and Christian duty should summon the missionary forces of the Church.

Among those organisations to which the call came to make a new beginning in their medical

missionary work were the Baptist Missionary Society and the Baptist Zenana Mission—those sister missionary organisations of the Baptist denomination.

The day of a new evaluation of Medical Missions had arrived ; the flag of the two Societies must henceforth contain the sign of the Red Cross and indicate to suffering humanity, near and far, that the good news of the gospel was a relieving as well as a redeeming message. No longer were Medical Missions a by-product of Missions. They had entered the stream that bore the other activities of the Societies, and that their contribution might be made worthy and effective, a new department must be set on foot to be concerned with their welfare. It will be the purpose of this chapter to tell the story of the founding of what was to be known as the Medical Mission Auxiliary.

Amongst those who early divined the spiritual significance of Medical Missions an outstanding figure was that great and noble soul, Dr. Percy J. F. Lush. He accounted this particular application of the gospel of such value that week by week he found time out of his London practice, to go down to the slums to carry on a medical mission for the poor as a branch of the Baptist Deaconesses' Training Institution. When Dr. Russell Watson of China came home for his first furlough in 1894, he was drawn into touch with Dr. Lush, attended his weekly clinic, and conversed with him about the prospects of increasing the medical side of Baptist mission work. Together they discussed the question of establishing a Medical Mission

Auxiliary similar to that which had been formed in connection with the Church Missionary Society. Finally, very reluctantly, they felt obliged to come to the conclusion that the time was not yet ripe for such a step, and Dr. Russell Watson returned to China.

Then came the Boxer Rising of 1900, and early in the following year Dr. Russell Watson had to come home to England on furlough. He came with the fixed determination to do something more for the establishment of a Medical Auxiliary. To the few medical missionaries of the two Societies in India there came a similar urge, which found expression in a report sent in by Dr. Vincent Thomas. This report was regarded by Dr. Russell Watson as a providential leading, and he took it to Dr. Percy Lush. Finding that Dr. Ellen Farrer was at that time also on furlough, and in London, they asked her to join in their consultation. As these three doctors discussed the matter they came to realize that the time was now favourable to the project. The importance of medical mission work on the mission field was more generally recognized both at home and on the field. It was agreed that the co-operation of Sir Alfred Pearce Gould should be sought, and an approach made to the officers of the B.M.S. and the B.Z.M.

The three doctors, together with Sir Alfred Pearce Gould, found the officers of the two Societies prepared to approve the establishment of an Auxiliary. This led to the decision to convene a meeting at the Mission House and to invite the

attendance of members of the two Committees. A letter was issued in the following terms :

Baptist Missionary Society,
19, Furnival Street, E.C.
September, 1901.

DEAR FRIENDS,

It has been proposed to form a Medical Mission Auxiliary in connection with our two Societies. We have reason to believe that the medical element of Missions, in which our Societies have not hitherto been strong, appeals peculiarly to many people who do not contribute regularly to Missionary Societies, as well as to those who are already supporters of Missions. We venture to hope that the proposed Auxiliary will receive such support as would considerably relieve the funds of the parent Societies.

The object aimed at is, in the first place, to take over the financial support of the Hospitals at present maintained by the two Societies, and then, if the success which we anticipate be achieved, to maintain the entire medical agencies of the two Societies ; and later, as we hope, to multiply them by sending out additional qualified Medical Missionaries.

The position of the Auxiliary will be virtually that of a Sub-Committee of each Society, advising with regard to all Medical work, and with power to make separate appeals for funds.

The proposal has the general approval of the Officers of the two Societies, and with a view to the consideration of the scheme, a meeting will be held at the Mission House on Tuesday, September 17th, at 3 o'clock, when Dr. Herbert Lankester of the C.M.S. will be present and give a short account of the origin and success of the C.M.S. Medical Mission Auxiliary.

It was a notable meeting. Dr. Percy Lush occupied the chair. Missionaries from the field were present, in particular a contingent from the Congo. Dr. Lankester's story of what the Medical Auxiliary of his Society had meant to C.M.S. Medical Missions went home.

A month later the Autumnal Assembly of the

Baptist Union and the Baptist Missionary Society was held at Edinburgh—significant meeting-place for action relating to Medical Missions. A special Committee was appointed to consider a draft scheme for the formation of a Medical Mission Auxiliary, and that scheme, blessed by the Committees of the two Societies, became the basis of the Medical Auxiliary which was finally approved.*

Dr. Lush became the Chairman of the M.M.A. Committee and remained so until his death in 1918. By the close of the Societies' year, in March, 1902, some progress had been made in the enrolment of subscribers. In the following summer the Committee had the satisfaction of seeing the medical staff reinforced by the addition of Dr. E. H. Edwards, of Shansi, Dr. Edith Young, of Palwal, and Dr. Nina Ottman, of Berhampore. It was resolved to issue a special booklet "Where is the doctor?" for circulation throughout the B.M.S. constituency, and to insert an appeal in the *Missionary Herald* for someone who would be able to act as Hon. Organizing Secretary for the new department. This appeal reached the eyes of the present author, then a young medical man belonging to Bristol, and a member of the City Road Baptist Church in that city. He had for years been a Student Volunteer, and had looked forward to going to China with his college friend, Dr. Stanley Jenkins. In order to prepare himself the better for this work he had secured resident hospital appointments at the Bristol General Hospital and had then come to London to carry through a course

* This basis will be found in full in Appendix I, page 210.

of special surgical study at King's College and St. Bartholomew's Hospitals for the Fellowship of the Royal College of Surgeons of England. In the midst of this course his father died, and the way seemed closed for the present for him, the only child, to leave his widowed mother and go abroad on missionary service. A change of plan was unavoidable for the time being, and it was just then, whilst staying at Paignton, in Devon, that the need for someone who would help in organizing an interest in the Medical Mission Auxiliary came before him. It was one of life's turning ways, and for a time it was difficult to know whether this was, or was not, a call from God. True enough it was a piece of service directly related to the work for which he had sought to prepare himself, but there was no professional work connected with it, and could it be right that his training on that side was to be laid on one side?

Yet it was clear that just then he himself could not offer to go abroad, and it was equally apparent that the particular advocacy which the Medical Auxiliary required was that which a medical man could best give. Could it be that he was being hindered from going abroad in order that he might render unexpected service of this order? He could boast no qualifications for such a task save only that in the providence of God he had been led in earlier years into the work of a branch of the Children's Scripture Union, the secretaryship of a branch of the Regions Beyond Helpers Union, and similar service in the Student Volunteer Missionary Union. These efforts had all entailed

organizing activity, and blessing had followed upon what had thus been attempted in Christ's Name. Could it be that all this was God's training-ground for the larger sphere?

The more that he prayed and thought about it the more did it seem impossible to turn from the appeal. So with the willing assent of his mother he wrote to the Rev. R. Wright Hay, he being the one missionary of the Baptist Missionary Society with whom he had been brought into recent touch, from whom also he had received spiritual help. Mr. Wright Hay replied giving strong encouragement to the thought, and proceeded to speak to Dr. Percy Lush upon the matter. This led to correspondence, and in the month of September, 1902, an interview was arranged with the Medical Auxiliary Committee which resulted in the election of the author as the Hon. Secretary of the department.

It may be doubted, with some measure of confidence, whether in the mind of any member of the Committee of that year, least of all in the mind of the new Secretary himself, there was any other thought than that the position was purely temporary. Who could foresee the developments of the years then lying in the future, or imagine that the altered plan was God's method of dealing with a life? Yet so it has seemed, and he can say in wondering praise :

"A Hand
Always above my shoulder, pushed me."

Glancing back over the years that have elapsed

between then and now, there is no possible explanation for what has happened in the growth of the Medical Auxiliary than that God was in it. His was the mind that inspired its conception in the minds of His servants. His was the strength which changed human weakness into a power that enabled things to be done. His was the blessing that multiplied resources and brought the angels of mercy into the shades of the angel of death. From first to last it has been one of the greater works which the Lord's servants were to accomplish in His Name, and of His leading the years shall tell.

CHAPTER IV

GETTING TO WORK

ONE of the first things that the Medical Mission Auxiliary had to do was to define the application of the terms "Medical Missions" and "Medical Missionary." Any missionary possessing a scanty acquaintance with medical work and so able to conduct a dispensary for the sick, was entitled, according to one view, to be called a medical missionary, and to be regarded as carrying on a medical mission. The other view was that while a well-deserved tribute should be paid to what had thus been done by devoted missionaries in the past it was now necessary to restrict the term "Medical Missionary" to fully qualified doctors, and to make it clear that a "Medical Mission" was the hospital or dispensary conducted by such workers.

The latter view, adopted by the Medical Mission Auxiliary, was confirmed by the two Societies early in 1903, an action which brought into clear light the immediate task to which the new department had to apply itself, viz. to place the existing Medical Missions of the Societies upon a sound footing both in respect to staff and equipment. Along with that, though not taking precedence over it, was the establishment of Medical Missions in those

stations of the B.M.S. field where a careful study of the facts revealed the need.

Already, even before the foundation of the Medical Auxiliary, the cry had come for doctors, and yet again doctors. The Auxiliary had therefore plenty of material upon which to base its appeal. One of the earliest leaflets was a summary of letters from missionaries pleading the need of their districts. There were arrears of years to be overtaken, and when to that was added the aim of relieving the general funds of the "parent" Societies of the cost of their medical work, it was not difficult to see that the Auxiliary would have to undertake a vigorous propaganda amongst the Churches if its ends were ever to be achieved.

From his colleagues in the two Societies the new Secretary of the Medical Auxiliary met with nothing but help in his approach to the Churches. And this notwithstanding their natural and quite human apprehension lest the fresh appeal would divert funds from the older work of the Societies. No one, least of all the officers of the Auxiliary, desired their fund to grow at the expense of the general funds, and it was agreed that subscriptions were only to be obtained for the Auxiliary when such help was an addition to the support hitherto given to the Societies. That important source of missionary revenue, the Sunday Schools, was not to be canvassed for help for the Auxiliary, unless in some special and extra way any school should see its way to support the new fund. As for visits to the Churches for the advocacy of Medical Missions, it was felt that these should be at other

times of the year than those upon which the regular visits of missionary deputations took place. In other words everything was to be done to secure that the interest propagated by the Auxiliary should be altogether new.

To the West of England belongs the honour of affording the first platform opportunities for the advocacy of Medical Missions. Those were days when a certain amount of suspicion had to be dissipated and a foothold gained for the new organization. A pioneer work here at home had to be accomplished on behalf of Medical Missions, and it was not always easy to gain the ear and heart of the leaders of the Churches. In order to secure opportunities for advocating the cause of the Auxiliary at Sunday services no stipulation was made with respect to a collection, reliance being placed upon the adoption of such methods of regular help as might be indicated. The aim of securing some local representative who would "follow up" an address by an effort to gain weekly or annual subscriptions was consistently adhered to, and such success as has followed the organized work of the Auxiliary is, under God, largely due to that method. Furthermore, considerable value was found to attach to the appeal for special objects, and not infrequently the suggestion that by a certain number of systematic subscriptions a bed could be sustained in a mission hospital, proved the point that clinched the interest. A new type of collecting box (the well-known "pill-box") was also introduced, and was found to be the means of winning a good deal of practical help.

From the West of England the Secretary went to Nottingham, where a big united Free Church Missionary Exhibition had been organized, the medical court being assigned to the Baptists. This was followed by some meetings in a number of London Churches, and when the close of the Society's year was reached at the end of March, 1903, the sum of £458 had been gathered for the Medical Fund, and the initial step taken in organizing the new interest.

The first "May" meeting of the Auxiliary was held in the Library of the Baptist Mission House in the month of April, and was a significant success. Dr. Herbert Lankester brought greetings from the Medical Auxiliary of the Church Missionary Society, and the thrilling account which he gave of what the development of Medical Missions had meant in the experience of his Society quickened the resolve that by God's blessing the same should happen in the case of our own Society. An interesting feature of the occasion was a representation of a modern operating theatre fitted up in No. 1 Committee Room, in which Dr. Stanley Jenkins demonstrated the difference between modern medicine and the treatment meted out to the sick in non-Christian lands. The moral was obvious, and those who had come to the meeting were sent away with a new idea of what the Medical Auxiliary was aiming to accomplish in the service of Christ on the mission field.

And the Auxiliary had not to wait long for a concrete instance of what the new interest in Medical Missions might mean to the two Societies.

Amongst those who came to the first Annual Meeting were the Rev. Charles Rignal, then of King Street Baptist Church, Oldham, and Mr. Wm. Toole, a deacon of that Church. They had come as delegates to the Spring Assembly of the Baptist Union, and had been interested in what they had heard about the start of the Medical Auxiliary. Mr. Toole had recently lost his daughter Florence, who had been deeply interested in missions, and when he learned how great was the need for hospitals on the mission field, the thought of erecting a hospital to the memory of his daughter suggested itself to his mind. This led to correspondence with the Secretary, and within a few weeks Mr. Toole had decided to build the first hospital for men that had ever been erected by the Baptist Missionary Society in India, the one so long needed by Dr. Vincent Thomas of Palwal. What this meant to Dr. Thomas, who had just come on furlough, can easily be imagined. Thus did the Lord set His seal upon the young movement and encourage the faith of His servants.

Financial support was but one instance of blessing; dedication of life was another. Even at this early date in its history new medical recruits were being led into the Society's service. At Dr. Barnardo's Hospital, Stepney Causeway, Dr. Orissa Taylor, a young Baptist house surgeon, son of an Indian missionary, had specially trained with a view to medical missionary service. He invited Dr. Stanley Jenkins and the Secretary to dinner in his rooms at the hospital. Long and late was their talk that night until the station where Dr.

Taylor should work in India visualized itself to their enthusiastic imagination. Oh, days of hope, days of youth! Dr. Taylor was the very man, so they each thought, to become the first medical missionary to the Chittagong Hill Tracts in East Bengal. That was to be his job! A pretty big one, too, from all accounts! The following autumn he and his wife were farewelled at the Autumnal Assembly in Derby, and sailed for India in January, 1904.

Then there was Dr. Stanley Jenkins. All along he had felt the call to China, but desired to qualify himself still more for the great vocation. He had obtained the F.R.C.S. (Eng.) in May, 1903, and proposed to spend an additional year in further study and hospital practice for the M.D. (Lond.). For part of that time he held the post of house surgeon at St. Mark's Hospital, London, and whilst there he and Dr. Creasey Smith, then home from China, and the Secretary met for a talk. Dr. Creasey Smith obviously needed a colleague, and who better than Dr. Jenkins! So once again three doctors settled things—in their own minds at least—and resolved that Dr. Jenkins should go to Sianfu. And what could the Candidate Committee do, rejoicing in the offer of so fine a recruit, but appoint Dr. Jenkins to Sianfu, to which station he sailed with Dr. and Mrs. Creasey Smith in September, 1904.

Exactly a year before, in September, 1903, Dr. B. C. Broomhall had accepted an invitation from Dr. and Mrs. E. H. Edwards to join them as an associate medical missionary of the Society,

supported by private funds, in the work of rebuilding the Schofield Memorial Men's Hospital at Tai Yuan Fu, China. Three years later Dr. Harold Balme accepted a similar invitation from Dr. and Mrs. Edwards, and became for five years the third member of a strong medical team at that great centre.

And so recruits came. On the women's side there was encouragement also, for in 1904 Dr. Mary Raw offered her services to the B.Z.M. and went out to join Dr. Ellen Farrer at Bhiwani, India, in the autumn of that year. And presently offers for China came from nursing sisters. It was plain that the work would not languish for want of doctors or nurses.

Happily, too, the vision of medical missionary service was winning the soul of the younger people, some of whom might take up training for such a life task. In the June of 1903 the Secretary was invited to Birmingham to address the Committee of the local Missionary Auxiliary upon the work of the Medical Mission. The supporters of the two Societies in Birmingham, hesitant about the start of the new department, wanted to know more about it. It is an encouragement to look back upon the occasion of that visit as the beginning of an interest in Medical Missions which has never waned. The officers of the local auxiliary at that time have ever since remained the unfailing friends of the Medical Auxiliary. But perhaps the fact that lingers most in the memory of that first meeting is that the young boy who assisted the Secretary in a demonstration that he gave of what the wrongs

and absurdities of heathen treatment mean to the sick in Africa and the East, is now himself one of the medical missionaries of the Society in China—Dr. A. A. Lees.

The winter of 1903-4 witnessed an extension of the interest amongst the Churches. Leicester, Cheltenham, Liverpool, Manchester—where Dr. Alex. Maclaren opened his pulpit to the advocacy of the Auxiliary, Leeds, Bradford, Newcastle, Plymouth—where the Rev. Samuel Vincent welcomed the appeal, and many other centres and churches gave an opportunity for the Auxiliary to be known. Dr. Vincent Thomas and Dr. Creasey Smith were spared by the Society to assist the Secretary in this special propaganda work, and by the close of the Society's year in March, 1904, the income of the Medical Fund had risen to £1,932.

The ideal which was being upheld in this new work for Medical Missions was nobly reflected in words uttered by Sir Alfred Pearce Gould from the Chair of the second Annual Meeting which was held that April in the Lower Exeter Hall. He said :

" If we take the medical work of Christ—and in this respect, as in all others, He is our pattern—we cannot but help noticing one distinct feature, namely, its perfection. Thus it is incumbent upon us to send out to the foreign lands men and women who are trained to the highest pitch. In this way we shall be following in the steps of our Lord and Master, Who did ' all things well. ' "

The summer of 1904 was characterized by a new development in the shape of Medical Missionary Exhibitions, in fact the Auxiliary can claim to have introduced exhibitions to the Society and

taught their value as an educational agency. An exhibition was held in Ferme Park Baptist Church in the month of June, 1904, and resulted in the formation of a chain of support for Dr. Edith Young, of Palwal, who became the medical missionary representative of the Church. In the following September a similar effort took place in Westbourne Park, where a chain of support was commenced for Dr. Vincent Thomas, who was adopted as the medical representative of the Churches of West London. This led to the establishment of the West London Branch of the Auxiliary of which for many years Miss Lydia Head was the devoted Hon. Secretary. Following this came an exhibition in Newcastle-on-Tyne, to which was set the aim of raising the support of Dr. Mary Raw, who was then leaving for India. Those early exhibitions did much to create and organize a definite interest in Medical Missions, and the same may be said of the exhibitions which were held in the following year in Burnley, Glasgow, Edinburgh and Perth. Mr. H. D. Cotton, who became a member of the M.M.A. staff in its early years, devoted much care and thought to Exhibitions and contributed not a little to their success. Later on he joined the Home Staff of the L.M.S., and for many years he has been actively engaged in the Exhibition Department of that Society.

The "Wants" Department came into being in 1904. It was organized to provide bandages, articles of clothing, etc., which the hospitals required, and which could be made by friends at home. The debt that the doctors and nurses owe to this

department cannot be reckoned lightly, and its first Hon. Secretary, Miss Head, will always be remembered as the untiring pioneer of this fine piece of service.

The winter of 1904-5 also saw the start of medical missionary interest amongst the Baptists of Scotland. The Secretary was invited to speak at the meetings of the Scotch Baptist Union held in Glasgow at the end of October. The succeeding six weeks were spent in a visitation of the Churches in Scotland. That country, great not in size but in enterprise, has always been to the fore in things medical, and this was proved afresh by the way in which, after due consideration, they resolved to give their support to the new auxiliary. District Branches were organized in Glasgow, Edinburgh, Dundee and Aberdeen, and a definite interest started in many Churches in smaller centres. The welcome which the Secretary was given everywhere was heartening to a degree, and was salted in true Scots fashion by questions concerning the "why" and "wherefore" of the fresh organization. Centres resolved to adopt medical missionaries and to organize additional gifts. The fruit of that early effort has since been multiplied and the Medical Auxiliary has no warmer friends than those north of the Tweed.

Another interesting step taken about this time was the formation of the Children's Red Cross League. The object of the League was to enlist the active thought and sympathy of girls and boys on behalf of the suffering children of other lands. It continued for some years, and was then merged

in the work of the Young People's Department of the Society.

The development of interest may be gauged from the fact that by the end of March, 1905, the income had risen to £3,308. Further offers of service had also been received in the persons of Dr. Andrew Young and Dr. G. A. Charter, both of whom left for China in the autumn of that year, after Dr. Young had been adopted by the Churches of Glasgow. At the same time the Secretary paid a visit to India to acquire a first-hand acquaintance with that field and its work. During his absence Mr. Herbert Smith, B.A., most kindly acted as his *locum tenens* at the Home Base.

CHAPTER V

AFTER ELEVEN YEARS

FROM the Home Base we turn to the foreign field in order to obtain a concrete illustration of what the advent of the Medical Auxiliary was meaning to medical missionaries on active service. In the present chapter we shall trace the progress of the medical work carried on amongst men patients at Palwal in the South Punjab, India, with which Dr. Vincent Thomas was for so long associated.

Dr. Thomas arrived in North India early in 1895, and between that date and 1901 he was stationed at three different places, at each of which he felt the growing need for a hospital. He was appointed to Palwal as the colleague of the Rev. F. W. Hale. This mission station had been commenced in 1897, having previously been an outpost of the Society's work in Delhi, from which it is distant some 34 miles on a direct line of rail. Palwal is a small town, the centre of a scattered village area, situated in the Gurgaon District of the South Punjab. Its people are mainly poor agriculturists, belonging to the Hindu and Moslem communities, with a small admixture of representatives of other faiths. Many of them are of the lower castes, subject to great social wrongs and exceedingly needy. Mr. Hale, who possessed a good deal of useful

medical knowledge, had already sought to heal as well as to preach, and this work had served to show the need for a fully qualified doctor.

Between the arrival of Dr. Thomas in Palwal in 1901 and his furlough in the spring of 1903, he saw enough to convince him how urgently necessary it was that this important village centre should have a hospital. Already he had urged the formation of a Medical Auxiliary, and something of the difficulties that compelled him to long for improved facilities can be gathered from his report in 1902 :

“All that we have in the shape of accommodation is an old schoolhouse serving the purpose of consulting, dispensary and store-rooms, while the courtyard is used for surgical work. The limitations imposed on one's efforts by these makeshift arrangements are trying enough! On an average from seven to ten patients a week have to be sent away because we cannot take them into a hospital of our own; very often such patients come from long distances and to have to send them away is one of the hardest things that fall to our lot.”

How we can enter into Dr. Thomas's feelings! How impossible seem the conditions of these early days! Dr. Thomas was undoubtedly right when he urged that if medical missionary work was really to be effective, two doctors must be appointed to work together, and be supplied with proper hospital equipment.

And now the Auxiliary for which he pleaded had been established, Mr. Toole's gift had been made, and the first men's hospital of the Society in India was a fact. It was opened in November, 1905, a year after the return of Dr. Vincent Thomas from furlough, and its inexpensive construction was

entirely due to the personal supervision of the two missionaries.

The joy that Dr. Thomas felt at the erection of this hospital can be imagined when it is remembered that he had had to see eleven years pass by without even the pretence of one.

The Florence Toole Memorial Hospital comprised at first two main buildings—an out-patient dispensary and an in-patient hospital of some twenty-six beds. The cost of these buildings was approximately £700. Later on an operating theatre was added, the gift of the Acton Baptist Church in memory of Dr. John Garrett, one of the earliest and most devoted of the medical men who rallied to the cause of the Auxiliary. Still later, in 1915, an isolation ward was added and called the Sir Louis Dane Ward, a gift of the Municipality of Palwal in celebration of an official visit which was paid to the town by the Lieut.-Governor of the Punjab. This was followed by the gift of a well for the use of the hospital, the cost of which was met by the people of Palwal.

The Florence Toole Memorial Hospital is scheduled as having twenty-six beds, but, as Dr. Thomas reminds us, the number of in-patients far exceeds that figure in times of serious epidemic disease. A notable illustration of this occurred in 1910, when the doctor was on furlough and Mr. Hale in charge. Suddenly a virulent and widespread epidemic of gangrenous ulcers ravaged the district in a most appalling manner.

"For months during the hot season of that year, there were hundreds of cases of ulcers amongst the out-patients every week,



The Men's Hospital, Tai Yuan Fu : North Aspect

and in-patient cases ran up to over one hundred, who had to be accommodated not only in the wards and verandas, but all over the hospital compound. The wearisome toil of dressing hundreds of ulcers every day can only be understood by those who have gone through such an experience. Many of the patients came for treatment too late to allow of the hope of a cure of the ulcer, the gangrene had extended from the skin through muscle to bone and joint; this necessitated amputations in many cases."

And because there was no second doctor all this had to be faced by an evangelistic missionary! Mercifully he had had some medical training, and had the valuable help of Dr. Edith Young of the women's hospital so far as major operations were concerned, but Mr. Hale had to bear upon his own shoulders the brunt of this tremendous medical emergency. In face of these facts how incontrovertible seems the stipulation of the Medical Auxiliary that each hospital must have a minimum staff of two doctors!

It speaks volumes for the remarkable remedial work done at that juncture that though similar epidemics have occurred frequently since, and large numbers been infected, the people have sought help sooner and made it possible for a cure to be more easily effected.

But it was not a case merely of ulcer epidemics. The dread visitation of cholera came too, and not infrequently. In 1914 one of the lady missionaries of the station—Miss Mary Coombs—died from this disease. In 1921 another severe outbreak occurred. These epidemics brought the missionaries into the front line of preventive work along with the government authorities of the district.

On the other hand, they had to face the opposition of the people whose religious scruples and superstitions were in active conflict with the obvious requirements of the situation. The wells, for instance, had to be disinfected, a proceeding that was anathema to the townfolk, who actively and positively resisted the efforts of those who were fighting to save life. Could anything seem more hopeless? Yet patient perseverance had its reward, and in the big invasion of cholera of 1921, Palwal, with its population of 10,000, came off lightly with only 170 cases, and but 70 deaths, whereas in the villages all round the mortality was frightful. The secret lay in the change which had been wrought in the minds of the people in Palwal by what they had seen of the results of protective and preventive efforts.

The same thing might be said of the plague prevention work in which year by year the medical missionary took his full share. True enough, it often meant abuse rather than thanks, but it brought him into intimate touch with all classes, and his sincere sympathy and selfless motive testified to the fact of his Lord.

This is the sort of work that Dr. Vincent Thomas carried on for over a quarter of a century in North India with quiet, unassuming devotion. He has permitted us to glance at some stray leaves of his diary, and from these we learn the story of his first major operation and its sequel.

It was the year after his arrival, and Dr. Thomas was at Kharar. An old Mohammedan, the leading man of one of the villages, was in mortal agony.

The doctor operated, and the life was saved. Six years passed and plague was raging through the district. Dr. Thomas was asked by the civil surgeon to help in the anti-plague inoculation campaign. The people were averse to it, and the task was an uphill one until Dr. Thomas' old patient came to the rescue and cast his influence in the scale. Then the situation changed; the opposition died down; the medical mission was justified.

Twenty-six years later, on the eve of Dr. Thomas' return home, he was greeted at the gate of his compound one day by a young Mohammedan who was a complete stranger :

“ Doctor Sahib, I know very well that when I was a little boy you saved my father's life in Kharar, and then came to our village to do the inoculation. Ever since our people have remembered you. My father spoke of you often, and shortly before he died, he told us that if ever the day came that you were to leave this country to return to your own, we should send someone to bid you God-speed and to give you our respects and salams. We have heard that you are leaving Palwal so I have come from our people to give you our thanks and respectful farewell; to wish you all good, and to give you one message. It is that when you are among your own people, you may tell them to send more Christian doctors. You help us and comfort us, and you do us good in every way by your good word as well as by your kind work.”

A significant request! A just tribute to a splendid work. “ More Christian doctors ”—that is the call from the Mohammedans of India. It is a challenge to Medical Missions. Thank God that Dr. Thomas' own son has gone out since then and is now working with Dr. Moore at Palwal, his

father's old colleague. But who else is going to respond to the appeal, which is surely a call from Christ as well ?

One of the features of the hospital at Palwal has been the development of branch dispensaries in outlying parts of the district. If only funds and trained Indian workers had been sufficient, more would have been done in this direction. As it is, the hospital has had two branch dispensaries for about twenty years—one at Hathin, ten miles distant, and another at Fatehpur, eight miles away. These have been in charge of Indian medical evangelists and have meant much to the people and to the cause of evangelism. It is work that tests the faith and courage of the Indian workers to the limit and needs frequent visits from the central hospital. If by reason of staff that visitation can be done there is no limit to the influence that can be exerted by a medical mission.

CHAPTER VI

LENGTHENING THE CORDS

THE return of the Secretary from India in the spring of 1906 brought to the fore the subject of medical mission work in that field. He had seen something of the needs and opportunities which India presented for this particular service, and made it his business to urge upon the Home Committee that staff and equipment should both be strengthened. And happily the financial year 1905-6 showed a decided advance in the income of the M.M.A. It had risen from £3,308 in the year previous to £5,081.

Regarding the men's side of the work in India a glimpse has been given into the work of the Palwal men's hospital. Apart from that station and the newly started medical mission in the Chittagong Hill Tracts, there were other districts, such as the Khond Hills and Northern Bengal, where the need for the service of medical missionaries was clear and urgent. And yet, even yet, though two decades have passed since then, the first doctor to the Khond Hills has only just been appointed, and hopes to sail early in 1930.

In the work of Zenana Medical Missions the Auxiliary was urged to start medical work in the native state of Dholpur, to provide an extension of

the hospital at Bhiwani, and to build a hospital at Berhampore. Courage met with reward: in each of these attempts definite progress was made within the next two years. The resignation of Dr. Flora Butcher of Palwal in the spring of 1906 deprived the work of one whose devoted service had been conspicuous during the previous ten years.

One of the ways whereby interest was intensified at this time was the exhibition of a collection of "living pictures" (as they were then called) of medical mission work in India. The Secretary had filmed a number of scenes during his Indian visit, and these were used to illustrate a special lecture that was delivered throughout the country in the winter season of 1906-7.

