

JOHN HARVEY KELLOGG (1852-1943)

**SUBJECT FILES, CA. 1885-1920
(PRIMARILY CONCERNING TOPIC OF
MEDICAL MISSIONARIES)**

INTERNATIONAL MEDICAL MISSIONARY CONFERENCE

MEDICAL MISSIONARY QUESTION BOX

At the Sanitarium Chapel, Battle Creek, Michigan, Thursday, January 21, 1909

at 10:30 A. M.

in connection with

The INTERDENOMINATIONAL MEDICAL MISSIONARY CONFERENCE.

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Song, "Come Thou Fount of Every Blessing."

Prayer by Rev. M. C. Wilcox.

Dr. J. H. Kellogg. This is certainly a very unusual and a very blessed occasion. I am sure we are all going to enjoy it immensely. I wish that all our friends would come right down to the front seats for it will be so much better in every way. Every one of our fifty or sixty medical students here is a great big interrogation point. That is my experience in the class room with them, at any rate, and we fortunately have here a fund of information and of experience such as is seldom gathered together, which is capable of answering a thousand questions that could not be answered in any other way. Dr. Nassau has had a half century's experience on the very frontier, away out ~~an the~~ beyond the frontier of civilization, among the heathen of Africa. What a rich mine that is to draw upon! And here is Dr. Grant from Egypt, another African country. That is not quite so heathen, perhaps, as where Dr. Nassau has been. They have different sorts of problems. I have been in Egypt and I know something of the interesting work that is being carried on there. And we have Dr. McCartney of West China, and Dr. Smith, and Dr. Miller; so we are richly favored, and I hope we shall cover a great many points in our questions here and in our conversations and talks here, and that we shall get right into the heart of a great many real

questions that are of practical interest.

Q. Is the language of India anything like that of the American Indians? That is, do the East Indians talk like the West Indians?

Bishop Thoburn. I don't think they do. I never heard any person say that they found any resemblance.

Q. How long does it take to learn the language of India?

Bishop Thoburn. We have a great many languages there. When I left the country, our people were preaching in forty-four languages, and I could not tell you much about that. However, there are certain great branches. Some of the languages are affiliated with some of the European tongues, and some of them are of Arabic mixture, and with the kindred tongues. Others again belong to ancient languages that are not known in history at all, but you might say that there are some six or seven main branches.

Q. What is an average daily routine of work of the foreign medical missionary?

Dr. McCartney. I will tell you what mine has been for eighteen years. It depends altogether on the time of year. In summer time when it is very warm, we rise ~~at~~ much earlier than we do in winter time when it is ~~warm~~ cooler, but as a rule we rise from half past four to five o'clock; we have our breakfast, then go to the hospital, have morning prayers with the nurses and the help about the hospital and those patients who can assemble for such. After morning prayers, we make the rounds of the wards. Following this on three days of the week, in the men's hospital, there are operations, and two days of the week in the women's hospital. After that is finished we go to our dispensary or to our out patients which continues until half past twelve or one o'clock. Then in the afternoon we are open to calls throughout the city, or work in the laboratory, or any other work we have to do. Then in the evenings, we have our services in

the chapel. Briefly, that is the routine I have followed for eighteen years in the western part of China. We don't rest in the winter-time, the cooler months,, but in the summer-time, during the months of June, July and August, after the dinner hour at half past twelve or one o'clock, we rest for two hours or until nearly four o'clock; then we carry on the work, as I said before, in the afternoon. In the winter, spring and fall months we take no rest, but in the summer-time, for three or four months, we rest for about two hours in the afternoon following the dinner.

Dr. R.H.Nassau. In Africa my medical work was so secondary to my distinctly ministerial work that I could not properly make you a report on Africa. It was so secondary to my ministerial work. Of course, I had to do medical and minor surgical work when I first went out, because there were ^{other} no physicians in the mission at all, but my surgery was of a very minor kind, the opening of abscesses, etc. The severest case to which I was called was on one occasion when a native had gone out hunting with a friend, and as white people ~~xxxx~~ do when they go hunting up in Main, one man mistook the other for a wild beast and shot him. The bullets went into his chest. The native doctor with his surgery made a longitudinal incision in the chest, and then a lateral one, and then lifted up the walls of the chest bodily to search for that bullet inside. Naturally the patient did not improve, and they sent for me when he was just passing away. But our regular physicians who attend distinctly to the dispensary work have much of what the doctor has described in China. The dispensary work comes immediately after breakfast in the morning, and our breakfast there is about seven o'clock, as the sun does not get up until six o'clock. In the hospital, of course the patients are lying in the beds, the various cases. There are fractures, there are tumors and all sorts of horrible ulcers, especially on the legs, very

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ugly ulcers occur, and it takes many weeks for recovery. Then there are those who come as day patients, and that will probably take the doctor up to eleven o'clock. The doctors in our missions have to do some other work than medical. Sometimes the doctor is the treasurer of the missions; sometimes he is the superintendent of the station, and then comes at least an hour when he must be looking over those treasurer's books; then comes the dinner. I would not always take a rest in the afternoon, but when I did, I would sit down and read the weekly newspaper that came twice a month in the semi-monthly mail, read for half an hour, but that is all I wanted; but the natives didn't come in the heat of the day, so there really was a rest where we could write our letters. These brethren know, but not all of you know the letters we have to write to the boards and to the churches and to the societies, and the sunday-schools besides,--but there is a great deal of writing letters in the afternoon. Then the dispensary service was begun in the afternoon when the patients would come back from their work in the gardens in the cool part of the day, and of course there were the patients in the hospital who had to be looked after; and the sun went down regularly at six o'clock, and there was no work in the evening. We had our missionary recreation and attended to our families, but no patients came to us in the evening.

Dr. Grant. The daily program of our work is so closely what Dr. McCartney has described it would hardly be worth while to go over it again; it is practically on the same line.

Dr. M.C. Wilcox. In Foo-Chow, a different part of China, it is practically the same; and I visited in Egypt. And in India I found it about the same. It seems to be practically the same everywhere--a very fine arrangement for economizing time.

