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WORK IN CHINA.

THE MEDICAL MISSIONARY'S OBEROUS DUTIES.

A Readable Article By a Former Kingstonian, Rev. O. L. Kilborn, M.A., M.D., Of The Canadian Methodist West China Mission.

From Oxnard, Toronto.

There can be no two opinions as to the urgent needs of China as a field for medical mission work. Here we have all the conditions—profound ignorance of even the simplest laws of health, all-pervading ignorance of the causes and methods of treatment of disease, an absolute lack of anything approaching science in medicine and surgery, and perhaps we may add, as a very suitable condition, an unreasonable prejudice against foreigners.

Chinese physicians and surgeons abound, with specialists in almost every department. The only qualification required is the ability to induce people to take their prescriptions. We are all familiar with the unhealthy habits of the Chinese. For the average individual bathes at irregular intervals, especially in winter. The great majority of the Chinese people live in houses without floors, often without ceilings, usually with leaky roofs. Hence the prevalence of rheumatism and colds. Windows are of paper or of boards. Hence dark interiors, and accumulations of dirt everywhere; and dirt always carries microbes and diseases.

How do the Chinese manage to survive amidst such extremely unsanitary surroundings and unfavorable conditions? They do not survive. They fall ill and die, at a rate which would appal us if we could only know the figures. I believe that the death rate in Chinese cities, if not in the country as a whole, is double that in western cities. Especially is this the case when we consider the enormous infant mortality.

The medical missionary, as we think of him nowadays, is a man (or woman, as the case may be), who first and foremost is a consecrated Christian worker; who is an earnest, intelligent student of the Bible, and who has had experience in Christian work in his home land. He is a qualified medical practitioner, who has taken the regular college course in medicine, and obtained the standing required for practice at home. He has had impressed upon him an overpowering sense of the tremendous need of the heathen, and has responded by consecrating himself, not for a short term of years only, but for his whole life, to the work of carrying the gospel into the dark places of the earth.

Before coming to China, he has obtained as much practical experience as possible in the practice of medicine and surgery; if possible, he has acted as house physician and surgeon in some special training in eye diseases and skin diseases as possible, because the medical missionary frequently works without help or advice from any one; must rely wholly upon himself in making important diagnoses, and carrying out difficult treatment, whether medical or surgical. No member of the mission will come into closer relations with all classes of the Chinese than the medical missionary. He should, therefore, be kind, tactful and considerate.

The medical missionary will come into very close contact with all classes of Chinese, from the highest officials down to the lowest. He should be able to converse with them in their own language. He should be able to preach readily, because he must preach constantly to his patients in dispensary work, and his work is upon the Chinese community in which he is engaged. He will be directly affected by his freedom or otherwise in the Chinese language.

If there is sufficient land the hospital should be erected in detached buildings according to the pavilion system. If on a suitable street, the waiting-room may very properly be the street chapel, placed close to the street and available for preaching to patients on the general public every day in the week. Here the assembled patients hear the gospel preached for at least half an hour each dispensary day.

It is surprising how little fear the average Chinese patient has of the operating-room and of operations. But this is doubtless explained by their ignorance of the dangers of anesthesia, and by their excessive confidence in the foreign doctor. The fact is, the Chinese bear surgical operations remarkably well.

Once settled in the ward, the new patient does not require more than about two days to get quite at home. The awesome fear which he had been taught to regard the surgeon as a devil melts away, and soon gives place to warm feelings of affection and respect. Just here becomes manifest the peculiar power and power of the hospital in the great work of preaching the gospel.

What is the purpose of the medical missionary in coming to China? Most emphatically, to preach the gospel. The answer is the same to preach the gospel. The preacher's workshop is the hospital; the teacher's school; the hospital is the workshop of the doctor. The essential character of the product of all three is the same, though the methods are different.

I am quite ready to admit that the medical missionary must spend much more of his time, many more hours in the day, in the work of healing the sick than in preaching and teaching by actual word of mouth. But this is not the work of healing in reality the preaching of the gospel? But we must preach by deed as well as by word, and best exemplification of the very best wonderful thing in conduct of that love? It is a concrete form of preaching, which even the most ignorant and most suspicious Chinese can understand.