The exhibitions already mentioned became the occasion for a significant new challenge to the Medical Auxiliary. An exhibition had been planned for November, 1906, in Birmingham, with the idea that its outcome might be the formation of a chain of support for one of the medical missionaries in China. But while man proposes, God disposes, and it was so ordered that in the chair on the opening day was that grand old veteran the Rev. Jenkyn Brown. In a way that was evidently of the Lord, the Chairman alluded to the fact that in the list of doctors of the Auxiliary there was not one connected with the Congo Mission. It was an omission that ought not to be continued. He appealed to Birmingham, the city of George Grenfell, who had only just died on the Congo, to enable a doctor to be sent to that field. Those who heard that noble servant of God will never forget the

way in which his words moved the audience. Before the exhibition had been open a couple of hours subscriptions were being promised for a "Grenfell Memorial Medical Missionary" for the Congo.

An event that stands out conspicuously in the record of 1906 is the decision, then reached by the Arthington Committee, to carry into effect the proposal for a Christian Medical College in Tsinan, the capital city of the Province of Shantung. It was felt that this college, as one of the constituent units of the Shantung Christian University, possessed such potential worth as warranted proceeding with the scheme as soon as possible. The Arthington Committee resolved, therefore, to undertake financial responsibility for the initial outlay, and all that was needed was an offer of service from a suitable medical volunteer to be the first B.M.S. representative on the staff of the College. The actual building was erected and opened in 1911.

A "Bed and Cot" Department was established in the autumn of 1906, the object being to promote the interest taken in the support of beds and cots in our mission hospitals. Miss G. G. Hayward most kindly became the Hon. Secretary of the department, and such has been the interest created in this method of securing interest for Medical Missions that by 1925 no fewer than 600 beds were regularly supported in the hospitals.

The year 1907 was a time of rejoicing. It was the year in which the first unmarried lady medical missionary, Dr. Paula Maier, and the first missionary nursing sister, Miss Katherine Lane, went forth

to the suffering women of China, and were located at Tai Yuan Fu in Shansi. The Arthington Committee provided funds for a women's hospital to be erected at this centre. Dr. Charlotte Murdoch also left early in the year for China to marry Dr. Andrew Young, thus bringing a most welcome reinforcement for the women's side of our medical work in Sianfu. Later in the year three new nursing sisters in the persons of Miss Cumstock of Taunton, who was appointed to China, and Miss Stanford of Redhill, and Miss Ferguson of Greenock, who were designated for India, sailed for their respective fields.

In the summer two new doctors were accepted for Congo—Dr. Mercier Gamble, of Manchester, and Dr. E. C. Girling, of Ipswich. This marked the recommencement of a chapter in the life-story of our work in Central Africa, which twelve years before had been so sadly interrupted by the death of Dr. Sidney Webb in 1895.

Dr. Gamble was designated for San Salvador, the oldest scene of our mission work on the Congo, where a doctor had long been awaited. He sailed for that field in August, 1907, and was in point of fact the first doctor to be sent to the Congo under the Medical Auxiliary. To Manchester, therefore, attached a place of honour in those early days of our Medical missionary movement, and we are confident that she will covet earnestly to retain the laurels she then won. We would commend afresh to the Baptists of Manchester, as to their fellow Baptists everywhere, those closing words of the farewell address of Dr. Gamble in Union Chapel twenty-two years ago: "I am going out to the

firing line ! Will you see that we who are there are not put out of action by a failure to bring up the supports ? ”

Dr. Girling, a student of the Edinburgh Medical Missionary Society, was appointed to Bolobo, and was the first medical missionary of the Society to the Upper Congo. He was adopted by the Baptists of Birmingham as their first “ Grenfell Memorial Medical Missionary.”

In the same year Aberdeen came forward with a recruit in the person of Dr. Mary Bissett, who was accepted for service at the hospital for women at Bhiwani. The far North, just as eagerly as Lancashire, the Midlands and the West of England, had caught the gleam, and was hastening to the standard of the missionary Red Cross.

But the tale of that year is not yet fully told, for in the annals of 1907 the Principality of Wales provides a record which must not be forgotten. In October an exhibition was held in Cardiff. Baptists came in force and were stirred by the appeal for more missionary doctors. So much so that when they learned that a young Welsh doctor—John Lewis by name—had trained to become a medical missionary, and was offering his services to the Baptist Missionary Society for China, they resolved to form a “ chain of links ” for his support. Cardiff thus became the first Welsh centre to support a B.M.S. medical missionary, and when in due course, upon the completion of his post-graduate work, Dr. John Lewis went forth to China, he did so as the first Welsh Baptist doctor serving under the Society. Newport followed Cardiff in having

an exhibition from which came funds needed for a new hospital at Tsing Chow Fu in China.

A significant step, taken by the Medical Mission Committee during 1907, was the appointment of an honorary treasurer for the Auxiliary Fund. Mr. Herbert Smith, B.A., who had already rendered much devoted service to the Auxiliary, was unanimously elected to the new post of Treasurer, which he held for one year.

One of the most effectual aids to propaganda employed by the Medical Auxiliary was a monthly magazine entitled *The Medical Missionary*, published at one halfpenny. This venture from the very first issue in October, 1907, proved of the utmost value in promoting thought and effort on behalf of Medical Missions.

The year 1908 opened auspiciously with two more additions to the missionary ranks. Miss Loveridge, of Cardiff, who had already been a missionary in China, went forth to marry Dr. Stanley Jenkins, of Sianfu, whilst Miss E. S. Gautrey, of Cambridge, a trained nursing sister, sailed for Bhiwani, North India, the first missionary nurse appointed to work at that station. This was a further significant advance, for it marked the foundation of one of our most important Nurses' Training Schools in India. Miss Gautrey became the specially supported representative of the Baptists of Cambridge, and during a brief service of six years, before her lamented death in 1914, she laboured untiringly for the cause of India's suffering women and children. Miss Gautrey's arrival in Bhiwani synchronized with the enlargement of

the mission hospital by a new wing designed to accommodate fifteen more beds. At about the same time Dr. Mary Raw commenced the work of the medical mission in the native state of Dholpur, where, early in 1908, by means of a very serious operation performed upon a high caste woman in premises which were ill-adapted for hospital work, Dr. Raw was instrumental in gaining the esteem and confidence of the people.

At home the interest continued to grow by means of exhibitions and other propaganda efforts. The return of the Revs. C. E. Wilson and W. Y. Fullerton in the spring of 1908 from their deputation visit to China, directed special attention to our work in that great field. They brought the news that Dr. and Mrs. E. H. Edwards, who had rebuilt the Schofield Memorial Mission Hospital at Tai Yuan Fu, had now decided to present this fine institution to the Baptist Missionary Society. This was a truly noble gift which met with most grateful acceptance on the part of the Committee. The deputation had been profoundly impressed by what they had seen of medical mission work carried on by the highly qualified and devoted medical missionaries of the Society. Mr. Fullerton summed up his impressions of the needs of our China Mission in the following words :

“The Baptist Missionary Society has four hospitals in China, two of them in the Province of Shantung. There should be established at the earliest moment at least six more hospitals, and two of them should be in Shantung. This is the minimum need.”

A programme of this kind plainly called for increased support. The Auxiliary Fund, which in the spring of 1907 had risen to £6,706, rose to £9,522 by the close of March, 1908. Almost the £10,000 which had been the aim ! The Treasurership of Mr. Herbert Smith had certainly been attended with success, and when he resigned the Committee placed on record their warm and grateful appreciation of his services. Mr. Ernest Lord, of Ealing, was elected to the vacancy, and until 1925 he remained the honoured Treasurer of the Auxiliary.

The summer of 1908 witnessed a number of reinforcements for the medical mission staff which were the more welcome as it was also a time of enforced retirements on account of ill-health. Dr. Creasey Smith, the medical pioneer of the Shensi medical mission, was obliged to relinquish the prospect of further mission work through that cause. A notable recruit for China was found in Baron von Westhern, M.D., of Kiel, who offered specially for the work of the new Medical College in Tsinan. He had been one of the German delegates to the World's Student Conference in Japan in 1907, and he attended the Shanghai Centenary Conference of the same year. The great need for Christian Medical Educational work in China appealed to him, and he was led to offer to the Baptist Missionary Society. Baroness von Westhern was imbued with the same missionary inspiration as her husband, and had taken a course of nursing training at the Mildmay Mission Hospital in London. These two German Baptist additions to our ranks sailed

for China in September, 1908, and did good service at Tsinan until 1912, when on account of ill-health they had to resign and return to Germany.

The work on the women's side was also greatly strengthened by three Scotch recruits. Dr. Margaret Stott, of Dundee, and Miss Marion Henry, of Glasgow, came forward for India, and by the close of the year 1907 had sailed for Berhampore and Delhi respectively. Dr. Margaret Stott's appointment to Berhampore was most timely, inasmuch as Dr. Nina Ottman, the devoted founder of the medical mission in that station, had broken down in health and been obliged to return home for special treatment. The third Scotch candidate was Miss Watt, of Inverness, who offered for China, and was appointed to Sianfu to take the place of Miss Cumstock, who had to return home through ill-health.

It was a cause of rejoicing in those early days, as it has always been, to report additions to our staff of women doctors and nurses. The need of the suffering womanhood of non-Christian lands is so overwhelming that one of the coveted aims of medical missions must ever be to lift something of the load of pain which the women and children have to endure. In Dr. Ottman's words—and with those we end our present chapter—

“Medical work is such a commentary on Christianity, on its love, its universality, its tender humanity, that one does not wonder at the influence it exercises in the Zenanas of India. It is not only a commentary on Christianity, it is a phase of it.”

CHAPTER VII

STRENGTHENING THE STAKES

THE Medical Mission Auxiliary had by now become firmly established in the support of the Churches, and its record of advance had encouraged high hopes, both at home and abroad, in regard to the medical missionary occupation of the different fields. It began to be a race between the calls from the stations and the measure of response in organized interest at the home base. But that experience was by no means special to the Medical Auxiliary. The one thing to do was to press forward in prayerful dependence upon the Lord and in strong faith in His unlimited resources.

It was in that spirit that 1909 opened. "If ye ask . . . I will do" was the New Year Message which was quoted in the January issue of *The Medical Missionary*, and we may well recall words that were then written :

"Thus to a child of God bowed in prayer that the Gospel may be sent to the dark lands, though he may not see it, yet as he prays, *God* baffles the powers of darkness ; as he prays, *God* moves the hearts of kings ; as he prays, *God* loosens the bands of superstition ; as he prays, *God* opens up the pathways to forbidden lands ; as he prays, *God* unclasps the purses of His children ; as he prays, *God* raises up and thrusts forth the Gospel messengers to the whitened harvests. *As he is praying, GOD IS DOING.*" This is explicitly asserted."

Before 1909 closed fresh proof that our God is still the God that answers prayer and rewards the faith of His servants was to be added to the "New Acts of the Apostles." Without question the outstanding event of the early months of the year was the "All the World" Exhibition held in St. George's Hall, Liverpool, the city which had witnessed the inauguration of the Congo Mission. It aimed at securing funds to provide a new hospital at Bolobo on the Congo. No happier thought could have been conceived considering the many links, commercial, scientific and philanthropic, which have been forged between Liverpool and Africa. Anything, therefore, that might contribute toward the alleviation of Africa's sufferings must surely appeal very strongly to the citizens, and especially to the Christians, of Liverpool.

The faith of the promoters of the exhibition was abundantly justified by its remarkable success.

The aim was to realize £1,500, and led magnificently by the Rev. J. H. Atkinson and a host of willing workers that end was achieved. One lady undertook, on behalf of herself and her sons, the entire cost of a men's ward, viz. £350. Another lady volunteered to collect the amount needed for the women's ward. The doctors of Liverpool provided the doctor's room. Three donations of £100 were given by a Primitive Methodist and two Anglicans. The great enterprise closed in a scene of enthusiasm. "So built we the wall for the people had a mind to work." Thus it came about that Bolobo obtained its "Liverpool Hospital," though the actual building was not erected until 1912.

But it is not in material results simply that this great effort should be recalled, for it was at this exhibition that two nurses, Miss A. H. Bell and Miss A. Jackson, received their definite call to missionary work on the Congo. The former of the two was the first nurse to be sent by the Medical Auxiliary to the Congo, and the service which she commenced in 1909 is still, to the great joy of all, in active continuance at San Salvador.

In the spring of 1909 the Birthday Scheme saw its earliest beginnings. The Rev. W. Y. Fullerton introduced to his Church at Melbourne Hall, Leicester, a suggestion that the members of the Church and congregation might be asked for a shilling upon their birthdays in aid of medical missions. The Auxiliary in London saw the nation-wide opportunity of this method, and soon the needful organization was set on foot. It was agreed that the appeal should not be for any given sum, but that it should be known as the Thank-offering Birthday Fund. The Birthday Scheme has grown considerably since then, and is now one of the most fruitful methods for organizing help for the Medical Fund of the Society. The one thing that remains still to be desired is that the scheme might be adopted with enthusiasm in every Church.

The report that was presented at the Annual Meeting of the Auxiliary at the close of April, 1909, revealed something of the ebb and flow which has been so constantly a feature of this work. No increase of income could be reported, but the staff of doctors had grown to 25 and the

nurses had become six in number. Sir Alexander Simpson, of Edinburgh, who presided at this meeting, brought the news that whereas of the first 154 medical missionaries sent out by the Edinburgh Medical Missionary Society there were only 8 Baptists, the present position in their Training Home was that out of 23 students in training 8 were Baptists. This was a significant change that was in itself a sign of the influence which was being exerted in the denomination by the Medical Auxiliary.

The following autumn saw the first Congo Exhibition organized by the B.M.S. in London, held in the Horticultural Hall. The Medical court gave an opportunity to plead the need for more doctors on the Congo, and happily it was possible to report that the Arthington Committee had just made a grant for a hospital for Dr. Mercier Gamble at San Salvador. The exhibition directed much attention to the work of the Congo Mission. It was a splendid commencement to the autumn, and hardly was it over before Dr. Cecil Robertson, one of the most brilliant men whom God has sent to us, was on his way to join Dr. Stanley Jenkins, Dr. Andrew Young and Dr. George Charter at Sianfu in China. He went forth as the representative of the newly started East London Branch of the Auxiliary, where a chain of "links" had been organized for his support. At the same time two nursing sisters destined to render high service in North China, Miss E. R. Ellis, of Chelsea, and Miss M. F. Logan, of Glasgow, set sail for Shansi and Shantung respectively. A month or so later

and Dr. John Lewis, of Cardiff, was leaving for Tai Yuan Fu.

By the spring of 1910 the Medical Auxiliary succeeded in lifting the cost of maintaining their Medical Missions from the shoulders of the "parent" Societies. New branches had been started in several centres and two nursing sisters, Miss E. A. Soper and Miss Daisy Hill, had been accepted for India. This onward movement was continued throughout the year, and was marked specially by the awakening of a larger interest in Medical Missions on the part of the Baptists in South Wales.

The year 1910 will be for ever remembered in the annals of Missions by the World Missionary Conference that met in Edinburgh in the month of June. By a singular oversight no distinct place had been found for Medical Missions in the official programme of the Conference. This led to a special gathering of medical missionaries and others during the Conference, at which important papers were read dealing with the particular problems of medical work. A number of the important "findings" of this gathering were forwarded to the official Commissions of the World Conference, and Medical Missions kept coming to the fore in the actual sessions of the main Assembly.

The story of the ensuing winter was one which revealed the progressive character of the work. Dr. Wm. Fleming, of Liverpool, one of the new recruits, sailed for China to take up work in Shantung. Dr. Andrew Young, of Shensi, proceeded from Sianfu to San Yuan to commence a new medical mission. Miss Rossiter, of Weston-super-

Mare, went forth to join the staff of the women's hospital in Tai Yuan Fu. Dr. E. R. Jones, of North Wales, and Dr. Daisy Longland, of Swindon, joined the staff of the Congo Mission for work at Wathen and Yakusu respectively, Mrs. Longland being the first lady doctor to go to the Congo in the B.M.S. The one sorrowful event was the enforced resignation of Dr. G. Orissa Taylor, on account of ill-health. This led to an urgent vacancy at Chandraghona, which was filled temporarily by a locum tenens, but more permanently by Dr. Gottfried Teichmann, who was accepted in 1911 and sailed for the field the same autumn as the medical representative of Leicester.

In view of all the expansion that is indicated in the preceding paragraph it will not be surprising to learn that though the medical fund showed another encouraging advance by the spring of 1911, there was a deficiency of £1,270 when the accounts closed. It was the first serious financial check that the Auxiliary had experienced. It was considered best that the adverse balance should be "pooled" with the deficits of the "parent" Societies, and the combined deficit was cleared by the following New Year.

The autumn of 1911 witnessed a conspicuous development in medical missionary propaganda amongst the Churches. A large meeting was held in Bloomsbury Chapel, presided over by Mr. W. McAdam Eccles, M.S., and addressed by Dr. Harold Balme and Dr. G. O. Taylor. No fewer than nine intending medical missionaries were on the platform. Dr. G. O. Teichmann and another

newly accepted medical missionary, Dr. Thomas Scollay, of St. Andrew's, who was leaving shortly for China, gave farewell messages. The urgent call for advance was rung out by the speakers, and gave a keynote to the work of the winter. Toward the close of the year the Auxiliary was called to mourn the death of Mrs. Russell Watson, the wife of the senior medical missionary on the China staff, and herself a doctor. This was the first loss by death that the Medical Auxiliary had suffered since its foundation. Three months later Dr. T. C. Paterson, our other medical missionary in Shantung, had to suffer a similar bereavement in the death of Mrs. Paterson. This, too, was a heavy loss, for Mrs. Paterson, like Mrs. Watson, was a qualified medical woman. We may place over against these losses two welcome reinforcements that were gained at this time by our nursing service in India and Congo. Miss Muriel Hawkins joined the staff of the Palwal women's hospital, and Miss Rose Gee proceeded to Yakusu as the first nursing sister appointed to that station. In both instances valuable work was done, contributing to the future efficiency of each of these medical missions, before the two nurses left to be married a few years later.

The close of the year saw the disappearance of our magazine, *The Medical Missionary*, to the regret of many of the friends of the Auxiliary. The magazine had gained a monthly circulation of nearly 15,000, and without doubt it had been the means of promoting a good deal of the new interest in the work of medical missions which had made

possible the advance recorded in this chapter. It was felt, however, by the leaders of the Society that the publication of separate magazines was a disadvantage, and that it was preferable to enlarge the *Missionary Herald* and make that organ the monthly periodical for all departments of the work. Arrangements were concluded whereby a given number of pages of this organ would be devoted to medical missionary news, and the Committee of the Auxiliary were encouraged to believe that this would mean the cultivation of a larger constituency for their branch of the service. It was the first step in the direction of a policy of unification of which we shall hear more in later chapters.

During the early months of 1912, whilst the Secretary was absent on sick leave, the Rev. J. Lawson Forfeitt acted as his substitute. His valued help at a time of need will never be forgotten, and it was encouraging to find, when the accounts closed at the end of March, that an increase in contributions had occurred. Miss F. M. Leonard, who for some years had rendered most valuable help on the head-quarters staff of the Auxiliary, retired from that position in the following month, and Mr. A. W. Willis, of Lee, became the Chief of staff.

An event of special interest also marked the course of the Auxiliary at this time. Dr. Arnold C. Ingle, of Cambridge, who had recently retired from practice, generously undertook in an honorary capacity to assist in the work of home organization. He had for some time been a member of the

Auxiliary Committee, and now offered to be associated with the work in a yet more intimate way. To the Secretary this meant the commencement of a fellowship in service for which he has never ceased to give thanks to God. During a large part of the War period Dr. Ingle was obliged to respond to the call for medical service, but with that exception his ready and willing help in the counsels and work of the Auxiliary has been unstinted and uninterrupted. Dr. Ingle accompanied Dr. and Mrs. Moorshead as a deputation to China in 1919-20, and his sympathetic friendship with a great number of the missionaries has been most widely appreciated. In the life and service of Dr. Ingle the Society has been richly blessed, and though of late he has not been able, for health reasons, to participate so fully in the work, his interest remains as strong as ever. It only remains to add that in their son, Dr. Laurence Ingle, one of the Professors in the Shantung Christian University, Dr. and Mrs. Ingle are represented in the best of all ways in this work for Christ.

CHAPTER VIII

HEROISM AND SACRIFICE

THE work of the hospitals on the field must now be followed during the two years that were to elapse before the dawn of the fateful 1914.

China, of necessity, has to take first place, for it was there that the Chinese Revolution broke out in 1911, in the course of which the hospital at Sianfu was destined to render such heroic Red Cross service. In the absence of Dr. Stanley Jenkins, the doctors in Shensi were Dr. and Mrs. Andrew Young, Dr. G. A. Charter and Dr. Cecil Robertson. The accommodation of the little mission hospital was only 34 beds. Yet in the days and weeks following the outbreak of the Revolution on October 22nd, 1911, this slender staff and equipment had 1,500 seriously wounded people thrust upon them, and the total number of patients came to nearly three times that number. The presence of the doctors and the work which they were able to do for the wounded undoubtedly contributed to the safety of the whole missionary body in those anxious Revolution days.

The story of how those four doctors, assisted by one nursing sister, Miss Watt, and their non-medical colleagues, coped with this overwhelming situation is a veritable epic. At the first the brunt

fell on Dr. Charter, he being the only doctor in the city at the time of the outbreak. In fact, owing to Dr. Charter having been called to attend the wounded German postmaster, Mrs. Charter and Miss Watt were alone in the hospital during the first perilous hours of the Revolution. When Dr. Charter returned, both he and Miss Watt were kept busy attending to the crowds of wounded men who were brought to the mission hospital. So heavy was the work that the authorities consented to Dr. Robertson being fetched from the East Suburb, where he had been with other missionaries. This meant that owing to the gates of the city being closed, Dr. Robertson had to be hauled up by a rope over the high city wall! Ten days later Dr. and Mrs. Andrew Young arrived after an hazardous journey from Yenanku, and their help was very welcome to the two doctors who hitherto had borne the whole burden of the responsibility.

By then, however, the newly started Chinese Red Cross League had come to the conclusion that their methods were of no use, and they had come to Dr. Robertson asking him to receive "anybody they had on their hands who had been wounded." That cannot be wondered at when it is pointed out that all that the "Red Cross" people appeared able to do for a bleeding wound was to plaster it with mud and filth! This meant a big addition to the responsibilities of the medical missionaries, and for a good while no less than 600 cases were under treatment day after day. These included gunshot injuries from the wounded of three armies, and a host of casualties amongst the civilian population,

most of them aggravated by delay. To add to the difficulty, no sooner was Dr. Young back than an appeal was presented to the doctors for Red Cross work at the frontier town of T'ung Kwan, three days to the east of Sianfu. In twenty-four hours Dr. Robertson had left for that point of need, leaving the hospital in the hands of Dr. and Mrs. Young, Dr. Charter, and Miss Watt.

Dr. Robertson had busy days and nights at T'ung Kwan, and when the fighting in that district was over he hastened back to Sianfu, where Dr. Charter was again alone, Dr. Young having gone to the west of Sianfu to attend to the wounded in a new battle area. Dr. Robertson's return journey to Sianfu commenced on Christmas Eve. The picture of the pitiful procession which he shepherded is in itself a vivid plea for Medical Missions :

“ Here a wounded man sitting in a chair between two poles ; there a party of four carrying a door, and on it a man with a leg broken, splintered by a fragment of shell ; for another a litter had been improvised, laid on ropes stretched between two poles. The soft snow fell persistently all the night before their start, and the world lay white around them, save where the trampled high-road wound on ahead. At last the stage was reached, and they found a good inn, doors and windows unburnt, and brick beds capable of being fired. Here, then, they laid the wounded, and in and out went the surgeon (Dr. Robertson) with his one raw assistant provided by the Red Cross. The feeble light from a Chinese lantern fell on the primitive equipment—a few pots, an enamel washbowl or two, some dressings and a few tabloids, that was all, and always the pitiful appeals to the surgeon for the ‘ stop-the-pain ’ medicine.”

Christmas Day dawned clear, cold, still. Over all there brooded peace, covering even the piteousness of the grim procession with its soft promise. Probably, to one man only in that crowd

was the promise articulate. The young Church of China has its own fresh, naive joy, but the gracious memories which cluster round the Christmas festival are those in the homelands. To the heart of the Englishman this Christmas morn, in its beauty and stillness, brought a message of glory. Someone must be told, someone must share the knowledge, that it is the birthday of the Christ-Child, and the Red Cross boy, to whom the cross of his badge meant so little, was told something of the mystery.

"It was all very far from home, and from what Christmas may mean there. There were no carols, no joyous greetings; but joy sang nevertheless in the doctor's heart, for it is given to those who enter into the love of Christ to know that His Church, elect from every nation, is yet one o'er all the earth. There came memories of the Christmas at home, of a stately Church wherein the worshippers had united in intercession from all who on Christmas Day were travellers, and for all who were lonely. But distance was no bar to worship. There was possible even on this Chinese highroad, an abundant entrance into its fellowship.

"On the next day bearers and wounded reached the mission hospital at Sianfu, and the surgeon plunged into hospital, crammed and overflowing with wounded."*

About this time, just after Christmas, 1911, the Shensi Relief Expedition arrived, and early in 1912, under its safe conduct, a party of missionaries whose furloughs were due left for the coast, including Dr. and Mrs. Charter and Miss Watt. This left only Dr. and Mrs. Young and Dr. Robertson at the hospital, with whom remained Mr. and Mrs. Shorrocks and their daughter. There were then about 130 in-patients in addition to those who could attend as out-patients; and five other branch hospitals had had to be opened! It is no wonder that on the second Sunday in 1912 Dr. Robertson had no time even to sit down until 9 p.m.! A week later and yet another "hospital" had to be

* "The Passing of the Dragon," by J. C. Keyte (Carey Press).

opened for a batch of new wounded men which had to be admitted. By the end of January they had 350 *in-patients*—"Middlesex Hospital, with two doctors!" But Dr. Robertson could write: "I am very glad that we have remained up here. . . . The soldiers seem very willing to listen to the gospel just now. When I was going round late one night I found one man with three or four others round him. He was the only one who could read, and he was reading the gospel to the others."

And then, as if to try their faith still more, a new emergency had to be faced. Dr. Young fell ill with appendicitis, and Dr. Robertson, assisted by Mrs. Young, had to operate on his senior colleague in the month of April. Yet how wonderfully God times things. A consignment of drugs, which had been long awaited, including the chloroform which was essential for the operation, arrived a few days before it was actually required! It only need be added that the operation was completely successful.

A final touch is given to this wonderful piece of missionary heroism and endurance when we read that to Dr. Robertson was due the establishment of a sort of "Chelsea Hospital" for permanently disabled soldiers. A glorious opportunity, as the Rev. John Bell afterwards spoke of it, for the personal touch of the man of God. The Chinese called it the "Pity the Wounded Hospital." It was the scene later of some fine evangelistic service and the cure of opium smokers.

It will be realized from what has been here described how the work of the Shensi Medical

Mission claimed first thought on the part of the Auxiliary during the early months of 1912. The need for additional reinforcements could not be lost sight of, and Dr. Thomas Scollay hastened his departure in the month of May, though unfortunately illness prevented him from proceeding farther than Peking until the end of the summer. Dr. Robertson, however, needed to obtain a holiday at the coast, for which he left in July. Before leaving Sianfu he was the recipient of presentation scrolls, etc. from the Chinese, expressive of their gratitude and appreciation for all that he had done for them. One of these gifts was thus described by Dr. Robertson :

"A further presentation was made to me to-day of a tablet extolling our virtues, and of an umbrella. The umbrella is a large silk one, with the names of subscribers in gold on it, among which are the names of the General of one of the two divisions—the man who held Chi'en Chou against the Mohammedans for three months—and of the Commander of his bodyguard. There are also the names of nearly 300 wounded who have been treated by us. For the fact that they were given by the men themselves these things are especially valuable. Most of the soldiers are members of the renowned Elder Brethren Secret Society, and among them are most of the leaders here. This is rather remarkable for this Society was formerly always feared as being anti-foreign."

The following September Dr. Cecil Robertson returned to Sianfu, and later in the autumn he was rejoined by Dr. Stanley Jenkins, who had arrived back from furlough. An additional nursing sister, Miss J. L. Smyth, was sent to Sianfu, in view of Miss Watt's approaching marriage to Dr. Scollay. The women's side of the hospital was also shortly

to be reinforced by the arrival of Mrs. Fairbairn (*née* Dr. Paula Maier), who, with her husband, had been transferred from Shansi. Happily, too, there were further reinforcements for the China field. Two of these, Dr. John Jones and Dr. Thomas Kirkwood, had already gained experience in other Societies. Dr. Jones had spent five years in the work of the United Methodist Mission in Ningpo, and on joining the B.M.S. was stationed at Tsowping in Shantung. Dr. Kirkwood, formerly belonging to the London Missionary Society in Tientsin, was appointed as a new doctor for Shansi. Then a change was effected in the staff of the Union Medical College, Tsinan. Dr. Harold Balme was appointed in place of Baron von Werthern, who, as we have seen, had had to resign and return to Germany. Dr. and Mrs. Balme left to take up their new work early in 1913, and at the same time Dr. Wm. Fleming, who had been at Tsingchowfu, was selected as the second representative of the Society on the staff of this College.