Bishop Thoburn. I am not a doctor but my good wife was a doctor and

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I know a little about what you are talking about, but I would say this that in our missions the practice of writing letters becomes a very great affliction to the average mission. They write too many letters, and I teach our people sometimes how to do it. They see how we do it, and they follow it up, and I long ago quit writing letters to the missionary boards. The boards have no idea what a tax it is to write a copy. I have known men to copy correspondence day after day, and nobody will ever read it again, and it is not worth reading the first time. I would teach you a little insubordination if you are young in the matter of writing letters to the home boards. Write them cheerfully and write them carefully if they need to be written to, but for the mere sake of having a letter to put on record somewhere, I would not copy it; it does not pay.

Dr. Kellogg. Bishop Thoburn I think has been living in the foreign land most of the time, and he does not know how precious those missionary letters are to the home folks, and how interesting they are.

Bishop Thoburn. The ones I speak of nobody reads.

I trust our young friends will remember the Bishop's suggestion that he will teach a little insubordination. That came from high authority, and it may be useful sometime.

Bishop Thoburn. In one sense it is. I would say a great many required to write a letter and to keep a copy of it,--keep the copy and send the letter off. It is this copying business that becomes so great an affliction. They are not worth keeping to start with, not many of them; they get to be very much alike, just about the same thing, and after you have been ten years at your station, you take up one of your early letters and compare it with the last one you have written and you will probably find you have written very much the same letter over again.

Dr. Miller. The program is very much the same at my station excepting that the work has constantly been broken into by urgent calls. I mean by answering the calls from villages or another city. We have a hospital.

Dr. Smith. Our program is somewhat the same. I have had a hospital only three years, and since I have had one it has been very similar to what Dr. McCartney has told us about, all but the teaching of classes in the morning before I went to the dispensary. The dispensary work lasts until noon or after, and in the afternoon after twenty minutes' rest, I usually went out calling with the Bible women. We usually have our evenings to ourselves, but we usually spend them as Bishop Thoburn has suggested--in writing letters.

Q. Could one do much work in such a country as China before obtaining a knowledge of the language?

Dr. McCartney. I would be glad to attempt to answer it by stating I don't think it is advisable. This thing of undertaking to do work when you first go there has a tendency to spoil you for ever becoming a Chinese student. As a rule we make it a rule in our mission at least, to give the medical man two years in which to get the language, and then he is put to work. I didn't have that privilege when I went there; I began as soon as I got there, but I suppose it is just as well as far as I was concerned, because I could not confine myself to my books when there were Chinese calling on me to attend them in the morning hour, and I preferred the medical part to the language.

Q. Does the medical man have nothing at all to do but study during that two years?

Dr. McCartney. No, as a rule, except in the beginning of a work where there is no other doctor he has something to do, especially in attending to the boys and girls in the schools who are ill, or looking after the missionaries, and in times when there are calls, especially if he hasn't any dispensary or hospital.

In the beginning of his language work his work would have to be done through an interpreter, and that is rather a bore on the missionaries who are called upon to act as interpreters for it takes a great deal of their time.

Is it absolutely necessary to have a degree in medicine in order to be a practitioner in China?

Dr. McCartney. I do most emphatically. I don't believe in missionaries dabbling in medicine, if you will excuse that phrase; that is, where there are doctors; if it is possible a degree should be obtained and the best training possible should be had. If you can have hospital training before you go, so much the better.

Q. Should a prospective medical missionary for China make a specialty of any particular branch of medicine.

Dr. McCartney. I don't think it is advisable unless you are going to a place where there are other physicians. Specialize in all branches, make it as thorough as possible. We have to do everything in our part of China. If you are going to a place like Shanghai where there are specialists and lots of other doctors, perhaps making a specialty of some branch might do, but not in the west of China. One should be an all-round man; the better training and the longer training you can have, the better.

Q. Would it be well for a missionary physician who is going out to be prepared to establish a laboratory or to equip and establish a hospital, to do eye work, and whatever is required?

Dr. McCartney. I think so.

Q. Do you think the young doctor should go from medical college direct to the field?

Dr. McCartney. No, sir, I think it would be better for him to have

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at least a year or a year and a half in a hospital. I think if you should travel through China you could pick out the work that has been established by men who have had hospital training; I think you can tell it every time.

Bishop Thoburn. In India a great deal of harm I think was done by sending out raw graduates of medical colleges. It is well enough, perhaps, good enough for a person in that stage, but it is inevitable that they should come into contact with educated, English government physicians who soon discover how raw these young people are, and they are a little shocked by it, because the English course is much longer than the American, and they begin to whisper it around that such a person never had any practice before, and they will spread a story throughout many parts of India to the effect that the American missionary doctors are not well educated. In some cases this has been true.

Dr. McCartney. We are proud in China of the record of what American medical missionaries have done. They have done the biggest work in China in every way--surgical, teaching, medical, and every other way. We have the largest hospitals and practice. So far as comparisons go, in China we are ready to be compared at any time. They have no government physicians, but they have English doctors.

Q. Is there any law in India which restricts a doctor from America from practicing there?

A. Bishop Thoburn. No, it is a free country.

Voice. There is in South Africa.

Q. Which is most needed in India, lady nurses or doctors?

Bishop Thoburn. I should say they will become one and the same there.

Q. A Nurse is almost as useful as a doctor there?

Bishop Thoburn. Nearly every missionary is a doctor, inevitably, in

those oriental countries. The average native expects a missionary to have medicine, and they nearly all do have.

Q. What government restrictions or requirements meet the medical missionary in China?

Dr. McCartney. There is none at all.

Bishop Thoburn. There is none at all in India.

Dr. Nassau. In Africa there is considerable. The French government will not allow an American doctor to practice there until he has received a special permit from the government. Germany is not quite so strict, and it depends a good deal on the personal feeling of the German governor whether he will issue a permit or not. In the end they usually do, but you have got to go to the government and get a permit first.

Dr. Smith. There is no restriction at all in Persia.

