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THE FUNCTION OF MEDICINE
IN
CHRISTIAN MISSIONS

By

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A Thesis

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CHAPTER I
INTRODUCTION

THE FUNCTION
OF
MEDICAL WORK
IN
CHRISTIAN MISSIONS

Chapter I
INTRODUCTION

A. The Problem and Limitations

In introducing this discussion let us first come to terms. By "missions" is meant "An effort to spread or the work of spreading religious teaching, either at home or abroad, controlled by a general church organization or by individuals or congregations; as, the city mission; foreign missions."¹ So, when thinking of missions it will include what is known as home missions and foreign missions. From the same source the word "medical" means the practice of the art of healing. To this should be added the meaning of training of nationals in the art of healing.

In looking at medical work and Christian missions, the first thought is their relationship. Is medicine a part of the movement of God in bringing the world to a living faith in Jesus Christ? The

1. Funk and Wagnalls Unabridged Dictionary, Edited 1913, p. 1588.

doctor's skill and the nurses training are indispensable to mankind but can they actually speak the message of eternal salvation? The intent of this paper is to show that the work of medicine is a clear voice of the message of God to all the world. It is a direct means of spreading the good news. Evangelism and medicine are a unit. To think of medical missions is to think of preaching the gospel.

In our Western civilization the doctor and the preacher are professionals in seemingly different realms. Though they both seek to restore harmony in people's lives, the former cares for the physical and the latter for the spiritual. But among the Yellow and Black races this cleavage is not as distinct, because the Western missionary brings the medicine with him. Dr. Grace N. Kimball has a penetrating thought that even in our Western civilization the doctor, if a Christian, is also a preacher.¹ I believe this, and someday when the medical profession is established world wide this will be all the more important.

But our discussion will be limited to the missionary work of the Church. We will not be considering the harmony of the doctor and the preacher in America and Europe from the Reformation to the present.

There must be further narrowings in this study. Though clearly seen now that medical work is the point of our discussion, in later considerations other things will come into relationship, but, I must exclude them. Of such is educational work in missions, which in large will be excluded. Only teaching, training and practice of medicine will be

1. Ecumenical Missionary Conference New York, 1900, Vol. II, p. 200.

considered. This suggests another field, that of philanthropy. Only the medical phases of philanthropy will enter this paper, such as preventive medicine.

One other realm which would broaden this paper beyond value is the medical mission work of the Roman Catholic Church. By this is meant the Roman Catholic Church since Protestantism began. Before Luther, Calvin, Knox and Zwingli there was only the Roman Church and the Eastern Orthodox. This latter will not come into our discussion at all. But the former will be the sole source for the Middle Ages.

Now let us turn our attention to the more specific problems with which this study will deal. Chapter II will give the history of medical missions, as more than just a background for our thinking. We wish to show that medical missions is not a new thing that started with modern medicine but has been an important part of religion even before Christianity.

Greater problems than this will be faced in the remainder of the chapters. Chapter III and IV are the opposite poles of the one problem, that of the function of medicine as a social work and as evangelistic. In our civilization we are just beginning to blend these phases of Christianity. The social work of the Church had been neglected until Bushnell's time. Then it was overly stressed in modernism. Today, happily, there is coming an understanding of the two working together in the movement of the Church. And so with medicine in the missionary enterprise. Medicine has been solely used as a bait for evangelism. Likewise it has

been used solely as a social work. The reconciliation of these two is the problem in chapters two and three.

Within chapter four there is a subsidiary problem which faces some missions. It is whether medical missions should practice preventive medicine, and if so, to what extent. This question borders on philanthropy and will be restricted to the betterment of living conditions by medicine.

This thought will lead us into the problem of this chapter which is the various phases of relationship between governments and medical missions. This relationship is becoming more important and complex as backward nations are being modernized. Can the missions maintain standards and restrictions which governments place upon them?

B. The Significance of the Problem

There is a three-fold significance to the understanding of the function of medicine in Christian missions. The purpose of this thesis is to interest the general reader, to settle some difficulties for the medical worker and to prepare the writer more fully for service as a medical missionary.

First of all many Christian readers and even some Christian missionaries have little or no interest in medical missions. All work done other than evangelism is considered anathema. A missionary to China spoke of "a red flag going up" when she heard of missions doing work other than preaching and teaching the Bible. But, recently she saw the value of many phases of secular professions being used to the glory of God's program. In chapter two I will show how medicine has been used

all though history in mission work. But, that the reader might see the unity and function of medicine in Christian missions, I quote a few of many examples of doors being opened to the Gospel by medicine.

One example comes from Africa how a medical missionary broke down the superstition of a whole community. A young daughter, who could not walk, was brought three days journey to a medical mission station. "When she went she walked. She went back to her town, passing through a country that had always held a closed door to our missionaries. The people had always kindly but positively refused to receive visits; but when that woman went along that journey of three days she carried a new message, a new hope. She said, 'We have not understood the people at God's Station. They are for our good. See me. I was carried. Now I walk.' And a few months after that, when my colleague and I went through that country, every door was open. In almost every place there had been those who had heard of the medical work, or had seen it, and at the end of the three days' journey the entire town seemed to come out to give us a royal welcome."¹

Another example of a great door being opened by medicine comes from Korea. "During the cholera epidemic of 1885 the lay missionaries, led by the physicians and nurses, worked day and night for weeks in the fight with that filthy disease-...'What is this our eyes see?' inquired the amazed Koreans; 'if this is Christianity in practice it is not a bad thing.' Medical missions first opened Korea to the gospel message when Dr. H.N.Allen successfully treated the wounded prince, Min Yong Ik. This

1. Ecumenical Missionary Conference New York 1900, Vol. II, pp. 188-189.

secured for him personally that royal favor which has ever since been extended to his colleagues and successors. For nearly a decade the physician's skill was the justification of evangelistic effort. In that day the preaching of the gospel was forbidden. All this is completely changed now. The door of Korea is open to the divine proclamation as the door of no nation was ever opened since the apostolic age."¹

Let me give my reader just one more illustration of opening doors by medicine. This one comes from Africa and is the experience of Dr. C.F. Harford-Battersby. "Perhaps my most interesting experiences took place on a pioneer journey to Bida, one of the great Mohammedan cities of the Central Sudan, having about 80,000 inhabitants. On the way we stopped at various villages and took occasion to give the gospel message. We did not find, however, as is sometimes supposed, the people eager to hear it. On the contrary, they are, as a rule, far too well satisfied with their own ways to want anything better. My plan, however, was to ask whether there were any sick people, and, when in response to my invitation some of these had been brought, in considerable fear and trembling, and I had cleansed and treated some loathsome sores, I found that the people flocked round and would listen to anything we had to say. In Bida, I was admitted even to treat their chief women, and was welcomed at a time when the feeling of the king and of his princes was anything but favorable to the British. On leaving, I arrived at mid-

1. Ecumenical Missionary Conference New York 1900, Vol. II, pp. 535 and 537.

night at the banks of the river where I was to join my canoe in order to return to my station; but at daybreak the following morning a man was brought to me with a swollen arm, the result of a beating received at the hands of a local taxgatherer. I found that there was an abscess, and at once decided to operate. This I did in the open air before a considerable assembly. Their amazement at the result was untold, and, falling down on their knees, the women particularly raised their hands to heaven in gratitude to the great God for what had been done. Need I say that the incident gave the opportunity for pointing the people to the Great Physician who alone can cure the great malady of sin."¹

The second purpose of this study is for the medical worker whether doctor, nurse or general first-aider on the mission field. The problems studied will be more than my own personal problems, they are for all of us who are doing the work. If this study can make some workers burden lighter, I shall be most gratified. Also, for the person thinking of going into medical missionary work I desire that this paper might be as encouraging to him as it is to me. "One thing is certain," said Dr. Post of Syria, 'namely, that medical mission work never fails. Other work may fail, but this affording of relief for physical suffering goes on the debit side of Christianity in all cases, and opens the way for other work to follow.'"² "The hospital and dispensary often prove well-nigh irresistible means of peace, for they are easily appreciated, and set in striking contrast the love, and sympathy, and benevolence of

1. Ecumenical Missionary Conference New York 1900, Vol. II, p. 2091
2. E. M. Bliss: The Encyclopedia of Missions, Vol. II, p. 56.

Christianity, and the selfishness and cruelty of pagan religions."¹

Another significance of this paper is for myself that a better understanding of the function of medicine in Christian missions might be derived. My wish is to see now in medical missions what Rev. F. Collard did in the later part of his life when he said, "Oh, if I could but grow young again, how ardently I would apply myself to the study of medicine! And thus furnished with fullest possible equipment, medical and theological, with what joy I would go forth to relieve the physical and moral miseries of these poor heathen! They do not understand how it is that the messengers of Jesus, 'who healed all manner of disease,' cannot cure those of the body as well as the soul. A cure is in their eyes a proof of our apostleship. And can we blame them?"² The writer with his young life, wants to prepare as fully as possible. And by facing many of the situations of others and seeing their solutions and the general solutions of the problems of this thesis, I shall be better equipped.

This task of being a medical missionary is a great job in its accomplishments and trials. The fuller the preparation the better the job. So, in this paper the purpose is to weigh the admonition of Dr. Grace N. Kimball, a missionary to Turkey, "I urge those of you who are thinking of the career of a medical missionary, to note that there is no other career more honorable, more necessary, more helpful to the kingdom of God, more fascinating in its carrying out, and I will say more wearing on the mind, body and soul than that of the medical missionary."³

1. D.L. Leonard: A Hundred Years of Missions, p. 138.

2. F. Collard: On the Threshold of Central Africa, p. 583, quoted in J. Dennis: Christian Missions & Social Progress, Vol. II, p. 417.

3. Ecumenical Missionary Conference New York 1900, Vol. II, p. 202.

This road of medical missions is hard through school and probably harder on the field. But with the deep conviction that Christian service should be more than the spoken word, we should act rather than speak Christianity that others might see our good works and glorify our Father which is in heaven (Matthew 5:16). The proverb "The things you do speak so loud that I can't hear the things you say" is an applicable saying. Preaching and living aren't altogether separable in Christianity. "The work itself of a skillful physician is continually preaching. He need not use spiritual language. To everyone of his patients to whom he comes with loving sympathy and with skillful power he brings the message of the love of God."¹

Another angle of approach to the significance of these problems is that there might be an up-to-date and even a futuristic consideration of them. As World War II drastically modernizes what once were unscientific, backward, uncultured areas, such as Africa; and as it makes the remote corners of the world so easily accessible by airplane, missionary work will enter a new era. Especially in regards to preventive medicine and governmental relations, this study wants to see the present situation and anticipate the future.

C. Method of Procedure

The first chapter will be more of a background than a problem in order to get the setting of each problem and the place-time element of it. The procedure will be to follow each chapter, pointing out the problem, discussing it pro and con and then reaching the best possible solution.

1. Ecumenical Missionary Conference New York, 1900, Vol. II, p. 200, Grace Kimball.

D. Sources of Data

The chief sources of information will be from books, magazines and pamphlets on the subject. These will come largely from the libraries of the Biblical Seminary and Union Theological Seminary. I am also greatly indebted to Dr. E.M. Dodd for the many helpful books he has loaned me and the many pamphlets he has given to me. By the means of interviews with missionaries who have had intimate first hand contact with medicine functioning on the mission field I expect to obtain valuable information and friendships.

CHAPTER II
THE HISTORY OF MEDICAL MISSIONS

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THE HISTORY OF MEDICAL MISSIONS

Before delving into the problems of the functioning of medicine in present day Christian missions, it is interesting and necessary to see the rich heritage that is ours. It is an interesting history filled with all the romance and adventure of Christianity showing how unified medical work was with the proclaiming of God's message. This scant history is the best reason for medical missions because it answers the why of medical missions. It shows that missionary endeavor cannot progress as rapidly, in fact cannot progress at all, as a Christian work without medical work. Possibly the most conclusive reason for the existence of medical missions comes in this history, under the ministry of Jesus Christ.

In the ninth century B.C. when the Hebrews still possessed all of Palestine, there arose a prophet who was a true medical missionary. The prophet Elisha dwelt in Samaria. In the hostile neighboring country of Syria dwelt an army captain, Naaman, who was afflicted with leprosy. In a gala parade he made a friendly visit to the prophet to be cured. Reluctantly he obeyed the prophet and after dipping seven times in the Jordan River was cleansed. His testimony was, "Behold now, I know that there is no God in all the earth, but in Israel." (II Kings 5:15)

Nothing else in the Old Testament period or the Intertestament period stands out like this in the history of medical missions of the Hebrews. So from this single incident our study skips a period of over seven hundred years to the time of Christ.

To look at Jesus Christ is to look at the supreme medical missionary. "It is evident that, during the three and a half years of His public ministry, He spent at least as much time in healing the crowds as in preaching to them."¹ Christ never separated the healing of soul and body in his ministry as the eighteenth-century missionaries did. An example of this oneness of a purpose is witnessed by such passages of Scripture as Matthew 4:23-25. This act of healing immediately precedes the great teaching of the Sermon on the Mount. "And Jesus went about in all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of disease and all manner of sickness among the people. And the report of him went forth into all Syria: and they brought unto him all that were sick, holden with divers diseases and torments,

1. Dr. Dugald Christie: Medical Missions, Centenary Missionary Conference, Paper #8, p. 3

possessed with demons, and epileptic, and palsied; and He healed them. And there followed Him great multitudes from Galilee and Decapolis and Jerusalem and Judea and from beyond the Jordan."

A specific example of unity of this ministry is the curing of the sick of the palsy.¹ In the story his sins are forgiven and then his palsy cured in one single act. Today the same reactions are occurring in medical missions as occurred to those people, who observed, "they were all amazed, and glorified God, saying, "We never saw it on this fashion." (Mark 2:12).

Shortly after this episode another medical missionary scene occurred.² Christ appointed the twelve for three reasons. The first was that they might be with Him. The second was that He might send them forth to preach as missionaries. But there was also a third reason, that they might have authority to cast out demons, that is, to do psychiatric work.

Not only was Christ a medical missionary to his home-land but also to foreign lands. As He passed through the borders of Tyre and Sidon, cities outside His home-land, He healed the daughter of the Syrophenician woman.³

Jesus Christ not only practiced medical missions but He also taught them. One of the most outstanding of the parables is that of the Good Samaritan. "If the Good Samaritan had sat down by the side of the wounded man who fell among thieves, and spoken to him of his sins, and preached the Law and the Prophets to him, our matchless parable would never have been written, and the lawyer would have been as uncertain as ever as

1. Mark 2: 1-12
2. Mark 3: 14-15
3. Mark 7: 24-30

to who was his neighbor. But when the Samaritan bound up the wounds, and poured over the bandages, oil and wine, the best antiseptic dressing in his power, and then made an ambulance of his ass, and took the injured man to the nearest inn, and made provision for his nourishment and nursing until his return, he became a true medical missionary, and gave to our Saviour a luminous illustration of His own Golden Rule."¹

In the Apostolic Church there were medical missions. Peter and John cured the lame alms-seeker at the temple gate.² "And leaping up he stood, and began to walk; and he entered with them into the temple, walking and leaping, and praising God. And all the people saw him... and they were filled with wonder and amazement at that which happened unto him."

With the apostles the authentic records of miraculous healings cease. But the new method of medicine had already entered Christianity and the missionary movement. Dr. Luke traveled with Paul and was the author of the gospel by his name and most likely the Acts of the Apostles.