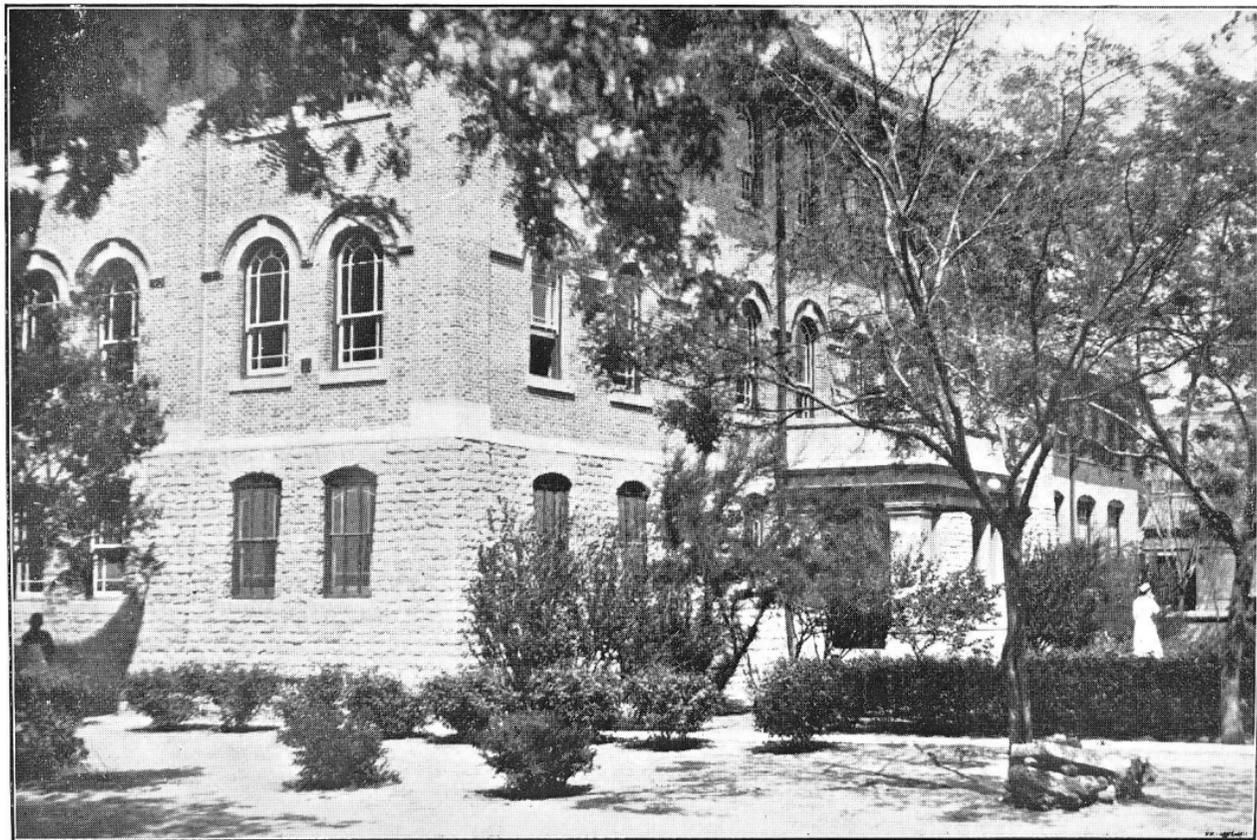
The same year saw progress in the India field. The funds for the new women's hospital at Palwal were completed, the Government of India contributing a grant equal to half the cost, and Dr. Florence Payne and Miss Margaret Rawson accepted and sent out to reinforce its staff. The hospital was built in the winter months and provided Dr. Edith Young and her colleagues for the first time with proper hospital premises. Another recruit was forthcoming in the person of Dr. A. E. Moore, of London, who was accepted and designated for the Florence Toole Memorial Hospital

at Palwal, as the colleague of Dr. F. Vincent Thomas, thereby providing that hospital with a second doctor for the first time in its history. He went forth as the second medical missionary supported by the Churches in the West of London. A serious loss was however sustained at this time through the resignation of Dr. Margaret Stott of Berhampore.

The closing days of the missionary year in March, 1913, were rendered unutterably sad by the news of the death, first of Dr. Cecil Robertson and then of Dr. Stanley Jenkins, both of whom died at Sianfu from typhus fever. It was the greatest blow that the Medical Auxiliary had yet sustained, and it was a double one.

Dr. Robertson had spent the winter, after his return in September, 1912, in improving the organization of the hospital in Sianfu, and in a great deal of evangelistic effort. He had become increasingly keen on the latter side of the work and was intent on leading his patients to Christ. The record of his medical missionary service during the three and a half years granted to him revealed something as near an approach to the ideal medical missionary as may well be conceived. What a surgeon! What an evangelist! What a friend!

When Dr. Jenkins got back in December, 1912, Dr. Robertson and he began far-reaching plans for the new hospital that they hoped would soon be built in the east suburb of the city. Their thoughts took in the northern part of the B.M.S. field in Shensi, and they felt that one of them should go there. Dr. Robertson volunteered to be the one who should respond to that call, but the advance



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could not be undertaken for a year, because of the need in Sianfu. In February, 1913, he received one afternoon an urgent message from some missionaries in Kansu to help save the life of a little baby boy. It meant a journey to a place four days' journey away, but Dr. Robertson did it in two days by forced stages. It was, however, a fatal ride, for on the way he must have been brought into contact with the infection of typhus fever. A fortnight after his return to Sianfu, Dr. Robertson was reluctantly compelled to go to bed, and eleven days later he was "called Home" at the early age of twenty-eight.

To his colleagues he was ever a brother beloved, whilst by the Chinese community generally he was loved and honoured. A great heart! A gallant gentleman! A devoted disciple of his Lord! His death sent a desolate chill through the hearts of multitudes whom he had healed and befriended. The very city was moved by it, and a public official funeral became inevitable, and was a unique event in the life of the city. It was attended by the Military Governor, who made a remarkable speech, paying a tribute to this "servant of God." In the funeral procession Chinese banners were carried bearing these inscriptions: "He created happiness throughout the Province of Shensi," and "By his grace men were restored to life." The disabled soldiers of the "Chelsea Hospital" sent a white silk pall in which to wrap the body. The story of Cecil Robertson's life and death, which is given in his biography written by the late Dr. F. B. Meyer, should be read by everyone.

And it was the same with Dr. Stanley Jenkins. The day before Dr. Robertson died he, too, went down with the same dread fever, but working up to the last. It was a less severe attack than that of Dr. Robertson, and presently the fever abated. Alas, an old heart weakness proved his undoing, and strength ebbed, and three weeks after Cecil Robertson had died Stanley Jenkins went in also, at the age of 39, to see the King. A noble soul! A medical man of the finest type! A missionary wholly given up to his supreme task! Never thoughtful of himself but always for others, he illustrated in a peculiarly fragrant way the gospel that he had gone forth to teach. In an address that Mrs. Andrew Young, M.D., delivered at the memorial service held in London in April, 1913, she gave a touching instance of the spirit that animated Dr. Jenkins:

"I wish to tell you of one scene that rises before me. He was handing over the women's ward to me before he went away. I could only speak a word or two of Chinese, and he said there was a special patient he wanted me to pay particular attention to. He said: 'I just want to do the dressing for you once, and then you can go on with it in the same way!' So I went in with him and found a little girl about thirteen years old, who had come into the hospital a month previously, paralysed from her waist down. She had been fearfully neglected and she was just covered with terrible bedsores. Dr. Jenkins was with her for half an hour dressing her in the most patient way. I watched him and wished people at home could have had that sight too. And when he had finished, knowing all he had to do, I expected that as soon as he had put on his gown and washed his hands he would go away. But he did not. He pulled up a chair and sat down by the little girl's head, and I knew enough to understand that he was telling her about Jesus. For fifteen to twenty minutes he talked to her.

I shall always have the picture of Dr. Jenkins sitting by this little girl's head, telling her about Jesus, after he had done all he could to help her."

Dr. Jenkins left behind a widow and two little children, for whom the keenest sympathy was felt. By reason of his being absent on furlough during the time of the Revolution, Dr. Jenkins did not figure in the same public way before the Chinese in Sianfu as did Dr. Robertson, but to his wise and far-seeing leadership, his consecrated talents and his generous spirit the Mission in Shensi owes more than can ever be told. As we think of either of these men of God we may well employ words that Florence Nightingale used in referring to a leader who had died in her day :

"He is a great loss, but he was a great gain, and what he has gained for us will never be lost."

CHAPTER IX

A MEDICAL MISSION NEHEMIAH'S WALL

It will easily be understood that the death of these two "beloved Physicians" created a critical emergency in the work of the Shensi medical mission. Only one medical missionary, Dr. Thomas Scollay, and he but new to the field, was left at the hospital. Something had to be done to bring help to him, and with characteristic devotion Dr. Andrew Young and Dr. Charter nobly shortened their furloughs and returned to the field in the early summer of 1913. Their action in that respect will never be forgotten. It was worthy of the high traditions of our medical missionary service. Yet the need for new volunteers could not be overlooked, and the Medical Auxiliary redoubled its search for medical missionaries.

In the meantime a most natural and fitting desire began to take shape amongst the supporters of the Auxiliary. Some permanent memorial to Stanley Jenkins and Cecil Robertson must be established. It would be an unthinkable omission to allow the occasion to pass without that being done. And it was not difficult to discover what would be the most appropriate memorial. A new hospital had long been needed at Sianfu. Dr. Jenkins himself had pleaded the need for this when home on furlough, and the Arthington Committee had

already voted £3,500 toward the new building. A further sum of some £2,500 would, however, be required if the scheme was to be put through and a Memorial Hospital erected at Sianfu. So the Auxiliary issued a "Jenkins and Robertson" appeal, which met with prompt and sympathetic response.

It will always be to the honour of East London, the district that had been associated with the support of Dr. Cecil Robertson, that it took the lead in this enterprise. The Churches in that area resolved to raise £500 to provide an East London wing in the new hospital, and in two years they accomplished their aim. In a similar way North and North-East London, the districts which had been jointly concerned in the support of Dr. Stanley Jenkins, resolved to have their wing as well. To the country at large was entrusted the responsibility of raising the balance of the sum required, and generous gifts were soon made.

Additional interest was lent to the matter in that the Chinese authorities at Sianfu had decided to give an admirable site in the old Manchu quarter of the city to the Society for the purpose of the new hospital. The gift had been made as a recognition of the service that the medical missionaries of the Society had rendered in so notable a way at the time of the Revolution. The possession of such a site, equivalent to six English acres, right at the heart of things in this historic city, was too great an opportunity lightly to be missed. It would not only commemorate our honoured dead, but provide our medical missionary staff with a well-equipped hospital in which the best work could

safely be attempted. Somehow or other the hospital must be built.

But it was not only at Sianfu that a new hospital was needed. Two other centres in China presented urgent claims. Dr. Harold Balme, who, as we have seen, had lately proceeded to the Medical School of the Shantung Christian University at Tsinan, had been impressed with the imperative need for a well-equipped teaching hospital so that the students could be trained in a proper manner. Without such an adjunct to the medical school its educational work was bound to be reduced immeasurably in efficiency. Accordingly an appeal had been sent to the Auxiliary for £6,000 with which to erect this University Hospital. The Arthington Committee made a grant of £2,000 toward the undertaking, but the task of raising the remaining balance of £4,000 was left to the Auxiliary. It was impossible to deny either the importance or the urgency of the appeal.

The remaining centre which called for a hospital was the busy commercial town of Chowtsun, in Shantung. This was the station, some ten miles from the small country town of Tsowping, to which the work that had previously been carried on in the latter place, including the hospital, was to be transferred. The China Deputation of 1907-8 had indicated their approval of the move, and a most eligible site for a hospital had been secured at a small cost. The change of location would mean placing the hospital at a point where its work and influence would be greatly increased. The scheme, however, involved an outlay of £4,360, toward which

£1,600 could be regarded as realizable assets. The Auxiliary had therefore to raise a net sum of £2,760.

Now it was undeniable that this triple hospital appeal could hardly have come at a more difficult moment. The denomination was then in the midst of raising its great Sustentation Fund of £250,000, which of necessity must be given right of way. Yet the urgent requirements of our hospital service could not be allowed to "miss the tide" without some effort being made to voice their needs. So, greatly daring, the Auxiliary issued a statement of the position in the *Herald* of November, 1913. It was in effect an invitation to build a Medical Mission Nehemiah's Wall. Faith lent wings to courage, and the task was committed into the hands of The Lord of Missions.

Let us now see in what happened yet another example of how our God delights to reward the efforts of His servants. Before a week had passed after the publication of the appeal the late Mr. Charles Finch Foster, of Cambridge, had promised £1,000, and his daughters had undertaken to meet the cost of the in-patient hospital at Chowtsun, meaning, in all, gifts amounting to £3,000. And these responses were received before any direct personal appeal had been made! Thus in a most wonderful way nearly half the sum required was provided. A number of other generous gifts, both small and great, followed speedily, and success was achieved. What an illustration this was of the fact that our God not only hears but answers prayer, and we record it to His glory and for the encouragement of the faith of His people.

Moreover, though it could not be foreseen at the time, had the appeal, and the response to it, been delayed until the next year, which some were disposed to counsel, the outbreak of the Great War would have made it impossible. The hands that never make a mistake controlled the time-piece, and two of the three hospitals were in full commission before the war was half through. The University Hospital was in fact opened the second autumn of the war. It was a great and solemn reminder that "we should not trust in ourselves but in God."

And so the year that brought in its springtime such sorrow and loss was not permitted to close without this signal evidence of the hands of God in the affairs of our Medical Missions. Moreover, it was not only in China that evidence of His grace and power were to be seen. The early months of the year had presented a most difficult problem in regard to the staffing of the San Salvador hospital on the Congo. Dr. Mercier Gamble's furlough was approaching, and no doctor seemed in sight to take his place at San Salvador. The work there, especially in the treatment of sleeping sickness, had been growing wonderfully, and it was recognized that the failure to send a doctor to carry on the work of the hospital would mean a serious setback. Yet not one single doctor appeared ready to go to San Salvador that summer. But prayer was made, and in a remarkable way that plainly showed the guidance of God, a letter of inquiry which was sent to Dublin arrived just at the very time when a young doctor, son of the Rev. J. D. Gilmore, Secretary of the Baptist Union of Ireland, was home

for a week-end from a hospital post in Scarborough. The need was put before him and his attention called to it at a moment when he himself was anxious to find some post on the mission field. The leading of God was seen in this, both by the Society and by Dr. Haldane Gilmore, and in June, 1913 he set sail for the Congo to relieve Dr. Gamble. If God times our clocks He also superintends, as Dr. Fullerton has reminded us, the posting of our letters!

The new hospital at San Salvador had by that time been erected, and in October, 1913, after considerable negotiations with the Portuguese authorities, the site on which the sleeping sickness section of the hospital stands—one of the most suitable in San Salvador, and two and a half acres in extent—was granted to the Society free of charge. At the same time the land upon which the main hospital stands was given to the Society in exchange for another plot of land owned by the B.M.S. but unsuitable for the purpose of a hospital. Thus in one and the same year the Medical Auxiliary received free sites for two of its most important hospitals in China and Congo from the authorities of the Chinese and Portuguese Republics.

Another encouraging feature that marked this period in the history of our Congo medical work was the appointment of a nursing sister, Miss S. K. Clappen, to the Bolobo hospital. The help that she brought to Dr. Girling was of the greatest assistance and meant a real advance in the efficiency of that hospital.

With the facts already narrated in this chapter well in our minds, we may profitably recall some-

thing of that earlier service rendered by devoted pioneers, apart from which the later achievements would not have been possible. The story of advance and adventure which the building of these new hospitals records would never have come to pass if there had not first been a number of heroic beginnings, often under disappointing and discouraging conditions. The "Medical Mission Nehemiah's Wall," of which we have spoken, could only be built because of the strong foundations that had been laid in the years before the Medical Auxiliary started on its course.

As an illustration of this pioneer effort let us turn to the early years of the Tsowping medical mission. It was in the year 1887 that the Rev. A. G. Jones, the senior missionary of the Society in Tsingchowfu, felt a call to evangelize the western part of the B.M.S. district in Shantung. This meant an attempt to gain a foothold in the busy commercial centre of Chowtsun, but inasmuch as this town was so anti-foreign the idea had to be given up and a beginning made with the small city of Tsowping, some twelve miles north of Chowtsun.

Mr. Jones chose the Rev. E. C. Smyth to be his companion in this undertaking, specially because Mr. Smyth had had a partial medical training in the Leeds Medical School and could therefore carry on some medical work whilst Mr. Jones introduced "the new doctrine." In this effort Mr. Smyth was helped by a valuable gift of drugs and instruments which had been given to him by Sir Morton Peto. At first it was slow work. Few people would risk coming to the room in the inn which

the two missionaries had made their head-quarters. Presently, however, curiosity overcame nervousness, and requests came along for foreign medicine and books. This gave Mr. Smyth his opportunity, and wonderful results were obtained by the administration of castor oil, Epsom salts, etc ! Even emetics proved their value in the service of the gospel, as the following case, told by Mr. Smyth, will show.

One day when Mr. Smyth was busy in the dispensary he was asked to see a boy who had swallowed his mother's brass ring five days before. A native doctor had "needled" the boy's neck all round with the object of setting up counter irritation. This it undoubtedly did, but not sufficient to produce the ring ! Another doctor had ordered the head to be shaved and a blister applied which he hoped would draw the ring out. This treatment also failed, and the last state of the patient was, if anything, worse than the first ! As a final hope he was brought to Mr. Smyth, who administered an emetic and went on with his dispensing. In a few minutes, and before a crowd of folk, patients and others, the boy was violently sick and brought up the ring ! This very simple case did an immense amount of good. Mr. Smyth visited the patient's village, and later on the missionaries were able to open a preaching hall and had twenty baptized Christians meeting regularly for worship.

Another case points a similar moral. An old woman came one day asking Mr. Smyth to go to her village three miles away and treat her granddaughter who had scalded her arm some days previously. He was the first foreigner to be seen in

that village, and a big crowd gathered to see the "foreign devil." The patient, a poor emaciated little thing of eight years old, was brought to Mr. Smyth. Her arm was wrapped in indescribably filthy rags, which on being removed left the arm exposed and revealed a mass of living worms ! The weather was terribly hot, and what that child had suffered God only knows. The crowd fell back with their fingers to their noses ! Mr. Smyth cleaned the arm and dressed it, people in the crowd remarking, " His nose is no use," " He evidently can't smell ! " Having finished his task, he addressed them, saying, " I have heard and understood all that you have said about my nose, and can assure you my nose is a very good one, with a keen sense of smell, but I have something else." They asked, " What else have you got ? " " I have the love of the Lord Jesus Christ in my heart which enables us to endure unpleasant and offensive things, and to desire to help those in pain and trouble." Mr. Smyth had to make many visits to that village, and always had a crowd to whom he gave the gospel message. What was the result ? The child obtained a beautiful arm, and is married and has a family. The old grandmother gave her heart to God and was baptized by Mrs. Drake, and is now in the Glory-land. A preaching hall was established in the village, and the church in that place sent two young men to the Christian University at Tsinan. One is now a pastor and the other is a doctor.

And so the work began to take hold. The conditions were exceedingly trying, but those brave

and devoted pioneers persevered, and presently, after making many friends, they were urged to remain. They found it possible in time to rent a house inside the town, but "dare not make any alteration, and so for six months lived in Chinese (dis)comfort." Confidence being won still more, they were allowed to make the house better habitable. Another house was also rented in which Mr. Smyth started regular hospital and dispensary work. The twin ministries of preaching and healing were so blessed that it was not long before a disused temple was secured for public worship. When Mr. Smyth came home on furlough in 1895 a proposal was laid before the Committee for the provision of a hospital at Tsowping. This was approved and a special appeal issued which resulted in £1,150 being contributed. Mr. Smyth returned and purchased land outside the east suburb of Tsowping in 1897. Dr. T. C. Paterson, who from 1892 had been the colleague of Dr. J. Russell Watson at Tsingchowfu, was then appointed to Tsowping, and superintended the erection of the new hospital and residence. The Boxer Rising somewhat delayed the completion of the scheme, and it was not until 1903 that the hospital in Tsowping was opened with accommodation for thirty in-patients.

In the days in which we now live, when medical mission work of a fully developed order is the accepted rule, it is perhaps difficult for us to realize how many were the obstacles that confronted the pioneer medical missionary even as recently as the early years of the twentieth century. Dr. Paterson

found, for instance, that patients who were brought to him for surgical treatment came with the stipulation, laid down by the senior members of the family, that on no account was "the sleeping medicine" to be given. This meant that the surgeon was brought face to face with "the days before chloroform," and the patient had either to be operated upon under local anæsthesia, or be sent away untreated. The aversion to a general anæsthetic, so we learn from Dr. Paterson, was due to the fact that the Chinese observed that more in-patients who had been surgically treated under an anæsthetic became associated with the Christian Church than was the case with out-patients attending the dispensary. They concluded, therefore, that "the doctrine" was introduced into them during the time they were under the influence of the anæsthetic.

The change from that position to what is the case to-day, when the patient or his friend often suggests a general anæsthetic, will help us to see how much ground has been covered in the winning of confidence during the past twenty-five years.

In the early days there was also a great dread on the part of the patient's friends lest the sick person should die in hospital, and be under the stigma of having died on foreign premises instead of at home. This led at times to some queer experiences, the relatives of a deceased person seeking to get "face" by arranging that the patient should actually expire on entering the courtyard of his home! Not infrequently Dr. Paterson would find on his morning visit to the hospital

that a certain bed was empty, the patient (or his friends) having become anxious during the night and clearing off at daybreak ! Here again, however, a great change has occurred, and one of Dr. Paterson's last patients before his return from China was a woman who was brought to hospital quite dead ! The friends were anxious that the doctor should restore her pending the arrival of her son, who lived at a distance.

By the presence of Dr. Paterson at Tsowping Mr. Smyth was able to prospect farther afield, and he visited Chowtsun regularly, both preaching and healing. The anti-foreign spirit began to abate, and presently it was found possible to rent premises with sufficient accommodation for church and dispensary work. In 1903 two houses were built on the west side of Chowtsun for resident missionaries, and later came the decision, already mentioned, to build a new hospital on the east side of the town. The Germans had by then laid down their railway from Tsingtao to Tsinan, running by the east suburb of Chowtsun, and it was thought advisable to put the hospital where it could be seen by travellers. A situation like that at Chowtsun was obviously far better than the one at Tsowping, and the premises in the latter place were vacated in 1916.

The Foster Hospital occupies, without doubt, a pivotal position in the Shantung field of the Society, and given only that the staff is adequately and worthily maintained, the contribution made by this institution to the cause of Christ in China should be of a steadily increasing character.

CHAPTER X

IN THE CRUCIBLE OF WAR

THE year that was to prove so fraught with disaster for the history of mankind opened hopefully for our Medical Missions. Dr. and Mrs. Edwards were in China engaged on a visit to different stations, and the reports which they sent home were encouraging and enlightening. The situation, as they saw it, was full of opportunity, and especially so for the cause of Christian medical education. The Medical School of the Shantung Christian University deserved in their judgment the best support that could be given to it, and the success of the China hospital appeal had occasioned widespread satisfaction on the field.

India, too, was the scene of new promise. The same winter that marked the visit of Dr. and Mrs. Edwards to China was also the time when Mrs. Edwards' sisters, the Misses Kemp, of Rochdale, were on a tour in India. During their visit they went to Palwal, and whilst there Miss Lydia Kemp opened the new hospital for women that had been anticipated all through the previous two and a half years. It was a considerable step forward in the development of our medical work in India.

In the work of the Society at home an important change took effect in the spring of 1914. The

Baptist Zenana Mission ceased its separate existence and became the Women's Missionary Association of the Baptist Missionary Society. This meant that the Medical Mission Auxiliary was no longer the medical department of two societies, but was related in that capacity solely to the united B.M.S. of which it was an integral part. The doctors and nurses who had hitherto belonged to the two societies became the medical workers of the one organization, discharging their service in connection with its medical department. The Medical Auxiliary Fund remained distinct as a special fund of the Society for which gifts were sought, as heretofore, on behalf of B.M.S. medical work.

Another of those distressing losses under which the Auxiliary had suffered so heavily in the previous year occurred almost as soon as the Spring Assembly had ended. Miss Emily Gautrey, nursing sister at Bhiwani, who had only just returned to her work after a furlough in England, died from typhoid fever shortly after reaching her station. It was the first break by death in our nursing ranks, and meant the removal of a devoted nurse missionary. Moreover, Miss Gautrey was the first of the English missionaries at Bhiwani "to lay down her life amongst those to whom she had already given it." Miss Mary Guyton, a nursing sister born in India, who had also gained experience in Home Mission work in connection with St. Mary's, Norwich, and whose honoured parents had been missionaries in India, was accepted and sent out to fill the vacancy. The same year saw the resignation of Miss Mary Fergusson, of Palwal, whose one term of nursing

service at the women's hospital in Palwal had been marked by true devotion.

Then came the fateful August and the sudden tragedy of the World War. The *Missionary Herald* for September spoke of it as "a masterpiece of the devil," and well might it so be styled, in view of the way in which the War inflicted untold injury upon the work of God, both at home and abroad. Looking back, as we are able to do now, we can speak of those awful years in no less a fashion. Who can measure the evils that have followed in the wake of that appalling disaster!

Before the War it had been arranged for a deputation to be sent from the Society to visit the China mission field. This was to consist of Dr. Charles Brown, Mr. A. R. Doggart, and the Secretary of the Auxiliary. The War put an end to any thought of this visit to China, and instead of a journey to the Far East the Secretary was occupied that autumn in deputation work amongst the Home Churches. In this he was helped greatly by Mr. Ernest Hemmens, who had joined the home staff of the Medical Auxiliary in succession to Mr. A. W. Willis, he having been obliged to resign his post on account of ill-health.

The many ways whereby the War was destined to interfere with our Medical Missions soon became apparent. The export of medical supplies was prohibited, and a considerable consignment of surgical dressings, which had been purchased just before the War and were needed at several of the hospitals, was detained by the authorities. Special licences had to be obtained for sending even small amounts, and these cost enormously more than was previously

the case. Then the prospect of additional medical missionaries began to grow dim. Doctors were needed for the War. Happily three medical men and one chemist were forthcoming the very autumn that the War commenced. The first was Dr. E. S. Sowerby, son of the Rev. and Mrs. Arthur Sowerby, of China. He was born in Tai Yuan Fu, and secured his medical training in Bristol, obtaining London University degrees. The Committee were thankful to send him forth to the needy station of Sianfu in Shensi, and his short service there commenced early in 1915.

The second was Dr. George Kemp Edwards, also the son of missionary parents, being the eldest child of Dr. and Mrs. E. H. Edwards. He had taken his medical degrees at Edinburgh University, and was eager to join the tiny band of medical missionaries at Taiyuanfu and to serve in the very place where his father had laboured for so long as a medical missionary. It is a pathetic fact that the autumn which witnessed the acceptance of Dr. G. K. Edwards saw the return home of his greatly beloved mother, whose fatal illness had commenced during the visit of Dr. and Mrs. Edwards to China. The son and his wife sailed for China in March, 1915, as honorary workers on the B.M.S. staff.

The third member of the group of new medical recruits was Dr. E. S. Bethell, of Sheffield, who had been a student of the Edinburgh Medical Missionary Society, and had obtained Edinburgh degrees. The importance of gaining post-graduate medical experience kept him from proceeding to the field as soon as the others. When he was ready in 1915

the call to doctors for the War was so strong that Dr. Bethell felt obliged first of all to render service in the R.A.M.C., and so was not able actually to proceed to the mission field with his wife until the winter of 1919.

Then there was the Rev. W. P. Pailing, B.D., M.P.S. He represented a new type of missionary worker for the M.M.A. in that he offered as a chemist who had taken, in addition, a theological course at Regent's Park College, and obtained his B.D. degree. Mr. Pailing was appointed as Pharmacist and Hospital Chaplain to the medical department of the University at Tsinan, and he sailed in the autumn of 1914.

The first autumn of the War was marked, moreover, by yet another encouraging event. The new women's hospital at Dholpur, known later as "The Lady Hardinge Hospital," was opened on November 16th by the young Rana of the Native State in the presence of the British Political Agent. Attention has already been called, in an earlier chapter, to the signal success which was granted to Dr. Mary Raw in commencing the work in Dholpur in 1908. As a result of tact and persistence, coupled with medical skill, on the part of Dr. Raw and her colleagues, the confidence of the ruling class had been won and many obstacles overcome. The hospital which was opened on that day had been built by the State and was a State institution, but the missionaries were given a free hand in their medical missionary work. The Rana, speaking in English at the opening ceremony, expressed his hearty satisfaction with the good work

done by the missionary ladies, and his personal interest in the new hospital.

And so they came to their own, at last, those devoted women who, year after year, in the hot weather as well as in the cooler months, had lived their lives of gracious neighbourly help in the stifling, narrow court of a crowded Dholpur lane. They had lived with those Dholpur women till they were known and loved ; none grudged them now their own new home, modest enough, but clean and airy and, above all, suited to meet the needs of their healing mission.

The years that have passed since then have brought many difficulties for the Dholpur medical mission, but there has been much blessing too, and without doubt the medical work has been an open door for the missionary message.

The shadows of our picture cannot be ignored. Failure, as we count it, there is as well as gain. Two attempts which were made in China this year met with frustration.

The first concerned the work in North Shansi, where at Tai Chow, one hundred miles distant from Taiyuanfu, Dr. Thomas Kirkwood commenced a long hoped-for medical mission. The district presented considerable need, and Dr. Kirkwood was able to secure native premises and begin to adapt them for hospital work. Then, alas, he broke down and had to return home. The medical mission was stillborn, and never since has it been found possible for a new beginning to be made.

The second blocking of the way was in North Shensi, where at Yenanfu Dr. Thomas Scollay had

been able to make a start. A Chinese dwelling had been obtained and turned to medical use with good result. The reinforcement of the evangelistic work of the Mission by the service of healing had begun to bear fruit, and when it is remembered that Dr. Scollay's nearest medical neighbour was eight days' journey away, it does not require much imagination to realize the greatness of the physical need. To the sorrow of all it became necessary in the following year for Dr. Scollay to return to the hospital base at Sianfu, and there has never been a doctor at Yenifu since his day.