Q. How about the British possessions in South Africa?

Dr. Kellogg. The law is very strict there. I had occasion to investigate that matter. I find that when a person is far away, several hundred miles away from any other physician, they are permitted to do what they can, but if there is any physician available anywhere about, then the government requires that a certificate should be obtained; partly, you see, for the protection of the physicians who are already there, as well as for the protection of the natives.

Dr. Grant. In Egypt the diploma of any recognized college is accepted--has been. You have got to have the permission of the sanitary department in order to practice, but no examination has heretofore been required by them. I presume that is going to be before long, however.

Q. Suppose a student during his medical education had lived in a

hospital, would he require the hospital training as one would who had during his education had to occupy the upper seats of an amphitheater and look down on?

Dr. McCartney. If he was living as a patient, no. If he was living as a helper such as one would be here, I should say it would go a long way toward the preparation required.

Dr. Kellogg. The students of the American Medical Missionary College have an opportunity to work as nurses and as bath attendants, as surgical assistants and ward attendants, and really get a practical experience all the way through.

Dr. McCartney. I think that would be an advantage.

Q. What can be done in reducing fever with water in a country where the temperature of water is rarely below 80°?

Dr. Kellogg. I shall have to say, I think, that this question must come from a novice, because anybody who has ever undertaken to remain an hour or two in a bath at 80° will discover it has quite a decided refrigerative effect. In the first beginning of the use of water, I might mention the first discovery of it, the first introduction of it was by Dr. Jackson, a physician practicing in Jamaica more than 100 years ago, something like 120 years ago. Dr. Jackson observed that the natives of Jamaica, the aboriginal natives there, when they had yellow fever there, they took the patient down to the seashore where there was a shallow place in the water, and placed him in the water, or placed him upon the ground close by the water and poured over him the sea water, from a pail or a gourd. On his way to England yellow fever broke out on the ship, and he himself had the ~~xxixkaxx~~ yellow fever. He had himself laid out on the deck and buckets of water drawn up from the sea and poured over him, and he made an excellent recovery. When he got to England, he gave an account of his observations to the British medical men, and they arrested the attention of Dr.

Currie of Liverpool, who had charge of a large dispensary or infirmary, and he began at once to treat scarlet fever with water, pouring water over the patient. He had the patient stand up in a tub and he poured the water over him. Dr. Currie afterwards wrote a work on the use of water in fever. He was, by the way, the first physician to use the thermometer in testing fever. The thermometer, you know, was invented by John Hunter, and he was the first to make practical use of it in fever; and that was the beginning of scientific hydrotherapy; so you see it began in a tropical country where the water was not much below 80 degrees; but it was found to be sufficiently refrigerative.

Q A physician aged thirty who has had one year of Bible study, wishes to know whether he should finish his Bible course of three more years or go now, on account of learning the new language, especially.

A. Go now by all means.

Dr. Wilcox. Study the Bible wherever he goes. I don't undervalue the Bible, you understand.

Dr. Kellogg. The opinion is quite unanimous.

Q. Upon what special subject would it be best to concentrate in order to prepare for general practice?

Dr. McCartney. It seems to me that is out of order. I should think in a surgical way in a land like China, especially.

Q Surgery is really the larger part of the medical work?

Dr. McCartney. It is the work which has brought fame to the doctors out there. The Chinese have no surgery.

Q. To what extent do you find applicable the medical remedies in use in these native lands?

Dr. McCartney. In the western part of China, quite extensively. That

is, it is a great medicinal country. All the medicines, nearly, used in China come from the western part of China, and we can make use of the roots and barks and different things that are found there in western China in making up medicines.

Q. Do you find it worth while to study the native methods?

A. Yes, it is worth while, especially in the preparation of alcohol which we use large quantities of in making tinctures, fluid extracts and other things, and we get native alcohol at a little more than a dollar a gallon by doing this. It would cost us considerably more than this to get it out from America or England either. We have distilled our own alcohol ~~from~~ for fifteen or sixteen years.

Q. Is it made from rice brandy?

Dr. McCartney. It is made from rice and corn, but the one we use mostly is made from broomcorn seed, and we get it with about 65% of alcohol. That is, we buy the purest we can buy and then re-distil it.

Q. When is one too old to go as a foreign missionary?

Bishop Thoburn. It is a question it would be very difficult to answer. That is, sometimes when you have determined that one is utterly unfit, you may find out you have made a great mistake. It depends more upon the spirit of the individual than it does on the number of years he has lived. If he has grit, he can go out after he is fifty years of age and do a life work; but there are not many people who have enough grit to do that successfully. But I have known instances--one or two in hand nearly all the time,--where people have been discouraged and advised to give it up, and where they refused, and hung on and achieved a good deal of success. It depends on the amount of grit there is in the character as well as in the crust; taking it for granted in every case that the spiritual gift is there.

Q. Would you say that if a man gave evidence that God had called him to foreign mission work, a distinct evidence of that sort, would you say to let him go?

Bishop Thoburn. Not on his own say so. Because a great many of them say so. A great many people I think are deluded in some of those lines. It is quite common to have people come to me,--I can recall cases of parties who have affirmed that they are called, that they have a call, and their friends who knew them best tried to advise them otherwise, and experienced missionaries will tell them they must be mistaken; but nothing will turn them aside. The only thing to do is to let them go ahead and work ~~it~~ out their own failure.

Q. You don't feel then that the mere fact a man says he has a call is sufficient evidence that he really has a call?

Bishop Thoburn. Not at all. It is my observation that those who have the most unmistakable calls are often slow to recognize the fact. They are generally modest persons with a good deal of distrust of self, and don't feel that they are quite fit; in other words they are more like Moses than like some modern men who are named Moses; and Moses had to be persuaded by very strong arguments that he was the right man. And that is true, I think, in regard to the very best workers in the church today. They have a profound mistrust of self. And in proportion as they have mistrust of self, they have trust in God.

Q. Is it a good thing for a medical missionary to have a year or two in private practice after graduating before going out to the field, or had he better go at once to the field if he has had proper training?

Dr. McCartney. I should say if he has had proper training he ought to go at once, should not go into private practice, because it would have a tendency to win him from his determination, especially if he has success.