There were many Christian doctors in the first Century and surprisingly a goodly number were women. "We do find, however that St. John, in his letters, wrote to 'the elect lady' as he did to men, and 'angels', and churches, and that St. Paul advised some of his own female relatives from Tarsus to 'relieve the afflicted through good works', but 'in quietness', a most significant word to us. These women and a few others all knew as much medicine as the men of the Christians, for they too were to be 'helpers of many', since there should be no male or female in the church."³ "Phoebe, the deaconess, was his (Paul) physician, 'a succourer of many and

1. Ecumenical Missionary Conference New York 1900, Vol. II p. 195.

2. Acts 3: 1-10.

3. K.C.Hurd-Mead: A History of Women in Medicine, p. 27.

of myself also."¹

It is probable that Phoebe might have started the work of the deaconesses in Rome when she made her visit there, taking with her the letter from Paul to his Roman friends. There are no records to support the idea but it is reasonable to suppose that she could visit Rome to confer with the believers because she was such a devoted worker without starting a deaconess organization.²

The deaconess, who rated with the clergy, was ordained by the bishop, with the consent of the congregation by the laying on of hands. Her duties were both secular and clerical. Among other things, she was the first parish worker, friendly visitor and district nurse. It was the special duty of the deaconess to attend the sick in their own homes.³

The organization of the deaconesses spread far and wide over the provinces of Asia Minor into Syria, Rome and throughout Italy, into Spain, Gaul, and Ireland. It was active in the Eastern Church, where Oriental ideas made women missionaries so necessary.⁴

The order of deaconesses of the early Christian Church maybe well contemplated with affectionate respect as having laid the foundations of the nurses calling and of all modern works of charity. Probably no sweeter examples of lives spontaneously spent in loving service are to be found in the world than those of the workers of the early Christian Church, while the pure glow of the Master's teaching was yet undimmed.⁵

We don't know much about any definite missionary activity of the

1. Ibid p. 76

2. Nutting and Dock: A History of Nursing p. 133

3. Ibid. p. 102

4. Ibid p. 103

5. Ibid p. 115

deaconesses; but we do know that there was a staff of deaconesses and other women workers under the direction of Chrysostom, about forty in number, who lived a communistic life.¹ Chrysostom is a figure in early missions, having founded a missionary training school at Constantinople.

The early Christians, following the ancient sacred custom of hospitality with the new motive of loving service added, had their goods in common and opened their houses freely to the sick and destitute. The deacons and deaconesses were especially zealous in seeking out cases of need, and not only nursed the sick by a system of visiting nursing, but brought them when necessary into their own houses to be cared for. The bishops, who were natural centers towards whom the afflicted gravitated, kept open house.² This was the simple original form of the modern hospital. The diakonias, as these organized home hospitals soon came to be called, associated the diaconate with the work of nursing.

As the homes of bishops became too small to meet the demands of hospitality, new wings and cloisters were added. Thus simply and naturally grew up the Christian xenodochium, or home for strangers. The evolution, then of the earliest forms of Christian care of the sick was, diakonia, or rooms in private houses; xenodochia, amplifications of these diakonia, and finally hospitals.³

One of the earliest known instances of nursing in the noble struggle against misery waged by the early Christians occurred in a violent pestilence in Alexandria between the years 249-263 A.D. At this public calamity the Christians, regardless of the danger of their own lives visit-

1. Ibid p. 106

2. Ibid p. 118

3. Ibid p. 118

ed, relieved, and attended the sick and comforted the dying. St. Dionysius said, "Thus the best of our brethern have departed this life: some of the most valuable both of priests, deacons and laics."¹

Another notable instance was connected with a frightful epidemic in Edessa about 350 A.D. The inhabitants were in despair. In this extremity Ephrem, a deacon of Edessa and the greatest poet and orator of the Syrian Church, came out of his retirement and offered his services. With the money poured into his hands by the rich citizens he bought three hundred beds and placed them in the public porticoes and galleries. The sick were brought here and served.² This is of special interest, for St. Ephrem here established hospital wards.³ Certainly it is one of the earliest, if not the very earliest of hospitals in the strict sense of the term as used today. The hospital, as a building devoted entirely to the care of the sick only did not become a separate entity much before the 12th Century.⁴

The most famed of all the early institutions was the xenodochium, established by Basil, bishop of Cesarea, in his diocese in the year 369 or 370 A.D. and named after him, the Basiliad.⁵ The urgent needs of the numerous lepers in Asia Minor had prompted him to its building, and the great famine of 368 with its resulting misery, hastened its execution. There were separate buildings for strangers, for the poor and for the sick, and comfortable dwellings for the physicians and nurses. A large and important division was for the lepers, whose care was a prominent feature in Basil's

1. Ibid p. 120

2. Ibid p. 120

3. Garrison & Fielding: An Introduction to the History of Medicine, p. 176

4. Nutting & Dock: op. cit. p. 121

5. Garrison & Fielding: op. cit., p. 176

work. Basil commended the care of the sick to the clergy, but also lost no opportunity of gaining the sympathy and cooperation of the secular officials, well knowing how important was the support of the laity. He succeeded in persuading the civil authorities to remit the taxation of the hospital, after bringing them in person to see for themselves the good that was being done.¹

Another early hospital in the East was that founded by St. John Chrysostom at Constantinople in 398 A.D.²

No names of workers in Rome have been handed down until, toward the middle of the fourth Century, when we come upon a noble group of Roman matrons of distinguished position, whose deeds done in the name of Christianity - that of founding hospitals and convents, and forwarding education - have placed them in the list of great women. As early as the second Century Roman converts to Christianity had turned their houses into hospitals and centers of alms-giving.³

Fabiola, a high-bred and wealthy patrician lady, a convert to Christianity, lavished her fortune and energy upon the poor and sick. In 390 A.D., she built the first general public hospital in Rome where she devoted herself to working as a nurse.⁴

Paula, born in 347 A.D., was won to Christianity, and in fulfillment of an ardent wish sailed for Palestine. Here on the road to Bethlehem she built hospices for pilgrims and hospitals for the sick. Some say that she also established a hospital in Jerusalem.⁵

1. Nutting & Dock: op. cit. p. 121

2. Ibid. p. 127

3. Ibid. p. 134

4. Ibid. p. 137

5. Ibid. p. 138

During the fourth Century Saint Augustine (A.D. 354-430) and his mother Monica, were studying medicine together at their home at Tagaste, North Africa. He developed a doctrinal theology, while she went about to the poor and sick, using her medicines as they were needed.¹

As the light of Christianity was brightening over the Roman provinces, darkness rested heavily upon the mighty hordes of half-civilized people moving in great masses beyond the limits of the Empire. Of these many folk wanderings, none were of greater moment to the Empire than that migration which brought to the shores of the Black Sea a people destined to play a great part in the final overthrow of Rome. These people were the Goths, a pagan people. Among this fierce group of the middle of the third Century there came captive men and women of the Christian faith. The Gothic pirates had brought them with much other bounty. The misfortunes of these captives was a means of service. Among other things they cared for the sick, and in their quiet ministrations, the fierce Goths saw the message of the one God and His Christ. And so, by the next century, we find a Christian Church established among them. In later years we read about Wulfila, the great missionary who won the Gothic people to Christianity, preached to his countrymen in their own tongue of the things of the Kingdom and healed their sick.

Rome was sacked in A.D. 410, and the Roman Empire became a heterogeneous mass of uncultured peoples. During this time, a woman arose who is of interest in medical work. In the year 420, the Empress Eudoxia,

1. Hurd-Mead: A History of Women in Medicine, p. 82.

wife of Theodosius, a well-educated and zealous Christian, founded a new hospital in Jerusalem, where she personally attended the sick. She also aided in the re-establishment of two medical schools, one in Syria, and the other in Edessa, in Mesopotamia, where the Nestorian Christians had been teaching.¹ As the Nestorians were inclined to deny the unity of deity and humanity in Christ, the other Christians drove them out. They were allowed to settle in Persia. "They founded schools and hospitals in India, Arabia, China and Tartar as missionary work whose home was Persia."²

After the fall of Rome and when Europe was being won for Christianity, no mention is made of medical missions. However, many of the missionaries, whose names we know so well, did not overlook the sick. Columbanus (c.610) and his followers were Celtic missionaries who journeyed from Ireland to revive the faith in Gaul, healing the sick as well as preaching the Gospel. Boniface, the apostle to the little scattered mission stations of Germany, founded monasteries which resembled modern mission stations in being a dispensary for the sick, almshouse for the poor, and a nursery for learning.³

We turn now to monasticism in following the work of medical missions. Monasticism, which gained headway all over the known world in the sixth century, became even more popular in the seventh. Both men and women entered convents where they lived busy but quiet lives.⁴ Often they were more independent than they would

1. Ibid., p. 84

2. Philip Schaff: History of the Christian Church, Scribner, New York, 1899, 5th Ed., Vol. III, p. 732

3. Wilma Stubbs: How Europe was won for Christianity, p. 158

4. Hurd Mead: op. cit., p. 98

have been in their own homes. These early monastic women were really pioneer medical missionaries, for as soon as they had learned the art of healing, they journeyed far and wide.¹

Saint Benedict (480-544) and his sister Scholastica went all over Italy while a plague raged, helping the sick and teaching others how to be of use to suffering mortals. After the plague Benedict settled down to copy manuscripts. Scholastica established hospitals and trained nurses to do the same work she was doing. Later he went to Mount Cassino and formed the monastic order after his name.²

In the eighth century currents set in motion by Benedict and Scholastica had penetrated all of Europe, and everywhere pious women were devoting themselves to the sick. Among these was an abbess named Odilia of Hohenburg, Germany, who built a monastery and a hospital which became famous for its cures of eye troubles. Another medical missionary of this century was Walpurga (754-778), an English princess who studied medicine in order to practice among the poor. She founded a monastery at Heidenheim and tended the patients in its hospital.³

Advancing to the eleventh century we see the Church increasing in power over temporal things. Not only did the ambition to extend the temporal power leave little room for developing missionary operations, but the hostile attitude of Mohammedan and Mongul made Europe fight for her own existence. So, any

1. Ibid. p99.

2. Ibid p.93

3. Ibid p.102

wide-spread missionary spirit was prevented.

Francis of Assisi was born 1182 of well-to-do parents but renounced it all to found the Grey-Friars, to "care for the poor"¹ and to be "foremost and most effective of the nursing missionaries to the lepers in the Middle Ages."² After his death in 1226, "nursing was not pursued as an interest, but the nuns performed some kind of manual labor daily."³ "We must admire the devotion of the man who left all to follow Christ, to tend the leper, and challenge the Moslem."⁴

Contemporary with Francis of Assisi was Elizabeth of Hungary, who was born of nobility in 1207. She was passionately devoted to poor and humble people, pathetically unselfish and simple, caring nothing for pomp and state. She went daily to visit the sick anywhere. Her whole time and energy were spent in nursing so much so that she died at the age of twenty-four. Elizabeth had the true spirit of the medical missionary.⁵

Four years after the death of Elizabeth, 1231, Raymond Lull was born. He was an early medical missionary to North Africa and the "first missionary to Mohammedans."⁶ He was against the Crusades saying that victory can be won only by love. In his eightieth year, 1315, he was stoned to death.

Almost a hundred years before Francis of Assisi there began a missionary movement in which the whole Church entered for two centuries. It was the Crusades which lasted from 1095-1272. After Jerusalem was captured in 1099, many Europeans came to the holy city. "Many at the end of

1. Scudder: Nineteen Centuries of Missions, p. 45
2. Nutting & Dock: op. cit., p. 210
3. Ibid., p. 216
4. Smith: Short History of Missions, p. 102
5. Hurd-Mead: op. cit., p. 222
6. Robinson: History of Christian Missions, p. 19

their journey were wayworn, sick and destitute, and the Hospitallers found steady employment in relieving their sad conditions."¹

Many military orders arose. There were three in particular which emphasized medical work. "The Teutonic Knights Hospitallers were all at first of noble family, and to the usual monastic vows of poverty, chastity, and obedience they added a fourth vow requiring them to care for the sick and defend the faith."² Another famous knightly order was that of the Knights of St. Lazarus. While legend carries its origin back to the great hospital built by St. Basil in 370 A.D. at Cesarea, exact data only begins with the time of the crusades. Their medical work dealt with lepers and the Grand Master had to be a leper of a noble family. And the third military order was the Knights of St. John. Hospitality was to them the highest virtue and was so characteristic of their order. They founded the city of La Vallette and built a most modern hospital. "They were unrivalled in their day, and indeed, with all the improvements in hospital service which modern progress has brought, we would find it hard to better some of these old regulations of 1533."³

There was a gap in missions work of two centuries on each side of the Reformation. "From the time of Raymond Lull for more than two centuries, there was little or no missionary enterprise. At the close of the Crusades, popes, emperors and kings were engrossed with political ambitions. The Church was also actively engaged in battling against the spread of religious views, which had been condemned as heretical."⁴ "For

1. Nutting & Dock: op. cit., p. 181
2. Smith: op. cit., p. 177
3. Ibid p. 196
4. Scudder: op. cit., p. 51

nearly two hundred years after the Reformation the Protestant Church remained on the whole content with caring for its own development, and even explicitly taught that Christ's command to go into all the world and preach the gospel to every creature was laid upon the apostles only and had already been fulfilled."¹

With missionary work stagnant for four hundred years, medical missions naturally ceased. But the catastrophe was even worse for medical missions because the Church lost its vision of caring for the body of man. "In medieval times the principle that the Church should care for both body and soul, seems to have been dimly grasped and instinctly acted upon without any theorizing on the subject."²

This was not the last Satanic wedge driven between medicine and the Church. "In the Renaissance and the Reformation, medical science in large measure parted company with the church. When the great Protestant missionary movement began, it was directed wholly in the line of preaching, teaching and translating the Bible. It was assumed that the whole message of God to man could be conveyed in that way."³

With the life of William Carey a new epoch opens in missions. He is commonly called the 'Father of Modern Missions', not because he was the first but because he was "the means of arousing new interest in the missionary cause and of greatly extending it."⁴ In June 1793 he and John Thomas were sent to India. "The latter was a surgeon who had already had some experience in India as a medical missionary."⁵ In 1783, ten years previous, John Thomas, a ship's surgeon, commenced missionary work in

1. Stubbs: op. cit. p. 194

2. Christie: op. cit. p. 4

3. Christie: op. cit. p. 5

4. Vedder: Christian Epoch Makers, p. 293

5. Ibid p. 292

Bengal by itinerating for three years in the district of Malda. He also translated part of the New Testament in Bengal. He went back to England in 1792 only to return the following year with Carey. Though an eccentric man he did much good before his death in 1801.¹

The same year that these two men went to India, there was born in Freehold, New Jersey, another person who was to affect India greatly. It was John Scudder. His father opposed his entering the ministry; so John went to medical college and graduated with honors. In the midst of a successful career as a New York City doctor he came across a pamphlet, "The Conversion of the World," which led him to give up his practice and be disowned by his father in order that he might be a missionary. About the middle of October 1819, he and his family arrived in Calcutta. Though he lost two children by death in the first four months he zealously plunged into his work. "That which distinguished Dr. Scudder from all his contemporaries was the fact that he combined medical and surgical aid with the preaching word. It was this which gave him so much influence."² All who came heard the gospel. He also trained natives to do much good medically to their fellow-countrymen. He was continually on the move from one place to another giving out literature as he went. In 1828 his health broke and he went to Madras. He recovered and while there helped form the American Mission in Madras. From this he did more extensive touring. His health broke again and he was forced to return to America where he was reunited to his father. In 1849 he was back again in Madras to work harder

1. Cf. Robinson: op. cit., p. 36

2. C.C. Creegan: Pioneer Missionaries of the Church, p. 156

than ever, but with greater strain upon his powers."¹ As he chose, he died in India in 1855. Thus, medical missions were introduced into India.