Still another significant event must be chronicled as taking place in the autumn of 1914, viz. the commencement of this training of girl nurses at the University Hospital in Tsinan. To Miss Margaret Logan belongs the honour of initiating the important development. From that time onward the work of the Nurses' Training School has been conducted as one of the most valuable departments of this hospital.

The demands of War service began to assert themselves more heavily as the year 1915 advanced. Dr. Mercier Gamble, of San Salvador, felt that he must for the present remain in England and render help to the wounded in one of the military hospitals in Manchester. Dr. Haldane Gilmore was able to extend his period as *locum tenens* at San Salvador by a few months, and the coming of peace between the Portuguese authorities and the Congo people brought new opportunities for service. While this was the position of our medical mission in Portuguese Congo, the hospital at Bolobo in

Belgian Congo was being called upon to minister to those who had been wounded in the fighting that had taken place in Central Africa between the Franco-Belgian and German forces. Thus were the Native Races of Tropical Africa, at this early date in the War, brought into the crucible of a struggle which had commenced with a quarrel between the Christian peoples of Europe. It should be added that our two nursing sisters at Palwal women's hospital in India had been set free to nurse wounded Indian soldiers in the mission hospital at Poona, near Bombay.

In the summer of 1915 Dr. and Mrs. Girling had to return home on furlough, and this meant that the hospital at Bolobo was left without a doctor. Miss Clappen, the one nursing sister, had to bear the heavy responsibility of the hospital work, and unhappily she was taken seriously ill shortly afterwards, and had to be invalided home for a surgical operation. This left the hospital without doctor or nurse! San Salvador, too, owing to the return of Dr. Haldane Gilmore, had had to be left in the charge of Miss Bell, and all that she has been to the medical work of that station in this and many other critical periods can never adequately be told. It was a great relief that Dr. E. R. Jones, of Wathen, who had been home on sick leave, was able to proceed to San Salvador a few months after Dr. Gilmore's return home. The position of our hospitals at this time was very serious, and unfortunately, with the continuance of the War, and the absence of medical reinforcements, the situation was bound to grow worse.

The second autumn of the War saw a still larger group of our medical missionaries engaged in war service, impelled so by reason of the grave crisis which then confronted our country. Dr. Arnold C. Ingle had taken hospital duty in this country in order to free a younger man to serve abroad. Dr. E. H. Edwards had gone to France to help the Chinese soldiers in that area. Doctors Gamble, Girling and Gilmore of the Congo had joined the R.A.M.C. for service at home or overseas. Dr. Kirkwood, now restored to health, and Dr. Sowerby, of Sianfu, had felt obliged to respond to the call for doctors, and the latter was coming home to enlist for the duration of the War. The Secretary of the Auxiliary himself could not abstain from offering his services, and at one time it seemed likely that he also would have to leave his secretarial post for the time. In the end he was able to carry on, but for a considerable period during the War years he was rendering national service on one of the Army Medical Boards, and in the London School Medical Service.

But it must not be thought that the work of our Medical Missions was closing down. If some workers were withdrawn, others were intent on redoubling their efforts. Moreover, there was much to encourage even in that time of difficulty. The month of September in 1915 saw the opening of the new University Hospital at Tsinan by the Military Governor of Shantung in the presence of a distinguished company. This splendid building established a new standard for mission hospitals in China ; in fact, it was said that in architectural

appearance, general plan and internal equipment this hospital was the finest of its kind in the whole of North China. For the first time the medical missionaries in Tsinan were in possession of what they needed in order to allow of their medical educational work being conducted with efficiency. In this encouraging development Dr. Balme had taken the lead in association with Dr. Fleming, Miss Logan and Mr. Pailing and their colleagues of the American Presbyterian Board. The erection of this important building, giving such improved facilities for clinical teaching, led the China Medical Board of the Rockefeller Foundation (which had acquired the Union Medical College, Peking, for a high-grade medical school in which the teaching would be in English) to decide to send certain classes of students, who must complete their medical course in Chinese, to Tsinan, where the training was in that language. The China Medical Missionary Association had stressed the use of the Chinese language as the medium of instruction, and the Medical School of the Shantung Christian University, now that it had so fine a hospital, was thought to be peculiarly adapted for this particular work. The China Medical Board made special grants to the University in return for the increased responsibilities in the way of training which it was thus undertaking.

The same year also saw the opening of the new Foster Hospital at Chowtsun in Shantung. Dr. Russell Watson and Dr. John Jones were at first in charge, and before the year ended they were able to report that patients were attending in growing

numbers. What was yet more significant was the testimony of the Chinese pastor of the Church in Chowtsun that since the hospital was commenced the attendance at the Sunday services had been better, whilst the people had been more willing to listen to the preaching of the gospel. Material results, as Dr. Jones wrote, are always easier to tabulate than those which are spiritual, and it was therefore all the more cheering to find an evidence such as this of the spiritual value of hospital service.

The women's hospital at Berhampore in India was called upon to suffer a heavy loss at this time through the resignation of Miss Violet Stanford on the occasion of her marriage. During a difficult period in the history of that hospital Miss Stanford had rendered splendid service as a nursing sister, and the Medical Auxiliary will never forget her share in its work. A new nursing sister in the person of Miss Marjory Willis, of Ipswich, was appointed in 1915.

At the same time three more nursing sisters were added to the China staff. Two of these, Miss Ethel Pollard and Miss Constance May, were sent to Shantung, where the former joined Miss Logan in the work of the Nurses' Training School at Tsinan, and the latter brought the benefit of trained nursing to the new hospital in Chowtsun. The other nursing sister—Miss Gertrude Jaques—was appointed to the women's hospital in Tai Yuan Fu as a colleague for Miss Rossiter, and to fill the vacancy created by the resignation of Miss Ellis, who was leaving to be married.

By the spring of 1916, in those dark days of the War, it was a matter of humble thanksgiving that we as an Auxiliary were able to pay our way. The end of the financial year saw us with even a few pounds in hand.

Faith was, however, to be tested again very severely, for only a few days before midsummer, another fateful message came home from China, to the effect that Dr. John Lewis had fallen a victim to typhus fever. Left single-handed at Tai Yuan Fu, through the inability to send out reinforcements, Dr. Lewis had had to bear far too heavy a load of work and responsibility. He was indeed the only B.M.S. doctor in Shansi at the time of his death and his removal created a serious exigency in that part of the field. He was a medical missionary of the quiet, earnest, devoted type. A strenuous worker, he gave himself little rest and was always at the beck and call of those who needed his skill. Beloved by his colleagues, trusted by his patients, a fluent speaker of the language, he seemed destined for a long career of high service for the Master. His correspondence gave proof of his spiritual longings for the work committed to his charge. In the very last report that he sent home Dr. Lewis wrote, "our great ambition is that all our helpers should be Christians, so that in every department of the hospital the atmosphere may be entirely Christian." That was the stamp which Dr. Lewis left upon the hospital in which his service was, as we see it, all too short, and his memory can never fail to be an abiding inspiration. The wonder is that some other young Baptist medical man

from Cardiff has not come forward to follow in his train. Dr. Lewis left behind a widow—the daughter of the Rev. J. J. Turner, of Shansi—and two young children, for whom the keenest sympathy was felt. Mrs. John Lewis returned to England for the education of her children, but rejoined the active list of lady missionaries in 1920 and is now working in Shansi.

The summer that brought this great sorrow to the mission in Shansi was at the same time the occasion when a most significant decision was reached concerning the Medical College at Tsinan in Shantung. Following upon the arrangement which had been concluded with the China Medical Board of the Rockefeller Foundation, to which reference has been made earlier in the chapter, the College was considerably enlarged and its equipment improved. This placed the School of Medicine at this centre in a most favourable position, and when the Council on Medical Education of the China Medical Missionary Association met in Shanghai in June, 1916, and were compelled to advise a concentration of the efforts put forth by medical missionaries in the direction of Christian medical schools, they realised the advantages that Tsinan could offer. The Council resolved to recommend that the medical schools at Hankow and Nanking should be closed, and the students and work transferred to Tsinan.

These recommendations reached England just after a British Advisory Board on Medical Missions had been formed by the Conference of British Missionary Societies, and this influential Board

decided to support the policy of concentration and to appoint a joint sub-committee to further the policy agreed upon in China. The action was confirmed by the Societies concerned in the medical work at Hankow, Nanking and Tsinan, with the result that instead of being a medical school carried on by the American Presbyterian and British Baptist Missions, the Tsinan Medical School became committed to a co-operative undertaking in which several Societies were to be associated.

Our own share in the staff of the medical school was increased in a most valuable sense by the addition of Dr. E. R. Wheeler, who had formerly been on the staff of the Peking Union Medical College. By the close of 1916, 110 students, representing no less than 15 of the Provinces of China, were enrolled in the medical school, and the range of influence of the institution was well on the way to become nation-wide.

The coming of 1917 meant a deepening of the shadow cast by the Great War upon the medical missionary enterprise. Doctors had been hard to get before. They were out of the question now. The demands of military service were such that when the Society's year ended in March, 1917, fully a third of our small staff of missionary doctors had become members of the R.A.M.C. Dr. Russell Watson, Dr. E. R. Wheeler and Mr. Pailing had gone to France with the Chinese Labour Corps. Dr. John Jones had become one of the medical men engaged in the work of recruiting in China. Dr. E. R. Jones was the only doctor still in missionary service on the Congo. Hospitals in

each field were either closed or carried on in part by nursing sisters. The position was undeniably serious. All honour to those doctors who responded to the urgent call for medical help at the different battle fronts or in the homeland, but the cost to their own particular work was exceedingly heavy.

The spring of 1917 showed an encouraging growth in the income and, wonderful to relate, a small balance in hand was carried forward to the New Year. The interest was not on the wane. A notable step was taken by the Committee in the appointment of a new colleague for the Secretary in the person of Rev. E. Anstie Bompas, then of Onslow Chapel, South Kensington. Mr. Ernest Hemmens, who had been a member of the M.M.A. staff, had had to "join up," and it had become clear that the home organization work of the Auxiliary needed further responsible help. Mr. Bompas had already become known as one of the keenest missionary spirits amongst the younger pastors of London and his accession to the headquarters staff was a real strength to the cause.

Amidst the increasing difficulties occasioned by the War, encouragement was derived by the completion and opening of the Jenkins and Robertson Memorial Hospital at Sianfu, and of the new hospital at San Yuan in 1917. What faith was exhibited by the slender band of medical missionaries then left in China in thus carrying through these schemes when no one could tell how much time would still have to elapse before fresh reinforcements could be sent out from home! Especially would we mention in this connection Dr. G. A.

Charter, of San Yuan, and Mrs. Fairbairn, Dr. and Mrs. Scollay, and Miss Smyth, of Sianfu.

Another promising and far-reaching development that marked the closing year of the War was the formation of a British Joint Board for the Shantung Christian University, to which the London Missionary Society, the Society for the Propagation of the Gospel and the Wesleyan Methodist Missionary Society, as well as our own Society, agreed to appoint representatives. This meant a considerable enlargement of the British co-operation in the Tsinan School of Medicine, and formed the counterpart to what had been done in the United States in the previous year, where a North American Joint Board had been formed. Dr. Harold Balme and his colleagues rejoiced greatly at these advances, witnessing as they did to the growing spirit of unity and co-operation which has ever since found one of its finest examples in the Shantung Christian University.

There is one remaining event which must for ever be kept in remembrance as we trace the story of the War period. In the spring of 1918, when things looked at their darkest, the Officers and Committee of the Auxiliary decided to appoint a Day of Prayer, and to issue a Call for united intercession on behalf of our Medical Missions. It was widely responded to and proved a time of refreshing from the Presence of the Lord. And though the months of that summer and autumn were "toiling in rowing," yet at long last the War cloud lifted and the coming of the Armistice in November brought the dawn of a brighter day.

CHAPTER XI

THROUGH SORROW TO JOY

NOVEMBER, 1918, was a time of great rejoicing by reason of the Armistice. It was, however, a month of sadness in the experience of the Medical Auxiliary. The shadow of death had once more descended upon the work, and robbed the Society of devoted doctors both abroad and at home.

First of all there was the death of Dr. Thomas Scollay, of Sianfu. In the previous summer Dr. and Mrs. Scollay had left China on furlough, travelling homeward by way of North America. Their passage to England was delayed on account of war restrictions, and feeling that he should render some medical service in the great emergency, Dr. Scollay undertook a temporary post as Medical Officer for the Grand Trunk Railway at Depot Harbour, Ontario, Canada. Hardly had he commenced his work there before a virulent epidemic of influenza broke out and overwhelmed him with patients. With a noble disregard for his own safety he held on at his post even when he himself was seized by the disease. By the time another doctor had come to relieve him, pneumonia had supervened and to this he succumbed on October 21st, 1918. His removal created yet another gap in our sorely reduced medical ranks. A man of

earnest purpose whose faith in God never wavered, Dr. Scollay was one whose short years of service in Shensi will not be forgotten.

The same Committee that received the news of Dr. Scollay's death learned also that the beloved President of the Medical Auxiliary, Dr. Percy J. F. Lush, had passed to his eternal reward. It was a staggering blow. All that has already been recorded concerning the share taken by Dr. Lush in the foundation and guidance of the Auxiliary will reveal the central place that he had occupied in the Movement. From the very first Dr. Lush had been the honoured chief of our Medical Missions. To all who had served under him, both at home and abroad, Dr. Lush had become the embodiment of the finest instincts of a Christian gentleman. He gave freely of himself and of his time to the leadership of the Auxiliary, and took a personal interest in every member of the staff. His devotion to the cause and his constant insistence upon the necessity for the best qualifications and equipment in the service of the hospitals will for ever remain as a precious legacy for us to cherish. Dark as was the day when he passed from us, the work of our Medical Missions became doubly sacred by his death. Henceforth the resolve to reinforce the ranks of our doctors and to carry on with unabated vigour what Dr. Lush had done so much to build up must characterize our service in the after-war days. Our very sympathy with the gracious lady, who all along had shared with her husband in the work of the Auxiliary, would continually remind us of him, whilst the presence

of Mrs. Lush on the Committee would do much to maintain the high tradition established by the late President.

So, with resolute purpose, the work of reconstruction was commenced. And, happily, the very Committee meeting that recorded its grief at the losses to which reference has just been made, was the occasion when three new nursing recruits were accepted for India and Congo. Miss Halls, of Bath, and Miss Timm, of Derby, were appointed to India, and Miss Smith, of Deptford, appointed to the Congo. This was followed by the election of Dr. Arnold C. Ingle as the new President of the Auxiliary. He had already won his spurs in the service and could be relied upon to uphold the ideals which had animated the work of past years.

At the Anniversary gatherings in the following spring there were further evidences of that new recruitment of doctors and nurses for which our Medical Missions had been longing. If on the one hand the retirements of Dr. Mary Raw, Dr. Nina Ottmann and Dr. Florence Payne of India, Dr. E. S. Sowerby of China, and Miss Clappen of the Congo had reluctantly to be accepted, there was, on the other hand, encouragement to be gained in offers of service from Dr. Eva Clark of Chalford and Miss Olive Dicks of Cheltenham for India, and Dr. Laurence Ingle of Cambridge for China. Miss Ingram had also just left for the Congo. Moreover it was anticipated that other present or prospective medical missionaries who had been serving in the R.A.M.C., would soon be ready to go to the mission field.

The most crying need at that moment was for a number of women doctors. The hospital for women in Berhampore was closed owing to the lack of a doctor, and every hospital was understaffed. In China the Foster Hospital at Chowtsun was shut for a similar reason. Dr. G. K. Edwards was the only doctor of the Society then in Shansi, and he was having a very anxious time with the two hospitals in Tai Yuan Fu. The Congo had the same story to reveal, for Dr. E. R. Jones was still the only B.M.S. doctor at work in that field, and of necessity his furlough could not be long delayed. At the Liverpool Hospital at Bolobo, Miss Bell and Miss Ingram were carrying on the work without a single doctor to bear the heavy burden of medical responsibility, and this at a time when the serious pandemic of influenza was running its course. All this will serve to provide additional evidence of the way in which the Great War had interfered with the work of our Medical Missions.

An interesting event marked the efforts of the Medical Auxiliary at the home base early in 1919. It was to the effect that a permanent Memorial should be established to the late President in the shape of a "Dr. Percy Lush Scholarship Fund," from which grants could be given to assist medical missionaries in obtaining post-graduate study whilst home on furlough. Part of the annual income of the fund was also to be used to help any medical missionary student who from time to time might require financial help in meeting the cost of a medical course. It was a satisfaction to the Committee to find that this appeal met with an

encouraging response, £1,614 being subscribed during 1919, thus assuring an annual income of £84. In no more appropriate way could the memory of Dr. Lush be kept fragrant in the work of the Auxiliary.

The summer of 1919 was made notable by the despatch of deputations to Congo and China. No deputation had hitherto been sent to the Congo, and the hour was ripe for such a visit from the Home Committee. It consisted of the Foreign Secretary, the Rev. C. E. Wilson, with Mrs. Wilson, the Rev. and Mrs. L. C. Parkinson and Mr. W. Parker Gray. It was a most difficult moment for our Congo Medical Missions, the deputation only meeting one B.M.S. doctor actually on the field.

A deputation to China, sent out in the same year, was more definitely associated with the Medical Auxiliary, and consisted of Dr. Ingle and the M.M.A. Secretary. Mrs. Moorshead travelled with them in an unofficial capacity. The Secretary, in his capacity as Secretary of the British Joint Board of the Shantung Christian University, had also been appointed as a deputation from that body to visit the University in Tsinan.

There were many urgent questions dealing with the work of Christian Medical Education in China, as well as with the service of the Society as a whole, which claimed investigation on the field. During the absence of the Secretary his colleague, the Rev. E. Anstie Bompas, assumed responsibility for the whole M.M.A. Secretariat. In this he was ably helped by Dr. Thomas Horton, who had recently

retired from active practice and was most kindly willing to render professional service at Furnival Street during the time that the Medical Officer was away.

Two months before the deputation started yet another tragic loss was to befall the work in China. Allusion has been made upon a former page to the strain which was resting upon Dr. G. K. Edwards in Tai Yuan Fu, where, within a few years of reaching China, he was called upon to bear the sole medical responsibility for our two hospitals in that centre. It was no wonder that he became over-tired and all too prone to the virulent infection from which he succumbed at the early age of thirty. No more than three years had passed since this young doctor had stepped with quiet heroism into the gap created by the death of Dr. John Lewis, and now he, too, was taken from us! His death made the fifth of our China doctors who had been called hence in six years, and all of them in early manhood. Truly the Medical Auxiliary was being called upon to endure its baptism of fire!

There was particular and pathetic interest attaching to the death of this last member of the devoted group. The eldest son of those veteran missionaries—Dr. and Mrs. E. H. Edwards—he had been born in the very city in which he lost his life. It is not surprising, therefore, that the purpose to become a medical missionary took shape quite early. During the three crowded years of his service in Tai Yuan Fu, Dr. George Edwards proved an inspiration to his colleagues, and what his presence meant to them and to the crowds of suffering Chinese

can never be told. Early in 1917 he had to cope with the peril of the plague epidemic which had then broken out in North China. In the summer that was to prove his last on earth he was looking forward to the arrival of his sister, Dr. Marjory Edwards, to help in the women's hospital, and to the addition of another colleague on the men's side. His father, too, was hoping to join him, but alas! the fatal illness occurred and the brave young doctor went home to his Lord, leaving a widow and two young children to mourn his loss.

We dare not doubt the wisdom or the love of our Heavenly Father, even in experiences like this, but we may well feel reproached that time and again, valuable missionary lives should be lost owing to overwork due to insufficiency of staff.

It was therefore with a still more serious view of the critical position of our medical work in China that the deputation set forth upon their journey. The dark cloud had, however, a silver lining, for further offers of service had been reaching the Mission House, and at the Committees which met the week after the deputation sailed, no fewer than sixteen candidates were accepted, representing all sections of the work—general, women's, and medical. It was indeed a very noteworthy moment in the annals of our medical missions. No fewer than four medical men, each of whom had been engaged in war service, and two medical women, joined the Society. In addition, Dr. Stanley Bethell, who had been accepted in 1915 and then been obliged to render service in the war emergency, came back with his wife to commence the work which all

along had been his goal. Of these doctors two were for the Congo—Dr. Haldane Gilmore and Dr. Clement Chesterman ; one for India, Dr. Dorothy Daintree ; and five for China, Dr. Marjory Edwards, Dr. Ronald Ford, Dr. Stanley Bethell, Dr. Alec Lees and Dr. Clement Stockley.

Then on the nursing side two nurses were accepted for Congo, Miss Dora Peacop and Miss Winifred Barter. During the ensuing autumn and winter offers of service were accepted from seven other nurses—Miss Gertrude Roach for India ; Miss Winifred Copley, Miss Laura Dillow, Miss A. S. Rogers and Miss Lilian Smith for China ; and Miss Gladys Bliss and Miss Margaret Hammond for Congo. Six of these new missionaries sailed before the close of 1919, and ere the deputation left China in 1920 they had the joy of witnessing the arrival of four of the new doctors. Several of the nurses had still to complete courses of training, though all but two had sailed for the field by the end of 1920.

The ebb tide of the war years had passed, and with the inflow of fresh vigorous life hope became renewed in many a distant station.

CHAPTER XII

THE RETURN OF THE DEPUTATION

IN the course of the winter, 1919-20, first the Congo and then the China deputations returned from their errands, bringing with them a great challenge to the faith and devotion of the Home Churches. The reports which they presented to the Committee gave abundant indication of the immensity of the task waiting to be attempted in Christ's name. Our immediate concern is with the appeal on the medical side, but that by itself constituted a tremendous call.

It will be remembered that the Congo deputation did not include a specific representative of the Medical Auxiliary, and that the grave reduction of the medical staff on the Congo which had been occasioned by the War prevented the deputation from seeing the work of the hospitals at its normal level. They saw enough, however, of medical mission work to impress them with its great importance, so that they could recommend that well-equipped and properly staffed hospitals should be maintained at certain centres. And while the amount and fine quality of the medical work done by the evangelistic missionaries was recognised, the deputation held that the service that medical mission work could render in stemming the tide of depopulation was of

the first consequence. The report of the deputation was certainly a reinforcement of the appeal of the Medical Auxiliary concerning the Congo. It was a satisfaction to know that Dr. Gilmore was going back to San Salvador that autumn, and that Dr. Girling was returning to Bolobo early in the following year. The deputation recommended a minimum of seven doctors for the Congo staff.

The members of the China deputation, as was natural, were particularly impressed with the need for a reinforcement of our medical missions in China. During their tour in that mighty field they had been sending home messages relating to the work as they saw it. Dr. Ingle wrote: "Wherever we go the need for medical help is impressed upon us." And whilst still in Shansi the Secretary had written: "The one fact that stands out is the great need for reinforcements." They had been happy in finding Dr. Balme and Dr. Wheeler, just back from France, busy at work in the medical school and hospital at Tsinan. Dr. and Mrs. Andrew Young, Dr. John Jones and Dr. G. A. Charter had been seen actively engaged in the work in Shensi. But with those exceptions the hospitals in China were sadly lacking a medical staff. As a direct consequence of the shortage the in-patient departments at Tsingchowfu and Chowtsun were closed, and the two hospitals in Tai Yuan Fu left wholly dependent upon two recent Chinese graduates of the Shantung Christian University. As for nursing sisters, whilst the Tsinan and Tai Yuan Fu hospitals were happily in the possession of two nurses apiece, each of the hospitals at Chowtsun

and Sianfu had only one nurse, and the rest of the field none at all.

The necessity of providing our doctors and nurses with adequate equipment also arrested the minds of the China deputation. Whilst they had been highly gratified with what had been done in building modern hospitals, they were brought face to face with certain obvious essentials, without which the work could not be maintained at an efficient standard.

All this meant money, and that at a moment when a most critical financial situation had to be dealt with at home. By force of circumstances the Society had been brought into a position of unprecedented difficulty. First of all there was the plain fact that the return from war service of a number of missionaries and the encouraging number of new offers of service to which allusion has been made, meant increased responsibilities for the funds of the Society. It was a fact to rejoice over, but the necessity that it created was transparently clear. Then there was the great silver question which affected our work in India and China. The rupee and the dollar had both soared to a price hitherto unknown, and to purchase the currency equivalent to our English sterling meant a dead weight of exchange which was all against us. To do the same work we had to pay ever so much more! In the third place there was the known fact that the cost of the necessaries of life, all the world over, had gone up by leaps and bounds. Missionaries had to receive larger grants if they were to carry on the work for which they had gone out. In the

aggregate these three reasons amounted to an additional expenditure of upwards of £70,000 above the pre-war outlay of the Society, and for the Medical Auxiliary alone the expenditure had risen from £13,000 to £22,000 for the year ending in March, 1920.

It was hardly to be wondered at that despite most generous giving there was a deficit on the medical fund of £1,906. Admittedly the situation was very grave, and it can be conjectured with what dismay the deputation, fresh from their first-hand contact with the needs on the field, learned of the financial crisis. The reports they brought called for advance, and here was the Society perplexed with the problem of how to maintain existing obligations! Moreover, the Home Churches themselves were faced with a critical situation concerning the increased provision that had to be made for the support of their own ministry owing to the rise in the cost of living. Plainly enough a new note of adventure and sacrifice required to be sounded if the work of the Kingdom were not to suffer retreat. Something more than money had to be sought, and to that great end the China deputation found the Society and the Baptist Union committed when they arrived from the field.

The Baptist United Fund for 1920 will always figure as one of the outstanding landmarks of British Baptist history. Never before had the Baptist Missionary Society and the Baptist Union shared in a united appeal, but the overwhelming emergency with which both were faced gave urgency to the unusual course. The need to raise

a fund of a quarter of a million pounds, to be equally divided between the two organizations, was recognized as a call from God. The enterprise was placed in charge of a united executive, and the task was to be consummated in the month of November. The awakening of the spirit of personal evangelism in the people of God, both for work at home and overseas, was the great end of the effort. The arrested progress of the Churches, of which so much had had to be recorded, required to be stayed and a new spiritual advance made good. Otherwise the Church on the mission field would be imperilled and the Church at home would as surely languish. It was, therefore, to no secondary or purely money raising endeavour that the Baptist Churches were summoned in this critical post-war year of 1920. The highest issues were at stake.

The story and the challenge which the Congo and China deputations had brought home from the fields which they had visited were as fuel to fire in the six months of the raising of the great fund. The Medical Auxiliary took its part in the united advocacy with which the short time was filled, and when "Victory Week" closed with so triumphant a success at the end of November none were more glad than our doctors and nurses, and those associated with them in the work of Medical Missions. It was indeed a great and mighty deliverance.

The return of the China deputation had, however, signalized something else than the presentation of a great appeal. The moment had come when the Medical Auxiliary must think out afresh the policy which should govern it in responding to the medical

missionary needs of the field. A number of important recommendations appeared in the reports of the Congo and China deputations, and called for thoughtful consideration with a view to action. Accordingly the Committee of the Auxiliary devoted time to a study of the tasks which they were asked to undertake, and the order of urgency in which the needs should be grouped. By the close of 1920 this had resulted in a definite programme which proved of great value in the appointment of new doctors and nurses and the improvement of our hospital equipment.

In the main the policy determined upon was governed by three primary considerations. Firstly, that the hospitals already established by the Auxiliary should have first claim upon available resources of staff and plant. In other words, that what was done in the direction of Medical Missions should be done well, and assured of continuity and efficiency. Secondly, that the work of Christian medical and nursing training, already featuring in a notable way in more than one of our medical missions, should be kept in a front place in the programme. This meant that strength was to be put into the task of ensuring the reproductive fertility of medical missionary service. Thirdly, that the word "Co-operation" should be inscribed upon our hospital enterprise, and increasing care devoted to linking the medical work on to other parts of our missionary service. This consideration laid emphasis upon "Union" work between the hospitals of our own and other Societies wherever such was possible. In an even more important

sense it meant that the mission hospital was not an independent unit of the station to which it belonged, but bound up in the corporate life of the local centre, and offering an evangelistic opportunity which the indigenous Church and the missionary body as a whole should seek to utilize to the full.

The permanent validity of these principles can hardly be gainsaid, and the aim of the Auxiliary ever since has been to make such advance as was possible along these lines. There is nothing in them that should be interpreted as excluding pioneer work in the direction of new hospitals. There is everything to call us to break new ground and to attempt fresh ventures in the Name and service of the Saviour. It will ill betide this beloved work when the desire to advance dies down in our hearts. But equally it is unworthy of the cause when we regard existing obligations in a loose and inadequate way and are content with superficial standards. And if that view of Medical Missions was necessary in 1920, it is still more needful to-day, when the spread of national systems of education has induced an intolerance to all that is second rate.