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Q. If a man made a success in private practice at home, he would be very likely to make a success in a foreign field, wouldn't he?

Dr. McCartney. He would, but he would not as a rule go.

Q. What is the greatest need of China?

Dr. Heartwell. The gospel of Jesus Christ.

Q. Can a medical woman going to Africa make enough use of a musical education to pay for the time and energy used in getting it?

Dr. Nassau. The African is musical always,--every one of them. And we all of us make use of music. The only way in which it is used, however, is in our schools, our opening exercises and amusing,--I do not know particularly with reference to its use in instructing the children. It is used in our churches and always in the women's prayer meetings out in the towns. If I understand the question that this music is only to be an adjunct. It would not be the object for which any man or woman would go, but any man or woman who has a good education in music, vocal or instrumental, is very helpful in all our mission work in the school, in the churches, and in singing in the villages.

Q. What are the opportunities in Egypt for a woman missionary?

Dr. Grant. Well, we have had three lady missionaries in Egypt, and they have been quite successful. They have established quite a large hospital, and when we left Egypt, it was entirely full. I think probably lady medical missionaries can do more toward the work with Moslem people, probably, than any others, especially with the woman portion of the population; and then they are very profitable missionaries.

Q. Is there no opposition by the natives to their work in Egypt?

Dr. Grant. In the first place there was. That is, they treated them more as the native women doctors who are uneducated entirely; but that prejudice

was soon overcome, and at the present time they have equal standing with the male doctors in their city. I may also say that they have to compete with a number of French, Greek and other European doctors.

Q. Does it make any difference about their work if they are working for the Mohammedans as to whether they are working for the other classes of people? Would it interfere with their work if they worked for one caste?

Dr. Grant. There is no caste among the Mohammedans.

Q. But suppose the doctor takes some patients in the slums?

Dr. Grant. That makes no difference at all. You can take upwork there among the absolute poor, and also with the very wealthy.

Q. How can one disinfect a room which can not be sealed, for example, an African hut where the walls and floors are mud and the roof grass? It would seem that in such a place there ought to be some thorough disinfecting done.

Dr. Nassau. There can be a good deal of sweeping, and a good deal of carbolicizing, and of chlorid of lime; but if the case is too bad, the hut is not a valuable one and you can burn it down.

Bishop Thoburn. I don't know but that question was written by somebody who has been in India. They do disinfect huts there in a very simple way. They make a mud wash. They just take clay, dissolve it in water, stir it up until it is thoroughly mixed and so thin that you can spread it, then they take a wisp of grass, tie it up, make it into a little broom, and they can do it in about half a minute. They dip this in, and they wash the floor and the sides of the hut, and as the sides of the hut are made largely of plaited grass they are apt to be inhabited, and the mud wash keeps all the inhabitants in so they can not get out; and I used to travel for weeks, and I think months I might say, in the hot winds of India, taking with me a spring cart drawn by a horse, and a boy who could cook,

and enough bedding for that season of the year, and when I came to a village, they would empty one of the huts, and in sixty minutes they could have that clean and disinfected, for that mud wash would dry almost as soon as it touched the thatch that was behind it; and I would have a little cot with me that would unfold, and the boy that drove my cart would have everything in order in thirty minutes from the time I would get there, and it would be perfectly comfortable, and I used to think, and I still think those huts were thoroughly disinfected. It was very successful.

Q. How can one keep from breaking down in medical missionary work? Does not the immense responsibility of it furnish a serious strain on the health?

Dr. M.C. Wilcox. I heard one of the ladies back of me say, "Oh, dear, I would like to know about that myself." I know it is a tremendous strain on the lady physicians, especially the demands upon the physique. But I can say right here that one of the most genial men we have said, that if there is any work that was like that of the Son of Man in condescension, it is ~~xxx~~ ~~xxx~~ these refined, educated ladies from Christian homes here going there and doing that medical work, often loathsome diseases and loathsome cases they have to deal with; and it is a tremendous strain upon all of them. There is no doubt about it,--upon their sympathies, upon their strength. We need to pray for our medical missionaries as well as for the others.

Q. How may the medical missionary keep up his spiritual health under the pressure of medical work?

Dr. Kellogg. I am sure our students will be glad to hear a word on that subject. Dr. Nassau says that does not apply to doctors only, but it applies to all missionaries. The Bishop says it is done just the way other folks do when they engage in work. I suppose the thought in the questioner's mind was

whether, devoting himself largely to medical missionary work, he might not in a certain sense get interested in the scientific part of it, the purely medical part of it and forget the rest of it.

Dr. McCartney. There is a tendency that way.

Dr. Kellogg. It seems to me that if the medical missionary work is regarded as it is, as being the whole thing, the medical missionary is an evangelist as well as a medical man, that ought to be a cure for it.

Dr. McCartney. That is the only way.

Dr. Kellogg. The medical missionary must not be simply a doctor, but an evangelist as well. I hope that that will be remembered by our students here.

Q. What anesthetics are used among the heathen?

Dr. McCartney. In our part of China, we have always used chloroform, although when I was an intern in the hospital I used ~~xxxxx~~ ether. When I went to China, I found chloroform acted better, and I have never yet had a death under chloroform anesthesia. I have given it I suppose in eighteen years about 5000 times or in that neighborhood, and we have never had a death yet.

Dr. Grant. We use chloroform entirely.

Dr. Kellogg. An interesting observation was reported some years ago on an investigation made by the London Lancet. Dr. Lauder Brunton went out to India to study. The reason he went there was because there were so many monkeys in India that could be easily obtained; and he made experiments on monkeys because they were so nearly like human beings it was thought the anesthetic would operate about the same on monkeys as on men; so these monkeys, hundreds of them, were anesthetized with ether and with chloroform. At that time there was a great contest on in England over these two anesthetics. Some condemned chloroform,

and some ether. The British Medical Journal took the part of one anesthetic, and the London Lancet took the part of the other. Dr. Lauder Brunton in his report called attention to the fact that the natives of India are far less likely to be damaged by an anesthetic than the natives of the British Isles; that they bore anesthetics so well that it was a very rare thing that a fatality occurred in the use of chloroform,--because there are so few alcoholics used, I suppose; but there is another reason for that--that they live on a very plain and simple diet of cereals and rice. The less ~~the~~ amount of uric ~~is~~ acid stored up in their bodies probably had something to do with it also. It was thought by Lauder Brunton at least to be the case. It seems, then, that chloroform is rather the favorite anesthetic. It is effective in smaller doses and I should think would be more convenient.