As this pioneer work progressed a new work arose concerning women. Through Mrs. Winter's work at Delhi, which was begun in 1863, the first hospital for women and children was established. This work grew steadily. The first woman doctor to India, Dr. Fanny Butler, was sent in 1880 by the Church of England Zenana Missionary Society. "The total number of qualified medical missionaries in India was 140 in 1895, 281 in 1905, and 335 in 1912."²

About the time Dr. Scudder was founding the American Mission in Madras, another American was becoming the first medical missionary;³ but this time it was in Canton, China. Peter Parker from Massachusetts, began in 1834. By 1838 he established the Medical Missionary Society in China. His hospital work specialized in ophthalmology because so many Cantonese had eye trouble.

During the Opium War of 1839 and 1840 between China and England Dr. Parker was forced to close down his work. He visited Europe and America raising money and he "awakened a new and a general interest in

1. Ibid p. 160

2. Robinson: op. cit., p. 37

3. Harold Balme: China and Modern Medicine, p. 38. "Medicine was first introduced into China in 1805 by Dr. Pearson, surgeon to the East India Company, had introduced the practice of vaccination, whilst in 1820, Robert Morrison and Dr. Livingston, also of the East India Company, had started a dispensary in Canton for the Chinese poor, Then in 1827 Thomas Richardson Colledge, also of the East India Company, saw the deplorable conditions of the Chinese of Canton and opened a hospital which was the forerunner of the great adventure of medical missions. Robinson: op. cit. p. 35 An isolated work that was not lasting was that of Bernard Rhodes, who went to China as a medical missionary from 1699-1715 attending all ranks of Chinese and having a widespread influence.

medical missions."¹ Arriving back in China in 1842 he resumed the popular work. Then he became influential in negotiating a treaty between China and the United States in 1845. The following year he was appointed to act as Charge d'Affaires. His ambassadorship finally brought a treaty in 1858. He retired to Washington and continued to promote amiable relations between the nations.

"Meanwhile other medical men had been arriving in China to take up missionary work."² Lockhart of the London Missionary Society "In 1844 opened the first hospital in Shanghai and laid the foundations of one of the most successful medical missions in China."³ In 1839 Benjamin Hobson, also of the London Missionary Society, started a successful medical work in Honkong and opened a hospital in Canton. Yet he saw the need of medical education. This he began by publishing literature.

Following these men and their work came many others. In 1842 Dr. J. S. Hepburn, "the most versatile figure perhaps, who has yet been seen in the Far East."⁴ served in China and later rendered a greater service in Japan.

Thus most of the commercial centers were reached. There yet remained the great inland which was not opened until 1858. James Hudson Taylor, the founder of the China Inland Mission, had "been increasing his medical knowledge and practicing his skill in successful dispensaries at Ningpo and Hangchow."⁵ In 1880 Dr. Harold Schofield arrived at Shansi under the China Inland Mission for a brief three years after which typhus

1. Creegan: op. cit. p. 145
2. Balme: op. cit. p. 45
3. Ibid p. 45
4. Ibid p. 48
5. Balme: op. cit. p. 52

fever took him. "He was in some respects, the most remarkable man who had volunteered for medical work in China up to that time."¹ By the year 1887 more than one hundred and fifty medical missionaries had worked in China since Parker led the way sixty years before. "So the work extended, until, one by one, each of the remaining provinces was opened up to the work of the physician."² "In no part of the great mission field have medical missions done so much to break down opposition and to commend the Christian faith as in China."³

The field which chronologically followed India and China in medical missions was Micronesia. Luther Halsey Gulick (1828-1891) was born in Honolulu of missionary parents. He came to the United States for his education and graduated from New York College of Physicians and Surgeons. In 1852 his group arrived at Ponape Island of the Caroline group. Progress was slow but effective. Through a smallpox epidemic in 1854, when half of the ten thousand islanders perished, "Confidence in the power of their preacher was strengthened and there was now redoubled energy in Dr. Gulick's labors."⁴ After nine years the work was established and he returned to Hawaii until 1863.

For the next ten years he worked in various Mediterranean countries. Then in 1876 he went to Japan and China under the American Bible Society. He did much organizing and printing of scriptural literature.

To focus our attention more closely on Japan, "Medical work is one of the youngest departments of missionary labor."⁵ This work helped greatly in breaking down prejudice and opposition to Christianity. Among

1. Ibid p. 54

2. Ibid p. 55

3. Robinson: op. cit. p. 203

4. Creegan: op. cit. p. 84

5. R. B. Peery: The Gist of Japan, p. 264

those who helped most were Drs. Hepburn, Berry, and Taylor. The Japanese quickly picked up the principles of physiology and medicine.

The opening of Korea to the gospel was due to the work of medical missions in 1884.¹

Connected with this general geographical area is the Philippine-Islands. "The first permanent missionaries to enter...arrived April, 1899. Educational and medical work have been added to evangelism. The first Mission hospital was opened by the Presbyterians at Iboilo in 1901."²

Turning now to one of the hardest areas of the world, the Near East, medicine has an important role. "It has been the well nigh universal experience of missionaries who have worked amongst Moslems that the best, and often the only, way by which a successful appeal can be made is by means of medical missions."³

In Arabia the inaugural attempt to spread the Gospel was in 1886-1887. "The Arabs proved to be unapproachable. The work of the mission centered in the medical activity. Dr. Young and Dr. Morris treated thousands in the hospital and the dispensary, especially in time of cholera, plague, and other pestilenses. Conversions were few, and were mostly among such as had been for some time in the service of the mission."⁴ As late as 1910 "public preaching of the Gospel is forbidden and there are no native congregations to unite in public worship,"⁵ so that medical missions is one of the few doors. Turkish jealousy prevented the building of Christian Hospitals.

1. Ante, pp. 5,6

2. R.H.Glover: The Progress of World-Wide Missions, p. 322

3. Robinson: op. cit. p. 37

4. Julius Richter: A History Of Protestant Missions in the Near East, p.274

5. Ibid p.277

"For Africa 1840 may, perhaps, be indicated as an approximate day for the modern beginning of industrial and medical missions."¹ But the more outstanding work began in Abyssinia in 1861. This began in the form of education. In 1870 a hospital was built. A printing press was also added. "In spite of most heroic endeavors, they were not able to penetrate far into the interior of the country. With the year 1882 a new day dawned for this part of Africa."² The Italians entered and opened the door for missions.

The beginning of medical work in Egypt started by a hospital being erected in Alexandria about 1857. "The Kaiserswerth deaconesses have established hospitals in Alexandria and Cairo."³

"In this (Cairo) stronghold of Islam there is no more effectual preaching of the Gospel than this Christian medical work. Both these hospitals are to patients of all nations and religions."⁴

In 1886 Dr. Harpur, a medical missionary, "went to Cairo but engaged himself in general pioneering work in the Sinaitic Peninsula."⁵

"Up to 1891 there had been medical men among the missionaries only occasionally. In that year a doctor was permanently posted in Assiut, . . . the work has progressed very satisfactorily, especially since a

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1. Noble, F.P.: The Redemption of Africa, Vol. II, p. 552
2. Richter, J.: A History of Protestant Missions in the Near East, p. 387
3. Ibid., p. 357
4. Ibid., pp. 357, 358
5. Ibid., p. 360

new roomy hospital with eighty beds was placed at the disposal of the doctor in 1901. In 1902 two lady medical missionaries were stationed in Tanta, in the Delta. Here too, the success of the work justified the building of a comfortable hospital for women and children. . . . The success of these two ventures led to the calling of doctors of both sexes . . . so that at the present time (1910) there are six doctors, three lady doctors and twelve nurses engaged there."¹

Missionary work in Persia was of little or no effect until "a fresh start was made when medical missions were begun in 1878."² This work "increased the respect for Christianity among the Kurds and Persians so that the Christians were less subjected to oppression and violence."³

"The center of the mission's activity is the medical work, which, though it, too, had to combat the superstition and prejudices of the Persians, nevertheless won the hardest hearts by its unselfish service. The Gospel was diligently preached in the wards of the hospitals, and was heard with gladness. Nor are conversions infrequent among the patients. It would seem from the very reticent reports, that half of the little company of converts who have been baptized had been first influenced by the medical work. The twofold message of health for body and soul was also carried far into the country by the medical missionaries."⁴

New stations were added at the turn of the century.

In Syria and Palestine the beginning of modern missions was 1851 under the Kaiserswerth Deaconesses, in the opening of a school and hospital on Mt. Zion.⁵ "Of still greater importance, perhaps, has been the work carried on with great zeal since 1881."⁶

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1. Ibid., p. 353
2. Ibid., p. 321
3. Ibid., p. 307
4. Ibid., pp. 330, 331
5. Cf. ibid., pp. 268, 269
6. Ibid., p. 251

The medical missionary made his way over prejudice and fanaticism. "But it is just this fanataticism that the kindness of the medical missionary is able to overcome."¹

Medical missions have spread all over Syria and Palestine. In 1865 Miss Wordsworth began "The Palestine and Lebanon Nurses' Mission among the Druses in the village of Baaklin."² In 1866 Dr. Vartan began a medical work in Nazareth with itinerate work until his death in 1908. In Safed a hospital and dispensary were opened about 1882. In the same year at Jaffa a hospital was opened.³ Overlooking the Sea of Galilee at Tiberias a hospital was opened in 1884. At the fanatical town of Hebron, Dr. Patterson in 1910 was still holding on to a medical mission station in spite of the Jewish opposition. At ancient Shechem, the modern Nablus, in 1901 a large hospital was opened.

"Turkey has also enjoyed the benefit of medical missions, which since 1870 have become so prominent in the work of American missionary societies."⁴

Dr. Henry West began a successful work in 1859 among the Armenians at Sivas. He had "an unusual ability for training native assistants to become able doctors themselves!"⁴ "Medical mission work was begun at first on a small scale in all the missions, especially in the towns of Cesarea,

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1. Ibid., p. 254
2. Ibid., p. 206
3. Ibid., p. 257
4. Ibid., p. 133

Aintab, and Mardin."¹

At Stamboul three Kaiserswerth Deaconesses began work in 1852. In 1877 the German government built them a hospital. In 1881 a small medical mission was begun in Constantinople. Though mission work began in Bagdad in 1834, it was not until 1886 that the medical missionary Dr. H.M. Sutton was stationed there. "It is stony ground, and the prospect of a harvest is still (1910) small."² Gradually all the chief stations in Turkey are being provided with medical missionaries and hospitals."³

In Protestant medical mission work our next door neighbor was long neglected. In Latin America the Roman Catholic Church did what hospital and medical work there was.

"It is practically impossible for a Protestant to be treated in a Roman Catholic hospital without consenting to confession and hearing mass; and most if not all of the government hospitals are in charge of Catholic doctors and nurses and the same treatment is accorded patients."⁴

"Up to thirty years ago (1891) when the medical work was commenced in the State of Guanajuato, no Missionary Society in the world believed in the use of healing as a means for the advancing of the interests of Christ's Evangelism in the nations that know and use what we call modern medicine. All believe that for Latin America the proper means to use were the press, the pastorate and the schools, for the use of deaconesses was not yet begun here. So great

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1. Ibid., p. 133
2. Ibid., p. 164
3. Ibid., p. 157
4. Pamphlet, Medical Missions in Latin America

has been the blessings of God upon the endeavors of the first medical missionaries in Mexico, that now it is an accepted doctrine that this medical arm of the service established by Christ himself is needed here and in all Latin America, as much as in China and India. For this reason we find that Missionary boards in the United States are planning, (and some are already putting into execution their plans,) for the great increase of this kind of work in Mexico, and its immediate establishment in many of the countries of South America."¹

Medical missions, therefore, did not get a noticeable start until the second decade of the twentieth century. A brief survey of the situation of the nations of South America in 1925 will show how the seeds were planted. In Brazil, "We have few hospitals worthy of mention."² These are of the Roman Catholic Church. Nurse's training is poor in Brazil, Argentina and Uruguay. In these latter two countries hospitals are scarce in the provincial areas, but "will greatly improve in the next two decades."³ Chile had 98 hospitals in 1911 and 107 in 1915 which were aided by the government. "Local hospitals are an absolute necessity"⁴ in Peru. In Bolivia "anything a Mission organization may be able to do will be of value."⁵ Hospitals are overcrowded with malaria in Ecuador. But "In Mexico, Central America, Ecuador, and some of the other republics the opportunity seems particularly great."⁶

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1. Salmans, L.B.: Christian Medical Work, p. 3
 2. Montevideo Congress, 1925: Christian Work in South America, Vol. I, p. 464
 3. Ibid., p. 466
 4. Ibid., p. 468
 5. Ibid., p. 468
 6. Ibid., p. 468, quoted from Report of the Panama Congress, Vol. I, p. 318

In Columbia and Venezuela the needs are appalling. In Paraguay the hospitals are fairly good but limited.¹

Thus, medical missions has a world wide influence for the Gospel. None of this work has fallen behind, but rather, it has gone forward. The statistics published in 1938 by the International Missionary Council give a picture of the present functioning of medicine in Christian missions.

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1. Ibid., p. 470

MEDICAL SUMMARY													
Areas	Native Staff			Hospitals			Dispensaries			Foreign Staff			
	Doctors	Nurses Graduates + Students	Unclassified Workers	Hospitals	Beds	Patients	Operations	Dispensaries	Mobile Itineraries	Total Treatments	Doctors	Nurses	Others
GRAND TOTAL	1,354	13,090	2,690	1,090	68,614	843,367	348,210	2,351	9,532	18,727,813	912	1,232	261
ASIA incl. Japan, Br. Borneo, & Ceylon, & Cyprus	1,247	9,363	1,646	676	45,320	528,318	295,690	1,284	6,919	11,544,25	624	634	154
INDIA	346	2,375	447	283	18,383	203,443	147,343	525	3,624	5,118,825	211	253	60
AFRICA	24	1,025	489	249	11,015	143,958	30,485	731	1,847	5,722,663	187	393	58
Australia, Neth. Indies, Philippine and other Pacific Is.	38	2,368	530	149	11,382	145,579	17,428	288	761	1,263,852	84	165	44
LATIN AMERICA	37	325	25	17	807	23,653	3,859	37	5	197,023	15	40	5

With this heartening picture, what will be the history of medical missions in the future? Concerning Japan, R.B. Peery said in 1899,

"Although they have accomplished much good, medical missions are no longer needed in Japan. The Japanese themselves have become adepts in medical science, and especially in surgery. Every town and city has one or more hospitals where competent medical consultation and treatment can be had, and these now occupy the position formerly filled only partially by the mission hospitals. A few hospitals and dispensaries are still kept in operation by some missions, but most of them were years ago dispensed with as no longer profitable. We rejoice ..."¹

In China in 1900 there was yet much to do.

Dr. Rachel Benn gives the warning,

". . unless we are careful, the future medical profession of China will be a curious compound of sorcery, dried lizards, and powdered lion's teeth, with a sparkling of foreign medicine whose sole aim will be to make money . . ."²

But what of medicine in general as a missionary enterprise? This question would include all mission work.