Each dispensary day the Word is faithfully preached to the patients assembled in the waiting room. To no one will the patients give a more attentive hearing than to the doctor. In portions, tracts and Scripture something to catch new patients. Tracts may also be posted on the walls, and these many patients read while wait-

ing their turn to be called to the consulting room. A large number of these out-patients come but once, and many more for a second or third time only. Hence the time is too short to learn much; yet the good seed is sown, and a little helps in bringing the precious truths before the people. And one always has the advantage that the dispensary congregation does not continually change, nor does it run away in the middle of the sermon.

It is easy to understand that the ward is the place where we get the best results, both medical and spiritual. In most hospitals in China, it is the practice to hold a daily morning worship, either in the hospital chapel or in a large ward. Tracts and Scripture portions are distributed freely among the patients. Christian books and periodicals are on file, and are easy of access to all who can read.

Now, it is very difficult to preach to people who hate us, or who are suspicious of our motives, who despise us as low, ignorant outsiders, and pity us because we are so unfortunate as not to have been born in China. But the effect of even a short stay in the hospital ward, with the kind care and attention, and physical benefits received, is to induce an out-ten to substitute for suspicion, confidence, for lofty disdain, respect and esteem, and even love. Could there well be a better preparation of the Chinese mind and heart for the reception of the message we bring? And because the doctor is usually the special object of the patient's gratitude and regard, so any word of teaching or advice from him will be more readily received, and it will not be from any other foreigner.

There is another essential to the best results, namely, a hospital in the ward. The work of this man will be daily conversation, Scripture reading, and prayer with patients in the ward; he will teach the catechism, hymns and Scripture portions to classes of several or of one. A very important division of his work is that of following and visiting at regular intervals at their homes all those patients who have shown an interest in the gospel.

Self-support is not possible at the beginning of any work, but in the course of a year or two, as the name and fame of the hospital become established, the physician may begin to ask for fees and aim to increase his income slowly but steadily, till in the course of a few years' time his institution shall have become partly or wholly self-supporting.

Half of the in-patients in the general wards will pay the cost of their food, say 1,500 or 2,500 cash a month. Another percentage will pay a part, while not more than 25 per cent. to 35 per cent. are unable to pay anything. I believe it is the general experience that the patient who pays even 100 cash a month is much more grateful for what is done for him than is the man who gets everything free. There is usually very little difficulty in getting the Chinese to pay at least the cost of their food. They are always impressed by the reasonableness of the demand.

A large proportion of the visits we are called to make to patients in their homes, are to the houses of the wealthy. And the rule holds good here that free or even cheap work gains for us little gratitude or respect. A shoemaker brought me his little girl, with a small abscess. After some weeks of treatment she was pronounced healed, and the father came to express his thanks. Said he: "I shall always come to you after this. The last time my child had a sore like that, I had Mr. Blank (naming a Chinese doctor), and it cost me over four thousand cash, and besides he took two or three times as long to cure her." My treatment had cost him just twenty cash.

The medical missionary and the ministerial missionary are, I believe, equally ordained of God; why should they not be equally ordained by the church? Every hospital must have assistants, and other things being equal, the better trained they are, the more and the better work will the hospital do. For the present, the only way to get native assistants is to train them one's self.

There is such a fascination in the work for the work's sake, and it is so easy to fill the work to overflowing, and then allow the out-patients to gradually increase in number, until one's strength is taxed to the very utmost six, yes, seven days a week, in his efforts to keep up with it for a time. But there is very great danger of one of two things happening, either some important department of the work will be neglected, or the missionary's health will fall, and then all departments must be neglected, i.e., the whole work stops.