Q. To what extent is the medical man able to minister to the wants of the people, women and children as well as men, in these heathen lands, especially among the Mohammedans and among the Hindos? For instance in India, are medical men at liberty to care for women there?

Bishop Thoburn. Oh, yes.

Dr. McCartney. It is so in China. A lady doctor will be admitted into the homes ~~xxxxx~~ ~~xxxx~~ of the better class of people more readily than a man will to attend a woman patient; but I think under like conditions a man ~~xxxx~~ doctor will get almost as much in dispensary practice as a lady. I have had experience with both classes.

Bishop Thoburn. I didn't understand the doctor's question when I said there was no difference. There is a very great difference, yet they would very much prefer a woman doctor--the women would, and the husbands are still more utterly unwilling in many cases to admit a male doctor to any member of their

family.

Voice. I heard a doctor from Persia say once that he was called to the house of a wealthy official, and he wanted to feel a woman's pulse, and she stuck her arm out and he felt the pulse outside of a curtain, but it proved to be the pulse of a servant.

Dr. Miller. At the present day I have had the impression it was the Mohammedan woman's only chance to see a man, I expect, in certain diseases, and she preferred to have a man physician.

Dr. McCartney. I think you will find that true in China also.

Dr. Kellogg. The Doctor says the Chinese women are just as curious to see a foreign man. That throws a new light upon an experience I had in Constantinople some nine or ten years ago. I was making a hasty trip through the orient, and I landed in Constantinople, and found a few people--I didn't suppose there was any one there knew me or ever heard of me, but I was quite surprised when I landed upon the dock to find three or four people laying hold of me, and saying, "Are you Dr. Kellogg?" I said I was. They said, "Well, we have heard you were coming here," so they laid hold of me, and for the two days I was there I saw nothing but sick people. I never saw Constantinople at all. I only had two days and I didn't see Constantinople at all; so I am going back sometime to take a look at it. I simply passed through the streets. That is all I know of Constantinople except what I have read. But I found they had gathered in a lot of sick people there from Cappadocia and Macedonia; and I really thought Apostolic times had come back again. And we were in quite a large room, gathered together, and they kept me from morning to night seeing sick people that the peasants had brought in. The thing that impressed me most was this; after I had seen a num-

ber of other people, a lady came to me and said, "Doctor, a couple of Mohammedan ladies want to see you, and they have been smuggled in because they didn't want anybody to see them come; it is a very unusual thing for them to see a doctor, and especially to see a man doctor." So they were brought in, and they were very closely veiled. They wanted to consult me and they talked through an interpreter. Finally their curiosity got the better of them, and they insisted I should feel their pulse, so a hand was very timidly pushed out from between the folds of a garment and I felt the pulse; and then I thought ~~it~~ was very important I should see the tongue as well. But that was a different proposition, and I was still feeling the pulse, and I noticed when I proposed to see the tongue, the poor ladies broke out, one of them, and both finally, for I felt both pulses,--into a cold perspiration. Her hand was bathed with perspiration, and her hand trembled. She was evidently in a state of great excitement; nevertheless I saw the tongue, and I think I saw a little more than the tongue also. I saw the lady's face quite distinctly as she raised her veil and presented her tongue, but there was a good deal of trepidation about it. I think it is not yet very customary for the Mohammedan ladies to see men doctors. Bishop Thoburn, then, would say to us that there is a very great opportunity in India for medical women, perhaps fully as great an opportunity as there is for medical men.

Bishop Thoburn. I should say greater.

Dr. Kellogg. The Bishop says there is a greater opportunity for ~~a~~ medical women in India than for medical men even. I suppose one reason for that is that medical women are not yet very much educated in India, so there is as much apprehension there on the part of ladies towards the native men doctors as to the European men doctors.

Q. Do the evils of civilized nations interfere very much with missionary

work?

Dr. McCartney. Well, they do.

Dr. Smith. They do.

Dr. Phillips. They do.

Dr. Nassau. Decidedly on the West Coast of Africa.

Dr. McCartney. The greatest obstacle we have to contend with.

Q. What proportion of doctors fail in their efforts to acquire the native language sufficient to carry on their work.

Dr. Smith. It depends on how much chance they have to study.

Dr. Kellogg. It depends on how much they have a chance to study. Dr. McCartney
If they have work steadily for the first year, their desire to get the language is well past and they keep on working along with the little they have picked up, and they are likely never to get it much better.

Dr. Wilcox. It is a mistake to begin working there through an interpreter. It always puts a person at a disadvantage. I went out to China, went into the Anglo-Chinese College, went to teaching right away, and was put in charge of Foo-Chow district, and the Chinese presiding elder had been in this country and could speak English well; so I went from place to place preaching through that man as an interpreter, and it put me back so that I lost years really in the quest of the language by beginning with an interpreter. You want to begin with the language itself if you can not speak a word of the Chinese; begin to learn one character, one expression. Learn the expression for "What is this?" or something like that. Then start right in and work up in the language. The physicians are at a special disadvantage because they are put right to work as a rule. They have been in the Methodist Mission, and you know we have had to put our men right to work right from the first, so those men do not have a chance to get the language. We must not blame any physician from China, and Foo-Chow and most of

those missions anyhow if they come home and you find they do not talk the language well, because they are put to work the first day they arrive, mostly.

Q. What is supposed to be the cause of the special frequency of goiter in Siam?

Bishop Thoburn. It is common in various parts of the orient.

Dr. McCartney. It is not common in the west of China--very seldom met. I understand that in the provinces of Canton it is quite common, quite ~~prevalent~~ prevalent as is also stone of the bladder. They seem to occur in the same districts.

Bishop Thoburn. It is common away up in the northwest of India, in the mountains.