"It seems to me that every department of our mission work has been founded with the thought that it was only to be temporary; that ultimately every department of the mission work will have to be taken up and sustained and carried on by the people to whom we are now sent, or else that work is not worth founding at all. If we are to be dependent upon sending out doctors always then we had better not bother with it

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1. Peery, R.B.; op. cit., p. 265
2. Ecumenical Missionary Conference, Vol. II, p. 192

at all. But if our work is only temporary, we must look forward to the time when there shall be native physicians."¹ "We are not going to stay in the foreign fields always. We are there only temporarily, to prepare the people, to train them to build up the work that will last long beyond the time that we send our missionaries and our money to foreign countries. Let us build well the foundations."²

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1. Ibid., Vol. II, p. 224
2. Ibid., Vol. II, p. 221

CHAPTER III
THE RELATION OF MEDICINE
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Introduction

After seeing the factual history of the growth of medical missions, we turn our attention to the history of the theory behind their being a means of Christian evangelization. They have established themselves as a useful instrument throughout the world but their relation to the church has not always been the same, nor has it always been accepted. One evidence of their not being accepted has been their late start in the modern missionary movement. This resolves into the problem of whether scientific medicine is as much Christian as was the miraculous healings of the Old Testament prophets, Jesus Christ and the Apostles, also whether it is as much Christian as preaching, teaching and selling of the Bible. Does a man who is called to the ministry of God have a right to spend so much of his time preparing and using a material, man-made science such as medicine? Is medicine itself inherently Christian? Should the Church invest its efforts in medicine? Laborers of God are so few in the white harvest field of the world that the Church cannot afford to use them for secondary purposes. And financially, the Church cannot waste its precious money on things other than spiritual

things and especially so costly an enterprise as hospitals, medicines, doctors and nurses. There must be a clear answer to the question whether medicine may be a mode of Christian service and witness, and whether it directly or indirectly furthers the Kingdom of God on earth. This is the issue to be discussed in these two chapters. This chapter deals with the relation of medicine to the evangelistic aspect of missions, the next chapter with the relation of medicine to the social aspect of missions.

A. The Evangelistic Emphasis is Necessary

Some people go to one extreme of the superiority of evangelism, while others go to the extreme of social service alone. The next chapter will endeavor to balance the former emphasis by showing the place of social service, while this present chapter will seek to balance the latter emphasis by indicating the importance of evangelism in medical missions.

Our first point of discussion is that the evangelistic emphasis is absolutely necessary. To the Christian missionary the Gospel is necessary for his missionary zeal; to the national it is necessary for their salvation. Medical missions is a direct method of soul winning.

1. Medical Missionaries Could Not Stand the Pace Without the Evangelistic Motive.

The mission field is not inviting, nor hardly endurable, for the medical missionary without motives beyond self-glory, financial income or even philanthropy. There is no glory from remote places of the earth for the world knows little or nothing about such a work. Financially, no inland station brings wealth. In contrast, they need outside support. And the motive of good will is not enough to sweep the whole world. Not many people can go through the hardships just to do good.

"Medical missionaries are not out to be merely good doctors or surgeons; they have a commission, not from any medical society, not merely from their supporting churches, but from their Lord. To be efficient they must bear clearly in mind both what the Great Objective is and also just what their own peculiar part is, as it ties up with the work of their clerical and other associates, as an 'integral part' of the great modern missionary enterprise."¹

"Underneath the crowded activities of his life there lies the strong sense of vocation without which he could not sustain the pressure for a single year."²

2. The Gospel is the Promoting Purpose

This leads us to the next point, the Gospel is the promoting purpose of medical missions. "When medical work crowds out evangelistic work, the medical missionary's soul becomes starved and warped."³

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1. Dodd, E.M.: Why Medical Missions?, p. 15
2. Hodgkin, H.T.: The Way of the Good Physician, p. 6
3. Ecumenical Missionary Conference, N.Y., 1900, Vol. II, p. 217

So, "not as friend, or educator, but as an evangelist . . . the physician can wield the greatest power as a missionary agent."¹

Medicine is a science and

"Science is a great ally, but it can never take the place of spiritual work. It can enlighten the mind, it cannot save the soul. It can save a life from destruction, but it cannot bring one to Christ. Imagine a mission hospital perfectly equipped but no place for the spiritual, or it was crowded out; science would have made no contribution, there at any rate, to missionary work."²

Thus, "healing of the body is not enough for the medical missionary; his passion is to redeem the soul, to transform the will."³

3. Sickness and Cure are Related to Religion

The evangelistic emphasis is necessary from the point of view of the missionary. Going further, it is necessary from the viewpoint of the national. Sickness and cure from it are closely related to his religion. To him the Supernatural controls all of nature, including human nature. So when the medical missionary comes healing, the national has the "belief that the doctor has magical powers."⁴ Their own shamans are both a doctor and a priest. Often nationals do not receive medical treatment for fear of the

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1. Ecumenical Missionary Conference, New York, 1900, Vol. II, p. 193
2. Christian Missionary Review, p. 44
3. Hodgkin, H.T., op. cit., p. 94
4. Park, E.J.C.: Medical Missions in Theory and Practice, p. 13

foreign God of the medical missionary.

"The drawbacks which apply particularly (in public health) to the Orient are poverty, ignorance, and in some instances, religious and political considerations, with the possible exception of Japan."¹

Yet, "medical missionaries are the only efficient opponents . . . which are intimately associated with real superstitions."²

"They remove the fear of evil spirits by showing how ill-health is due to natural causes and how disease can be removed by the use of natural remedies. They thus liberate the mind as well as the body."³

4. "Missionary" is the Emphasis of "Medical Missionary"

For the medical worker to go without being a missionary, he would lack a driving motive and would confuse the nationals. There must be the evangelistic or missionary emphasis in the words "medical missionary."⁴

So when he goes

"he is in no doubt as to which is the more important of the two. Whatever else he is, he is a missionary. So the qualifications for medical missionary service fall under three heads: spiritual, professional and personal."⁵

"No one can be a true medical missionary without putting special emphasis on the word 'missionary'. While his immediate object is to relieve suffering and cure disease, his higher and far more important object, of which he will never lose sight, is to bring all his patients to the Physician of souls, and make his loving Master their personal Redeemer."⁶

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1. Peter, W.W.: Observations on Public Health in Southern Asia, China Press, 1923, p. 22
 2. Ecumenical Missionary Conference, Vol. II, p. 196
 3. Hodgkin, H.T., op. cit., p. 13
 4. Ecumenical Missionary Conference, Vol. II, p. 202
 5. ibid., p. 206
 6. Chamberlain, J.; The Kingdom in India -- Its Progress and Its Promise, p. 133

5. Medicine is a Direct Method of Winning Souls

Medicine can stand on its own feet as a means of evangelism. Evangelistic emphasis is necessary and medical missions is itself "directly responsible for leading many individuals into the Kingdom of God."¹ Robert E. Speer has said that the aim of the Church is "to make Christ known to every heathen, and that educational, evangelistic and medical work are but a means to that end."² Note that the three are equivalent.

"Medical missions are not a temporary expedient for opening the way for and extending the influence of the Gospel, but as an integral coordinate and permanent part of missionary work of the Christian Church as was emphasized in the resolutions by the Shanghai Conference of 1907."³

B. Methods of Coordinating Evangelism With Medical Missions

After seeing that the evangelistic emphasis is necessary, the logical question arises as to how this can be accomplished. Let us look at the methods of coordinating evangelistic work with medical work so that patients are not forced to listen or abruptly approached.

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1. Hodgkin, H.T., op. cit., p. 13
2. Ecumenical Missionary Conference, New York, 1900, Vol. II, p. 216-17
3. Lambuth, Walter R.: Medical Missions -- The Twofold Task, p. 236

1. Say Nothing and Let Actions Speak

In a very real way opportunities come to the medical worker. They are not sought. The physicians'

"work is not of that class which consists of conducting 'women's meetings,' teaching in Sunday School and attending public worship, but that of individual personal work which is converting the world."¹

To stand beside a dying patient is to be asked about life after death. Or relieving pain brings gratitude that inquires about your reason for being there, your free service and your great concern to help them.

The medical missionary is speaking a language which is not that of one class only, or of one race.

"Even before he has mastered the intricacies of a foreign tongue, his message will have reached many hearts. During his few months in China, Arthur Jackson was able to learn very few words in that most difficult of languages, yet he has spoken to tens of thousands, to the crowds of coolies who passed through the station where with infinite tenderness and patience he handled each case that came to him, through them to hundreds of homes throughout a wide area, and even to the Viceroy himself. He worked at the railway station early and late. Whenever a coolie in an inn caught the plague, although the place might be most filthy, he would go himself to treat the case. Alas! He himself caught the infection; he was taken ill on January 24th and died the next day. His death in labouring for our country was actually carrying out the Christian principle of giving up one's own life to save the world. Such are the words of a Chinese newspaper, to which may be added those of the Viceroy: 'He went forth to keep us in our fight daily, where the pest lay thickest; amidst the groans of the dying he struggled to cure the stricken'."²

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1. Ecumenical Missionary Conference, Vol. II, p. 195
2. Hodgkin, H.T., op. cit., pp. 9, 10

2. Have Close Contact With Patient

One supreme method is to be in close contact with the patient. Personal handling often gives opportunity of personal dealing. His questions are usually directed to the one who treats him. The hospital patient is more easily accessible than either the clinic or the home patient.

"In the hospital the opportunities are still greater (than in private homes), for there the patients are watched over day and night, and the word can be dropped just at the moment when the heart is most receptive, and many who enter heathen depart Christians."¹

Patients in a hospital may be of "many sects or religions, gathered from far distant parts, a large proportion having never before heard the Gospel."² While in the hospital, the truth is given a chance to sink in and have its full effect upon their darkened minds and hearts. It is the chance of a lifetime -- the chance for quiet thought, for hearing the Gospel, for seeing it lived before their eyes and for getting an answer to their questions.³

But the physician has greater access into private homes than does the preacher; especially in India, doctors have been permitted into the Zenana apartments of upper class women.⁴

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1. Park, E.J.C.: Medical Missions in Theory and Practice, p. 13
2. Hodgkin, H.T., op. cit., p. 92
3. ibid., cf., p. 92
4. Chamberlain, Jacob, cf., p. 121

Preachers and missionaries had been refused in homes. But when illness came to one of them the medical doctor entered a wide open door. The woman was cured.

"The result was that the men of the family (which was of high caste) offered their house as a place for Christian preaching, and still more amazing, went out beforehand to all those of their own caste in the village, when the doctor was coming to talk, and invited them to come and listen . . . finally he (the head of the family) told me one day that every idol had been swept from the house and that everyone of the eighteen members of the household was praying morning and evening to Jesus Christ alone, with irrepressible gratitude. I returned thanks that to me had been given such an honor and such a blessing."¹

3. Follow Up Patients

Closely related to the personal relationship with patients in the hospital is the work of following them up after they leave the hospital. Many who profess Christianity go back home with no help and in a short time resume heathen practices. This is mostly the work of the itinerating preacher who gains great opportunities through these individuals. This work of following up patients is an integral part of the functioning of a hospital. It consists of visiting the very homes of former patients, holding conferences periodically, or weekly meetings in their villages.² Without this work much would be lost.

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1. Park, E.J.C., op. cit., p. 15

2. Conference of Medical Missions Held in Cairo, cf., p. 63

It is not usual that something like the following happens.

"In June, 1869, there was brought to my hospital in a hammock-like blanket tied to a long bamboo, borne on the shoulders of four of his kinsmen, a two-days' journey from their village, a young man, Remudie, whose life could only be saved by a critical surgical operation, so critical, that I at first declined to undertake it, believing that he would die under the knife. I however laid the case before the Master, and He seemed to bid me go on. I performed the operation. To my joy, if not surprise, the young man recovered. His uncle, a tall, spare man suffering from loss of vision had come with him. I was able to restore his sight by treatment.

"When both were cured, they came to my house to express their thanks and bid me good-bye. They asked me to let them have some of the Gospels they had heard read daily, and some tracts explaining them, to take home with them, as they said they were never going to worship their old gods again, and they wished these Gospels to read to their fellow villagers, that they, too, might know the true God. They took them and went home."

Three years elapsed. We visited their village and "every householder came forward and signed a covenant for himself and family renouncing heathenism, giving up their idols and promising to obey the precepts of the Gospel, so far as they knew them or might be taught them -- we promising to give them a teacher to instruct them in the way of God more perfectly. Of the worthy life and triumphant death of those two men, time fails me to tell. Two other hamlets of the relatives were brought over to Christianity by their influence. The surgeon's knife had cut the bonds of their hereditary superstition, and they became free men in Christ Jesus."¹

4. Do Evangelistic Work in the Hospital

The basic and more important evangelistic work goes

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1. Chamberlain, J., op. cit., pp. 128-129

on at the hospital. For in-patients the devotional period of the morning and evening is invaluable.

"In India we read of a caste woman who was admitted to one of our hospitals for an operation. She stayed there a month, and was healed in soul as well as body so that she went out singing, 'who healeth all my diseases, who forgiveth all my iniquities.' Nor was this all, for while she was there she was visited by about fifty of her relatives and friends, all of whom heard the gospel and many of whom were persuaded to attend the church services. And the doctor has a right to believe that the word sowed shall not return void unto Him who gave it, but shall yet bear fruit, even unto eternal life, for those who heard because she was a physician as well as a missionary."¹

The out-patients or clinic patients arrive early.

"I was seated in the prescribing room shortly after sunrise with fifty patients already present, waiting for treatment. I had read from Holy Writ and had preached to the patients, and offered prayer for guidance."²

The medical mission should have compulsory attendance to devotions.

"If in the clinic, we were to make the lesson voluntary, it is almost certain that the bigoted moslem would consider it his duty to prevent from attending

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1. Park, E.J.C., op. cit., p. 14
2. Chamberlain, J., op. cit., p. 126

many who otherwise would listen with interest . . . Whilst making attendance to the lesson compulsory, the spirit of love and friendliness in which the message is delivered makes all the difference to its reception, especially by those who at first may have been prejudiced and unwilling to listen. Whilst our-patients are in the room waiting to see the doctor that time can be profitably spent with them, and after the lesson is given, there is an excellent opportunity for freely talking with them on any of their spiritual difficulties; there is also time to have personal talks with many of them."1

So the method used by the medical missionary is very broad, varying from preaching himself to having others do the evangelistic work, and from saying nothing to driving home the issue of salvation. But still, whatever else he may be, he is still a missionary.

C. The Evangelistic Aspect Is Incomplete
Without the Social Aspect

After so much emphasis upon evangelism, there needs to be a balancing by considering the social aspect without which the evangelistic would be incomplete.

1. The Evangelistic Follows the Social

As has been said, it is not through the speaking alone that the physician preaches.

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1. Conference of Medical Missions Held in Cairo, p. 63.

"The work itself of a skillful physician is continually preaching. He need not open his Bible to chapter and verse. He need not use spiritual language. To everyone of his patients to whom he comes with loving sympathy and with skillful power he brings the message of the love of God. . . and much more abroad, among non-Christian peoples, the physician preaches without opening his lips. The love of Christ, which impels men and women to leave comfortable homes and occupations and to endure the hardships of the missionary medical life, is certainly preached through these deeds more loudly than by words. So that I would earnestly, with careful thought and with some experience deprecate the tendency which exists to call upon our medical missionaries to be both physically and formally designated evangelists."¹

The Christian doctor, living as a real Christian, can do his social work first and be sure that the spiritual message will follow. In some places, especially Moslem lands, evangelism as such does not have freedom. Just imagine a large mission hospital being conducted for half a century mainly as a philanthropic institution, without any great accentuation of its missionary character, even considering the religious scruples regarding food and customs of the Jews! Such was the case in Jerusalem.²

Often the medical missionary must do the healing without the slightest indication of whether the person will respond to his preaching, especially on itinerate work. This raised the problem of whom to treat first. The following

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1. Ecumenical Missionary Conference, N.Y., 1900, Vol. II, p. 200
2. cf. Richter, J.: History of Protestant Missions in the Near East, p. 255

illustration shows a wise choice.

"A few months later, a Mohammedan police officer, Moideen Saib, by name, came to me as I was very busy in my hospital one day, begging me to come to his house and see his young wife who was very sick, saying that their Hakims (Mohammedan doctors), had just told him that she could not possibly live. My chief assistant was absent on leave. My second assistant was himself down with typhoid fever. There was an epidemic of cholera, another of small pox, and still another of typhoid fever in town at the time, and I was driven with work to my wits' end.