Allow me to relate in conclusion an incident illustrating the methods and results of the missionary hospital in China. Among the dispensary patients one day was an old man of sixty, whose complaint was total blindness in both eyes. The disease was cataract. He was received into the hospital and operated upon. After a few days, when the bandages were removed, he began to gaze at his hands and then at his bed and at the other patients' beds in the ward. One day as I came into the ward and approached his bed, the old man exclaimed, "Stand back, doctor, I can see you there, back a little further, there! I can see you plainly there!" Mr. Moody once said that the greatest joy one could have in this world, was to have some one take you by the hand and say, "By your means I was led from darkness to light." Of course he referred to spiritual darkness and spiritual light. I believe the next greatest joy is to realize that one has been the means of restoring sight to the physically blind. In the month he had spent in the hospital, the old man had the usual daily teaching in gospel truth, with remarkably good results. On dismissal from the hospital he immediately put his name down as an inquirer; he attended church services regularly, and frequently brought a friend with him. Up and down the street he went, visiting the tea-shops and the neighbors' houses, everywhere showing and telling to all who cared to listen, what the foreigner had done for him.

Thus is the medical missionary in his hospital, and by means of his hospital, endeavoring to do his share in the grand work of "preaching the gospel to the whole creation."

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SUICIDE IN LARGE CITIES.

New Jersey Town Holds The Record. The city that shows the largest percentage of suicides is Hoboken, N.J. The population consists largely of Germans. The suicide rate in 1900 was 0.011 per every 10,000 of population, or six times the rate of the entire country. For the period 1892-1901 and for 1902 the ten cities leading in the percentage of suicides, with their rates, were as follows:

1902—Hoboken, 35.6; Oakland, 28.9; 24.4 Chicago, 25.2; Oakland, 22.9; New York, 21.2; Milwaukee, 20.1; Cincinnati, 18.0; Newark, 17.9; Brooklyn, 16.2; Boston, 15.0.

1902—Hoboken, 35.0; Oakland, 28.0; Minneapolis, 24.4; Haverhill, Mass., 24.5; Chicago, 23.1; St. Louis, 23.0; Milwaukee, 22.9; New York, 21.0; Cincinnati, 20.0; Newark, 18.0.

Interesting statistics on the subject of suicides in the United States during the past decade have been gathered by Prof. William Bacon Bailey, of Yale University, in connection with his department of statistics and sociology. The number of cases to which reference has been made is 10,000. Prof. Bailey has classified them as to age, sex, locality and time. The prevalence of suicidal age it shows to have been between thirty and forty years. More suicides occurred by married persons than by those not married. Of the 10,000 cases observed, 7,781 were males and 2,219 females.

The observations of Prof. Bailey established the fact that more married men "become suicides than did those of the other sex in like condition. More single, widowed, and divorced women commit the act of self-destruction than do men in like condition.

Shooting is the favorite mode and despatch in the principal cause of suicide, Monday being the day most favored by suicides, particularly males. Saturday is the day of fewest suicides. Female suicides prefer Sunday to Monday as the day to put an end to existence. Of the 10,000 cases under observation, 5,857 occurred in the twelve hours before noon, to 5,848 in the remaining twelve hours. Beginning with midnight there is a continuous increase until 6 p.m. The three hours from 6 to 9 p.m., show a falling off, while from nine o'clock until midnight is the period of greatest frequency.

Blood And Iron. Detroit Evening News. Von Plehve, minister of the interior for Russia, has fallen a victim to the disease that he excited. The dead minister was a climber. His ambitions were masterful, and his cunning only exceeded by his ruthlessness of the rights of the masses. He was a German man, a pan-Slavist, jealous of any other tribe or race that dared assert itself in the councils of Russia. He aimed to be a Bismarck, a keeper and an empire builder, but he lacked the genius of Bismarck and gave little consideration to opportunity. Having schemed for the favor of the ruling class, he was able to dispose of the favorite minister of the czar and obtain the ear of royalty. Realizing the vast power of Russia, he threw off the disguise of a man usually disguised for the purposes of nations. If anything was to be done, his idea was to do it, regardless of the irritation that might result. If anybody objected, his remedy was to hammer them into submission.

His Reputation. Sir Robert Wright, whose illness has led him to place in the hands of the lord high chancellor his resignation as a \$30,000 a year judge of the high court of justice, is the cleverest but the worst mannered and most unpopular member of the judicial bench in England. He goes by the nickname of "the little red ferret."

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