A policy of the kind here described made big demands upon the recruitment of additional medical and nurse missionaries, and it was a source of encouragement to the Auxiliary that fresh offers of service were received during the summer of 1920. Dr. Hazel Parkinson and Miss Hilda Bradley were accepted for India ; Miss F. S. Major and Miss M. S. Walker for China. In addition it was the occasion for peculiar thanksgiving that Dr. B. C. Broomhall, who had been detained at home for some



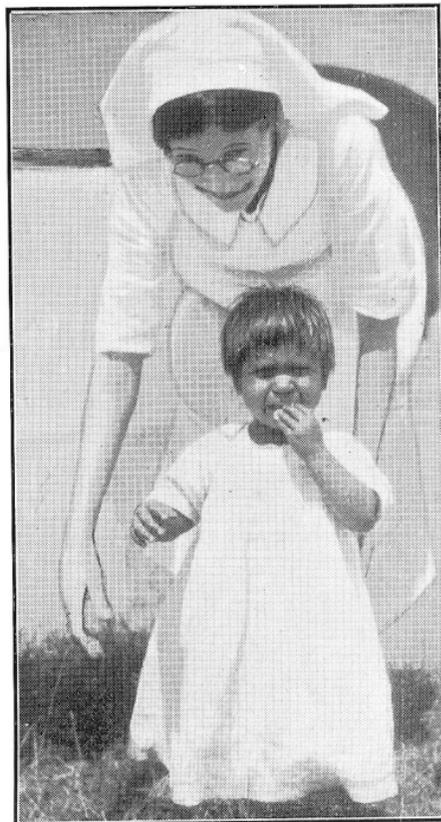
Baby Gyaso on Admission



Three Months after



**The Rahmatpur way with
Children**



Twelve Months after

years in war service, was able to rejoin the active list. Dr. and Mrs. Broomhall were appointed to the Jenkins and Robertson Memorial Hospital in Sianfu. In a similar way our senior medical missionary in Shantung, Dr. Russell Watson, was released from his war post with the Chinese Labour Corps in France and enabled to return to Chowtsun, where he and Mrs. Watson were engaged in further medical missionary service prior to their retirement in 1923. The Rev. W. P. Pailing, Chaplain and Pharmacist in Tsinan, was also freed from war work in France, and together with Mrs. Pailing placed in a position to recommence his service at the University.

The spring of 1921, therefore, found the Medical Auxiliary abounding in praise. Four hospitals which had been without doctors in the previous year were now in possession of their medical staff, and only two hospitals were closed for lack of doctors. The sending of Dr. Clement Chesterman to Yakusu, the first doctor ever appointed to that station, had been hailed with delight by missionaries and Africans alike. In fact, all over the field it was springtime in the experience of our Medical Missions.

The total Medical staff had risen to 25, whilst the number of nursing sisters had established a new record, being now 26. Yet, even then, seven of the hospitals, when all their doctors were on the field, had but one doctor apiece. The work of the three women's hospitals in North India was in a parlous plight, for on account of breakdowns in health only two doctors were available

for all three institutions. This latter fact helps us to realise what the strain of the work means to our women doctors. Special regret was felt at the enforced retirement of Dr. Eva Clark because of health, though for the next year, until her lamented death in 1922, she was able to undertake some hospital work in Delhi.

The resignations of Dr. Mercier Gamble and Dr. E. R. Jones, of the Congo, and Dr. G. A. Charter, of China, were also the cause of much regret.

The wonderful success of the Baptist United Fund had saved the work on the financial side, for it had brought no less a sum than £14,516 to the M.M.A. Fund by the end of March, 1921. Moreover, the "record" income of the previous year, viz. £20,586, had been fully maintained. On the other hand the expenditure had risen to £32,775, an advance of £10,000 over that of the former year, and there was the deficit of £1,906 with which that year had closed. This considerable increase in the cost of the work had been foreseen by the Lord, and His goodness in providing the needed resources called forth a new hymn of praise. God's supply had met the unprecedented demand in a wholly memorable way, and from every heart and lip there burst forth the song of Psalm 126 :

"When the Lord turned again the captivity of Zion, we were like them that dream.

"Then was our mouth filled with laughter, and our tongue with singing : then said they among the heathen, The Lord hath, done great things for them."

CHAPTER XIII

A COSTLY SERVICE

THE previous chapter has told something of the striking recovery which our medical missions were enabled to make in the two years that followed the close of the Great War. We must now take up the story of some of the hospitals, in order that we may obtain a correct idea of the fresh problems that the Medical Auxiliary had now to face. The offers of service which had been so gladly accepted, and by means of which the staffing of the hospitals had been made less inadequate, had widened the whole horizon of our medical missionary service. New life meant fresh growth and larger demands. The old hospitals, with their inefficient equipment and structural deficiencies, were in the position of the old wineskins in the familiar parable of our Lord. They simply could not contain the new wine of more fruitful and vigorous service which was now made possible. If the hospitals were not to be condemned as inefficient, and our augmented medical and nursing staff not compelled to work under disappointing, not to say obsolete conditions, then a fresh capital outlay had to be incurred. It was impossible to escape the imperative nature of the need, but it involved a series of expenditures, spread over the next three years, of no less a sum than approximately £15,000.

This created a tremendous difficulty, coming as

it did just after the big effort of the Baptist United Fund, and following the increased income that had to be raised for current demands. Yet the facts were unanswerable. For example, there was the state of the hospital for women at Berhampore in Orissa, about which the Rev. Herbert Anderson and Dr. Dorothy Daintree felt compelled to make an appeal. There was no accommodation for out-patients, no isolation block for infectious cases, and the sanitary arrangements were dangerously inadequate. Imagine a hospital in this country in such a plight as that! At the other end of our Indian field a similar need was plainly evident in the experience of the Florence Toole Memorial Hospital at Palwal. The long needed new hospital was still awaiting commencement. An idea of the medical situation in the Palwal area can be gathered from the fact that there was only one hospital bed to every 3,000 male members of the population.

China, too, had its tale to tell. The wards of the University Hospital at Tsinan were in need of extension, and the Foster Hospital at Chowtsun lacked proper lighting and heating, and had no water system. In face of such essential needs as these it seemed almost ridiculous to think of a simple X-ray equipment, and yet how utterly reasonable that the doctors at such a hospital, with its fifty-four beds, should feel the necessity for that addition to their means of diagnosis! A similar story came from other hospitals, and the existence of many a weak spot could not be denied. The hospital at Sianfu was found in need of extensive

repairs and new equipment, entailing an outlay of some thousands of pounds. The Medical Auxiliary had therefore to brace itself to a new effort and happily by the close of the year 1921-22 nearly £5,000 had become available toward these special needs.

The way in which the work of our hospitals was extending the influence of the mission received additional testimony from several quarters as the year 1921 drew to a close. Dr. Vincent Thomas was obliged to leave India for good in December, and was decorated by the Government with the Kaiser-i-Hind medal in recognition of his long and distinguished service for the relief of suffering.

Dr. Thomas's life in India is an illustration of the British genius for adapting conduct to a strange environment. As he moved quietly about the streets and bazaars of the old place he seemed to have become part of the town life. He was more than a doctor, more than a missionary; he was one of the city fathers. They came to him, those grown-up children of Palwal, with their mundane ambitions and prosaic troubles, and he met them with good sense, humour, and a kindness that was not the less itself for the pinch of wholesome salt that went at times into its expression.

The man with the brother's heart who becomes a medical missionary on the foreign field has a wonderful opportunity. One sees it while watching such men as T. C. Paterson in Shantung, and Vincent Thomas in India.

Dr. Moore wrote home shortly afterwards :

"I have been struck with the widely extended influence of the hospital lately. I have had one patient from 60 miles away, and another from 40, and daily they come from 10, 15 and 20 miles. They have all heard the name of the hospital and so have come. All honour to Dr. Thomas' sterling work. There are Government hospitals within easy reach of them, but they come to Palwal."

The women's hospital at Bhiwani received a spontaneous tribute in the shape of advice given to an intending Indian lady patient who came seven hours' journey by rail :

"That is the right place to go to, they treat you with such care and love, just as if you were their own daughter."

The Jenkins and Robertson Hospital at Sianfu, which was badly shaken by an earthquake in the month of December, was also able to afford evidence of spiritual fruitfulness. Dr. Broomhall mentioned the following instance :

"One of our patients was forty-seven years of age and came into hospital for an operation. Whilst there he decided to be a follower of Jesus Christ. Upon his recovery he went home and destroyed all the idols in the house, and became a regular attendant at services. He has been accepted for baptism."

And it was the same story of advance and encouragement when attention was directed to the Congo hospitals. From San Salvador came an account of two long itinerating journeys conducted by Dr. Haldane Gilmore, in the course of which he wrote :

"Our work here is being greatly blessed of God, and on all

sides we see signs of a spiritual awakening. The people, who before were steeped in fetishism, are throwing away their fetishes and are turning to Christ as their only hope of salvation."

Dr. Girling, all too soon to leave Bolobo, had to emphasize the need of a larger hospital. The nominal bed accommodation was thirty-six, but the average daily roll of patients was no fewer than fifty, and often still higher.

The newest Congo medical centre, that of Yakusu, presented a hopeful prospect, and the Government of Congo Belge had given an eligible site for a new hospital. "Superstition with regard to disease is still terribly prevalent, but the medical work is helping greatly in its overthrow and winning confidence and gratitude."

It was therefore encouraging to find that during 1921 four doctors and five nursing sisters were accepted for service overseas. These included Dr. W. R. Mathewson, who was appointed to Palwal, and sailed for India early in 1922; Dr. Victor Joy and Dr. Gordon Spear, who went to Congo in the course of the following summer; and Dr. D. J. Evans, who left for China early in 1923. Dr. Joy joined the staff at Bolobo, whilst Dr. Gordon Spear went to Yakusu as honorary *locum tenens* for his brother-in-law, Dr. Clement Chesterman, during the latter's furlough. Dr. D. J. Evans became later a recruit for the Tsinan Medical School. The new nursing sisters included Miss Turner, who, having served for some time in general women's work, now felt the call to join the full nursing service in North India; Miss Ede and Miss Oliver, who sailed for Berhampore

and Lungleh in India in the autumn of 1922 ; and Miss Petrie and Miss Head, who were appointed to Bolobo and Yakusu on the Congo. In addition it should be stated that Dr. Frances Harper, as a *locum tenens*, came to the rescue of the over-pressed staff at Bolobo during 1922 and 1923.

On the other hand, the Auxiliary lost at this time five nursing sisters from its ranks. Miss Henry, so long and honourably associated with the hospital for women at Dholpur, resigned on the occasion of her marriage to the Rev. J. Ireland Hasler ; Miss Ingram, of Bolobo, Miss Smith, of Wathen, and Miss Smyth, of Sianfu, who had returned for their first furlough, were unable to go back to the field ; whilst Miss Roach, of Berhampore, was obliged to come home at the close of 1921, after only eleven months of active service, on account of a serious illness, from which she died in 1923.

A conspicuous feature of the year 1921 was a campaign in this country in the interests of the Shantung Christian University. It was conducted by Dr. Harold Balme, then home on furlough from Tsinan. His advocacy aroused a wide measure of interest in Christian medical education in China, which was deepened by an important book from his pen, entitled " China and Modern Medicine." Sir Donald Macalister, K.C.B., President of the General Medical Council, contributed an Introduction to this book, and also took the chair at a lecture to members of the medical profession delivered by Dr. Balme in the month of February in the Hall of the Royal Society of Medicine.

During his furlough Dr. Balme was elected President of the Shantung Christian University, and he left England to undertake the duties of the new post in the late autumn.

The spring of 1922 brought, alas, two more of those heavy losses by death with which the Medical Auxiliary had become only too familiar. The accounts of the past year had hardly closed before the honoured Treasurer of the parent Society and Chairman of the Professional Sub-Committee of the Auxiliary, Sir Alfred Pearce Gould, K.C.V.O., was suddenly taken from us to the sorrow of all. And exactly ten days later the news of the death of the beloved physician of Shensi, Dr. Andrew Young, was flashed across the wires and reached the Society during the meetings of the Spring Assembly in Leicester. The Committee at home and the missionaries on the field were stricken alike, and both felt that two of the choicest spirits that had ever served the Society had passed from their midst.

We have already learned in an earlier chapter of the prominent share that Sir Alfred Pearce Gould had taken in the establishment of the Medical Auxiliary. His powerful influence had been of the greatest assistance at that time, and all down through the years his wise guidance and unflinching encouragement had been of the utmost value. To share his friendship and be permitted to be associated with him in Christian service was a rare privilege. The constant stress that he laid upon professional efficiency, which in itself was an insistent stimulus to the best work, was never separated from an equal emphasis upon

the pre-eminent place that evangelism must take in all our medical missionary activity. The way, too, in which Sir Alfred was always prepared to pay tribute to faithful, if less distinguished service, and to overlook shortcomings that were due to a smaller measure of professional attainment, endeared him to every member of our medical missionary staff. His prominence in the medical profession gave force and weight to the leadership which was freely at the service of the Auxiliary, and when he was removed to the higher sphere the movement was deprived of what had been from the start one of its strongest assets. It was a source of thankfulness that in his son, Mr. Eric Pearce Gould, M.Ch., there was one ready to succeed his father in the chair of the Professional Sub-Committee and to maintain the same tradition.

The loss that was sustained in the Home call of Dr. Andrew Young meant in its turn the removal of one whose consecrated devotion and sheer goodness of heart had enriched the China mission field for seventeen crowded years. He was not only a skilled physician : he was in every sense of the word a brother beloved. The story of his noble service, first in Congo under the Congo Balolo Mission, and then in China under the Baptist Missionary Society, has been finely told in his biography.*

Dr. Young was originally a Presbyterian, and went to Africa from Scotland as a business manager. Later he became a Baptist by conviction, and was baptized at Matadi. When invalided home he

* "Andrew Young of Shensi," by J. C. Keyte (Carey Press.)

became so impressed with the need for medical missions that he determined to take a full medical course and prepare himself for the work of a medical missionary. He studied in Glasgow and obtained his medical qualifications in 1902. After a couple of years of post-graduate work, in which he concentrated particularly on ophthalmic surgery, Dr. Young joined the Baptist Missionary Society, and left for China in 1905. His China missionary career was wholly connected with Shensi, and he literally poured himself out in unstinted service, both in Sianfu and San Yuan. His marriage to Dr. Charlotte Murdoch in 1907 meant the accession of another missionary doctor to the ranks, and both husband and wife made their home a place of succour for many a sick missionary.

Dr. Young had the great privilege of fellowship with Drs. Jenkins and Robertson, and his heroic service at the time of the revolution in 1911 has already been alluded to and will never be forgotten. His immediate return to China, cutting short his furlough when the news came home of the deaths of his two colleagues, was characteristic of the man. Unassuming to a degree, it is significant that his Chinese name meant "Dr. Glory." Dr. and Mrs. Young had hoped to have found their sphere of service in San Yuan, the hospital that he had been so largely instrumental in commencing, but for years he had to bear the extra load of the larger hospital at Sianfu. When reinforcements came out after the War the long-hoped-for service at San Yuan seemed at last in sight. Then, alas, within six short months of settling at that station,

typhus fever claimed in him yet another victim, and this noble soul went in to see the King at the age of fifty-three.

But the name and memory of Dr. Andrew Young will never be forgotten. His life of utter devotion to his Lord and to his fellow-men had left an imperishable influence upon the work of Christ in Shensi. He was one of those rare and choice spirits lent for a time to the earthly vineyard, but destined for that which is abiding in the eternal Homeland. Mrs. Young and her three children returned to England in the following autumn, and San Yuan still awaits a successor to Andrew Young.

In the summer of 1922 the Jenkins and Robertson Hospital in Sianfu was tried yet again by another disaster. The Government powder magazine was destroyed in a series of terrific explosions, and as this was only half a mile distant from the hospital, the latter building was severely damaged. Providentially no lives were lost or serious injury sustained, even though many patients were lying directly under big windows in which every pane of glass was smashed and the framework torn to pieces. Dr. Broomhall and Dr. Lees were filled with thanksgiving at so evident a deliverance, and whilst a big expenditure was clearly entailed the missionaries even dared to wonder whether the result in the end might not mean a more efficient and properly reconstructed hospital. The earthquake of the previous December had occasioned damage in the structure of the hospital, and now something radical must be done. An appeal for help was most sympathetically considered by the

Home Committee, and some funds were secured for the work of rebuilding, which in part were expended in the next two or three years. The full scheme of reconstruction could not, however, be completed before Dr. Broomhall came on furlough in 1925, and ere he could return the siege of Sianfu and the civil war in China made further building operations impossible for the time being.

The work of the Auxiliary at head-quarters was also to be sorely tested about this time. The Rev. E. Anstie Bompas, who had been the colleague of the Secretary ever since 1917, and who had worked might and main to promote the efficiency of the home organization, received a call to the pastorate of the West Ealing Baptist Church, and resigned his post on the staff of the Auxiliary in October, 1922. It meant a very serious loss to the activities of the home base, and it was with keen regret that the Committee felt obliged to accept the resignation. In doing so they placed on record their warm appreciation of the splendid service rendered by Mr. Bompas, and were happy to think that he would still be able to serve as a member of the Committee.

The month of November, 1922, brought the Medical Mission Auxiliary to a memorable point in its history. It reached its twenty-first birthday. A special number of the *Missionary Herald*, in which was published an interesting series of messages from a number of distinguished men and women, was issued to celebrate the event, and amongst the supporters of the Society there was great rejoicing at the story of the years. On the actual day,

Sunday, November 19th, special attention was called to the work of the Auxiliary in hundreds of pulpits throughout the land. A very pleasing social event in connection with the Coming of Age of the Auxiliary was a dinner in honour of its officers given by the Baptist Laymen's Missionary Movement. This was held in January, 1923, and was attended by representatives of the medical missions of other societies as well as by the leaders of the Baptist Missionary Society. It was the occasion when Dr. Orissa Taylor proposed the erection of a hospital in the Khond Hills, as a memorial to the M.M.A. majority, towards which promises were at once made. He urged that while on the one hand there was the call to look back and trace the way in which the Auxiliary had been led by God, there was on the other hand an equal call to look forward and remember the tasks yet to be fulfilled. "When all our hospital beds are put together they do not make as big a provision as the beds of St. Bartholomew's Hospital in London." A fact like that could mean nothing else than a summons to redouble our efforts to establish more medical missions, and, as was truly said, "The Medical Auxiliary can only live by advancing."

It was an earnest of such advance that at this very time three fresh medical recruits were accepted, each of them bearing an honoured name in the denomination. Two of them were women doctors, the first being Dr. Hilda Bowser, of Loughborough, who sailed for India before Christmas, and the second Dr. Gladys Rutherford, of Liverpool, who

went forth to the same field in the following year. The third was a medical man, Dr. Handley Stockley, of London, who left for China during the next year. Each of these doctors, graduates of the London, Liverpool and Edinburgh Universities, was a witness of the new hold that the work of medical missions was gaining upon the hearts of our young medical men and women.

CHAPTER XIV

REACHING OUT TO GREATER THINGS

THE winter of 1922-23 was a significant period in the history of the Medical Auxiliary for more reasons than that of the "Coming of Age." Miss E. J. Lockhart, Foreign Secretary of the W.M.A., was then visiting India as a deputation from the Home Committee. Whilst she was in India a United Conference of the India mission field was convened in Calcutta in December, 1922. This experienced body of B.M.S. missionaries arrived at several far-reaching recommendations regarding the work of missions, of which the following dealt with hospital evangelism :

"That with a view to securing the fullest spiritual results from medical work it is desirable that each mission hospital should have a worker attached to the staff for this special purpose. This worker could be a trained evangelist or one of the medical staff."

This resolution exactly coincided with what had been a growing conviction of the Home Committee, and brought into prominence the paramount evangelistic aim of the work. It was well that we should be reminded that if our hospital work was to yield the spiritual fruit that was desired, then more systematic effort must be directed to that end. Haphazard evangelism is apt to be very ineffectual

and very costly. The foregoing recommendation from the field showed the way in which the people on the spot were thinking about medical missions, and how they would have us provide facilities for follow-up evangelism.

Yet another important step was taken at the United Conference in Calcutta. It was decided to constitute a Medical Board which should co-ordinate the work of the different hospitals and dispensaries in India, and promote the efficiency of each unit. This action was another indication of the deepening desire to render the medical side of our work a still more efficient arm of the missionary enterprise.

In the direction also of hospital provision this winter was an important moment. The event of the year in North India was the opening of the new Farrer Hospital at Bhiwani. Lady Maclagan, wife of the Governor of the Punjab; performed the opening ceremony on January 22nd, 1923. It was a red-letter day in the history of the Bhiwani medical mission. Thirty-one years had passed since Dr. Ellen Farrer had commenced medical work for women in small rented quarters in this Indian city. Step by step confidence had been won, and a small hospital of nine beds had been erected in 1899. Later, the medical staff was reinforced and nursing sisters added, and the hospital grew to twenty-four beds. Finally the present hospital, an entirely new building, was planned and brought to a successful completion with accommodation for fifty beds. No wonder the mission staff, and especially Dr. Farrer, were congratulated

on this realization of the hopes of years. It was the crowning achievement of a fine record of unstinted service and marked a notable advance in our mission hospital equipment in India.

Not the least significant feature of this new hospital was the provision of six private or family wards, three of which were given by well-to-do Hindus. True enough they were for the exclusive use of Hindus, but they were wards in a Christian hospital, and to get some of the richer Hindus, who are not very accessible to direct evangelism, into these wards for treatment is to bring them into very close touch with the spirit of Christ. One of the first patients so cared for was a young girl who had to stay for two months. It soon became evident that whilst she herself began to look forward eagerly to the visit of the hospital evangelists, her brother, who had brought her for treatment, was still more eager, and was anxious to learn all that he could about the Christian religion.

At the other end of our Indian field there was also cause for rejoicing in the provision of larger premises. A small chapel for the lepers, erected by the local Indian Christian Church, and a new ward for cholera patients were added to the buildings of the Chandraghona medical mission. A ward dispensary for women and girl patients was built at Lungleh in the Lushai Hills, thereby adding to the value of the service of our nursing sisters at that station. This was opened by Mrs. Scott, wife of the Government Superintendent of the Lushai district in February, 1923. It was to accommodate

ten patients, and it is noteworthy that five little Lushai nurses appeared in uniform at the opening ceremony, and a Lushai preacher gave an address, emphasizing the importance of the work for motherless babies and commending the nurses in their often irksome work. And this in a place where missionary nursing sisters had only commenced their work less than five years before !

A small dispensary had also been opened at Bolangir, in Orissa—the last started of our M.M.A. centres—by Miss Isabel Angus, in the previous month. This was to serve as the scene of the dispensary work carried on by Miss Soper, and later by Dr. Muriel Fellowes, amongst the sick women and children of the poor Christian community who had been gathered from the outcastes. A gracious ministry of this kind provides an illustration of the way in which medical mission work reaches out a helping hand to the very poorest as well as to the highest classes of a non-Christian land.

Another conspicuous development which characterized our medical missionary service at this period was connected with the medical department of the Shantung Christian University. Up to now this missionary medical school has been confined to the training of men students, of whom there were over 100 in residence. The work of training Chinese Christian women doctors had been carried on in a separate school in Peking. For some time, however, it had been felt that the interest of both schools would best be served by an amalgamation, as in both cases the medium of instruction was the Chinese language. A decision to this effect was

arrived at early in 1923, and by the autumn of that year the women's school, with its staff and students, was brought down to Tsinan. In that way the service and influence of this important medical training centre was greatly increased.

At home progress was being maintained. The general income of the Medical Auxiliary at the close of March, 1923, established a new record, rising to £22,680, and though a deficit of £5,518 had to be declared this was cleared from the legacy fund and a public appeal avoided for the time being.

The closing months of 1923 were marked both by a striking advance and by a grave disaster affecting the work of our medical missions.

The advance was one that concerned the staff, for in the autumn of this year no fewer than four doctors and two nursing sisters were added to the roll of active workers. Three of those doctors were women graduates of English and Scottish Universities, and their accession established a new record in the number of women doctors belonging to the B.M.S. By the end of the winter there were twelve such missionaries, all of them fully qualified women doctors, whilst the nursing service had risen to 28 in number. Two of the women doctors, Dr. Muriel Griffiths, of Cardiff, and Dr. Helen Gregory, of Edinburgh, were destined for Berhampore, India, and the remaining one, Dr. Ruth Tait, of Dumfries, was appointed to Sianfu, China. The two nurses, Miss Gladys Owen, of Greenwich, and Miss Dora Sissons, of Crewkerne, were set apart for Congo and India respectively.

The men doctors, including the one new medical man, Dr. William Wilson, of Blantyre, who was sailing for Congo in 1924, were 21 in number. What was tremendously significant was the fact that there were several more intending medical missionaries getting ready to volunteer. This advance was profoundly encouraging and when the character of the service which these workers were prepared to render was remembered it became clear that in quality, as well as in quantity, British Baptist medical missionaries were resolved, by the grace of God, to achieve the best.

The disaster that befell our hospital work concerned the Schofield Memorial Men's Hospital at Tai Yuan Fu, the main block of which was destroyed by fire in November, 1923. Mercifully no loss of life occurred, the patients being safely removed to adjoining premises through the promptitude of Miss Cropley. The out-patient block was also saved, but the whole of the central part of the hospital was gutted. Dr. Ronald Ford having had to return home and resign, on account of his wife's health, the foreign medical staff was confined to Dr. Clement Stockley, and he and his missionary colleagues were sorely tried by this serious event. It became evident that a new hospital would have to be erected, and a cable was sent to Dr. E. H. Edwards, who had retired and was residing in Scotland, to return and undertake the work of reconstruction. He nobly responded to the appeal, and though nearly seventy years of age, Dr. Edwards left for China in January, 1924. This was characteristic of his unwearied devotion to the cause of

Medical Missions, and the news of his coming brought new heart into the missionary circle at Tai Yuan Fu. An appeal was launched for funds to cover the cost of erecting a new hospital, and this met with a generous response. Considerable interest was also shown by the Chinese in Tai Yuan Fu, from the Governor downwards, and plans were made for raising locally a share of the cost of rebuilding.

The end of the missionary year in the spring of 1924 brought fresh evidence of the way in which the ministry of healing was pressing on to bigger things. The number of the in-patients in the hospitals had risen by about twenty-five per cent., whilst the attendances of out-patients had reached to a total not far short of half a million. This was both a revelation of the need and of the devoted service of our doctors and nurses. The hospitals were increasingly becoming known as the scene of successful exploits in remedial science, which was not to be wondered at when the calibre of the staff was remembered. At this time we had on our list four Fellows of the Royal College of Surgeons of England and twenty-eight Doctors or Bachelors of Medicine of British Universities.

As an instance of the new opportunities that were crowding in upon our medical missionaries we may cite an experience of the hospital at Chandraghona. Including the isolation ward this hospital had thirty-four beds, but Dr. Teichmann was forced to admit fifty-four patients because of the urgent need. Beds had to be improvised on the floor of the wards and even on the verandas. And as each patient

brought a friend to look after him, there were well over one hundred people occupying the hospital and coming under its influence. Twenty-two of the patients were suffering from Kala Azar, a terrible disease which was then spreading rapidly over Bengal, and which until recently had been almost inevitably fatal. Little children would be brought to hospital in a dire state of suffering and presented a most difficult problem for the staff. Now, however, a remedy had been discovered, and the joy of the doctors can be imagined when through its use a number of these sad cases were enabled to "turn the corner," gain strength, and finally run about happily in full health. So much did this become known that patients would find their way to the hospital from all directions and long distances, even though treatment involved a stay of from six weeks to two months.

The need for extra accommodation in this hospital so impressed His Excellency, Lord Lytton, the Governor of Bengal, when he visited Chandraghona in July, 1924, that he promised a donation of Rs.4,500, being half the cost of constructing a new ward to be used for women patients, provided the balance could be secured. Dr. Teichmann was able to obtain promises of help locally which was supplemented by a grant from the Home Committee, and so the sum was made up and the ward erected in the following year. This may be taken as another encouraging instance of the interest taken by Government officials in India in the work of Medical Missions.

But the work of physical healing is not the

supreme business of the medical missionary save in the interpretation that such service may give of the Christian gospel. The ultimate aim of all the effort put forth by our doctors and nurses is to lead men and women to the Saviour. It was therefore a matter for thankfulness that along with all the manifestations of high grade medical work there were also signs that evangelism was kept in the foremost place. The story of the year that came out in 1924 contained the news that a recent ingathering of converts from the "untouchables," that had taken place in the Palwal mission district in India had had its rise in one of the branches of the Florence Toole Memorial Hospital at Palwal. Dr. Albert Moore was thrilled by it, and so were we at home as the account reached us. For years a little medical outstation at Fatehpur had witnessed the earnest labours of an Indian medical evangelist—Robert Solomon. He had toiled steadfastly, both in preaching and healing, caring for the veritable outcastes of the Indian community, and then one day there had come an awakening of the souls of the people, a stirring by the Spirit of God. They did not know much, those outcastes, but this they knew, that whereas they had been blind now they saw and that Christ was their Saviour. The little church at Palwal was met with a request for baptism from a whole community of a hundred leather workers, and on a given day seventeen of them were baptized in the local canal. It marked the turn of the tide, and the work of a medical mission contributed directly to it.

Then again it was no mere incident, disclosed in

the records for 1924 of the Nurses' Training School connected with the Tai Yuan Fu women's hospital, that one of the Chinese nurse graduates had chosen as the title of a paper which she read at the Biennial Conference of the Nurses' Association of China, "How to introduce the Gospel to our Patients." If that shows anything it shows that personal evangelism is a living force in our Medical Missions.

All round there was the unmistakable emphasis upon the "things that matter most." An evidence of this can be found in the programme of the Shantung Mission Conference which considered the subject of hospital evangelism at their summer conference in 1924. The discussion showed that as was the case at the United Conference in Calcutta in 1922, so in China too there was a feeling that more systematic attention must be given to the evangelistic side of our hospital work. The aims emphasised were :—

- (1) A Christian atmosphere in the hospitals.
- (2) A Christian hospital staff.
- (3) A Chinese hospital evangelist.
- (4) Close co-operation between the hospital and the Chinese Church with a view to "follow-up" work amongst the ex-patients.

The Conference laid stress upon the fact that the Church and the mission hospital had the same end in view, viz., the proclamation of a complete gospel to the Chinese. The result of the Conference was a vigorous endeavour on the part of the Shantung missionary staff to organize and intensify the evangelistic fruitfulness of the hospitals. The Foster Hospital at Chowtsun especially followed up

this matter, and were encouraged to do so through the success that had attended their Nurses' Training School established in the previous year. Not only had this meant an enormous increase in the efficiency of the nursing service of the hospital, but the existence of their Chinese nursing staff had given a splendid opportunity for exerting a wide evangelistic influence. By the work which was done in and through this picked band of Chinese assistants a most effective way had opened up for sending the message of clean and holy living all through the country-side.