"I said, 'You see how driven with work I am, and how many are crowding around me all the time at the hospital. I cannot go to your house. Bring your wife here and I will do my best to save her.'

"No, sir, we are of the Cosha sect (the most secluded). I cannot bring my wife out of the house.' 'But,' said I, 'you can bring her in a curtained jutka (native coach) which can back right up to the side door of the women's private ward, and I will do the very best I possibly can for her. I cannot go to your house.'"

"Then she will have to die where she is,' he groaned, 'for we would be outcasts if I let her pass through the streets even in a closed coach; that is our law.' And he burst into tears.

"I went. She was one of the most beautiful oriental young women I had ever seen. God again had a purpose to accomplish and gave me her life. I visited her once or twice a day for ten days. At my final visit, as I bade her good-bye, she, seated on her Persian rug on the floor, threw herself forward, clasped my ankles and kissed my feet, saying: 'you have saved my life; what can I do to show my gratitude?'

"From that day, the secluded Mohammedan houses were open to the missionary doctors and many a one did I enter on errands of mercy. The sullen hatred of the Mohammedans there ceased to be manifested; the Moulvi even becoming my friend. Mohammedan children, moreover, began coming to the

missionary's school, and Mohammedans listened respectfully to our preaching."¹

It is not always the catering to the upper class that does the most good.

"Mafoti, the African boy who wants to be a nurse, lives in a jungle village in the Congo. His good times, snaring birds and hunting small wild animals with the other boys, stopped when his father slept more and more of each day. The hut became a sad place, for his mother wailed so loudly and so much of the time. Was not the terrible sleeping sickness always fatal?

"'Mama,' the white missionary who had a school in another town, sent word that she was coming to open a 'dispensary' (whatever that might be!) in Mafoti's village; and there would also be a school. The village had heard that the white people had medicine for the sickness, but the boys were interested in the chance to learn to read. They built a house that would keep off the sun and rain, put into it all the furniture they could find -- and waited.

"One morning the call drum began to talk, 'Toom, tum, tum, tu-toom.' 'The boat is coming up the river. It is three hours away. Mama is coming.' Mafoti and all the rest of the people of the village put on their best and brightest clothes. They cut palm branches to wave. They took the singing drums to make music, and when the little steamer wheezed up to the bank, they shouted, sang, clapped their hands, and danced to welcome the missionary.

"Six months had not gone by when, one morning, Mafoti went to the missionary and said:

"'Mama,' all that you have done here is so wonderful. My father is well, my mother is happy, we are learning to read, and I believe in Jesus. I want to help you. I want to learn to be a nurse.'²

"HE WENT ABOUT DOING GOOD."

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1. Chamberlain, J., op. cit., pp. 125-126
2. Bowers, A.C., Missionary Illustrations, pp. 106-107

"In India, you know, the work is only limited by the doctor's strength. If you could work every minute of the twenty-four hours, and then add twenty-four more hours to the day, you could not get through with the work that would come to you to do."¹

The doctor has an unlimited number with whom he can deal. It is a job that is never finished either in healing or giving out the Word. The task takes more than human strength, wisdom and courage.

"The weary ones had rest, the sad had joy
That day, and wondered how;
A ploughman singing at his work, had prayed
'Lord help them now.'

"Away in foreign lands they wondered how
Their simple words had power;
At home, the Christians, two or three, had met
To pray an hour.

"Yes, we are always wondering, wondering how
Because we do not see
Someone, unknown perhaps, and far away
On bended knee."²

2. The World is Developing a Higher Civilization

Again the evangelistic aspect is not complete without the social because the world is developing a higher civilization based on Christianity. Since the Gospel message engulfs all phases of life, missionary work will have to include the fullness of civilization. Therefore, medical missions are necessary.

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1. Park, E.J.C., op. cit., p. 14
2. Hodgkin, H.T., op. cit., p. 114

"The leaders of New Korea are even now working on a plan to make their country an outstanding Christian one, and who would be more adequately equipped to help in that project than wise, helpful, Christian missionaries? The Koreans have proven that they are ready for more advanced education and leadership, and that no science is too deep for them to master. The Korean already knows enough about the Western world, to know what kind of person he wants to have help him, and in the future missionaries will not be accepted on the basis of religious fervor alone. Only the highest type of man and woman, in faith and personality, abilities and intellect, will be acceptable. For this reason it cannot be too strenuously emphasized that the medical recruits who go to Korea, when she is opened again, must be broadly educated, be skilled in their profession, possess a fine sense of humor, understand their limitations, and have also the grace and art to mix socially without condescension with the peoples of another race. Hereafter it will be exceedingly important to select the doctor and nurse specially qualified for the particular position to be filled. In the future, more emphasis will have to be put on the quality than on the quantity of the people sent to the Orient. The 'quality' means that the medical missionary will also be of sound and practical Christian faith."¹

Not only are requirements greater but

"any idea that mission doctors and nurses are merely kindly, good-intentioned folk has probably already been dispelled by the record of their achievements. There has always been among them a larger proportion than one finds among general practitioners at home who have proceeded to take higher degrees and diplomas, often during much needed furloughs. Challenged as they have been by unsolved medical problems, they have been active in scientific research. Saddened by the tragic lag between the acquisition of knowledge and its application, they have always been in the forefront in experiments in applied medicine."²

The standards of the highest civilized part of the world the medical missionary has and must continue to

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1. Dodd, E.M., Medical Missions in Peace and War, p. 57
2. Chesterman, C.C.: In the Service of Suffering, p. 120

maintain. And too,

"the natives soon find out if a man knows his work; they will trust one who can help them, and, speedily ascertain, how far he can be trusted, will act accordingly. A missionary should not, therefore, profess to do that for which he is not qualified; without professing to be a surgeon, showing a readiness to aid everyone to the measure of his ability, he may confer great benefits upon the heathen. These know how to value the relief afforded to the sick, and to appreciate the sincere desire to give it on the part of the missionary-teacher, while the pretender they easily see through, and his services will remain unsought."¹

3. Beginning as a Social Work, Doors Open to the Medical Missionary that Are Unapproachable by the Evangelists

A third reason why the social aspect is needed to complete the evangelistic is the broader influence of the former for the Gospel. Doors open to the medical missionary that are utterly unapproachable by the preacher or colporteur. This has actually taken place all the way around the world. First, several examples from China.

"The preacher, the teacher, the colporteur, have been denied access; the doctor has been welcomed and invited in. Everyone knows with what prejudice and suspicion the Chinese looked upon all foreigners until very recently. To medical missions belong a very large share in the opening of this long-closed door. Dr. Peter Parker, in establishing his eye-hospital in Canton was facing a door that seemed to be scarcely ajar. Yet within a few months thousands were flocking to consult him, and his patients were traveling hundreds of miles, from Nanking and even from Peking."²

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1. Lockhart, W., The Medical Missionary in China, p. 119
2. Hodgkin, H.T., op. cit., p. 81

Likewise Dr. A. Jackson healed many at a coastal port when the interior was closed to foreigners. He helped fight an infection plague but caught it and died.

"Such deeds are more than words. They win their way to hearts which are steeled against the preacher's message, to minds that the teacher strives in vain to penetrate. They are the very essence of the Gospel of Christ."¹

Through the work of a medical missionary "Lady Li's recovery was the signal for the opening of Tientsin to missionary effort."²

From previous reference it is known that Dr. Allen opened Korea and "won for the Gospel an entrance to the most exclusive circles in the Hermit Kingdom."³

". . . it (medical missions) gives confidence and gratitude. Besides giving access to many who could not be reached in any other way. Not only in India; where the women are secluded, but in other lands, there are doors that are rigidly closed against all other missionaries which swing wide open for the doctor, and indeed it is no small advantage of itself to enter a home in response to an invitation instead of on sufferance. But often the only foot that can pass one of those thresholds is that of the physician, and further, the woman that has been delivered from her agony is the woman that is ready to hear the dear old story of salvation from her savior and to be convinced that she has a soul."⁴

We have seen in India how doctors, especially women, have obtained access to the high caste women

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1. Hodgkin, H.T., op. cit., p. 9, 10
2. ibid., p. 82
3. ibid., p. 82
4. Park, E.J.C., op. cit., p. 12

who live in seclusion in large harems. There are also towns which the medical missionary has unlocked. Of such is Jeypore, India, which was

"an exclusive stronghold of idolatry. Dr. Valentine was passing through and was called to treat the Maharajah's wife. The cure effected in her case was followed by a request to Dr. Valentine to settle in Jeypore, a request which was persisted in, even though the doctor made it plain that a condition of his acceptance would be perfect freedom to preach the Gospel."¹

"Dr. Southon, of the L.M.S., was passing through Urambo, when he was summoned by the King, who was suffering from a painful tumor. He responded to the summons, administered chloroform, and relieved the royal patient of his encumbrance. As a mark of his gratitude, the king invited Dr. Southon to stay at Urambo, gave him a most suitable site, and built thereon a house and hospital which became the center of a flourishing mission."²

"In the Syrian city of Hums, we saw the sick flock to Dr. Harris, as of old they doubtless flocked to Christ. He had with him only a pocket case of instruments and a few medicines. The receiving room was the little church, the operating table, a board laid across a couple benches. But amid those primitive conditions, the missionary gave such relief to scores of sufferers that wonder and gratitude knew no bounds and men who would have stoned a preacher reverently listened to the physician while he talked to them of Christ."³

And so, all over the world the medical missionary uses the social approach to open the hearts to the Gospel, even as Christ himself did.

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1. Hodgkin, H.T., op. cit., p. 73
2. ibid., p. 85
3. Brown, A.J.; The Foreign Missionary, Revell, N.Y., p. 107

"Of his thirty-six recorded miracles, twenty-four were of physical healing, and there must have been scores of others, for we read in Luke 4:40 that 'all they that had any sick brought them unto Him, and He laid his hands on everyone of them and healed them.' So medical work is not a mere humanitarian addition but an essential part of our Christian service in heathen lands. We cannot 'pass by on the other side' those countless sufferers or shut our eyes to their cries of agony. . . . Medical work is intended not only to relieve suffering, but to do it in Christ's name and in such ways that the patients will accept Christ."¹

Therefore, one of the four main reasons for medical missions is that

"they are a means of breaking down prejudice among the ignorant, and thus securing kindly attention to the missionary's message. They thus open the way for the entrance of the preacher when it has been closed to all other efforts."²

4. By the Social Emphasis Opposition to the Evangelist Has Been Turned into Confidence

Thus people who are indifferent will open the door to the medical missionary. But he gains even more than this. He is able to break down open opposition and go beyond to the end of winning their confidence.

"Only after confidence is established in the missionary does preaching the Word of God, Law and Gospel, gradually find willing ears, reflection and comprehension. Confidence in the missionary, proved reliable in earthly affairs, passes on to the new teaching he brings. If the one is true and reliable, the other is true and reliable also."³

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1. Brown, A.J., op. cit., pp. 106, 108
2. Hodgkin, H.T., op. cit., p. 12
3. ibid., p. 90

One door of opposition which has been turned into confidence is the political.

"...medical missions have exerted a political influence. Politicians cannot spin their webs unless they are hitched to fixed points of public opinion and sentiment, and it is quite clear that the ministry of health and healing has created bonds and contacts between peoples who were formerly socially at enmity and estranged."¹

Generally though, it is the opposition of a village that is turned into confidence. Such was the incident at Koshmir, India.

"The evangelistic missionaries were met by constant opposition. Inquirers were watched and and persecuted. Needless difficulties were put in the way of the workers; there seemed little prospect of their ever obtaining a permanent foothold in the country. Through the object lesson of medical missions, opposition was turned into friendliness, and the restrictions were withdrawn which had hampered all missionary activity in the early days."²

Another similar occasion was in Miraj, India.

"That is the town in which, a few years ago, there was some mission work, but one girl in the mission school began to inquire, and at once the whole of that mission work was stopped, and not a single native agent was left in the town. Now that eye-hospital has been built, and all the expenses paid, and the doors thrown widely open, and on the day that the hospital was opened the city magnates got up and warmly welcomed the medical mission. They saw with their own eyes what a Christlike work it was."³

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1. Chesterman, op. cit., p. 127
2. Hodgkin, op. cit., p. 82
3. ibid., p. 84

"Then there are the times of special emergency, of epidemic and of famine, with the disease which follows, days of tremendous stress and horror and of great opportunity, when the Christian Faith is preached by deeds far more effective than any words. When in 1902-3 the plague was raging in Cawnpore, a report was spread that the disease had been introduced by the English rulers. The death of Dr. Alice Marvel and of an English Nurse at St. Catherine's Hospital, killed the rumour as nothing else could have done. These compassionate English women who had gone fearlessly in and out of the miserable homes in the narrow streets of the city, doing what they could to save others, had not been able to save themselves."¹

5. Evangelism Alone is Not the Full Gospel

Where open opposition would most likely occur is in the Muslim lands.

"Medical work is peculiarly adopted to missions in Muslim lands. The intense fanaticism of Mohammedan men makes direct evangelism well-nigh impossible. Street preaching is wholly out of the question. The death penalty always impends over a convert from Islam. The mere fact that a Muslim is reading the Scriptures, or conferring with a Christian, exposes him to most serious peril. But Muslims sicken and suffer pain like other men. And, notwithstanding the fatalism which leads them to attribute disease to direct divine appointment, they have a traditional respect for doctors . . . The native hakim is an arrant quack. But when a true hakim appears, . . . with all the wonderful appliances of modern science and art, Mohammedans are ready to concede to him the honor which belonged to their illustrious ancestors. The missionary physician is a privileged person among them, and when his healing work is done, he can fearlessly explain to them the person and doctrines of Christ."²

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1. Debenham, M.H., Knights of Healing, pp. 50, 51
2. Ecumenical Missionary Conference, Vol. II, pp. 197-198

In all these examples it is the social aspect that has had to lead the way with the evangelical following. At Miraj, India, educational missionaries had started a work but it was stopped. At Kashmir the evangelists had tried without any success. It was not until the medical missionary came merely to do good that the doors opened. This was for more than a bait to preach the gospel. It was a manifestation of the love of Christ which won the friendship and confidence of these peoples.

D. Conclusion

In the beginning of modern medical missions, medicine was used only as an opportunity to preach.

"Despite all the criticisms about the unfairness of taking advantage of the sick for the purpose of proselytism, and despite all the assertions that medical missions are not a bait on the hook of the fisher for men, or a sugar coating to the doctrinal pill, yet may it be said quite plainly and unashamedly that they are evangelistic agencies. If we are out to heal in the Name of Christ, or, to be quite plain and untheological, if we are doing God's work with Him and for Him, we cannot help telling folk about Him.

"No one is forced to come to a mission hospital. No one is forced to listen to the Good News about God. No one is ever bribed to become a Christian, or threatened if he doesn't. Quite the contrary. Christians who come to the mission hospital claiming preferential treatment because they are Christians generally get told to wait till last. Moreover it is never the case that patients object to being spoken to about God or to participation in religious exercises. Many a medical missionary has found in his busy life that if, for any reason, customary prayers or services have been omitted, he has been reproached by the patients themselves. They expect him to be religious

and lose respect for him and actually become uneasy about his whole medical practice if he is not. The doctor and nurse cannot delegate entirely their responsibility to be too busy about God's work. Wherever they reinforce their missionary ministry to the body by an interest in and an unequivocal appeal to the heart and conscience, the Gospel message goes home."¹

1. The Historic Swing of the Pendulum

"A hundred years ago the primary call to Christian missionary work was the conviction that the non-Christian nations were one and all going stright to an eternal hell, and that only the knowledge of salvation through Christ could offer them the slightest hope of doing anything else. The Gospel must be preached at all costs, or there would be an unending succession of souls daily passing out to endless torment. But the non-Christians will not always listen to the Gospel, so every possible means must be used in order to attract them, that they may almost be forced, as it were, to listen to the Good News. And the most effective of all methods of attracting people to listen to sermons or Bible readings is the offer of free medical aid of good quality. Medical missions in some hands became little more than a bait to catch the unwary. But as Christian thought progressed from the 'religion about Jesus to the religion of Jesus,' as Harnack put it, Jesus Himself began to be studied more and more, and dogmas about His nature and His atonement began to take second place. The pendulum swung in the opposite direction, and as it so often does, swung too far. The final stage of the swing was reached when a book, I hope already forgotten, called Rethinking Missions was published by Americans whose religion was apparently little more than Humanism. Medical missions, it was urged, are simply a helping hand reached out in the name of Christ to those who are in distress, and no effort need be made to explain them further or to preach Christ, or God's forgiveness to the patients.