Dr. Kellogg. The etiology of goiter is not very thoroughly understood as yet.

Q. What is the treatment?

Dr. McCartney. It is the same as in this country.

Q. In what part or parts of the foreign field are there the greatest needs for the medical missionary? Where are the people in the most deplorable condition? Bishop Thoburn. We might ask in what part of the Atlantic Ocean is there the greatest water?

Dr. McCartney. There may be some disagreement on that, but I think to an ordinary audience we could prove that China was the greatest medical missionary field, if they would give us time to prove it, for one very good reason--that we have the largest population; we have no educated medical profession, that is native, and there is no government caring for its people. In all these other large missionary countries, there are governments which look after their people in a medical way; but in China there is none, and nearly all of the medical work

that is being done there at the present time is done by medical missionaries. We have in China 166 hospitals I think it is, and 200 odd dispensaries. Last year we saw a million and a half of dispensary patients. I am not speaking now of my own field, but that is all C hina; and the work in many places is self-supporting.

Dr. Nassau. Much as I love Africa, I think I will yield to Dr. McCartney for the necessity of China.

Dr. Wilcox. I believe he is correct. I have visited Burma, parts of India, Egypt and quite a number of other places, and I really think that is true.

Dr. McCartney. It is true; we can prove it. The population of China is estimated at 437 millions, and I think that is an underestimate of the population. They estimate the population of Szechuen as 65 millions. If you would go through some of the villages, you would think that an underestimate. I am inclined to believe the population is more than the estimate. There are over 300 medical missionaries in China.

Bishop Thoburn. India is provided with an educated physician for every what you would call in Ohio, say, a township; for every township they have got one doctor, a native of India, but well educated, educated by European teachers. We are not badly off. That is one native doctor for every 200 or 300 people. ^{thousand}

Dr. Kellogg. India is not quite so bad off as China, but so bad off that from this distance I don't think we could see much difference.

Bishop Thoburn. The people can go to the native doctor in an emergency, and they do. Some of those native doctors are very skilful.

Q. Are they honorable as well as skilful?

Bishop Thoburn. Oh, fairly so.

Q. Can they be trusted with medical responsibility?

Bishop Thoburn. In spots. The worst thing you would say against them would be that they could be bribed.

Q. Could they be bribed to commit a crime?

Bishop Thoburn. I don't think so. Some of them are very skilful indeed. I knew one of them in Bengal who reminded me of you very much.

Dr. Kellogg. I should feel highly complimented if he was such a man as Dr. Ramarao. Dr. Ramarao had charge of the hospital established by the Scudders. He was professor of practice of medicine in the medical school of Madras. Dr. Ramarao did us the honor to call upon us a couple of years ago. He was in this country attending the meeting of the British Medical Society which was held at Toronto. Our Dr. Stewart was present at the meeting and he heard him give an address, and he invited him to come to see us, and he did. You might be interested in knowing of the short address he gave before the British Medical Association--a very large gathering of medical men in Toronto. There had been a discussion on the question of low protein. A paper had been read by Prof. Chittenden, or by one of his disciples, in which he called attention to the fact that we eat more protein than we need, that is the amount of albumin--protein is the albuminous principle of food, and the amount commonly used is two or three times the amount that is really necessary. Prof. Halliburton, the great English physiologic chemist, opposed these ideas very strenuously and called attention to the fact that the British were a beef eating race; that is, they were a high protein ration people, and that because they were a beef eating race, they had been able to control India who were rice eaters. And that was the reason for it. Dr. Ramarao sprang to his feet as soon as Dr. Halliburton sat down, and he said, "I have never eaten meat in my life." He is a strict Brahman." My parents never tasted meat." It seems he is a Brahman of the Brahmins, he is extremely strict, does not even eat eggs. He said, "My ancestors for many generations have never

tastes flesh in any way. If there is any gentleman present who questions my physical ability, I invite him to come forward. I am the secretary of the athletic association of Madras." He was greeted by a very vigorous cheer from the whole association, and there was nothing more said about the inefficiency of a low protein diet. Dr. Ramarao made us a visit here as I said, he spoke in our parlor; we had a question box such as we are having here today, and he answered the questions as they came to him, and employed in his answers and his extemporary address the most splendid ~~thing~~ English I ever listened to. I said to myself as I sat there, "I wish I could speak English as this Hindu does." I certainly never listened to more finely rounded sentences and more splendid diction than that employed by this man from a heathen land and himself, I am sorry to say, still heathen. He believed in Christian ideals, but he said he thought on the whole the ideals of the Brahman religion if lived up to were just as good. So he didn't care to make a change. But he seemed a very honorable and a very honest man.

Bishop Thoburn. There are thousands of natives who talk that kind of English. They certainly speak it more accurately than the average Englishman does. Dr. Kellogg. That is surprising. The Bishop just said that they have thousands of natives of India who speak the English language and speak it well, and as he just remarked, speak it certainly more accurately than the average Englishman does.

Bishop Thoburn. I will explain that in just a word. We had a man in this country some years ago whom I knew very well, who was complimented one day for his excellent English, and some one said to him, "Why you speak better English than we do." And he said, "There is nothing strange about that at all. You learn your English from the boys in the streets, while you are still young, and you never outgrow it; and we learn our English from Shakespeare, Addison, and the best English writers of the last century and the present, and we have better

education than you have. That accounts for it."

Dr. Kellogg. I am sure our students listening to these statements from the Bishop will recognize the value and the importance of thorough preliminary preparation and none of you will feel that the standard is too high. We have had some criticism of our school, quite a little criticism, because we require such exacting standards for entrance to the school. We in fact adopted a higher standard than we found in use by medical examining boards in the United States, so that our students might be prepared to pass any board, so that we might have students well prepared for the foreign field. You are likely to meet people there who have better education than you have yourself. That was particularly emphasized at the meeting I attended ~~xxxxxx~~ last year of the secretaries of the mission boards. They have as you know a mission meeting once a year, and at this meeting particular emphasis was given to the fact that a missionary going out now to such a country as Japan and even to China and the orient, parts of the orient, and through Turkey, is likely to meet natives who have a thorough foreign education, thorough classical graduates, graduates of Oxford; and if he meets a native and finds he has a better education in his own home college, and better education in the education of the land from ~~xxxxxxxxxxxx~~ which the missionary comes, than he himself has, it is likely to injure his influence very much.