This being so, it is easy to understand how sorrowful were the hearts of the workers when the accounts of the past year showed a deficit of £1,950. Happily the contributions to the M.M.A. Fund had risen by £587, and the local receipts at the hospitals on the field had shown a considerable advance as well, but the income was below the level of the expenditure by some £2,000. A new summons had to be sounded forth challenging faith and devotion in the cause of Medical Missions.

The following autumn found the Medical Auxiliary taking its place in the great effort that was then undertaken to increase the total annual income of the Society by £50,000. "The greatest appeal of our greatest work," was the way in which that campaign was described, and the progress and activity of the medical department of the Society gave witness to the need for an expansion of interest. Moreover, in more than one direction the winter of 1924-25 saw a lengthening of the cords of the Auxiliary.

Dr. Mary Ellison, of Perth, a graduate of St. Andrew, and a Duncan Gold Medalist of the London School of Tropical Medicine, joined the staff and sailed for the Tai Yuan Fu women's hospital in China. As a child, when asked "What are you going to?" she had always given the answer, "I am going to be a doctor because I am going abroad as a missionary." Accompanying Dr. Ellison was Miss Mary Weate, of Stafford, a nursing sister trained at the Mildmay Mission Hospital in London. She was appointed to the Foster Hospital at Chowtsun, and her parting message was, "Nursing will be to me an open door through which I may have a part in spreading the Gospel in heathen lands." And yet another recruit for China was forthcoming in the person of Dr. H. G. Wyatt, of Bratton, a son of the manse, who, after graduating at the London University, gave himself up to the long cherished ideal of becoming a medical missionary.

The Indian field also was cheered by the prospect of reinforcements. Miss Timmins, of Bristol, a nursing sister trained at the Bristol General Hospital, responded to the call from Chandraghona for help in the growing work amongst the women. She was the first nurse to be appointed to that medical mission. At the same time a Swedish nurse, Miss Johansson, who had been trained in London, offered for India and sailed with Miss Timmins early in 1925.

Unhappily it had to be recorded that Dr. Edith Young and Miss Margaret Rawson of India had sent in their resignations, being anxious to commence

independent district work in North India. Dr. W. R. Mathewson of Palwal also resigned this year. Dr. and Mrs. Fleming and Miss L. G. Smith, of China, had also been obliged, on health grounds, to give up their work at the Foster Hospital, Chowtsun, and return home. In all these cases the Auxiliary had lost most valued and experienced workers, and those left behind felt the strain very heavily. The Committee had to recognize that the high grade work now being accomplished in the different hospitals was in itself a compelling reason for adequate reinforcements, if breakdowns were to be avoided. A pointed illustration of this necessity was found in the experience of Dr. Harold Balme, President of the Shantung Christian University, who had become so overworked that a special furlough on health grounds had to be taken early in 1925.

We have already seen instances of the interest taken by Government authorities in India in the work of Medical Missions. Another was forthcoming in January, 1925, when His Excellency Viscount Goschen, Governor of Madras, performed the opening ceremony of the new out-patient building of the hospital for women at Berhampore. The need of additions to the accommodation and equipment of this medical mission had long been felt by Dr. Daintree and her colleagues, and it was a happy circumstance that the opening of the new block took place in the centenary year of the Orissa Mission. It was therefore called "The Centenary Block," and its erection was facilitated by a grant-in-aid made by the Madras Government.

The new buildings meant a real increase to the medical and spiritual efficiency of the hospital. These included a preaching hall where patients, waiting to see the doctor, could hear the gospel under less disturbed conditions. There was also a casualty-room fitted up at the expense of an anonymous donor in memory of the late Sir Alfred Pearce Gould. The whole hospital was equipped with electric light and with a water system. In addition a V.D. block had been provided, and also accommodation for private paying patients. Altogether the Berhampore medical mission was placed in a far better position to render the service for which it had been established, and there was much rejoicing both at home and abroad.

In China, too, the previous year had seen material progress. While Dr. Edwards had been completing his preparation for the erection of a new men's hospital in Tai Yuan Fu at a cost of £5,000, Dr. Broomhall had been busy supervising the erection of a new home for the nursing sisters of the Sianfu hospital. This was long overdue and was a welcome addition to the local equipment. Another and even greater improvement was effected in the installation of a much needed water system and electric light service for the hospital compound in Sianfu. What this meant to the hospital staff can be easily imagined by all who know anything of the bare essentials required for modern medical work. The provision of running water involved the sinking of an artesian well, and this also was superintended by Dr. Broomhall. It can readily be understood that when Dr. and Mrs. Broomhall

came on furlough in 1925, they left behind a grateful staff. Best of all, the staff was not only well trained in the medical and business sides of the hospital, but full of zeal in spiritual things, earnest and eager to put first things first. At the "good-bye" tea the Chinese business manager and accountant of the hospital "could not speak for the fulness of their hearts—they just broke down and wept."

The commencement of the nursing training at the San Salvador hospital in Portuguese Congo was another significant advance that calls for notice at this point. Our nursing sisters, Miss Bell and Miss Hammond, had long desired to attempt something similar to what their colleagues in India and China had achieved, and now the right moment seemed to have come. Two young girls were taken as probationers in 1924, and by the close of the year the experiment was pronounced an unqualified success. So Congo swung into line with the older fields in the direction of Nurses' Training Schools, and maternity and child welfare work received a fresh stimulus.

At the other end of the Congo field the same year witnessed a similar advance in the start of an elementary medical school at Yakusu. It was, as Dr. Clement Chesterman pointed out, the inevitable consequence of the new hospital so soon to come into active operation. A staff of trained assistants had of necessity to be provided for the Yakusu medical mission and for its branches at Yalamba and Yalikina, to say nothing of the ring of village dispensaries which the medical mission hoped to

instal in the surrounding district. Two young Africans were therefore selected to be the first pupils of the school, and were given the title "Ba-infirmier." This means that they hoped some day to be "Infirmiers" or, in other words, a combination of the functions of first-aid, orderly or nurse, dispenser and dresser. If successful they would obtain a Government diploma, for which an oral examination is held at the State Hospital at Stanleyville.

At this point we may fittingly allude to a notable event in the life history of the new hospital at Yakusu, when its twin foundation stones were laid on February 24th, 1925, by the Rev. W. Millman and His Excellency the Governor of the Eastern Province of Belgian Congo. As Mr. Millman drew aside the Union Jack which covered the memorial stone placed on the western side of the entrance, he alluded to the generosity of certain friends in Britain which made possible this worthy addition to the Yakusu medical mission. The stone was to bear a plate to the memory of a dear son who was killed at Ypres in September, 1918. The Governor then laid the corresponding stone on the eastern side of the doorway, and referred most appropriately to the double gift of the British donors in both their son and their substance. This sacrifice had been for the freedom of Belgium, and it was now to prove a gateway of service for a Belgian Colony. The Governor proceeded to emphasize, the happy relations between the State and the B.M.S. and spoke of the village dispensaries which are to be built and financed by the

Government, but which he asked the mission to staff and control through the infirmiers trained at the medical school.

The following day His Excellency sent a letter of warm congratulation and a cheque for Frs. 1,000. We can see in this event another illustration of the way in which the work of a medical mission can promote harmonious relations between Government authorities and an evangelical mission. Those twin memorial stones can also remind us, as Dr. Chesterman has said, of the Sacrifice and Service which lie at the foundation of this blessed enterprise.

With all this progress on the field it was a paramount necessity that at the home base there should be growth of an equally vigorous order. The united campaign had been going on all through the winter, and it was cheering to find at the annual meetings in the spring of 1925 that the advance in general contributions to the M.M.A. had risen to £24,241, an increase approximately of £974. In fact, if special gifts were included such as those which had been given to particular hospital appeals, then the actual contributions from living subscribers, apart from legacies, were £26,642. In addition a most splendid and generous anonymous gift of £3,500, later increased to £4,750, had been received from a family toward the erection of a new memorial hospital on the Congo.

Unfortunately the advance in the general income did not reach the " one-third more " that had been asked for, but fell short of the expenditure by some £4,507. That was the bed-rock fact which had to be faced by the supporters of the M.M.A.,

and it was recognised that however encouraging the response to the campaign had been it must be regarded only as a beginning. Prayer and organized activity must be outpoured in the interests of this God-given work. The supporters of the Auxiliary were in duty bound to take their share in removing the united deficit of £27,727, in which their own deficit was included, but the greater call was to use every endeavour to prevent a repetition of the difficulty in the succeeding year. Hope must animate every breast, and in that spirit the task of the twenty-fourth year be undertaken in Christ's name.

CHAPTER XV

THE AUXILIARY LOSES ITS LIFE

WE come now to a point in the life history of the Medical Mission Auxiliary which marks a radical change in its relation to the parent Society. Up to the present time the Auxiliary had existed as a special branch of the Baptist Missionary Society, pledged to the task of developing and supporting the medical work of the Society. It had its own officers and its separate fund in whose interests a widespread propaganda had been conducted throughout the churches. The deputation work of the Auxiliary had been arranged by its own headquarters staff, and the work of raising the needful income for B.M.S. Medical Missions had rested upon the officers and Committee of the Auxiliary in whose name the appeal had been made. So far as the foreign administration of the various Medical Missions was concerned, that too was conducted in the same distinct way, though naturally in all such service the officers concerned always kept in close consultation with their colleagues in other departments of the Society.

A feeling had, however, been growing up that a closer co-ordination of the activities of the Society and its Auxiliaries would have to be effected. The increased difficulty which had had to be faced of

late in securing the required income, and the problem of so heavy a deficit as that which had occurred at the close of 1924-25, constituted imperative reasons for initiating a searching inquiry into all the work of the Society, both at home and abroad. A special committee had been appointed to do this in 1924, and several proposals had been gone over in detail. The serious emergency which was created by the deficit of £27,727, to which reference has been made already, indicated that the hour for action had arrived, and at a meeting of the General Committee held in May, 1925, some far-reaching decisions were reached.

First of all it was agreed that, with a view to bringing about a closer unity between the different sections of the Society's work on the field, the business that had to be transacted at the Mission House concerning foreign administration should all be brought into one department. This meant, for instance, that the Secretary of the M.M.A., instead of discharging such duties as fell to him in the foregoing particular as an officer of the Auxiliary, would act in future as Medical Secretary of the Society, having as his immediate colleagues the B.M.S. and W.M.A. Foreign Secretaries. In all important actions they would function as a unit, and deal with their work in the various committees of the Society in close collaboration with each other. This would ensure a more harmonious direction of affairs on the field, and promote a better efficiency all round. The M.M.A. Committee, under this new scheme, would become the Medical Mission Committee of the Society and maintain

an effective link with the work of each Field Committee.

In the second place, the home organization of the Society was also to be unified by placing the deputation and propaganda efforts of the different branches in charge of one department. This was not to mean that any less would be done, but that the danger of overlapping of effort would be avoided. The Home Secretary would be at the head of the department, and the home base work of the Medical Auxiliary would henceforth be conducted under his direction and be correlated with the similar work of other branches of the Society.

In the third place, each of the funds of the Society was to be brought into one treasury or accounting department, which would be concerned with all the receipts and expenditure of the united work. The M.M.A. Fund as a separate entity was thus to cease, its place being taken by the Medical Fund of the B.M.S. treasury, into which all monies contributed for Medical Missions would be paid. The Hon. Treasurer of the M.M.A., Mr. W. Ernest Lord, was appointed as one of the Joint-Treasurers of the Society. The appeal for Medical Missions was still to be presented ; the Auxiliary could not have agreed to the change had it been otherwise ; but instead of the appeal being presented in the name of a section, it was henceforth to be made in the name, and with the support, of the whole Society.

It will thus be seen that the change which was effected was one which principally concerned the internal organization of the B.M.S., and was more

of the nature of co-ordination than a clear-cut amalgamation. The friends and supporters of the Medical Auxiliary could still contribute to Medical Missions and rest assured that their monies would be placed to the credit of the Medical Fund of the Society.

These, then, were the essential changes decided upon in the summer of 1925, and though parting with the old form of the Medical Auxiliary meant a great deal to those who had given thought and effort to its promotion, it was agreed by one and all that the same consecrated toil would still be needed for the medical work of the united Society. The field was in urgent need of reinforcements, and these could not be sent unless the interest was both sustained and extended at the home base. So whatever changes might occur in the precise nature of the organization, the work itself must go forward.

Throughout the six months that succeeded the momentous decision above chronicled, a great effort was put forth up and down the land to clear the deficit. An important Conference of Auxiliary Treasurers and Secretaries was held at High Leigh immediately after the historic meeting of the General Committee in the month of May. An apportionment of the task of clearing the deficit between the different districts was accepted, and earnestly followed up. All branches of the Society stood shoulder to shoulder, and by countless small gifts and a few substantial offerings the whole deficit was cleared by the end of November. The very question of the need of the Missionary Society drew the churches together, and the burden was removed

through the work of God's grace in the hearts of His people.

While this was going on, and the new orientation of the Society's work taking shape, reinforcements for our medical work were going forth to the field. During the previous year Dr. Frank Fox, of Sutton-in-Ashfield, a graduate of Manchester University, had been adding to his preparedness for missionary work in Portuguese Congo by a residence of some months in Portugal. This having been completed he was now ready to sail for San Salvador to join Dr. Wilson in the work of that medical mission. Mrs. E. J. Ellison, formerly Miss May of the Foster Hospital at Chowtsun, and now a missionary widow, was returning to China with her little boy, David, to become the nursing superintendent of the Schofield Memorial Men's Hospital in Tai Yuan Fu. At the same time a young business man from Exeter, Mr. R. H. P. Dart, was appointed as business manager to the same hospital, the new building being then in course of erection.

The work in India was being reinforced by another medical woman, Dr. Jean Benzie, and by two nursing sisters, Miss Gordon and Miss Gillings. Dr. Benzie had trained in Aberdeen, of which University she was a graduate, and her home was in the far north, at Fraserburgh. She was adopted by the churches of Torquay and District, and before sailing Dr. Benzie obtained some missionary training at Havelock Hall. She was appointed to the women's medical staff in North India. Miss Gordon also came from Scotland, having been trained in Perth, where she was a member of one

of the local Baptist churches. She, too, had a course of missionary training at Havelock Hall prior to her departure for Berhampore. Miss Gillings was a member of the Burlington Baptist Church, Ipswich, and before offering to the Society she had completed a course of nursing and missionary preparation in London. She was to find her sphere of work in the Chittagong Hill Tracts. Thus, even in a time of heavy financial difficulty, the Society sought to respond to the needs of its Medical Missions.

That these new workers were badly wanted was beyond all doubt, for in more than one direction the responsibilities of our medical work were fast increasing. Glancing first at India, we find that the previous year had been a period when our hospitals had been sorely taxed on account of the epidemics of plague, cholera and fever which had swept through the village districts of North India.

The out-patient attendances at the Florence Toole Memorial Hospital, at Palwal, with its two branch dispensaries, had risen to the high figure of 40,909. No wonder that Dr. Moore, who had had to work single-handed for some time, was looking forward most keenly to the early appointment of a medical colleague in the person of Dr. Ronald Thomas, or that he longed for the new and enlarged hospital for which both Dr. Vincent Thomas and he had long pleaded. The hospital had become known as the "Poor Man's Hospital" in the whole of its big district. It had gained that name "ever since Dr. Vincent Thomas started it," and the medical missionary staff were proud of the title. "In India

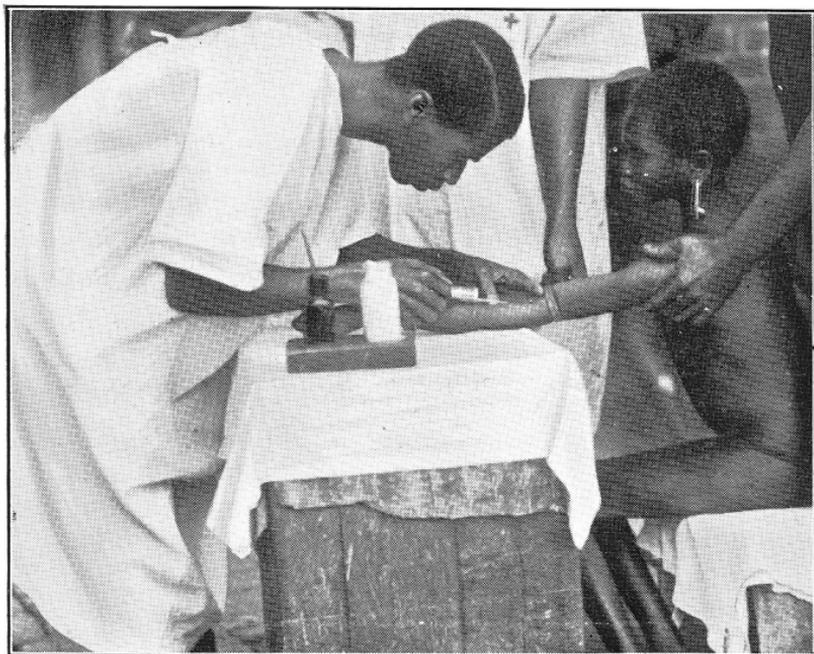
there are no infirmaries for the sick poor. What would the poorest do when they are stricken with spreading ulcers, or swollen with leprosy, or eaten up with chronic malaria, or countless other medical and surgical ills, were it not for our mission hospitals?" It is easy to understand why such a hospital as the one at Palwal gets patients from forty to fifty miles away! The Deputy-Commissioner of the District had become so much impressed with the influence of the work that he had paid the following unsolicited tribute to the work of the medical mission :

" India is beginning to wake up, and now is the time when clean self-sacrificing, unselfish work like that of your Mission can be of infinite value in setting a standard for the people among whom you work to emulate. The people are slowly beginning to become aware of their duties and responsibilities, and the possibilities of mutual self-help and self-improvement, and the example of your Mission work is just what is needed to enable them to develop on the right lines."

Then there was the work that was being undertaken increasingly by our mission hospitals in the direction of preventive medicine, especially in the department of child welfare. In the spring of 1925 the staff of the women's hospital at Palwal had started a Baby Welfare Centre at their town dispensary, and in eight months had no fewer than between 3,000 and 4,000 attendances. An Indian health worker from Lahore had come to help in this new undertaking. As for the ordinary work of the hospital Dr. Hilda Bowser had been faced with a situation in which only with thirty-six beds she had had to accommodate fifty-seven patients, together



Child Welfare at a Congo Station. Weighing the Baby



Injection for Sleeping Sickness, Yaku

with their relations and friends. All this is but indicative of the growing service which our hospitals were being called upon to render to the suffering people of India. The hospital for women at Dholpur had had an increase of their out-patients from 9,200 to 14,424 in one twelve months. New accommodation for leper patients was being provided at Chandraghona, and a three-year course of training for Christian compounders set on foot. Fresh possibilities were becoming revealed in the medical work at Bolangir in Orissa through the coming of Dr. Muriel Fellowes. At Lungleh in the Lushai Hills the first trained Lushai nurse was able to commence work by herself in one of the larger villages of the district, and here again child welfare was to the front.

So far as China was concerned it is significant that the widespread and bitter anti-foreign agitation—even more anti-Christian, which characterised the latter half of 1925, interfered so little with the work of Medical Missions. In the face of the embittered national feeling of that time the Chinese still maintained their faith in the British doctor and in every hospital the Chinese staff remained absolutely loyal. During the height of the anti-British feeling in the early summer a little boy from a wealthy family in Tai Yuan Fu was brought to our men's hospital suffering from a broken thigh, and in an extremely critical condition. An operation was essential, and Dr. John Jones was urged by the parents to perform it, so great was the confidence they reposed in him. Happily a good recovery ensued. The same sort of confidence was

shown in all our hospitals, and was a tribute to what they had done in former years. Writing at that time from Sianfu, the Rev. A. G. Shorrock said : " A great work still remains to be done in our hospitals. The anti-foreign and anti-Christian crusades have hardly touched the medical side of our Mission. At least here is a practical proof of Christianity which cannot be gainsaid, and from our hospitals are going forth day by day men and women who testify far and wide of what God has done for their bodily needs and in many cases for their souls as well."

The Jenkins and Robertson Memorial Hospital in Sianfu was the only Institution in the city which had no military guard on Christmas Day, 1925, when the students had pledged themselves to riots and demonstrations. Dr. Broomhall had gone on furlough, and Dr. Clement Stockley, who was then in charge, said : " The hospital here, through the devotion of the Chinese staff, has won its way into the hearts of the people of the city because not only do we preach Christ, but also practise His method of winning men to himself." The following February Dr. Yen, a leading Chinese physician, praised British medical service at a meeting of the National Medical Association of China and said that " British prestige had been established through medical missionaries and Chinese physicians educated at British Universities."

At the close of the year Dr. E. H. Edwards returned home once again, having seen the new Schofield Memorial Hospital well on the way to completion. He was welcomed with acclamation

for this crowning act to his long and distinguished service. Despite the anti-foreign outburst of that year—not the slightest attempt had been made to hinder the rebuilding of the hospital, yet another impressive comment upon the Chinese attitude to medical mission work. The new hospital was completed in the following year, and is a splendid building, admirably adapted for its purpose, and equipped with a hot and cold water supply, electric light and central heating. An X-ray plant has since been provided.

It will readily be understood that the student agitation made the work of the Medical School and Hospital of the Shantung Christian University at Tsinan unusually difficult during the autumn and winter of 1925. Nevertheless the School was able to continue, and in addition a new departure was launched in the direction of a Leper Home. This was a joint effort of the local Chinese community, the University, and the Mission to Lepers. The building of a new University Hospital was commenced through funds raised in North America.

The Congo field was also proving fertile with growing opportunities for an entrance of the gospel through medical service. The end of 1925 found the Bolobo and San Salvador hospitals in possession of their full medical and nursing quota, which meant that the fight for health could be conducted so much more efficiently and hopefully. The extensive work amongst sleeping sickness patients still claimed a major share of thought and effort, and happily with encouraging results. A significant instance of the way in which this work opens many

an evangelistic door came to light at San Salvador. A woman patient came from a distant town which so far had been unvisited by a missionary. She was treated for sleeping sickness and then developed dysentery. At the end of her treatment she returned to her home, and forthwith began to teach the people the hymns she had learned and to tell them what she could remember of the gospel message. She advised those who were sick to go to the hospital, and before long she herself appeared at San Salvador with about thirty patients from her town. These were treated and brought under instruction, and it is hoped that from the treatment of that one woman many may be led into the Kingdom. An able Congo evangelist who had contracted sleeping sickness became an evangelist to the patients in the settlement set apart for the patients who were ill with that disease. What an "increase of patients" means can be gathered from a letter which Dr. Victor Joy sent home early in 1926 from the Liverpool Hospital at Bolobo :

" I have never before seen such a daily stream of patients as were coming to the out-patient clinic when I got back in December. In one day alone last week Dr. Gilmore and I saw over four hundred folk between us."

In one itinerating tour which he conducted shortly after his return Dr. Joy examined 7,000 persons for sleeping sickness. Many of these patients came to Bolobo from French Congo where no evangelistic work is carried on. The significance of such a fact may be appreciated from the following remark of Dr. Gilmore :

“When we go over to occupy that land there will scarcely be a village or town in which we will not be able to find some ex-patient of the Bolobo hospital.”

The medical work at Yakusu had still to wait for its second doctor and second nursing sister, and Dr. Chesterman and Miss Owen were sorely taxed to meet the demands of so growing a work. The building operations of the new hospital were much in evidence under Mr. Arnold Chesterman, and the original class of ten pupils in the medical school had grown to nineteen. The Belgian Crown Prince had paid a much appreciated visit, and through a grant from the Rockefeller Institute of New York, Dr. Chesterman had been able to make a special trip to Uganda and the Tanganyika Territory in order to make a report on the treatment of sleeping sickness. The evangelistic witness had been steadily maintained, and as we read words that Dr. Chesterman penned at that time we obtain a new insight into the importance of a medical mission :

“We are more and more convinced not only of the need of our medical work, but of the indispensable part it is playing in the Mission’s activities and service. If we are to preserve a faithful and worthy Protestant witness in a country where all official influence and schools are distinctly Roman Catholic, then we must take our place alongside every effort for the progress of, and the elevation of, the people. It makes it harder for them to believe a lie about us or to be discouraged by a sneer at us when their greatest conscious needs have been met by us.”

An interesting development in our Congo medical work marked the opening months of 1926. A new ward dispensary, for which a most sacrificial gift

had been made by an aged Christian nurse in England, was in course of erection at Yalemba. This was to be in memory of a young Baptist medical student, son of one of our most honoured ministers, who had hoped to become a medical missionary but had been killed in the War.

CHAPTER XVI

UNDER FIRE

THE twenty-fifth year of the Auxiliary was born in the stress of critical events both at home and abroad. Almost to a day the closing of the accounts for 1925-26 at the Mission House in London in the month of April coincided with the closing of the gates of Sianfu through the great siege to which that city was to be subjected. The year now entered was to prove a test of endurance in more places and senses than one.

To begin with, there was the critical situation at home, brought about by the unprecedented deficit. The previous year had seen the extinction of the "record" deficit of £27,727, and high hopes were entertained that the balance sheet of the Society would never again disclose so adverse a balance at the close of a missionary year. But April, 1926, brought with it a deficit of £34,505, in which was included a shortage on the Medical Fund, the income of which had somewhat fallen during the year. Plainly enough so huge a gulf between income and expenditure created a grave emergency for the Society, and whilst the Committee decided to appeal for one thousand loyal Baptists to give £35 each to remove the deficit they also took the

step of appointing a special representative Commission to review the whole policy of the Society. The wonderful story of how the deficit was cleared by generous sacrificial giving during the summer and autumn months cannot be told here, nor is this the place to deal with the new financial policy which the Commission recommended to the Committee, and which was adopted in May, 1926. Let it never be forgotten, however, that the memorable decisions of that summer contained much that was heart-searching, if not heart-breaking, for the missionaries on the field as well as for the officers and Committee at home. A final appraisal of the new policy can only be given at the bar of history, and for that we must wait.

Naturally our Medical Missions were involved in the changes that were deemed inevitable, and a saving had to be effected on the medical mission expenditure. It was resolved to place the responsibility of finding 80 per cent. of the local cost of maintenance upon the hospitals on the field. That was a heavy demand, and to be suddenly confronted with so drastic a call was enough to dismay our medical staff. So much of their work was amongst the very poor from whom little or nothing could be expected in the shape of contributions. A demand that almost amounted to a request to make ends meet was indeed a stiff proposition, and whilst it was right and proper that local self-support should be the goal of our hospital finance, it was quite another matter to ask for its immediate realization. Yet such was the dilemma to which the terrible deficit reduced our brave doctors and nurses. They

appreciated the home difficulty and would do what they could, but those in India saw no prospect of obtaining more than 50 per cent. of their local costs from contributions on the spot. If our medical work was not to be brought down to a commercial basis in which the securing of fees, etc., was to be the main thing—which would mean tearing the soul out of the enterprise—there was really nothing else to be said. The Committee recognized the situation.

And then, just at the very moment when this financial storm had to be weathered, there came the news of the siege of Sianfu. We have already learned something of the terrible experiences which befell our mission in that historic city at the time of the Chinese Revolution, and of the way in which our medical missionaries won the lasting gratitude of the officials and people generally. It might well have been thought that the Jenkins and Robertson Memorial Hospital had earned a respite from further trials, whereas the great siege of 1926 may be held to eclipse even the most stirring chapters in its earlier history. The way in which three young British doctors, Drs. Clement and Handley Stockley and Dr. Ruth Tait, together with one nursing sister, Miss F. S. Major, and a Chinese doctor, stuck at their post for eight long weary months under conditions that savoured of the western front in the Great War, is a veritable epic.

The siege began on April 16th, by which time the victorious "Northern" army had driven the Shensi or "Nationalist" army back to its base

in Sianfu. At first the East Gate only was closed, but the city became gradually surrounded and the siege lasted 196 days. Each heavy bombardment, and there were many, and every attempt on the part of the besieged to break out through the attacking forces, led to the wards being filled to overflowing. On those occasions the wounded would be taken in straight from the field of battle in a long stream of terribly lacerated men. At times the out-patient dressing-room was literally running with the blood of dying soldiers. The stress imposed on the hospital staff was terrific.

"We reached our record admittance when, with a hospital already full, we admitted 150 new serious cases in 36 hours, and this with an increase of our staff by only four untrained men. This meant that the wards with their verandas, the chapel, and part of the out-patient department, were filled with beds, the women's ward was used for soldiers, and the wounded were put into the passages. Lighter cases were put into a huge tent pitched in the hospital grounds. Special wards were opened for officers. The female patients were housed in the women's out-patient department.

"One of our great difficulties during the attacks was to keep pace with the operations. We would be X-raying to spot bullets or pieces of bomb and shell, and operating with the two theatres going at once, every day of the week, and often at night, extracting bullets, tying bleeding vessels and generally repairing the wounds, all this with a temperature often varying between ninety to a hundred degrees in the shade, and with nights broken by calls to hospital and repeated shelling."*

The doctors took every precaution to protect both the staff and the patients. Underground cellars were emptied and made ready for use during

* Dr. Handley Stockley's correspondence.

bombardments. As the siege went on, medical stores and food began to run low, and the spectre of famine stared everyone in the face. Women and children of the missionary community were evacuated in the month of October, being conducted out of Shensi by the heroism of Dr. E. R. Wheeler and Dr. H. G. Wyatt, who had gone to their rescue. But even then, such were the straits in the city, that people were dying at the rate of 500 a day. In the hospital, cod-liver oil and tonics often had to be used in place of food, and when the siege was raised on November 28th, the hospital staff were actually eating oil and bean cakes, which are usually only employed for opium plants! Yet through it all, the Word held :

“The Lord is good, a stronghold in the day of trouble, and He knoweth them that trust in Him.”

If the evangelistic efforts of the hospital had been largely suspended during the siege few would wonder, but day by day morning prayers continued, Sunday and ward services were held. Definite spiritual results were granted and the Chinese workers rose to the opportunity in a very splendid way.