"The true basis of medical mission work is surely somewhere between these two extremes. The call is, as has already been stressed, a twofold call, the call of Christ and the call of sufferers. But if we look,

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1. Chesterman, C.C., op. cit., pp. 100-101

as Christians should always look, at Jesus Christ Himself, we can see that a very great deal of Christ's own work consisted in the relief of suffering with no 'ulterior motive' behind it. Jesus healed because He loved. He healed because He could not bear to think of suffering unrelieved. His great motive was compassion. And the medical missionary must follow his Master in the motives as well as in the nature of his work. He is called to show the Love of God to those who know it not, and those who are in especial need of it, because he is called by Jesus Himself to follow Him. Medical mission work should be an interpretation of the love of Christ and an imitation, as far as is possible, of the methods of Christ."¹

As early as 1900 this was realized.

"As a breaker-down of prejudice, medicine in China has been so successful that this has eclipsed all else, and has come to be considered, both at home and here, as the main object of medical mission work. However, it is an egregious mistake to suppose that to 'open doors that the Gospel may follow' is the province of medicine. The physician, especially the woman physician, does open doors indeed, but she walks through them herself into the most inaccessible stronghold of heathenism, the home, taking the Gospel with her.

"Those who say, 'Give the Chinese the Western education (there is none of so far-reaching results as the profession which does battle with the microbe), and they will then be able to receive the truths of Christianity,' are wrong. That would be the body without the soul. Equally wrong are those who say, 'Convert the Chinese to Christianity, and the rest will take care of itself.' That is the soul without the body, and life is only sustained by keeping soul and body together. Education is, then, as important a missionary agent as we have, and must go hand in hand with the preaching of the gospel."²

2. The Balance

From these representative examples, we can see

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1. Medical Missions Today, pp. 6, 7
2. Ecumenical Missionary Conference, Vol. II, p. 192

clearly that there must be a balance of soul and body. The two are inseparable.

"I felt very deeply, when I went out in 1890 to Persia, that there should be no separation between the medical work and the evangelistic work. I served there almost eight years, and I have come back with that same thought that there can be no separation of the two. They go hand in hand. I would not want to go back to Persia today if I did not go back with the Bible as well as with the medicine case."¹

Jesus Christ did not segregate the body from the soul as was pointed out in the preceeding chapter.

"The Christian ministry to the bodies and minds of man is as integral a part of the service of the Christian movement over seas as is the direct ministry to men's spirits."²

Out of the rapid growth of, and the great value seen in the history of medical missions, we cannot but see from experience that these arguments have been proven.

"Medical service is inseparable from missionary service, and our task today is merely, in the light of experience, to consider how, not whether, the Master's command shall be fulfilled in the mission field."³

3. "Means" to an End is Not Complete

There is one word which many writers use in discussing this subject. It is "means." They refer to medical work as a means to an end. There is a fine point of distinction that must be made which I feel will straighten

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1. Ecumenical Missionary Conference, Vol. II, p. 205
2. Van Dusen, p. 58
3. Glasgow Conference, p. 58

out the relationship of the social and the evangelistic aspects.

"There is another conception of our work which may be described as incomplete. It is that which interprets it as a mere means to an end, a bribe to gain the ear of people easily impressed by the wonders of western science, a lever to remove the prejudice and suspicion which obstruct the progress of the Gospel; it holds that when these objects are achieved the purpose of medical missions has been fulfilled and their raison d'être removed. We cannot accept that interpretation. We regard our work as in itself an integral part of the Christian message, a true epiphany or manifestation of the Gospel, as effective a proclamation of the truth as that uttered by the lips of the evangelist or inscribed by the pen of the theologian. . . By means of it (medical work), we gain opportunities of preaching the Gospel in the ordinary sense which are unrivalled."¹

Another helpful explanation of this important point should suffice. In The Way of the Good Physician there is the statement "perhaps the supreme means of establishing the Kingdom of God on earth"² is medical missions. Also in giving reasons for their existence it states:

"Medical missions are a means of bringing healing and relief to the bodies of those to whom the missionaries go, and thus of exhibiting the compassion of Christ."³

This word "means" is explained fully.

"Medical missions are an expression of the whole message of Jesus to the individual, the healing of

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1. The Vision of the Kingdom, p. 63
2. Hodgkin, H.T., op. cit., p. 11
3. ibid., p. 13

the body, the enlightening of the mind, the redeeming of the soul. It is this combination that gives to the enterprise it's majesty, and that invests the medical missionary with that peculiar power of appeal to men and women of all types of mind. It has been urged that the medical missionary is merely a means of getting in touch with a large circle of persons in order that they may come within reach of the Gospel. This is a wholly inadequate conception of the subject. The medical missionary is, in both it's aspects, a presentation of the Gospel and no man can truly claim the title of medical missionary who does not believe that he is proclaiming his message in the acts of healing as truly as in the spoken sermon. To exalt either aspect of the work in antithesis to the other is to miss the inmost meaning of the medical missionary's vocation. If we are to understand his spirit, we must not dissect it into it's elements and weigh one against another; we must see him as he stands, a follower of One who expressed the nature of His own mission in the words, 'the blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the gospel preached to them.' (Matt. 11:5)"¹

Thus the word "means" has the connotation of medical missions being an integral part in the method of spreading Christianity and not merely an earthly instrument picked up and applied to missions because it helps.

"Medical missions are not merely auxiliary to the evangel, they belong to it's very substance since they show forth the love of God, the same Power that sent His Son to be the Savior of the world. Nothing has been more impressive in the progress of the forward movement in evangelism than the natural and effective way Christian medicine has entered into the endeavor. What Christian witness could be more telling than the sustained endeavor made by Christian medicine to arrest the march of leprosy and tuberculosis."²

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1. Hodgkin, H.T., op. cit., pp. 6, 7
2. Madras Series: Evangelism, p. 95

But it might well be said that medicine is a science. In the present day science and religion are not usually considered to be the most intimate of friends. But of all the sciences medicine certainly calls for a heart of compassion, and thus "science is the true ally of religion."¹

4. Doing Unto the Least is Doing Unto Christ

Not only do patients see that medical missions are Christian and that science here allies with religion, but also that the Scriptural viewpoint and medical practice are absolutely and concretely Christian. "The Lord intended healing to be used as an important part of the plan for the evangelization of the world."² As was seen in the previous chapter Jesus Christ practiced and taught healing as being an intimate and integral part of His Gospel. He went so far as to say, "Inasmuch as ye have done it unto one of the least of these my brethern, ye have done it unto me." (Matt. 25:40). This makes medical work a work directly upon Christ.

"To those of his patients -- the vast majority who do not know Jesus, the medical missionary has got to represent Jesus in such a way as to draw them to Him, and to do for them exactly those things which Jesus would do for them were He present on earth in human form. This includes the healing -- as complete and thorough healing as modern science and skill can bring about -- of the bodies of his patients. But

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1. Cook, D.H.; Church Missionary Review, p. 42
2. Ayers, T.W.; Healing and Missions, p. 9

it also includes the healing of their souls, the announcement to them of God's forgiveness (as Jesus did to the paralytic boy in Mark 2), the directing of their thoughts to the life and love of our Master, and the clearest possible explanation of His salient teachings. The missionary must stand towards his patients in the same position as Jesus stood towards those who sought his aid.

"Secondly, we must remember that Jesus Himself taught us that inasmuch as we can do it to the least of these His brethren we are doing it to Him. Everyone of our patients in his or her need is representing Jesus Himself, no less, to us.

"When I am doing an operation upon a case of cancer, it is Jesus who is on the operating table. Can I do less than the very best for Him, When a fractured limb comes to be set, it is Jesus whose leg is broken. Dare I treat it in such a way as to send Him away a cripple, The typhoid patient, his life hanging in the balance, who is in that bed there choked with fever, with his skin parched and dry, is Jesus, the Son of God. If I can save His life by any possible means, the very best I can do, making use of any skill and experience I may possess, is not too good for this poor villager whose name (for me) is Christ."1

As we have seen, the evangelistic cannot function without the medical work. The message of the Gospel is more than just the evangelistic. The evangelistic taught exclusive of the medical, educational and even the agricultural would be harmful because it would picture an incomplete Christianity. All of life enters into Christianity.

"As missionaries in a Christian mission hospital, our duty is to combine the preaching of the Gospel with the ministry of healing. Our Lord's command to us is to preach and to heal, and this should be the motto of every Christian mission hospital."2

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1. Medical Missions Today, p. 7
2. Conference of Medical Missions Held in Cairo, p. 62

"We know what it is to come into a house or into a company where the air seems to be full of kindness and goodwill, where joy and laughter and ready helpfulness are the natural thing. Unfortunately, we also know the misery of an atmosphere of coldness and suspicion, of restlessness and worry. We have learnt so much and we are learning more every day of the tremendous influence that mind has over the body that we can easily understand how much this atmosphere has to do with the curing of disease. And the medical missionary who wants to deal with the whole man -- spirit, mind and body -- longs for the sort of atmosphere that will help all three, clean and sweet, fresh, beautiful, and hopeful, full of love and sympathy and good will."¹

E. Summary

This has been a discussion of a subject which is important for all missionaries, and especially the medical missionary. Also, it is important for all Christians to have an interest in spreading the Gospel of salvation unto the uttermost parts of the earth. The problem of the relationship of medicine to this job of extending the Kingdom of God has been introduced and shown to be as integrally a part as any other method of making known God's truth.

"His training is different, his methods are different, but the work is one. The clerical missionary gives prominence to one side of the Truth, the medical to another side, but the Truth is the same."²

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1. Knight's of Healing, pp. 29, 30
2. Christie: The Centenary of Medical Missions, p. 6

So sorely does the evangelistic preaching need the medical that

"I plead that wherever a mass movement towards Christianity takes place there shall be a doctor and nurse to cooperate with the other workers. These movements generally occur in just those backward places where Government or skilled national medical work is least likely to be found."¹

"We who hold the great truth of Christ's Incarnation can no more think of ignoring and despising the human body than we can accept the teaching of those who tell us that good housing and good wages will, by themselves, make a people happy and prosperous. Therefore, no missionary expedition can be complete without its medical side, it's Knights of Healing, working for the help of suffering men and women and fighting in the cause of truth."²

We in this country are accustomed to the evangelistic being enough without realizing that we have all of the modern conveniences Christianity can offer. In other lands this is not so.

"and 'under far off stars' what horrors of physical suffering and degradation there are, which make it hard for men and women to listen to the voice of God, which paralyses their link when they would rise up to follow Him who calls them to purity of life and unselfishness of service! The preaching of the Gospel, we are told, is the function of the missionary. But preaching is no such simple thing as those imagine who have never moved beyond the range of Christian influences. In many cases a great and far-reaching praeparatio evangelica is required before the human heart is capable of realizing the sign of what is preached or able to carry it into effect. Every advance in education and enlightenment is an aid to Christian Service."³

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1. Vision of the Kingdom, p. 62
2. Knights of Healing, p. 12
3. Vision of the Kingdom, p. 62

This chapter showed that the evangelistic emphasis is absolutely needed and suggested a few methods of harmonizing it with medical work. Lest the evangelistic be overstressed, it was then pointed out that it is crippled without the social aspect. Let me now close with an illustration of the physician who did not forget the evangelistic phase.

"The mission doctor speaks:

"I shall never forget an experience I had with a young Sudra woman. One day at seven o'clock in the morning, as I came into the hospital, she was brought in. After examining her I had no hope whatever for her recovery. Seeing her in such a helpless condition, I cannot tell how deeply my heart was touched. I stood at her side and took her hand in mine. This seemed to give her some comfort. Then I asked her, 'Have you ever heard of Jesus, the Saviour,?'

"She answered, 'No, who is He?'

"'He is the Redeemer of the world. The giver of peace,' I answered. 'He alone can help you with comfort, and as you will not be many hours here, will you not believe in Him?'

"With her large, black eyes she looked into mine and said, 'Yes, I will, but teach me how I have to come to Him. I do not know anything. Tell me very quickly, for I know I have to die.'

"We explained the way of the cross and prayed with her. We know that the Spirit of God was present and did bless her. She understood clearly and would say time and again, 'Tell me more about him who is able to save me.'

"'Lord Jesus, save me,' she prayed; and after this she fell into a restful sleep.

"When I saw her some hours later, she put her hand on her heart and said, 'I feel now so easy, but teach me more about Jesus.'

"It was astonishing that her people, who had come with her, consented to everything they saw

and heard. They raised not the least objection.

"The prayer of the young Sudra woman was answered. Her last testimony to us was, 'I am going to Jesus.'

"During the night she died, but the look on her face was one of peace and satisfaction, found even on her death-bed."¹

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1. Bowers, A.C., Missionary Illustrations, pp. 103, 104

CHAPTER IV
THE RELATION OF MEDICINE
TO THE
SOCIAL ASPECT OF MISSIONS

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Introduction

After discussing how medicine aids the evangelistic aim of the missionary program, it is necessary to see how medicine furthers the social function of missions. It has been shown that evangelism is necessary, how evangelism is related to medicine, but that it should not be overstressed.

Here in this chapter we want to see the value of the social emphasis as a basis of world unity, the only means of healing in many places, the future work of preventive medicine, and the danger of overemphasis of the social function to the neglect of the evangelistic.

A. Medicine is a Basis of World Unity

1. All People Need Medicine, Especially the Less Civilized Countries

As neither any other science nor any philosophy, medicine is applicable to all human beings. Many of the sicknesses which bring great devastation to less privileged countries can be cured so easily by modern medicine. That is what opened China to Peter Parker. There are more things curable than the doctor has time to treat.

"Were Scotland in the same condition as India we should have not 4000 doctors, but 50; and were it in the condition of China we should have, not 4000, but 20! Wide regions and numberless tribes of men in the central parts of Asia are in a state of even greater destitution as regards medical aid, and the needs of Africa may be gauged by the fact that those who have an intimate knowledge of its life tell us that in many places infant mortality reaches the terrible figure of 800 per thousand; in Britain it stands at about 90.¹ . . . but, oh, our workers are so few and the work so great! There is only one doctor in China (foreign and Chinese) to every 200,000 people; a fifth of the country is unoccupied, and the half of the missionaries are located in thirty of her towns. . . . The task seems almost too great to face."²

And for America

"Dr. Witter states that while in this blessed Christian land we have 4000 trained physicians to every 2,500,000 people; in heathen lands there is only one medical missionary to be found for the same number."³

Though the need is so tremendous, the nations are already appreciating what is being done. Yuan Shih-kai, the past-president of the Republic of China, said to a medical missionary meeting at Peking,

"I am delighted to receive the medical missionaries. We are most grateful to you for your charitable services, especially in the interior, where the importance of sanitary principles, once comparatively unknown, is being recognized owing to your labours. Many of you assisted during the plague, materially aiding in restricting the ravages of the disease which had alarmed the world, while during the Revolution many of you faced dangers and difficulties

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1. The Vision of the Kingdom, Glasgow Missionary Conference, p. 61 (Dr. H.F.F. Taylor)
2. *ibid.*, p. 65 (Dr. D. Duncan Main)
3. Park, E.J.C., *op. cit.*, p. 15

in order to relieve the sufferers. I am glad of this opportunity to offer you our most sincere personal thanks, and I hope that you will continue your labours, thus adding to the glory of your reputation and strengthening the bonds of friendship between your countries and ours."¹

2. Medicine is the Same All Over the World

All mankind is alike from the biological viewpoint with only slight physiological differences. We cannot here go into physical anthropology to see how this is true. Pathology, too, is alike the world over. Measles or an abscess is the same in New York City as in the heart of Africa.