Dr. Wilcox. It is in the seaports mostly that those are met,--graduates of Harvard, Cambridge, Michigan University, Yale, and so on.

Q. Is there any opportunity for research work by medical missionaries in India or China?

Dr. McCartney. Great opportunity. Last year in China at least, the medical missionary association has appointed a committee for medical research. We found we were away back on it, back numbers; that lots of diseases existed in China that we didn't know were there a few years ago. Especially has that been true in the case of hook worm. Ten years ago if you had asked a doctor in China

if hookworm were there, he would have told you there was no such disease in China; but that it was Anemia produced by long attacks of malaria,--malarial anemia, or pernicious anemia; and it has turned out to be the hookworm which we have found everywhere in China.

Dr. Kellogg. That is extremely interesting. Our students who are especially interested in China will be interested in studying up the hookworm. I might remark by the way that the Shanghai Medical Journal to which Dr. McCartney is a contributor, is on file in our library. We have been receiving it for a number of years.

Dr. McCartney. It is now called the Medical Journal of China--used to be called the Medical Missionary Journal.

Q. What per cent of native doctors in India are Christians?

Bishop Thoburn. I could not answer that, but a very large percentage. A very considerable part of them I know personally. I could not name a figure.

Dr. Kellogg. These Christian medical men co-operate very heartily of course, in the Christian efforts of the missionaries?

Bishop Thoburn. Oh, yes.

Q. Do you meet many cases of leprosy?

Dr. Grant. Leprosy is not very frequent in Egypt. We meet probably a case or two a month.

Bishop Thoburn. We have a great deal of leprosy in India, and it is a very interesting part of our missionary work. And many missionaries now make it a specialty, that is, in connection with their regular work. We had an extraordinary revival. I had hoped that the missionaries who managed it would have been here, Mr. and Mrs. Byers, but they have not arrived; but they had charge of a work very similar to the Welch revival of which you doubtless heard. A revival

exactly like the Welch one broke out in the Wesleyan mission on the Eastern Himalaya Mountains, and a branch of that movement suddenly developed in this mission I am speaking of where the Byerses are, about 130 miles from Calcutta. There is a leper village there, and I have done some work myself among the lepers. We have in different parts of our work a number of missions to the lepers where we have regular work and have a village composed of lepers, and we have had some pleasing instances there of divine grace; but about a mile from the church that these two people have, the Byerses, there is a leper village. The revival broke out,--it began in a most extraordinary way in this village. They had written to Wales asking the people there to pray for a revival in their town; they had written also to the eastern mountains where the revival had been going on with power. They were together one day in a church about the size of this, a little smaller--nearly as long, according to my memory, and it was filled with people, mostly natives, and they were conducting their meeting in the usual way, quietly. The natives as a rule sit on the floor, spread mats simply so that a very large number could be inside; and there came suddenly as the mighty rushing of a wind of which we hear, though there was no sound of a wind. Mrs. Byers told me it seemed to her she saw something like a cloud; other people didn't see it though, and she said it merely seemed so; but there came upon them something like the mighty rushing wind of which you read. The effects were extraordinary, very extraordinary. People who had never spoken in prayer, or exhortation or testimony or any other way, all had tongues to speak, and there was a great renovation of the character of the people; and this work went on for some days,--I don't know for how long it was in that place then; but here is a remarkable thing: Somebody went out to the leper village with the story, and the very same thing came from the lepers, and some of those lepers became extraordinarily gifted in speech. It is a very common thing for the leper to lose part of his tongue

or to have his lips so deformed that he can not speak with any fluency or with any distinctness; but some of them became powerful exhorters, and would rise right up in the meeting and begin to talk; and here is what happened that I never heard of before in my life--English people and native people were alike deeply affected and converted under the testimony of one or two of those lepers. The lepers became notable not only for their testimony, but for their power, and God blessed them, and the village has been renovated, morally, ever since, and it has gone to other leper villages, and some of these lepers have gone out to other leper villages as evangelists. Now, that has happened, but in the midst of it all not one leper has raised the question of being healed; and that to my mind is the most extraordinary thing about it,--that they are so absorbed in the spiritual blessing they are getting that they are overlooking the other altogether. I have known ever since I have been in India people who made that a test. They say, "We will believe in your testimonies of spiritual blessing when you get the power that will heal the lepers." And so many people kept looking and looking and thinking the day was coming when we would have that testimony. I merely make this remark in connection with it that if we had succeeded, that is, if some of the lepers had been healed, miraculously perfectly restored, the whole country would have been wild over this physical miracle at the present time, and the real spiritual miracle would have been overlooked. I can see distinctly what would have happened if we had secured the physical blessing; we would have lost the spiritual; at least, it would have diverted the attention of the people from us altogether. Excuse the length of time I have given to this, because it is so extraordinary I thought it would be interesting to you.

Dr. Kellogg. It is exceedingly interesting, Bishop; we are very glad you have told us of this.

Q. In China, do the medical missionaries and the workers of the Young Men's Christian Association co-operate?

Dr. McCartney. Yes.

Dr. Wilcox. They all co-operate.

Dr. Smith. There are no denominational divisions in China.

Dr. Wilcox. It is just one Christian army, different regiments.

Q. Would an American lady physician holding a British degree meet with opposition from British practitioners in India?

Bishop Thoburn. No, not more than any other one.