“It cannot be doubted that the service of this mission hospital during those terrible months constituted a witness that will not easily be forgotten, and which may well prove to be one of the foundations upon which in coming years the work for Christ in Shensi shall be built up. It won the confidence of the military commanders and officers, all of whom came for treatment, and many of them stayed in the hospital. The General of the 1st Army came personally after the siege to thank the doctors for what they

had done, and to record his appreciation of the clean and tidy wards."*

During the time that Sianfu was cut off from the outer world our other and smaller hospital in Shensi, at the country town of San Yuan, was also brought into the zone of civil war. After surrounding Sianfu, the "Northern" General advanced to invest San Yuan. Already Dr. Li Ren, the Chinese doctor who had carried on the medical work in San Yuan ever since the death of Dr. Andrew Young, together with Miss Dillow, had been hard pressed with the scores of wounded men who had been arriving daily. The army in possession of San Yuan had been preparing for the siege, thinking it would be their turn next, and the hospital, being in an exposed position outside the town, threatened to be in the line of fire. No hope of its neutrality could be secured, and finally early in the month of August the hospital had to be evacuated after it had been forcibly entered by the defending troops. The staff, patients, and stores were removed to other B.M.S. property inside the town, and military operations soon reduced the hospital to a dismantled state in which condition it has had to be left ever since. This is the one mission hospital of our Society in China which has suffered from military occupation during the civil war; through it we touch the tragedy of that terrible strife which has wrought such havoc in China.

If, however, the work of our Medical Missions was called to endure a time of testing, the year at

* Dr. Handley Stockley's correspondence.

whose history we now glance was marked with many a note of good cheer. Despite the difficulty of the deficit, reinforcements for the field were not being denied. In the early autumn three new doctors were on their way to their respective spheres, Dr. Grace Newell for India, Dr. Gordon King for China, and Dr. Kenneth Todd for Yakusu, Congo. Dr. Newell, the daughter of South American missionaries, had trained in London, and was appointed to Berhampore. The two men had prepared under the auspices of the Medical Missionary Association of London at the London Hospital ; in each case valuable post-graduate work had been done before an offer to the Society had been made. Dr. Todd's appointment to Yakusu provided a medical colleague for Dr. Chesterman, and brought us to the point when each of the Congo hospitals had its proper minimum staff of two doctors.

The same autumn that saw Dr. Todd's arrival at Yakusu witnessed the start of work in the new hospital. Twenty-two months after the first brick was laid, and seventeen months after the official stone-laying, the doors were opened, the patients and equipment being bodily transferred from the old "Stapleton Memorial" to the new premises. One ward had yet to be completed, together with the Nurses' Home and other buildings, but hygienic accommodation was available for twenty-five patients. This enlargement of the hospital rendered an addition to the nursing staff all the more needful. A nursing sister was forthcoming in Miss Phyllis Lofts of St. Bartholomew's Hospital. Her arrival brought the nursing service, as well as the

medical, up to the minimum standard. We might bracket with Miss Lofts another "Bart's" nurse, in the person of Miss E. S. A. Wheal, of Loughton, who sailed for China at the beginning of 1927, a much needed reinforcement to the nursing staff in that field.

In the spring Dr. Jean Cooper, a daughter of missionaries, the "Dr. Eva Clark Memorial Medical Missionary," having completed a course of special study in London, following upon a Lahore University medical course in Delhi, had sailed for North India to reinforce our women's medical service.

Our medical missionaries in more than one centre were cheered that winter by the provision of fresh equipment. The new hospital at Yakusu received valuable surgical furniture for the operating theatre from friends in Bristol. Dr. E. H. Edwards was enabled to complete his fund for an X-ray outfit for the new Schofield Memorial Hospital at Tai Yuan Fu, and that was dispatched early in 1927. The women's hospital at Palwal obtained the funds to erect cottage wards for private patients, and the staff bore witness that "the mission hospital stands as a pattern institution, giving help, healing and comfort, and in all its ministrations tries to show forth love and service." The truth of that statement was abundantly confirmed by an experience of the Foster Hospital at Chowtsun in the autumn of 1926. A terrible epidemic of cholera ravaged the district. The hospital was presented with a great opportunity for medical and evangelistic service. Modern methods of treatment were employed by

Dr. A. A. Lees and his colleagues ; so successful were they that whereas the *mortality* amongst victims to the disease outside the hospital was 80 per cent. or more, the hospital showed a *recovery* rate of the same figure ! This tangible evidence of the value of the hospital created a strong impression amongst the people and helped to commend the Christian message throughout the area. In no finer way could an antidote be given to the poison of anti-Christian agitation then prevalent in China.

So we come to the actual celebration of the semi-Jubilee of which the following chapter must tell.

CHAPTER XVII

THE TWENTY-FIFTH MILESTONE

IT was evening of Friday, April 22nd, 1927, in Bloomsbury Chapel, London ; one of the great moments in the history of B.M.S. Medical Missions. Twenty-five crowded years had rolled away, and the semi-Jubilee of the Medical Mission Auxiliary had been reached. A gathering that crowded the area of the large building and in greater part filled the gallery, was eager with expectancy. The record of so vital a movement as that of our Medical Missions was receiving a worthy celebration. A service of Remembrance was to be conducted for those of the doctors and nurses who had been called to Higher Service during the passing of the years. There was everything to lend a special interest and significance to the event. And none who were present will ever forget it.

The Chair was occupied by the President of the Baptist Laymen's Missionary Movement, Mr. A. R. Doggart, J.P., and as his strong, clear, resonant tones rang out, it became evident how firm was his belief in the work of this branch of the Society. His emphasis upon the things that are central proved an admirable introduction to all that was to follow.

“ The progress of the years ” provided a welcome

theme for the Secretary, and what inspiration the retrospect afforded ! From the little band of eight doctors all told, the number had grown until, despite the heavy losses that had been sustained, there were now thirty-six doctors holding British medical qualifications and twenty-seven fully trained nursing sisters.

Then, too, in the direction of material equipment there was much to encourage. At the first there had been only four in-patient hospitals containing less than a hundred beds, and an annual in-patient roll of something under four hundred. The volume of the work had so grown that there were now sixteen hospitals with well over seven hundred beds and an in-patient register that surmounted five thousand a year. The attendance of individual out-patients in the various hospitals and dispensaries had likewise risen until the annual roll came to nearly one hundred thousand. The number of in-patients who had been treated during the twenty-five years amounted to over 80,000, whilst in the case of out-patients the figures almost reached two millions with a total attendance of nearly seven millions. A noble record of unstinted effort in the cause of suffering humanity ! When to that is added the stream of evangelism that had been steadily pressing forward it is easy to realize how tremendous had been the contribution that our Medical Missions had brought toward the attainment of the central purpose for which the Society exists. If sick bodies had been mended by the thousands it was also true, and that in a way which cannot be measured, that sick souls had been brought to One Who alone can cure them.

During these twenty-five years no less a sum than £401,858 had been contributed to the regular funds of the Medical Auxiliary. The annual income had grown until it was over £24,000 a year. Along with these figures must be placed another calculation that is of even greater significance. While the Medical Mission income at home had been increasing, attention had been given to the work of self-support on the field itself, and with such success that no less a sum than the equivalent of £57,371 had been raised in fees, contributions and grants from public bodies. This showed that the work of the hospitals was gaining a foundation in the life of local communities.

It was no wonder that with facts such as these in their minds the audience was prepared to listen to the thrilling story recounted by Dr. Clement Stockley on "Hospital experiences during the Siege of Sianfu." The previous chapter has enabled us to gather something of the dread ordeal to which one of our Medical Missions had been subjected, and it can be imagined with what intense interest everyone followed Dr. Stockley's account. He had a dramatic tale to tell, and yet there was nothing but the quiet, unassuming heroism of the real hero in the way in which he told it. He was true to the best tradition of the missionary doctor. There came a voice, also, from India in the person of Dr. Hilda Crichton Bowser, one of the younger members of our women's medical service. She told of advances in the medical work in a field where naturally the women's side has to take first place in importance. The restrained intensity of the

doctor herself, her striking testimony to the worthwhile character of the service, and her appeal for others to come and share in it, sent conviction to the heart. True indeed is the saying that our women doctors give of themselves. Their service is of the costly selfless kind, which is measured by its loss rather than its gain.

Dr. Bowser was followed by a representative of our nursing staff in the person of Miss Gladys Owen. Twenty-five years before, there were no fully qualified sisters at the hospitals, whereas Miss Owen was able to speak about "Establishing a Nursing Service in Central Africa." She came from our latest hospital, the one at Yakusu, and her calm and beautifully told story of what was being done in the shape of training Congo nurses created a deep interest.

And so that great gathering came to its crowning wonder—a Service of Remembrance of the doctors and nurses who had passed to their reward in the past twenty-five years. It was conducted by the Rev. G. W. Harte, of Bristol, and began by the singing of the following beautiful hymn :

HYMN OF THE SONS OF CONSOLATION

O Son of God, our Captain of salvation,
Thyself by suffering schooled to human grief,
We bless Thee for Thy sons of consolation,
Who followed in the steps of Thee, their Chief.

Those whom Thy spirit's dread vocation severed
To lead the vanguard of Thy conquering host ;
Whose toilsome years were spent in brave endeavour
To bear Thy saving name from coast to coast.

Those whose bright faith made feeble hearts grow stronger,
And sent fresh warriors to the great campaign,
Bade the lone convert feel estranged no longer,
And made the sundered to be one again.

And all true helpers, patient, kind, and skilful,
Who shed Thy light across our darkened earth,
Counselled the doubting, and restrained the wilful,
Soothed the sick bed, and shared the children's mirth.

Thus, Lord, Thy servants in remembrance keeping,
Still be Thy Church's watchword, "Comfort ye";
Till in our Father's house shall end our weeping,
And all our wants be satisfied in Thee.

Amen.

As the last words died away the whole audience remained standing with bowed heads in an act of remembrance. The silence was profound. Followed immortal passages of the Word of God; the names of the sainted dead, some glimpse of the earthly pilgrimage of each lighting up the name so that it became a Challenge and a Hope.

"Then I heard in my dream that all the bells in the City rang again for joy and that it was said unto them, 'Enter ye into the joy of our Lord.' I also heard the men themselves say that they sang with a loud voice saying, 'Blessing and honour and glory and power be unto Him that sitteth upon the throne, and unto the Lamb, for ever and ever.'

. . . And after that they shut up the gates: which when I had seen, I wished myself among them."

SAINTS IN LIGHT

Medical Leaders at home.

- Dr. Percy J. F. Lush (Founder and First President, died 1918);
Sir Alfred Pearce Gould, K.C.V.O. (Chairman of Professional
Sub-Committee, died 1922);
Dr. John Garrett (of Acton, died 1908);
Dr. A. E. Hawkes (of Liverpool, died 1919).

Medical Missionaries.

- Herbert Stanley Jenkins, M.D., F.R.C.S. (Sianfu, 1904-1913);
Cecil Frederick Robertson, M.B., F.R.C.S. (Sianfu, 1909-1913);
John Lewis, M.B., M.R.C.S. (Tai Yuan Fu, 1906-1916);
Thomas Scollay, M.B., Ch.B., D.T.M. (Sianfu, 1911-1918);
George Kemp Edwards, M.B., Ch.B. (Tai Yuan Fu, 1915-1919);
Andrew Young, L.R.C.P. & S. (Sianfu and San Yuan, 1905-
1922);
Eva Clark, M.B., Ch.B. (North India, 1918-1922).

Nurse Missionaries.

- Miss Emily S. Gautrey (Bhiwani, 1907-1914);
Miss Evelyn G. Roach (Berhampore, 1920-1923).

Who shall tell the thoughts that surged through many hearts as the silent moments sped their way? "Lest we forget!" God helping us, these our beloved comrades who loved not their lives unto the death shall never be forgotten. Their names shall ever be kept green in our memories, and the Cause in which they poured out their lives shall be eternally sacred to us.

Into the stir of the London streets the audience melted silently away at the close of the evening. It was the hour for high purpose. The future could not belie the past; the land still to be possessed by Christ's healers would be explored and

won ; other feet should march bravely on the path that shone before us. No faltering now ! Christ still points to the suffering multitudes and bids us respond to the cry of pain. Unless we are to prove recreant to the heritage bequeathed to us by the past, there is only one thing we can do—to go on and on. Pioneers ! Pioneers !!

CHAPTER XVIII

ON THE WAY TO THE JUBILEE

IN a sense the story that we were charged to relate ends with the attainment of the Semi-Jubilee, and what follows is the province of the future historian. Yet inasmuch as the second twenty-five years has already commenced, and so much depends on the way in which we respond to the fresh calls that the present situation makes upon us, it may well prove of consequence to bring our record of facts up to date.

And it has to be admitted that the new beginning has already had its full share of testing. The very month that saw the Semi-Jubilee celebration in London was the time when the B.M.S. missionaries in China had to withdraw to the coast under British Consular advice on account of the civil war. That meant that the hospitals had to be left in charge of the Chinese staffs, an enforced experiment that proved to be full of encouragement. Dr. E. R. Wheeler, it is true, remained at Tsinan, assuming for the time being the duties of Medical Officer to the British Consul, but the whole work of the Shantung Christian University passed into Chinese hands for the time being. Dr. B. C. Broomhall, with the Rev. E. L. Phillips, also held on for some weeks at Sianfu by the special request of General

Feng, but by the end of May they, too, had left for the coast. Needless to say, all this upheaval created a serious emergency in the China work of the Society, and for the missionaries themselves much disappointment and discouragement. It was decided that those whose furloughs were due, or nearly so, should return home, and that the few remaining at the coast should hold themselves in readiness to return to their stations whenever the opportunity presented itself.

Included in those returning home were Dr. and Mrs. T. C. Paterson, whose long and honourable service at Tsingchowfu had now come to a close, Mr. F. H. B. Harmon (with his motherless children), Dr. and Mrs. D. J. Evans, of Tsinan, Dr. and Mrs. John Jones and Mrs. E. J. Ellison, of Tai Yuan Fu, and Miss M. S. Walker, of Chowtsun. In the meantime contact was maintained by correspondence and in other ways with the Chinese workers in responsible charge of the work, and the news that came through was reassuring. Obviously no fresh reinforcements could be sent from home. The Society could only pray and wait for a better time, strong in the assurance that this was but a temporary interruption.

As the summer proceeded it became clear that the "Southerners" were not going to gain command of Peking and the north during 1927. The situation became less acute, and occasional visits to the stations in Shantung were possible. What our missionaries saw of the way in which the Chinese Christians were carrying on was distinctly encouraging. Yet those fellow-workers of ours

were eager that as soon as possible the missionaries should return. This became possible, so far as Shantung and Shansi were concerned, by the end of the summer. Dr. and Mrs. Lees and Miss Major returned to the Foster Hospital at Chowtsun and testified to the way in which the Chinese medical and nursing staff had maintained the efficiency of the work. Dr. Wheeler, Dr. and Mrs. Ingle and Mr. and Mrs. Pailing were able to resume their service in the Medical College and Hospital in Tsinan. Miss Logan had had to return to England to bring her sick colleague, Miss Pollard, home on furlough, but she was back at Tsinan before the end of the year.

Dr. and Mrs. Wyatt, Miss Jaques and Mr. Dart seized a favourable moment to return to Tai Yuan, in Shansi, where the work of the men's hospital had had to be suspended, while that of the women's hospital had been maintained through the devotion of the Chinese nursing staff and the services of a foreign-trained Chinese doctor. Hardly had they got to Tai Yuan Fu before the civil war began again in earnest, and communications with the coast were cut off. This threw a very heavy load of work and responsibility upon Dr. Wyatt and Miss Jaques, and many a day they longed for reinforcements.

Dr. Wyatt had to make an entirely new start with the work of the men's hospital, an especially difficult task under the circumstances. No idea could be entertained of a return of the missionary staff to Shensi, and Dr. Gordon King, who had married Dr. Mary Ellison in the month of April,

accepted a temporary post in the Peking Union Medical College, and Dr. Handley Stockley undertook to fill a gap on the staff of the London Mission hospital in Tientsin. Dr. Broomhall, prevented on health grounds from returning to Sianfu, was asked by the Shantung Conference to take over the work of the Tsingchowfu hospital.

It can be easily understood how great was the disturbance that was thus brought about in the work of our China Medical Missions. It was essentially a time when the walk of the missionary and of the Society had to be by faith and not by sight. And there were some further heavy disappointments in the shape of retirements from the staff which had to be borne before the year had ended. To the sorrow of everyone Dr. Harold Balme, who had returned home early in 1927, was obliged during the summer to resign his position as President of the Shantung Christian University for private family reasons. It was hoped that a way might open whereby he could resume medical missionary service in China in the early future, but, alas, Dr. Balme was ere long forced to conclude that this could not be, and his final resignation had to be accepted by the Committee in November, 1927. The distinguished service that he had rendered ever since he went first to China as a medical missionary in 1906 made the subject of his retirement a matter of the keenest regret to the Society. It was well known that Dr. and Mrs. Balme would fain have continued in the work had it been possible, and that the severance was a great personal grief to them. No one can over-estimate

the far-reaching character of Dr. Balme's contribution to the cause of missions in China.

Unfortunately this was not the only personal loss that the year brought with it. We have already referred to the return home of Dr. and Mrs. Paterson. In Dr. Paterson Medical Missions had had one of its choicest and wisest spirits, whose sound advice and shrewd insight had been of the utmost value to his colleagues in Shantung. One of the earlier doctors of the Society, he had been with us all through the past twenty-five years, and had it been possible his continuance in active service would have been welcomed. Another name that has to be added to the list of resignations is that of Dr. John Jones, who between his joining the Society in 1912 and 1927 served as a medical missionary in hospitals in each of the Provinces. Dr. and Mrs. Jones were greatly beloved by their colleagues, and were foremost in all that matters most to the work of Medical Missions. The experience that Dr. Jones had gained of the problems of the China field caused everyone to hope that for many years he would still be able to remain in active service. Dr. and Mrs. Jones themselves would have coveted such a privilege, but unhappily, on health grounds, Dr. Jones had to come to the conclusion that he must remain at home, and with much regret his resignation was accepted in July, 1927.

A further resignation occasioned the Committee much sorrow. Dr. Marjory Edwards, who had come home at the close of 1925, after some busy years at the Tai Yuan Fu women's hospital, had

decided that she could not contemplate a return to China. This meant a very heavy blow for the hospital, which had already lost its other doctor through the marriage of Dr. Mary Ellison. The Committee were deeply grieved that for the present at any rate they would be deprived of the service of Dr. Marjory Edwards.

Even then the list of retirements was not complete, for letters of resignation had been received from three nursing sisters, two of whom, Miss Dillow and Miss Rogers, were shortly to be married. They had rendered good service in Shensi, and Miss Rogers had gone to North India, together with Dr. Ruth Tait in the summer of 1927, to render temporary service at Bhiwani. The remaining nursing sister was Miss Walker, of Chowtsun, who had done so much for the Nurses' Training School at that station. On family grounds she had to give up the prospect of a return to the mission field.

The closing months of 1927 were therefore unusually anxious times in the experience of our medical mission. There were many shadows across the path, yet, to God's praise be it said, there was also sunshine. The situation in China so improved that Dr. and Mrs. Bethell were able to return from England to resume their service at Chowtsun, Dr. W. S. Flowers, of Nottingham, a medical mission scholar of Rawdon and graduate of Leeds University, was also sent to China at the close of the year, and was followed early in the New Year by Miss F. E. George. By the following spring it was possible for both these new missionaries to

proceed to Tai Yuan Fu, there to relieve the hard-pressed workers who had been carrying on all through the winter. In the coming summer it was decided to transfer Dr. Broomhall to Tai Yuan Fu, where his experience would be of much avail, and Dr. Flowers, with his bride, has since been located at Chowtsun.

By this time a second evacuation of a number of missionaries had had to take place from the inland stations of Shantung owing to the Nationalist advance. North China fell to the side of the Southerners, and there were some tense periods, particularly at Tsinan. But the work of the hospitals was maintained, and the return of Miss Rossiter to the women's hospital in Tai Yuan Fu was a further welcome reinforcement. Dr. Ellen Clow, a new recruit for our women's medical service, left for China in the early autumn, and in the month of October Dr. and Mrs. Handley Stockley were able to leave the coast for Sianfu, there to be joined by Dr. and Mrs. Lees and Miss Major. Another recruit in the person of Dr. Menzies Clow has left this autumn for China and will be located at Sianfu. A serious loss has had to be faced in the resignation of Dr. Clement Stockley, who with his family is remaining in England. The devoted character of his zealous missionary service in China through a most difficult period will abide as a permanent enrichment of our medical missionary annals. To our sorrow Dr. D. J. Evans had by this time sent in his resignation, having made up his mind to remain in this country for the present. That further reduced the B.M.S.

quota in the staff of the School of Medicine in Tsinan, and as Dr. Wheeler had come on furlough and has since resigned, Dr. Laurence Ingle is left as our one doctor at that important station. The Inter-Provincial Council have, however, appointed Dr. and Mrs. Gordon King to Tsinan, to take effect as soon as he is free from his present post in Peking in 1931. The resignation of Dr. Wheeler, for family reasons, has deprived the medical department of the University at Tsinan of one of its ablest and most beloved missionaries. The record of his work there is written large in the young doctors who have been trained under him, and whose lives have been influenced by his own virile Christian character. The loss of his service cannot easily be expressed.

The urgent need for reinforcements was very evident also on the nursing side, for on account of health Miss Pollard had had to resign her position at Tsinan, to the regret of all those who had known her valuable service. Happily a new nursing sister, Miss Margaret McKinnon of Kilmarnock, is sailing for China this autumn and is designated for Sianfu.

So far as India was concerned, the course of the year had shown definite progress. Miss Oliver had returned after furlough to the work in the Lushai Hills, taking a new nursing colleague with her in the person of Miss Good, of Bristol. Dr. Teichmann had been similarly blessed, for during his furlough he had found a medical colleague in Dr. James W. Bottoms, of Southend, a Lord Scholar of Regent's Park College, and a graduate of London University. This meant that the Chittagong Hill

Tract medical mission, with its base at Chandraghona, had at last two British doctors, and was in a position to contemplate a wider field of service.

The hospitals in the North of India had received a nursing reinforcement in the person of Miss Constance Hawkins, and rejoiced further over the return of Dr. Moore from furlough. The improved buildings of the men's hospital at Palwal were nearing completion, and will give splendid facilities for service in 1929 and onward. This hospital had now a nursing sister in Miss Johansson for the first time in its history. Nursing reinforcements particularly were needed, but recent acceptances held out encouraging prospects in this direction. Miss Bain of Islay, Argyllshire, and Miss Winifred Hawkins of Leytonstone have been appointed to India, and the former sailed for Palwal early in 1929. Miss Walley, a dispenser-evangelist, has also been added to the North India staff—an appointment which will mean much to the hospitals—and another woman doctor, Miss Janet Hoare, is hoping to sail for the same field at the close of the present autumn. Two more nursing sisters, Miss Amy Garlick of Swindon and Miss Winifred Mouncey of Boston, have also been accepted recently. They are expected to leave for India in the coming new year.

Regarding Congo, the year of the Congo Jubilee had seen difficulties faced and surmounted. Dr. Victor Joy had worked single-handed at the Bolobo hospital, but in the new year of 1928 Dr. Donald Frost, of Spalding, a graduate of the London University, had been added to the staff. Alas, Dr. Joy

was obliged, on family grounds, to terminate his abounding service at Bolobo, and in the following summer to return finally to England to the regret of everybody. Miss Bliss, for so long our senior nursing sister at this hospital, had to bid good-bye to the hospital because of furlough and her approaching marriage. Dr. Frost and Miss Petrie were left alone, but another doctor and nurse in the persons of Dr. Stanford and Miss Twitchett had been accepted and have since sailed for Bolobo. Furlough exigencies have also made the work of the hospitals at San Salvador and Yakusu unusually difficult, and this has told upon the health of the workers. Miss Hammond, of the former station, has had to resign, on account of health, but an additional nurse, Miss Cheshire, has been sent forth. The resignation of Dr. Frank Fox, for personal reasons, has also had to be accepted recently, and San Salvador has thus been called to bear a double loss. The recent Congo Missionary Conference has pointed the way to increasingly fruitful service on the part of Medical Missions, and Dr. Wilson and Dr. Chesterman have returned to their respective stations with eager expectancy of the days ahead.

We naturally turn our thoughts toward the districts in which our medical mission work is not as yet represented. Never must we forget those needy spots from which still comes, oft and anon, the pleading cry, "Where is the doctor?" If much has been done much remains to be done. The Khond Hills in India have waited far too long for a response on our part. The Khond Hill

Medical Mission, talked of so eagerly at our "Coming of Age" celebration, has not even yet materialized. And in this instance, as in others, the coming of the doctor would mean a much greater safeguard for the health and life of the missionary community. The recent India deputation wrote some pointed things in their report regarding the necessity for this piece of advance. How long are they to wait for its execution? "Where is the medical volunteer, and where are the funds?"*

And then there is North Bengal, where amidst the teeming multitudes of that unhealthy region we have not one single doctor or nurse or hospital! Is it justifiable to let things stand as they are to-day in this part of our wide field?

In the other fields as well opportunities are to be had for the asking. There are openings for what may prove perhaps a new phase of our medical missionary service in the shape of mobile hospital units. We must have base hospitals, but there is room for the other type too in which prevention as well as cure will become the watchword of many a health talk. The past twenty-five years have redeemed Baptist Medical Missions from the straggling rear of our missionary enterprise. Let not the next twenty-five years be backward in breaking new ground, pioneering fresh ideas and bringing additional contributions to the service of medical evangelism.

* Since these lines were written Dr. Hugh Craig, of Portobello, who was accepted early in 1929, has been appointed to the Khond Hills, and will sail in the new year of 1930.

CHAPTER XIX

THE CHALLENGE OF TO-MORROW

THERE are two important questions which claim consideration before our present task can be regarded as complete. So far we have been tracing the gradual evolution of our mission hospital system and finding ourselves absorbed by the double challenge of need and opportunity which that work presents. We cannot, however, lose sight of the fact that all this growth creates a serious problem and raises the question: What is to be the future of the hospitals? Are they to remain permanent responsibilities of the Missionary Society which gave them birth, or are they to be devolved on other shoulders? And along with that goes another question. What is to be the future of the medical missionary appeal to the Home Church? These are large and practical questions which call for careful thinking and far-sighted vision in dealing with them.

Let us once more remind ourselves of the place of healing in the work of the Church. This was defined by Dr. Frimodt-Muller, in an address which he delivered at the Jerusalem Council. In a clear and cogent way he argued that medical mission work is an essential part of the Christian message, and that the motive for healing the sick

is a God given compassion such as was in the heart of Christ. This view was upheld in the official statement of the Council concerning Medical Missions, wherein it was declared that in the missionary enterprise the medical work should be regarded as in itself an expression of the spirit of the Master. . . . "As the Christian Church animated by the same spirit of divine compassion seeks to follow in His footsteps, it should attempt, wherever needed, to carry on effectively the ministry of healing. Work done in this spirit is spiritual service."

This pronouncement has a vital bearing upon the question of the future of mission hospitals. Plainly enough the place of healing in the service of the gospel was not regarded by those who met at Jerusalem as something which is purely transient and of only secondary importance. The emphasis was entirely in the opposite direction. Medical Missions have a function to discharge which is not limited to the pioneer stage of Missions, and to classify them merely in the category of philanthropic agencies is to think of them in an inadequate sense. A mission hospital may be used of God to open a way for the gospel, but in its own service it fulfils an essential purpose in revealing God to man. Its permanent validity is beyond question.

To justify that statement and all that it connotes, we must stipulate, however, that what Dr. Thomas Cochrane calls the basic principle of Medical Missions—personal evangelism—shall be constantly at work in the daily life of a mission hospital. The paramount aim of the work is to be found in leading

souls to Christ. An interpretation of the Spirit of Christ, if the work stops at that, is not enough ; it may even become a snare. Nothing can be regarded as wholly satisfying in the spiritual objective of a mission hospital which is not summed up in a personal introduction of individual souls to the One who alone can cure them.

And it is here, and because mission hospitals have so abundant a sphere of service, that we can discern the continued rather than the passing opportunity of a mission hospital. For a Missionary Society to be betrayed into reducing its medical missionary activity because, forsooth, certain Governments and countries have come to recognize their proper responsibilities toward the sick is to misread Medical Missions in a most grievous fashion. The Christian Church can never expect, should never desire, to compete with National Medical Institutions in the service of healing, save only in the quality of the work achieved. But the Christian Church cannot, and must not, surrender its rightful place in the ministry of healing, for that service has a high mission of its own to discharge.

But if that is so, how vital becomes the necessity that those who are sent out for mission hospital service should be those who, in the words of the Jerusalem Council, "have a vital experience of Christ." The personality of the doctors and nurses is of supreme concern. They need to be men and women in whom burns a great love for souls. They can create or mar the spiritual atmosphere of the hospitals in which they serve. In so far as they look upon their patients as souls to

be won for their Lord, and bring to bear the whole weight of their life and witness and service to that great end, they may confidently and humbly expect spiritual results. A Presence like unto the Saviour of the World "will walk the rounds with them."