The doctor is, therefore, the same throughout the world.

"A Christian physician is a Christian physician the world over, and stands in the same relation to his patients at home that he does abroad, and abroad that he does at home. His first duty is to be as good a physician as he can be; to maintain his power to the highest degree of which he is capable, and to use his skill with single-heartedness for the benefit of the physical welfare of his patients."²

3. Religion and Medicine are United the World Over.

Throughout primitive cultures the shaman is the priest and the witch doctor. This is a world-wide conception.

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1. The Value of Medical Missions, p. 1
2. Ecumenical Missionary Conference, Vol. II, pp. 199, 200

"Those living in Christian lands can have little conception of the extent and power of quackery in the unevangelized world. Among the lower types of humanity in Africa, Polynesia, and aboriginal America, religion is quackery. The abject fear of the unknown on the side of the people, and the devilish cunning and malice of the sorcerers and the medicine men or witch doctors on the other, have given to the latter an incredible power for evil. The people believe that woods, fountains, caves, rivers, are inhabited by malignant spirits or the ghosts of dead men. They believe that disease is produced by such spirits, and that wizards and witches have the power to afflict their victims with all sorts of complaints. The witch doctors diligently foster these superstitions, and pretend to be able to find out by their incantations who the wizards and witches are. If the witch doctor cannot exercise the sick person, the friends usually torture and kill the alleged wizard or witch."¹

"Already there is spreading among them (the natives) the beautiful belief that witchcraft has less power upon a Mission station. The frightened African villager takes refuge today under the shadow of the Mission from the evil power which he believes is pursuing him. And, on the other hand, the witch-doctor, though he would dearly like to get hold of some of the white man's medicine would never dare to steal them lest the power that dwells there should seize him and hold him fast. So that already the place of healing, though it be only a little dispensary, stands for the stronghold of light and safety in the land of darkness and fear."²

This enlightenment helps overcome some of the barriers. "One of the chief difficulties in the way of the medical missionary is to be found in false ideas about the cause of sickness."³ Another barrier that is being overcome is the "belief that the doctor has magical powers."⁴

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1. Ecumenical Missionary Conference, Vol. II, pp. 196, 197
2. Debenham, M.H.: Knights of Healing, p. 47
3. ibid., p. 39
4. Park, E.J.C., op. cit., p. 13

4. Medicine is Appreciated by All

Medical missions

"are founded on a need which is universal and felt by all. Every human being is sometimes ill, and, when not ill himself, is often anxious on account of the illness of some relative or friend. From the moment that the doctor pitches his tent in an Arab encampment, or by an African kraal, or opens a dispensary in a Hindu village, or itinerates among the teeming multitudes of China, or opens a hospital in any of the cities of heathendom or Islam, he is besieged by applicants for his healing skill."¹

Appreciation was expressed during the China-Japanese war by a Chinese newspaper as follows:

"It is in crises that movements based on deep spiritual truth and ministering to fundamental human needs are seen to have survival value. Listen to an editorial in the China Critic (July 20th, 1939) -- a secular Chinese paper published in Shanghai:

"One of the many things that have come out of the present war has been the realization that, whatever doubts may have existed in the past, the Christian missions in China fully and indisputably justify their existence in this country. In tending the sick and injured, and particularly in easing the sufferings of the wounded soldiers from the front, the Christian missions have performed an undying service to this country which shall never be forgotten."²

The appreciation has grown into a demand for modern medicine

"so we need to realize that we have no time to lose. China, the Sleeping Giant, as Napoleon called that land, has awakened with a jump, and while being quite contented for hundreds of years with her own ways,

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1. Ecumenical Missionary Conference, Vol. II, pp. 195, 196
2. Chesterman, C.C., op. cit., p. 149

now wants the wisdom of the West, as fast as she can get it. If Christian nations do not train her doctors they will seek for their training elsewhere. Thirty years ago we had the same chance in Japan, and for lack of men and money, we let the chance go by. Japan has her own medical schools and doctors and nurses who often have no desire for other help."¹

The medical missionary also appreciates and enjoys the work. Medical missionaries do not as a rule draw back. If they were to choose life over again, they would choose the same thing.²

5. Medicine is a Common Language

"There are parts of the Orient where it is all too easy to talk religion and let it go at that. Religion is a philosophy, or a ritual, or a superstition, or a tradition, or a racial or social bond, or what you will, but not a moral and ethical dynamic or gauge. A Christian hospital is a new thing. It links precept and practice as no other religion does. It comes pretty near being the common denominator on which everyone can agree. It is the unanswerable contribution made by Christian missions. It would be hard to find, even among the most captious critics, or among the most anti-Christian people, those who would condemn Christian medical work.

"When Dr. Joseph Cook, beloved doctor of Hamadan, Iran, died of typhus, contracted presumably from his throngs of poor clinic patients, a Moslem delegation waited on the American Mission to request that he be buried in their cemetery. This was an unprecedented and unheard of idea that a non-Moslem should be allowed in a holy Moslem burying ground. And they said something like this: 'You have preached Christianity to us. In Dr. Cook we have seen Him.'"³

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1. Debenham, M.H., op. cit., p. 34
2. Cf., Vision of the Kingdom, p. 69
3. Dodd, E.M.: Why Medical Missions?, p. 9

The medical missionary

"speaks a language that all can understand. Through the mission hospital and dispensary new ideas are gradually permeating a far wider circle than that which can be immediately touched by the mission school and college. If a new order of society is to be created, the self-regarding instinct must be replaced by the passion for the good of others. It is this changed attitude towards life and towards our fellows that alone can shape the common life of mankind according to the principles of the Kingdom of God. The missionary doctor is the living embodiment of this principle. . . he is making this principle a living thing to thousands who could never express in words what he has taught them, and who could never receive the message if it were conveyed to them only by the spoken or written word. Wherefore, there shall be given to the medical missionary no small place in the roll of honour of those who have striven to build on this earth of ours the fair structure of the City of God."¹

6. Medical Missions Creates World Peace

Medicine is a mission of good will and friendliness. Subjected native peoples have not rebelled because the medical missionary has maintained peace.

"When in 1902-03 the plague was raging in Cawnpore, a report was spread that the disease had been introduced by the English rulers. The death of Dr. Alice Marval and of an English nurse at St. Catharine's Hospital killed the rumour as nothing else could have done."²

"After the first French war, the officers who came to Madagascar to represent the republic, took a leaf out of the missionary's book and copied our methods. They appointed what I may describe as political medical missionaries. That is, they placed French doctors in certain places to attend the people

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1. Hodgkin, H.T., op. cit., pp. 27, 28
2. Debanham, M.H., op. cit., p. 51

gratuitously. These men showed great skill and great kindness; they were placed there to win the good-will of the natives and make them more inclined to accept the rule of France. The appointment of these doctors is a testimony to the value of medical missions as an agency for winning good-will."¹

7. Medicine Creates a New Social Order

"We are accustomed to look upon the educational missionary as the man who is peculiarly marked out for this service (of creating a new social order). To the medical missionary, however, belongs no small share in this supremely important service."²

Whole districts are being permeated by Christian ideals

"through the influence of the hospital itself in stimulating acts of benevolence and the spirit of kindness and generosity. Such work as this cannot be carried on without producing a deep and lasting effect. The large measure of support given to medical missions by non-Christians is an eloquent proof of the effect produced by their presence in the midst of such a community. A typical instance, just to hand from Chinchew, tells of Chinese gentry who are paying for the inoculation against plague of the poorer inhabitants of the town . . . And the handsome new hospital at Jodhpur in Rajputana was erected largely at the cost of the Rajah, who earlier had been one of the bitterest opponents of the missions. . . . it would be a mistake to take them only as an indication of a sense of gratitude on the part of the donors. They are also a proof that the spirit which animates the medical missionary is infectious."³

An illustration is appropriate here to show the great change that is gradually being effected.

"Buddhists count it murder to break an egg. A young

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1. Ecumenical Missionary Conference, Vol. II, p. 199
2. Hodgkin, H.T., op. cit., p. 27
3. *ibid.*, pp. 96, 97

Burmese nurse from the Mission Hospital was called home by her father, as he needed her, for he was ill. The nurse was still a Buddhist, and when the doctor who was treating her father ordered her to make an egg-nog for him, she proceeded to do so. The neighbours and her own family who were gathered around watching all that was done were shocked.

"'What!' Break an egg! Don't you know that that is taking the life of the chicken? That is sin! Have you become a Christian?'

"'Listen!' said the girl, 'the life of a chicken is worth twenty cents in any bazaar. What is that compared to the life of my father? Shall I let him die?'

"'But if I should know how to save him and not do so, I would be guilty of the murder of my own father!'

"The sick man got the eggnog and the common sense of Christianity struck another blow at superstition."¹

"It is our hope and expectation that the time will come when the home church will not be called upon to conduct hospitals, and dispensaries, and schools, or build churches on mission ground, but that will be when existing mission fields are fully evangelized."²

B. The Only Medical Work in Many Areas Is Done by Christian Missions

1. In the Past

The farther back we go the more true it is that the missionary doctor carried on the only scientific medicine. Out of the West has come the methods of healing. According to the history of medical missions, just in the

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1. Bowers, A.C., op. cit., pp. 149, 150
2. Ecumenical Missionary Conference, Vol. II, p. 215

past century has this science gradually penetrated Asia and Africa. "Missionaries have been pioneers in caring for the physical welfare of the people of the non-Christian world. In many places they have established the first hospitals and performed the first surgical operations using modern methods."¹

Great strides have been made in the past.

"One very obvious service that science has rendered is that of making habitable those inhospitable regions that were once so deadly to missionary and settler. We think of Sierra Leone ... as the type of many a pestilential breeding ground, where heroic lives were sacrificed in the establishment of missions. The researches of Laveran, Manson, and Ross, resulting in the discovery of the true cause of malaria, have robbed West Africa of its terrors and opened wide its many doors to missionary, settler, and trader."²

2. In the Present

Christian missions are still today maintaining the only medical service in many parts of the world. Such tremendous jobs place us today as in 1932 at Shelbin el Kanater, Egypt, where in the center of sixty villages within an eight mile radius with a population of 200,000, it is

"our object to get into touch with these people round about us to break down their prejudice and so open up their hearts to listen to our Message."³

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1. Sailer, T.H.P.: Christian Adult Education in Rural Asia and Africa, p. 64
2. Cook, J.H.: Church Missionary Review, p. 34
3. Conference of Medical Missions Held in Cairo, p. 12

At the same conference at Cairo, Dr. Barlow referred to a larger area where Christian missions supplied the only medicine.

"We had a central hospital and then we had about fifteen dispensaries. These latter were just little one room places, where we could keep a few drugs. We visited them by boats. We rigged up a boat twenty to twenty-two feet long; one end as a laboratory; the other end as a dispensary. Sometimes we stayed at farm houses and other times we went directly to the dispensaries, and started regular out-patient work."¹

Many such stories might be added but suffice it to say that

"medical missions are still (1940) the only agencies of their kind in many parts of the world. The mission of these healers in the world today is never more appreciated or needed."²

And yet a paradox to this is the circumstances in Latin America.

"Medical evangelism, as conducted in other mission fields, is becoming practically impossible in Latin America. National pride prevents giving permission to foreigners to practice, even in the hinterland where medical help is completely lacking; and when the few missionary physicians now in Latin America retire, it is highly probable that no others will be admitted."³

In war torn countries, especially China and Korea all mission work is stalemated as far as the westerner is concerned. On just the one trip of the "Gripsholm" in August, 1942, there were several hundred missionaries with

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1. ibid., p. 19
2. Chesterman, C.C., op. cit., p. 132
3. Madras Series: Evangelism, Vol. III, p. 279

some forty-one doctors and thirty-three nurses.¹ In their absence, trained nationals are carrying on much of this work.

3. In the Future

With the second World War still in progress, the future is not certain. One nation which will be able to take care of itself medically is Japan. "The work of the past fifty years has included all phases, although the medical has steadily decreased."²

"Medical missions, except as a benevolent ministry to the poor, appears to occupy a subordinate and waning position, on account of the high standing of medical science in the country, and the extensive provision of excellent government hospital facilities."³

"Geographically, there is not very much territory left to open up. One of the exceptions to this, however, is Afghanistan. . . But the medical work of the Mushed Hospital on the confines of Persia and Afghanistan can fairly be given credit for an appreciable part in this unlocking influence . . . One other pioneer work is opening up, this is the interior of Brazil."⁴

This is a broad reference. There are many rural areas that lack medical care.

"When we consider all there is done in this country by public and private agencies for physical welfare and yet how much escapes the meshes of the net, we should realize the utter inability of governments in such areas as China, India and Africa to penetrate beyond the fringes of their vast rural populations with medical aid."⁵

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1. Cf., Dodd, E.M.: Medical Missions in Peace & War, p. 55
2. World Missionary Conference, Commission I, p. 54
3. *ibid.*, p. 301
4. Dodd, E.M.: Our Medical Task Overseas, pp. 8-10
5. Sailer, T.H.P, *op. cit.*, pp. 63, 64

Another illustration of the rural need of medicine is

"But of one thing I am certain: the need, whether in India, Africa, or China is in most parts of these great countries largely untouched and unrelieved by existing medical services. In some places government services are adequate, in others they are inadequate. In large towns private practitioners are idle, while in large countrified areas there is practically no qualified medical aid for scores of thousands of people."¹

Western trained physicians are not found in rural Asia and Africa for three reasons:

"first, because they would be unable to make a living there; second, because cities and larger towns are not yet overtouched with them; third, because they find conditions so much less attractive than in more popular cities. In several countries, governments are beginning to offer subsidies to doctors to serve rural people, but it will be a long time before there is an adequate supply."²

"The churches, older and younger, must continue and extend this compassionate ministry of health and healing," concludes the Madras report; and that is the last word on medical missions."³

C. Preventive Medicine is Largely a Social Work

Up to this point the consideration has been curing; now let us turn to prevention. This has more of a look into the future than a look at the present.

"But beyond trying to do something for the immediate

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1. Somervell, T. Howard and Thompson, D. Joan: Medical Missions Today, p. 5
2. Sailer, T.H.P., op. cit., p. 58
3. Chesterman, C.C., op. cit., p. 150

need, is there not the thought that we should do something to forestall the future demands and prevent the perpetual reappearance of old needs? This is the essence of public health and preventive medicine."¹

1. Public Health

This work would apply to both a community and the personnel of a hospital. It is a widespread work.

"The whole science of public health may be said to have been introduced into the Orient by European nations and in no country has it become entirely indigenous. Public health will not become firmly rooted in Oriental soil until the people make it a part of themselves. The greatest means for advancing public health in the Orient lies in actual demonstration and education."²

a. Community

The public health of a village bears an influential Christian testimony.

"Potent as is the witness of the individual Christian, whose life validates his witness, still more potent is the witness of the Christian community that conforms to the standards of Christ and is a 'colony of heaven' indeed."³

To get people to see what would happen and act before it happens is a difficult task.

"The great struggle is to persuade people to be inoculated and to allow their infected bedding to be burnt. The doctor gave an object lesson to an interested crowd of villagers by inoculating the magistrate and ten other men in the most public place she could find. After that, the men were more

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1. Dodd, E.M.: Our Medical Task Overseas, p. 32
2. Peter, W.W.: Observation on Public Health in Southern Asia, p. 22
3. Madras Series: Evangelism, Vol. III, p. 94

amenable, but the women would have nothing to do with it."¹

"Great stress must be laid on the importance of health instruction in the homes to supplement hospital and dispensary service. Lecturing is not effective in dealing with people who have never been trained in systematic mental effort -- even pictures are hard to understand. People do not recognize what they are supposed to represent. In teaching women, one missionary doctor used a celluloid doll which suffered all sorts of imaginary ailments and was treated for them. The women watched and then performed the treatment themselves."²

"The medical services of the future will have as their goal prevention through education of the individual in sickness and in health. Major health problems of the present day, such as control of infant mortality and tuberculosis can be solved only through personal hygiene, as alteration in the daily habits of the individual."³

Also from the Madras report comes the statement,

"There is a clear call to give greater attention to preventive medicine. This will mean active sharing in all forms of health and welfare work and health teaching in schools. Such work need not be costly. Emphasis should not be on the mere dispensing of medicines, but, rather, on tracing each disease to its source with the view to elimination. Each Christian hospital should be a center of health, that educates the community it serves. Its purpose cannot be considered fulfilled unless its influence permeates the community as a whole and is manifest in clean streets, a pure water supply, better sanitation, and cleanly habits."⁴

b. Personnel

The care of the foreign personnel on the mission

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1. Debenham, M.H., op. cit., p. 51
2. Peter, W.W., op. cit., p. 71
3. ibid., p. 73
4. Dodd, E.M.: Why Medical Missions, p. 13

field is important.

"Humanly speaking, the individual is the most important factor in the missionary enterprise. The work goes forward, halts, or goes backward, depending on the presence and the quality of the personalities in the force. Anything, therefore, which vitally affects the presence and efficiency of the worker is of great importance. There is no question that health of body and spirit plays an enormous role in these considerations."¹

Not only is the worker important to consider, but also his surroundings.

"In a very real sense it is more incumbent on a missionary to give reasonable attention to health than for a person in private life, so to speak, at home. The latter person has himself and his family to consider. The missionary has also a responsibility to the supporters. There is a trusteeship through proper medical precaution.

"At the same time we want to preserve our perspective. Health consideration is not everything. It should be kept in its place. There are emergencies where it is swept away by other considerations. And it never should be made into a dominating fetish."²

2. Epidemics and Plagues

Epidemics are still sweeping every part of the world, especially the areas with less medical help. These areas greatly need medicine.

"After the deadly world-wide flu epidemic of 1918 an eminent authority was quoted as saying that if there had been a medical missionary on the caravan routes from Central Asia, where the pandemic apparently started, he could have prevented the whole thing."³

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1. Dodd, E.M.: Health of Our Missions, p. 11
2. ibid., p. 12
3. Dodd, E.M.: Why Medical Missions, p. 14

But medical missions have controlled many epidemics.

"Some of the finest service that medical missionaries have rendered has been in dealing with the terrible epidemics which from time to time visit tropical lands. Plague, cholera, small-pox, sleeping sickness, typhus -- these are some of the most terrible visitors that can come to human beings. Again and again the medical missionary has fought the advancing peril, often aided by the civil surgeon when he is to be found, but not infrequently single-handed. Many a one has offered his own life in seeking to save life."¹

One illustration of the dramatic ways of combating an epidemic comes from the city of Foochow, China, in 1920.

"In the preceding year there had been a severe cholera epidemic with high mortality. Idol processions, etc., did nothing to stop it. Since the disease was expected to break out again the following summer, a systematic campaign was organized, i.e., meetings, literature distributed, posters with illustrations, etc. The epidemic was checked."²

The horrors of epidemics from such statements as, "A few years ago the figures for India showed that in the previous decade nearly two and a half million people had died from plague and over three million from cholera,"³ impel us to find some means of cure.

"It is a solemn thought that much of the disease that ravages India could be prevented, or arrested, by a better understanding of the laws of health, a strengthening, through economic development, of the powers of resistance and the early application of appropriate remedies."⁴

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1. Hodgkin, H.T., op. cit., pp. 57, 58
2. Peter, W.W., op. cit., p. 67
3. Dodd, E.M.: How Far to the Nearest Doctor?, p. 109
4. Madras Series: Evangelism, Vol. III, pp. 94, 95

"One of the greatest needs of all is that amount of general education which will enable the peoples in non-Christian countries to take the necessary precautions against disease, or to meet it in the right way in its earliest stages. It takes a long time, even at home, for us to learn to think of the medical profession as anything but a body of men organized to meet an evil after it has already appeared. There is a greater need in the missionary field to meet disease before it attacks, than there is here at home."¹

3. Pediatrics

"In this field of preventive medicine and community health there is no more approachable point than through the children."²

The care of babies is a large channel of saving life.

"Infant mortality for a typical year in Calcutta was 326 and Bombay 359 per thousand whereas in New York City the corresponding figure was 74.8 and in London 60."³

"By teaching, it is impressed on Africa's women that they have the potential power to save their own children. The whole idea is in enabling the African mother to take her full share in lowering infant mortality, not in how we can lower it. This can only be done by teaching in the simplest ways."⁴

4. Training Natives

This is a very worthwhile thing to do and the

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1. Hodgkin, H.T., op. cit., p. 62
2. Dodd, E.M.: Our Medical Task Overseas, p. 34
3. Dodd, E.M.: Why Medical Missions?, p. 12
4. Fraser, Mrs. D.: The Teaching of Healthcraft to African Work, p. 66

future of these nations largely depends upon it.

"The great Sir William Wanless of India was noted chiefly for his surgery and his famous hospital at Miraj. But he told me a few years before his death that he thought that the best thing he had done was to establish the Miraj Medical School."¹

a. The Difficulties

There are tremendous difficulties to be overcome in training a native.

"Let us not forget the native helpers -- not the fully qualified doctors and nurses, but the beginners, with difficulties hard for us to appreciate or understand. All the old prejudices of their nation and their religion are against them. It is so difficult for them to learn to be clean and to be accurate, or to respect, for Christ's sake, those whom they would naturally despise and avoid. One such comes to mind, a fat kindly nurse in an Indian hospital. She was not perfect by any means, she had not quite made her own the Christian virtue of truthfulness. She might now and again pour away a dose of medicine which she had forgotten to administer, lest the Sister-in-charge should discover the mistake. But once when an appeal was made for help for a plague patient, she came along, trembling, certainly, and tearful, but still, she was there."²

"'Nurse, you remember last night you were shown how to wash and rub a patient's back? Do you think you could do Nomasoja's?' 'Who's that, sister?' 'That little girl in the corner we did last night. Do you remember we did?' 'No, sister, I have forgotten.' 'Oh!' -- thinking hard whether that too can be sandwiched into the elastic list, or whether tonight there is time to teach again, or whether there is a list less full into which it could go -- 'Well, put screens around, and

1. Dodd, E.M.: Why Medical Missions, p. 12
2. Debenham, M.H., op. cit., p. 50

let's do it again together. Do you know 'screens'? Those are screens and this is how they work. Bring a basin and I will show you where to get some hot water.' A look as of one lost comes over her face, and the basin has to be described and fetched jointly. At last, however, the patient's side is reached and the lesson taught once again. Thus knowledge is instilled and won hardily."¹

b. The Future

"If we recognize the medical profession as a social factor in our own civilization, we must not refuse to train natives who will go out into independent work."² This has been done. "Medical education has been one of the creative phases of medical missions. There are the Christian Medical schools in India, one in Chosen, and five in China below the Great Wall."³

Even though there is this excellent start and the missionaries have been driven out of China by the war, "China and also Thailand will be far more masters in their own house and will order their own affairs."⁴ In Korea, even before the war "the Oriental was asking brotherhood of the Occidental in the place of domination."⁵ "It is only natural and right that they should take the lead in the reconstruction and development of their country."⁶

5. Government Relations

a. Liberty

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1. Thompson, H.P.: Medical Missions at Work, p. 51
2. Ecumenical Missionary Conference, Vol. II, p. 228
3. Dodd, E.M.: Why Medical Missions, p. 11
4. Dodd, E.M.: Medical Missions in Peace and War, p. 55
5. ibid., p. 57
6. ibid., p. 59

Governments have much to do in permitting and sponsoring preventive medicine. Some governments give complete liberty in practicing medicine. We have seen how the late president of China welcomed the doctor. The Siamese government saw how an epidemic was stopped and then required vaccination at their own expense.¹

b. Cooperation

Governments cooperate with many mission hospitals "In several countries, governments are beginning to offer subsidies to doctors to serve rural people."² In India some hospitals founded by Missions receive some form of Government grant."³

c. Prohibition

But in some places governments are forbidding medical missions. South America has already been referred to in this chapter. Likewise in Egypt

"Increasing Government medical work certainly has made it more difficult for us. The child welfare with its . . . expensive preparations has a distinct advantage over us. The maternity services at Government dispensaries are almost compulsory, and so we rarely get called in to obstetrical cases . . . we cannot close our eyes to difficulties which will increase rather than decrease in the coming days."⁴

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1. Cf., Dodd, E.M.: How Far to the Nearest Doctor?, p. 113
2. Sailer, T.H.P, op. cit., p. 58
3. The Ministry of Healing in India, p. 18
4. Conference of Medical Missions Held in Cairo, p. 16

D. The Social Aspect is Incomplete
Without the
Evangelistic Aspect

After talking so long about the social services of medicine, let us not forget that "in addition to good medicine and nursing we have Good News which we want all our patients to hear, and which we believe they need,"¹

1. Overemphasis of the Social Aspect is Purely Philanthropic

"We are inclined today (1915) to place relatively too great emphasis on the social results of missions, and to forget that the foundation of these larger changes is to be found in the conversion of individuals."²

". . . Among the younger generation in Asia . . . science is made too important -- too much the whole story. Cultural and spiritual values are discounted and lost. . . What kind of doctors will be produced in the future of China, Chosen, Thailand, India and the Near East? Will they be purely scientific selfish, and materialistic, or will they have character and the ideals of service? The answer rests partly with the Christian Church of America through medical missions."³

The aim of the medical missionary transcends philanthropy.

"Medical missions are not out to be merely good doctors or surgeons; they have a commission, not from any medical society, not merely from their supporting churches, but from their Lord."⁴

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1. Conference of Medical Missions Held in Cairo, p. 62
2. Hodgkin, H.T., op. cit., p. 91
3. Dodd, E.M.: Why Medical Missions?, pp. 10, 11
4. ibid., p. 15

2. The Governments Are Doing the Social Work

"Governments, stimulated at least in part by missionary effort, have set up hospitals and attempted to promote public health. Efforts are being made to provide medical care for the rural districts by subsidizing doctors to live in the villages (British India). However, it is estimated that only 30% of rural women receive skilled medical care at childbirth. Government funds for public health in Asia and Africa are limited as compared with those in this country."¹

"The one feature that distinguishes the medical missionary from that of the ordinary state institution is that it combines in itself 'the double cure,' -- healing for soul as well as body."²

3. There is No Dynamic in Doing the Social Work Without the Evangelistic Aspect

"Many medical missionaries are concerned over a certain lack on the spiritual side of their work. If the work is being done honestly and in the right spirit, it cannot fail of results, and the worker may be the person least qualified to measure it. The primary work of medical missions is to win souls but nevertheless to be a doctor, and it is his bounden duty to put his best work into the healing of men's bodies."³

The doctor always has unfinished work which he longs to do.

"Underneath the crowded activities of his life there lies the strong sense of vocation without which he could not sustain the pressure for a single year."⁴

To maintain this dynamic it is essential to have enough help sent out to the fields from the home churches.

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1. Sailer, T.H.P., op. cit., p. 63
2. Wanless, W.J., op. cit., p. 39
3. Hodgkin, H.T., op. cit., p. 104
4. ibid., p. 6

"If you allow us to be so crowded by our medical work, I want you to remember the result on the medical missionary -- our own souls will be starved and warped. What Christian among you would like to delegate to another personal, individual work for Christ?"¹

4. The Motive of the Medical Missionary Should Be to Further the Kingdom of God

It is not so much through words spoken or even the act of healing but the attitude in which it is done that the message is put across to the person. "By the atmosphere of prayer, by the spirit of brotherhood, by the going forth of sympathy, the impression of the spoken word is immensely deepened."²

"St. Paul tells us to wait upon the ministry unto which we were called. In the mission, on general principles, the medical missionary is expected to use all the skill that he may possess for the physical benefit, first, as physician of all who require his or her services."³

5. Redemption is the Main Emphasis of Medical Missions

The ultimate goal of medical missions can only be Christian.

"The function of medical missions is primarily physical; it is, however, supremely spiritual. It is primarily physical, because in the majority of the cases which it is designed to help, the physical needs are immediate ones, and what is to be done must be done quickly. The relief of suffering is the duty first at hand, but the saving of the soul is paramount and supreme, and though the former may take temporary

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1. Ecumenical Missionary Conference, Vol. II, p. 217
2. Vision of the Kingdom, p. 63
3. Ecumenical Missionary Conference, Vol. II, p. 199

precedence of the latter in order of accomplishment, it is nevertheless tributary."1

E. Summary

This chapter has dealt primarily with the social aspect of medical missions. Its strength and value lie in its being a "common denominator" for world unity, in its being the only medical assistance in many areas and in its being a powerful tool in curtailing and stopping many causes of death. Social service, however, loses its mainspring when it is stressed to the exclusion of the spiritual message of Christianity.

CHAPTER V

CONCLUSION

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A. Summary

In this paper I have tried to show the progress and motives of medical missions. After the introductory first chapter I gave in the second a résumé of the history of medical missions. This brought up the present problem of the relationship of evangelistic work and social work in medical missions. In chapter three I pointed out the main characteristics of the evangelistic emphasis and in chapter four the social emphasis of medicine in Christian missions. It was shown that neither phase could give a healthy function of medicine without the other.

B. The Rightful Balance

Therefore, the future of medicine in Christian missions will have its rightful balance and its rightful place in missionary work. Its function will emphasize the training of native leaders and the developing of better living conditions through public health and preventive measures. By this broadening out of the function of medicine there will be a greater need for medical missions.

Medical missions must maintain a rightful balance between being a bait for evangelism and a purely philanthropic

enterprise. Medical missionary work then satisfies science by its equality with preaching. It also satisfies theology by being scriptural in theory and Christ-like in its actions.

Throughout history medicine has not had acceptance and has been underprivileged. But now it has proven itself, and stands on an equal footing with any other phase of forwarding the Kingdom of God.

This Second World War has brought the end of an era. Before us lies a new era which is not yet clearly discerned.¹

C. The Future of the Nationals

Several things are certain to happen. The major one will be an increase in the part played by the nationals. "After the war is ended the Christian nationals may prefer to continue in control."² Even before the war

"the Oriental was asking brotherhood of the Occidental in the place of domination. Korea asks the same thing, and the missionaries who go to her must recognize the request."³

D. The Future for Preventive Medicine

Another field in which medical missions will thrust forward is that of preventive medicine and public health.

"The medical services of the future will have as their goal prevention through education of the individual in sickness

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1. Cf., Dodd, E.M.: Medical Missions in Peace & War, p. 55
2. ibid., p. 60
3. ibid., p. 57

and in health."¹ The amount to be done is unlimited. The nationals are more open minded and will respond quicker.

"But the future is bright. Much work is still to be done. The need for the Gospel and the ministry of healing are ever present. The work of the future should be much better and more far-reaching than the work of the past."²

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1. Peter, W.W., op. cit., p. 73
2. Dodd, E.M.: Medical Missions in Peace & War, p. 64

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