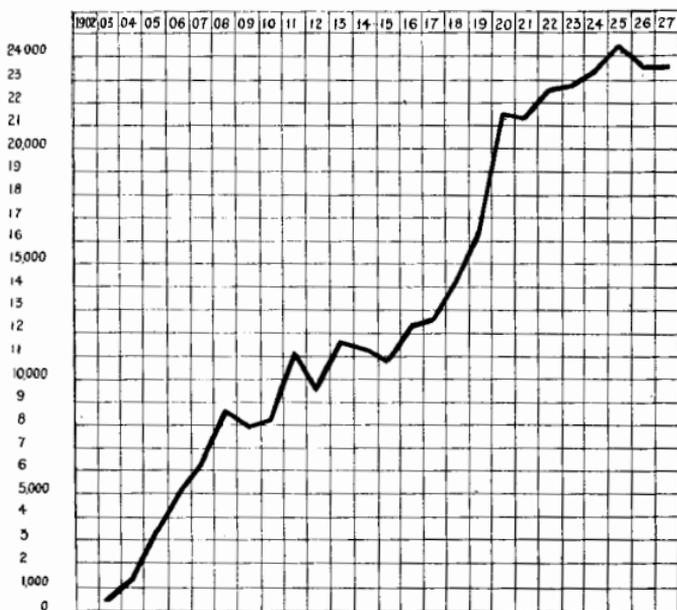
Something more, however, needs to be said at this point, or it may be thought that we are forgetful of the limits of time and strength of those missionary doctors and nurses who have multitudinous claims to serve in the work of their hospitals. The numerous responsibilities which they have to bear may, and often must, render it impossible for them completely to redeem the spiritual opportunities which come their way. It is therefore necessary for help to be given, and in order that this may be rendered the work of the mission hospital needs to be related to other branches of missionary service. The hospital is not an isolated unit of the work of a mission station; it must be linked up with the work of the Church and school, be brought into direct connection with itinerating effort, and regarded as presenting *in itself* a most fertile field for direct evangelism. The doors of the hospital should be open to all who can wisely co-operate in the work of evangelism, and the institution should be brought into a well thought-out scheme of evangelization that is intended to cover the district. Thus can the otherwise seemingly impossible become an end that can be achieved.

This naturally leads us to the point when it is necessary to consider the part that the indigenous Christian Church is to take in the service of healing. We have seen that the future of mission hospitals

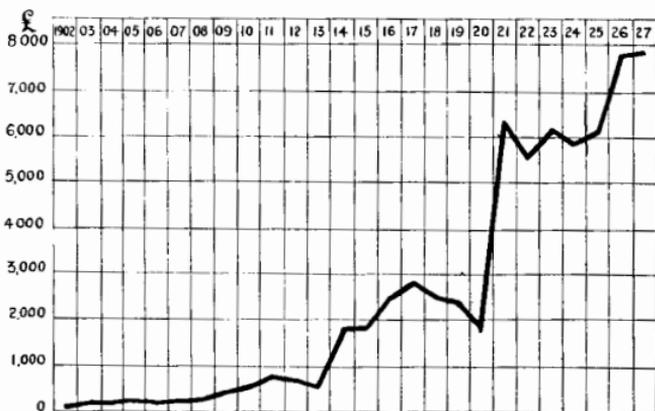
cannot be thought out along lines that are purely temporary. They have a permanent function to discharge, and because that is so, the future of the mission hospital becomes a live question for the indigenous Church. It is that Church to which this work must in the end be passed over, and, as Dr. Fridodt-Muller said at Jerusalem, it is during the next generation that the indigenous Church must become prepared to assume responsibility for medical mission work. Of necessity this brings up a very practical question, and a difficult one, too, for as we think of the weak and struggling character of many of the small churches on the mission field, and remember what is involved in carrying on a modern mission hospital, it almost seems impracticable to conceive the transfer of such responsibilities to the younger Churches. Yet unless we are to depart from the line of argument we have been following, and contemplate a future in which the medical work on the mission field will have no relation to the indigenous Church, indeed be out of its hands, then we must do as was done at Jerusalem, and inquire how, and by what means, the work of mission hospitals is to become transferred from the Missionary Society to the Church abroad.

The Jerusalem Council laid emphasis upon three important considerations. First of all the present mission hospitals must be enabled to do first-class work by being thoroughly equipped and adequately staffed. If that is done it will mean that the staff of the hospitals will be able to set an example of conscientious work, of the highest quality, carried

HOW THE FUND GREW AT HOME



HOW LOCAL SUPPORT WAS RAISED AT THE HOSPITALS ABROAD.



out in the spirit of Christ. This in turn will lead to the hospitals gaining such a reputation in the districts which they serve as will attract financial support, and secure in the end a large measure of self-support. The indigenous Church will then find the financial problem of the hospitals capable of solution.

In the second place, provision must be made for a first-class training for Christian doctors and nurses, and for giving those opportunities which are needed for practical experience in well-equipped mission hospitals to those who have been so trained. This will prepare them to undertake full responsibility in the superintendence of the hospitals and to take the lead in developing new and better ways whereby the indigenous Church shall carry on its ministry of healing.

Finally, the members of the indigenous Church must be drawn into the administration of mission hospitals through service on hospital committees, and by participation in "follow-up" evangelism.

It is safe to say that Medical Missions can be made truly indigenous, and the future of mission hospitals properly assured if such a policy is followed. The bearing that this has upon the present position is obvious, and should be wisely taken to heart. We must not weaken but rather reinforce our medical missionary work. Any sudden or premature withdrawal of staff or funds would be fatal. For years to come we must count it a privilege to maintain our share in this high service with energy and devotion, but all the time preparing the way for the indigenous Church to assume responsibility. As that Church is able to take over one

hospital after another, at first perhaps in co-operation with us, we should press on into unreached needy areas, ever keeping to the fore the evangelistic function of medical missions. A policy of this kind may be realized sooner and more easily in some fields than in others, but if it is steadily pursued we may envisage a future which is full of promise for this piece of Christ's service.

And now we come to the subject of the medical missionary appeal to the Home Church. It is one upon which we hold strong views. The record unfolded in previous chapters has shown what can be done by specializing on this particular aspect of Missions. From 1902 onward the Medical Auxiliary found it possible to issue and organize an appeal for Medical Missions which resulted in much fresh support being secured for the B.M.S. Are we now to side-track the appeal and because of a supposed disadvantage on account of the additional appeal give up the special plea and no longer seek to gain particular money for Medical Missions?

We hope most earnestly that the Churches will refuse to do anything of the kind. Let us never lose sight of the fact that our B.M.S. Treasury contains a Medical Fund which should and can be made adequate for the Society's medical work. But that can only happen if the appeal is maintained, and there are at least three reasons why we should continue that effort.

First of all, the appeal of suffering and hospital work is tremendously strong. We know that is so in our own land, and the same is true of Medical

Missions overseas. People can be won to a deep and living interest in the medical work of Missions if that service is specifically presented to them. Hearts can be moved by it even when there is a lack of response in other directions. It is therefore eminently wise and practical to single out and set forth the claims of medical work.

Secondly, the appeal of Medical Missions is capable of such abundant justification. The history of the enterprise, its distinctive character and particular needs, combine together to warrant a special appeal. The way in which medical work has reinforced evangelism and opened door after door for the Christian message is sufficient in itself to establish a most cogent argument for the support of such service.

Thirdly, the admitted fact that this powerful instrument for the spread of the gospel is costly adds to the strength of the case for special support. It is widely known how immense are the financial problems confronting Missionary Societies, and it can readily be understood that apart from particular contributions given for hospital work, over and above ordinary gifts, it must be exceedingly difficult for a Society to respond as it might wish to do to the legitimate requirements of its medical work. If money can therefore be obtained for this type of mission service it is entirely reasonable that a special fund should be maintained for that purpose, an appeal issued on its behalf, and the general exchequer of a Society relieved of the cost of its Medical Missions.

To apply this argument to the case of our own

Society we may point out that an average Birthday thankoffering gift of half a crown (five halfpence a month) if given by only half our Baptist membership, would provide the resources required at present for B.M.S. medical work. That is a striking fact which deserves reflection. There must at least be 50 per cent. of Baptist Church members who could give an annual gift of that kind as an extra offering for the Medical Missions of the Society. Many would wish to give several half-crowns, as indeed is being done already, and thus make up for those who could only subscribe a smaller gift. All that is needed is effective and sustained organization for this Birthday effort in every congregation. For lack of such systematic enterprise much is being lost to-day that might otherwise be gained for so noble a work as that of our mission hospitals. Shall that be true any longer ?

So would we end this tale of Medical Missions by striking clear and strong the note of personal responsibility. Each of us must ask ourselves what God would have us to do in so great a matter. It will not suffice for us to remain partially interested in a work that has the seal of Christ so manifestly upon it, and whose maintenance depends upon what His disciples are prepared to do on its behalf. We are not presented with something which cannot be done, though were it so we might well reflect that God often calls His people to seemingly impossible tasks. The summons is that we should lift our whole thinking and doing concerning Medical Missions into the light that streams from the Cross of Christ, and dedicate ourselves afresh

to the service of that Lord Who, when He came to redeem the world, kept nothing back. Not one of us can take a step like that without realizing how poor is the best that we can do compared with what He did and that we cannot offer less than unstinted devotion. Indeed, we shall not want to do less.

And then as we survey the urgency and vastness of the task to which we are summoned, we shall surely feel how imperative is the call that beckons us to the place of prayer. This is a work in which the issues are too solemn and too overwhelming for even the best of human powers. We cannot cope with all that needs to be done, unless, yoked to our puny strength, there is the omnipotence of our Lord's outstretched arm. He has engaged to place that at our disposal if we ask Him. He has given us the greatest promises upon which we may fasten our supplications and intercessions, both for others and ourselves. He has granted us the authority to use His name as we pray. Shall we not honour Him by using It yet more ?

Let us pray.

APPENDIX I

Constitution of the Medical Mission Auxiliary adopted by the General Committees of the Baptist Missionary Society and the Baptist Zenana Mission in 1901.

1. That a Medical Mission Auxiliary be formed in connection with the Baptist Mission Society and the Baptist Zenana Mission jointly.

2. That the Medical Mission Auxiliary be composed of :—

- (a) The Officers of the Baptist Missionary Society (treasurer and two secretaries) and of the Baptist Zenana Mission (president, treasurer and three secretaries, *ex-officio*).
- (b) Members of the General Committee of each Society to be nominated by each committee respectively—viz., thirteen members of the Baptist Missionary Society Committee and three of that of the Baptist Zenana Mission.

Thus, the Auxiliary Committee will be composed of twenty-four members, sixteen representing the Baptist Missionary Society and eight of the Baptist Zenana Mission :—

And in addition :—

- (c) The medical referees of the two societies, the Baptist Missionary Society and the Baptist Zenana Mission, and all fully qualified medical practitioners being members of either the Committee of the Baptist Missionary Society or the Baptist Zenana Mission.
 - (d) That the Auxiliary Committee have power to co-opt six additional members, not being members of either the Baptist Missionary Society or Baptist Zenana Mission Committees, preference being given to qualified members of the Medical profession.
3. That the main objects of the Auxiliary be :—
- (a) To create, maintain and extend an intelligent and generally practical interest in the medical mission work of the two societies among the churches of our denomination.

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- (b) To raise funds for the financial support of the hospitals at present maintained by the two societies, and ultimately for the adequate maintenance of their entire medical agencies. That for the present all funds raised by the Medical Mission Auxiliary, excepting money specially marked for distinct purposes, be allocated in the proportion of three-fourths to the Baptist Missionary Society and one-fourth to the Baptist Zenana Mission”
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APPENDIX II.

CHRONOLOGICAL LIST OF DOCTORS AND NURSES OF THE
BAPTIST MISSIONARY SOCIETY, 1793-1929.

(1) DOCTORS.

INDIA.

	<i>Date of Accept- ance.</i>	<i>Date of Death, Retirement, etc.</i>
Dr. John Thomas - - - -	1793	Died 1801.
William Carey, M.B. (Edin.) - -	1875	Returned 1892.
Miss Edith M. Brown, M.D. (Brux.). L.R.C.P. & S. (Edin.), L.R.F.P.S. (Glas.) - - - -	1891	Resigned 1894.
Miss Ellen M. Farrer, M.B., B.S. (Lond.) - - - -	1891	
F. Vincent Thomas, B.A., M.B., C.M. (Edin.) - - - -	1894	Retired 1926.
Miss Flora Butcher, M.D. (Brux.) -	1896	Resigned 1906.
Miss Nina Ottmann, L.M. & S. (Madras) - - - -	1900	Resigned 1919.
Miss Edith Young, M.D., B.S. (Lond.) - - - -	1902	Resigned 1925.
G. Orissa Taylor, M.B. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1904	Resigned 1919.
Miss Mary Raw, M.B., B.S. (Durh.)	1904	Resigned 1918.
Miss Mary R. Bisset, L.L.A. (St. And.), M.B., Ch.B. (Aberd.), L.M. (Dub.) - - - -	1905	
T. Newman Darling, L.R.C.P. & S. (Edin.), L.R.F.P.S. (Glas.) - -	1906	Resigned 1908.
Miss Margaret Stott (Mrs. Bhole), M.B., Ch.B. (St. And.) - -	1908	Resigned on marriage 1912.
G. O. Teichmann, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1911	
Miss Florence Payne, M.D. (Brux.) -	1912	Resigned 1920.

	<i>Date of Acceptance.</i>	<i>Date of Death, Retirement, etc.</i>
Albert E. Moore, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1912	
Miss Eva Clark, M.B., Ch.B. (Edin.)	1918	Died 1922.
Miss Dorothy Daintree, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - -	1919	
Miss K. Hazel Parkinson, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - -	1920	Resigned 1929.
W. R. Mathewson, B.Sc., M.B., Ch.B. (Edin.) - - - -	1921	Resigned 1925.
Miss Hilda Crichton Bowser, B.Sc., M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.) - -	1922	
Miss Helen Gregory, M.B., Ch.B. (Edin.), D.T.M. & H. (Eng.) -	1923	
Miss A. Muriel Griffiths (Mrs. Fellows), M.D., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1923	Married 1925.
Miss Gladys Rutherford, M.B., Ch.B., D.T.M. (Liverp.) - - -	1923	
Miss Jean Benzie, M.B., Ch.B. (Aberd.) - - - -	1924	
Miss Jean Cooper, M.B., B.S. (Lahore), M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1925	
Miss Grace H. Newell, M.B., B.S. (Lond.), D.T.M. (Calcutta) - -	1926	
Ronald W. Thomas, M.B., B.S. (Lond.), D.T.M. & H. (Eng.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1926	
James W. Bottoms, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1927	
Miss Janet I. Hoare, M.B., B.S. (Lond.)	1929	
Hugh Craig, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.) - -	1929	

CHINA.

	<i>Date of Accept- ance.</i>	<i>Date of Death, Retirement, etc.</i>
W. Brown, M.D. - - - -	1870	Retired 1874.
J. Russell Watson, M.B. (Durh.), M.R.C.S. (Eng.), D.P.H. (Cantab)	1884	Retired 1923.
Mrs. J. Russell Watson, L.R.C.P. & S. (Edin.) - - - -	1884	Died 1911.
E. H. Edwards, M.B., C.M. (Edin.)	1884	Retired 1922.
T. C. Paterson, M.B., C.M. (Edin.) -	1892	Retired 1928.
Mrs. T. C. Paterson, L.S.A. - -	1898	Died 1912.
J. A. Creasey Smith, M.B., Ch.B. (Edin.) - - - -	1898	Resigned 1908.
Benjamin C. Broomhall, F.R.C.S. (Eng.), L.R.C.P. (Lond.) - -	1903	
H. Stanley Jenkins, M.D., B.S. (Lond.), F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - - -	1904	Died 1913.
G. A. Charter, L.R.C.P. & S. (Edin.), L.R.F.P.S. (Glas.) - - - -	1905	Resigned 1920.
Andrew Young, L.R.C.P. & S. (Edin.)	1905	Died 1922.
Mrs. Andrew Young, M.A., M.D. (U.S.A.) - - - -	1907	Resigned 1922.
Harold Balme, M.D. (Durh.), F.R.C.S. (Eng.), D.P.H., L.R.C.P. (Lond.) - - - -	1906	Resigned 1928.
Miss Paula Maier (Mrs. Fairburn), M.B., Ch.B. (Edin.) - - - -	1907	Married 1910.
Baron von Werthern, M.D. (Kiel) -	1908	Resigned 1913.
John Lewis, B.Sc. (Cardiff), M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - - -	1909	Died 1916.
Cecil F. Robertson, M.B., B.S. (Lond.), F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - - -	1909	Died 1913.
William Fleming, M.B., Ch.B. (Edin.), F.R.C.S.E. - - - -	1910	Resigned 1926.

	<i>Date of Acceptance.</i>	<i>Date of Death, Retirement, etc.</i>
Thomas Scollay, M.B., Ch.B. (St. And.) - - - -	1911	Died 1918.
John Jones, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1912	Resigned 1927.
Thomas Kirkwood, M.A., M.B., C.M. (Glas.), D.T.M. (Liverp.), D.P.H. (Dub.) - - -	1912	Resigned 1921.
Edward S. Sowerby, M.B., B.S. (Lond.) - - - -	1914	Resigned 1918.
Stanley E. Bethell, M.D., Ch.B. (Edin.) - - - -	1915	
George K. Edwards, M.B., Ch.B. (Edin.) - - - -	1915	Died 1919.
Edwin R. Wheeler, M.B., B.S. (Lond.), F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - - -	1917	Resigned 1929.
Miss F. Marjory Edwards, M.A. (Oxon), M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1919	Resigned 1927.
R. Kelson Ford, M.D., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1919	Resigned 1923.
Laurence M. Ingle, B.A., M.B., B.Ch. (Cantab), F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1919	
Alec A. Lees, M.C., M.A., M.B., B.Ch. (Cantab), F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1919	
Clement I. Stockley, M.B., Ch.B. (Edin.) - - - -	1920	Resigned 1928.
David J. Evans, M.B., Ch.M. (Birm.), F.R.C.S. (Eng.), L.R.C.P. (Lond.)	1921	Resigned 1928.
Handley G. Stockley, M.B., Ch.B. (Edin.) - - - -	1923	
Miss Ruth M. A. Tait, M.A., Ch.B. (Edin.) - - - -	1923	

	<i>Date of Acceptance.</i>	<i>Date of Death, Retirement, etc.</i>
Miss Mary Ellison (Mrs. Gordon King), M.B., Ch.B. (St. And.), D.T.M. & H. (Eng.) - - -	1925	Married 1927.
Henry G. Wyatt, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1925	
Gordon King, F.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1925	
Wilfred S. Flowers, M.B., Ch.B. (Leeds) - - - - -	1927	
Miss Ellen M. Clow, M.B., Ch.B. (Glas.), D.T.M. & H. (Eng.) -	1928	
James Menzies Clow, M.B., Ch.B. (Glas.) - - - - -	1929	

CONGO.

Dr. Prince - - - - -	1840	
Sidney Comber, M.B. (Edin.) - -	1883	Died 1884.
William Seright, M.B. (Glas.) - -	1886	Resigned 1886.
Sidney Webb, M.D., Ch.B. (Edin.) -	1892	Died 1896.
Mercier Gamble, M.B.E., M.D., Ch.B. (Manch.) - - - - -	1907	Resigned 1920.
E. C. Girling, M.D., Ch.B. (Edin.), D.T.M. & Hy. (Cantab) - -	1907	Resigned 1921.
E. R. Jones, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1910	Resigned 1920.
Mrs. F. Longland, B.A. (Lond.), M.B., Ch.B. (Edin.) - - -	1910	Resigned 1920.
Clement C. Chesterman, O.B.E., M.D., B.S. (Lond.), M.R.C.S. (Eng.), M.R.C.P. (Lond.), D.T.M. & Hy. (Cantab) - -	1919	
Haldane C. Gilmore, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (R.C.S.I.)	1919	Resigned 1927.

	<i>Date of Acceptance.</i>	<i>Date of Death, Retirement, etc.</i>
H. C. Victor Joy, M.D., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.T.M. & H. (Eng.) - - -	1921	Resigned 1928.
F. Gordon Spear, M.A., M.B., B.Ch., D.P.H., D.T.M. & Hy. (Cantab), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1921	Resigned 1923.
F. W. W. Fox, M.B., Ch.B. (Manch.)	1923	Resigned 1929.
William Wilson, M.B., Ch.B. (Glas.)	1923	
Kenneth W. Todd, M.R.C.S. (Eng.), L.R.C.P. (Lond.) - - -	1926	
Donald Frost, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)	1927	
Ralph Stanford, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.T.M. & H. (Eng.) - - -	1929	

(II) NURSES.

INDIA.

Miss Marion Butcher - - -	1900	Resigned 1901.
Miss Violet Stanford (Mrs. Bevan Jones) - - - - -	1907	Resigned on marriage 1915.
Miss Lucy Fergusson - - -	1907	Resigned 1914.
Miss Emily Gautrey - - -	1907	Died 1913.
Miss Marian R. Henry (Mrs. I. Hasler) - - - - -	1908	Resigned on marriage 1922.
Miss Daisy F. Hills (Mrs. T. D. Williams) - - - - -	1909	Resigned on marriage 1911.

	<i>Date of Accept- ance.</i>	<i>Date of Death, Retirement, etc.</i>
Miss Edith A. Soper - - -	1909	
Miss Muriel R. Hawkins (Mrs. Blackaby) - - - - -	1911	Resigned on marriage 1918.
Miss Margaret Rawson - - -	1912	Resigned 1925.
Miss Mary F. Guyton - - -	1914	
Miss Marjory Willis - - -	1915	Resigned 1919.
Miss Olive Dicks - - - -	1917	Resigned 1926.
Miss Hilda K. Halls - - -	1918	
Miss Laura J. Timm - - - -	1918	
Miss Dorothy A. Turner - - -	1919	
Miss Hilda R. Bradley - - -	1920	Resigned 1925.
Miss Evelyn G. Roach - - -	1920	Died 1923.
Miss Ellen A. Ede - - - -	1922	Resigned 1924.
Miss Ethel M. Oliver - - -	1922	
Miss Dora A. Sissons - - -	1923	
Miss Doris M. Timmins - - -	1924	
Miss Zerny T. A. Johansson - - -	1924	
Miss Mary L. Gordon - - - -	1925	
Miss Ethel L. Gillings - - -	1925	
Miss Irene M. Good - - - -	1927	
Miss Constance A. Hawkins - - -	1927	
Miss Catherine J. Bain - - -	1928	
Miss Winifred M. Hawkins - - -	1929	
Miss Amy Garlick - - - - -	1929	
Miss Winifred Mouncey - - -	1929	

CHINA.

Miss Catherine Lane (Mrs. Hender- son Smith) - - - - -	1907	Resigned on marriage 1909.
Miss Annie Cumstock - - - -	1907	Resigned 1909.
Miss Helen M. Watt (Mrs. Scollay)	1908	Resigned on marriage 1914.

	<i>Date of Accept- ance.</i>	<i>Date of Death, Retirement, etc.</i>
Miss E. Ruth Ellis (Mrs. Toone) -	1909	Resigned on marriage 1916.
Miss Margaret F. Logan - -	1909	
Miss Emily A. Rossiter - - -	1911	
Miss Jessie L. Smyth - - -	1912	Resigned 1921.
Miss V. Gertrude Jaques - - -	1915	
Miss Ethel Pollard - - -	1915	Resigned 1928.
Miss Constance May (Mrs. E. J. Ellison) - - - - -	1916	Married 1920, Resigned 1928.
Miss Winifred F. Cropley (Mrs. Emmott) - - - - -	1920	Resigned on marriage 1926.
Miss Laura L. Dillow (Mrs. Walker)	1920	Resigned on marriage 1927.
Miss Ann S. Rogers - - -	1920	Resigned 1928.
Miss Florence S. Walker - -	1920	Resigned 1927.
Miss Frances F. Major - - -	1920	
Miss Lilian G. Smith - - -	1920	Resigned 1926.
Miss Mary Jane Weate (Mrs. Smith)	1924	Resigned on marriage 1926.
Miss E. S. Alice Wheal - - -	1926	
Miss Florence E. George (Mrs. Dart)	1927	Married 1929.
Miss Margaret A. McKinnon - -	1929	

CONGO.

Miss Alys H. Bell - - - -	1909	
Miss Annie Jackson - - -	1909	Resigned 1916.
Miss Rose Gee (Mrs. Hynes) - -	1911	Resigned on marriage 1914.
Miss S. K. Clappen - - -	1913	Resigned 1920.
Miss Ellen E. Ingram - - -	1917	Resigned 1922.
Miss Frances J. Smith - - -	1918	Resigned 1922.

	<i>Date of Acceptance.</i>	<i>Date of Death, Retirement, etc.</i>
Miss Ethel W. Barter - - -	1919	Resigned 1923.
Miss Dora Peacop (Mrs. Wooster) -	1919	Resigned on marriage 1925.
Miss Gladys Bliss (Mrs. Neal) - -	1920	Resigned on marriage 1929.
Miss Margaret Hammond - - -	1920	Resigned 1928.
Miss Lottie E. Head - - -	1921	
Miss Nellie F. Petrie - - -	1922	
Miss Gladys E. Owen - - -	1923	
Miss Phyllis Lofts - - -	1926	
Miss Kathleen M. Cheshire - - -	1928	
Miss Elizabeth Twitchett - - -	1928	

APPENDIX III.

THE MEDICAL MISSION STAFF AND HOSPITALS OF THE
BAPTIST MISSIONARY SOCIETY, 1929.

INDIA.

STATION.		BEDS.
BHIWANI - -	Miss Ellen Farrer, M.B., B.S. (Lond.) (Honorary). Miss Mary Bisset, L.L.A. (St. And.), M.B., Ch.B.(Aberd.), L.M. (Dub.) Miss Jean Cooper, M.B., B.S. (Lahore), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Miss L. J. Timm (Nurse). Miss Helen Walley (Dispenser) (Honorary). Miss C. A. Hawkins (Nurse).	56
DHOLPUR - -	Miss Gladys Rutherford, M.B., Ch.B., D.T.M. (Liverp.). Miss Jean Benzie, M.B., Ch.B. (Aberd.) Miss M. J. Guyton (Nurse). Miss D. A. Sissons (Nurse).	26
PALWAL - - (Men's)	Albert E. Moore, M.R.C.S. (Eng.), L.R.C.P. (Lond.). Ronald Thomas, M.B., B.S. (Lond.), D.T.M. & H. (Eng.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Miss Z. T. A. Johansson (Nurse).	26

STATION.		BEDS.
PALWAL - (Women's)	Miss Hilda Crichton Bowser, B.Sc., M.B., B.S. (Lond.), M.R.C.S. (Eng.) L.R.C.P. (Lond.). Miss Janet I. Hoare, M.B., B.S. (Lond.), (sailing New Year, 1930). Miss D. A. Turner (Nurse). Miss C. J. Bain (Nurse).	42
CHANDRAGHONA -	G. O. Teichmann, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). J. W. Bottoms, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Miss D. M. Timmins (Nurse). Miss E. L. Gillings (Nurse).	48
LUNGLEH -	Miss E. M. Oliver (Nurse). Miss I. M. Good (Nurse).	9
BERHAMPUR -	Miss Dorothy Daintree, M.R.C.S. (Eng.), L.R.C.P. (Lond.) (Hon- orary). Miss Helen Gregory, M.B., Ch.B. (Edin.), D.T.M. & H. (Eng.). Miss Grace H. Newell, M.B., B.S. (Lond.), D.T.M. (Calcutta). Miss Hilda K. Halls (Nurse). Miss W. M. Hawkins (Nurse).	65
BOLANGIR -	Mrs. Muriel Fellows, M.D., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Miss E. A. Soper (Nurse). Miss M. L. Gordon (Nurse).	—
Not yet sailed -	Hugh Craig, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.). Miss Amy Garlick (Nurse). Miss Winifred Mouncey (Nurse).	

CHINA.

STATION.		BEDS.
TSINAN - -	Laurence M. Ingle, B.A., M.B., B.Ch. (Cantab), F.R.C.S. (Eng.), L.R.C.P. (Lond.). Rev. W. P. Pailing, B.D., M.P.S. (Chemist and Hospital Chaplain).	—
TSINGCHOWFU -	Chinese Medical Staff in charge under supervision of doctors at Chowtsun.	30
CHOWTSUN -	Stanley E. Bethell, M.D., Ch.B. (Edin.). Wilfred S. Flowers, M.B., Ch.B. (Leeds). Miss M. F. Logan (Nurse). Miss E. S. A. Wheal (Nurse).	64
TAI YUAN FU - (Men's)	Benjamin C. Broomhall, F.R.C.S. (Eng.), L.R.C.P. (Lond.). Henry G. Wyatt, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Mr. R. H. P. Dart (Business Manager). Mrs. R. H. P. Dart (Nurse).	80
TAI YUAN FU - (Women's)	Miss E. M. Clow, M.B., Ch.B. (Glas.), D.T.M. & H. (Eng.). Miss E. A. Rossiter (Nurse). Miss V. G. Jaques (Nurse).	58
SIANFU - -	Alec A. Lees, M.C., M.A., M.B., B.Ch. (Cantab), F.R.C.S. (Eng.), L.R.C.P. (Lond.). Handley G. Stockley, M.B., Ch.B. (Edin.). Jas. Menzies Clow, M.B., Ch.B. (Glas.). Miss Ruth Tait, M.B., Ch.B. (Edin.). Miss F. S. Major (Nurse). Miss M. A. McKinnon (Nurse).	100
SAN YUAN -	Dismantled at present.	

CONGO.

STATION.		BEDS.
SAN SALVADOR -	William Wilson, M.B., Ch.B. (Glas.). Miss A. H. Bell (Nurse). Miss K. M. Cheshire (Nurse).	36
BOLOBO - -	Donald Frost, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.). Ralph Stanford, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.T.M. & H. (Eng.). Miss N. F. Petrie (Nurse). Miss E. Twitchett (Nurse).	36
YAKUSU - -	Clement C. Chesterman, O.B.E., M.D., B.S. (Lond.), M.R.C.S. (Eng.), M.R.C.P. (Lond.), D.T.M. & H. (Cantab). Miss Phyllis Lofts (Nurse). Miss Gladys Owen (Nurse).	25
On Furlough -	K. Waller Todd, M.R.C.S. (Eng.), L.R.C.P. (Lond.). Miss L. E. Head (Nurse).	