Q. Would it be any particular advantage for an American lady to hold a British degree?

Bishop Thoburn. Yes, it would be an advantage. The Britishers have an impression, and have some little foundation for it, in my opinion--I will venture to say that,--that the American degrees are not as valuable as the European. Now, I will have to say another word. I say I think they have some ground for it. You can get degrees of all kinds in the United States altogether too cheap. I know some of these good brethren around me feel just as I do about that, because they must have come in contact with cases. I will give you an illustration. I wanted a man sent out to take charge of a high school. A high school in India requires a man that can teach up to what we call in this country including the freshman class. The man was sent out and he was a graduate of a college. He was entitled to write the letters B. A., bachelor of arts, after his name, and when he entered the school, he had no more sense than to say to the boys who were the more advanced and wanted to study algebra and geometry,--he said, "When I graduated they excused me from the study of mathematics", and there he brought his worthless diploma to show them, and wrote the degree B. A.

after his name. Now, I felt perfectly humiliated with this thing when I saw it, because it gave grounds for saying the American colleges are very careless about the kinds of degrees they give.

Dr. Wilcox. Some of them.

Bishop Thoburn. I say it gives us ground for saying it, for they don't know the difference. Now, the same thing about the M.D.'s. Pretty nearly anybody can get M. D. in these United States if he has sufficient deficiency of conscience; there are all manner of colleges in the United States, and they can get their charters from western legislatures while the state is still a territory and the legislators are men who would vote for anything to get more immigrants into their territory; so they get things started on a very, as we would say in India, raw foundation. So they come and they write M. D. after their name. I don't know where they get it, but I have known men to write it that certainly were not fit to take charge of a child's nursery. They seemed to know hardly anything at all. But if a man is an imposter, the less he knows the more careful he is to write the degree. Now, if this man were to go through India from one end to the other, I don't suppose he would even tell anybody he was a doctor; it would never occur to him to say he had a diploma; he would not think of such a thing at all; but you get a man who has no confidence in himself and knows he is an imposter, and he will write his name everywhere, plaster it over every place he goes that he is a graduate. I wish there were some way to exterminate the sham colleges, both medical and literary, and, shall I say? theological, in these United States. (Applause.)

Dr. Kellogg. The Bishop may not perhaps have learned that we have now in almost every state in the United States what is called an examining board. The examining board makes an examination of the diploma, an inspection of it, then

gives the student an examination of it as well, before he is allowed to practice medicine in the state; but there is as yet no barrier against the cheap medical schools, as the Bishop was saying here, provided the man is preparing himself to practice in some foreign land. If he does not care to practice in the United States, he can get a diploma very easily, two years, perhaps, or three years, in a very cheap way and a very cheap diploma; and then he can go to some other country. But fortunately laws are rapidly being developed in foreign countries to protect themselves against these cheap doctors, and pretty soon there will be no place for cheap doctors except the north pole, the south pole, or some place where there is nobody to experiment upon.

Dr. Wilcox. I have met doctors in every part of China, visited forty or more of the hospitals, and I have not run across one of that class anywhere. I think they would very soon be found out and frowned down upon and have to leave. I don't think they would stay.

Dr. McCartney. I don't think they could stay very long. I don't know any of them.

Bishop Thoburn. In any case, they have a better chance in India, because they are travelling everywhere by rail and can meet people everywhere who speak English; but in China they could not do it because they have not got the chance.

Q. Can a medical missionary or group of medical missionaries establish a medical college in China without being interfered with by the government or the people?

Dr. McCartney. Yes.

Q. That is, is there prejudice on the part of the government against dissection, etc., that will make the thing impossible?

Dr. McCartney. Dissections are not carried on on account of the prejudice of the people, but they have these manikins and use them, and they are in this way enabled to teach anatomy to a certain extent. They have organized medical schools in different parts of China.

Q. They are not allowed to make dissections?

A. Well, I don't know; if you do it on the sly--it has been done on the sly in China of which I am well aware, but not publicly. I had a skeleton in china for years before anybody knew it was there, and even our own mission did not know it was there. When a riot occurred, they had found it out a few days before, and insisted that we sent it away, and I could not get anybody to take it away; so we wrapped it up and gave it to a friendly native who kept it until the trouble was over, and then brought it back again, and in consequence, we have it there yet. Post mortems have been held quite frequently, but the natives didn't know anything about it.

Q. Would there be any serious danger if they found out?

Dr. McCartney. I don't think so at the present time. They have an idea, as many people do here at home, that where people die in hospitals they make use of them sometimes when they ought not to, and it might keep people away from a hospital if they found it out; but I doubt whether it would. It might make a difference in the country, but not in the city, where hospital work has been carried on for a long time. Prejudices there are something like they used to be here forty or fifty years ago.

Dr. Smith. It is a very prevalent idea in China that the hearts and eyes of people are used for medicine.

Dr. Wilcox. It is also in the northern parts of China.

Bishop Thoburn. I think it is all over Asia.

Dr. Kellogg. I remember some time ago a story being told or published that a native Chinese doctor had found a man sick and said the only way in which he could be healed was that his daughter should have her hand cut off and ~~the~~ a broth made from it.

Dr. McCartney. I should like to tell a story right here in connection with that perhaps that would seem incredible to most people. Two years ago we were called to attend a young woman who had read in some of the books of the astrologers that to get a piece of her liver with which to make broth would be a sure cure of her mother who was ill. This woman took a razor, and I don't know how she found out where the liver was, but she made a slash down through the right lobe of the liver and it bulged out through the opening, and she cut a piece from it and broth was made; but they had the sense after the opening was made to take brown paper, burn it, and tie a cloth over it over the slit in the abdomen, and in consequence saved the woman's life, and she is living today, and she actually herself cut off a piece of her own liver. Soon after that, only two weeks, I think, a woman was brought a distance of nearly a hundred miles, and she had made the same attempt--a fine looking, robust, healthy young woman, but in her case the opening through the peritoneum had occurred a little lower, and instead of getting the liver she got the intestines, and when they came out they became frightened, and they took a dirty rag and tied it around to keep them from coming out any more, and brought her to the city of Chung-King. When brought into the hospital she was in a state of collapse. After saline infusion her pulse returned and hot bottles etc. were administered, and we made a rapid examination, cleansed the bowels as best we could--in fact, we resected a portion of them, they were put back in, and the next morning she was in a number one condition, and the people wanted me to give them my assurance she would get well.

They said, "If you can not assure us of her recovery, we want to take her back home because this woman deserves to be buried in honor because of her filial faithfulness." I told them I could not promise them she would get well, but it looked as though she ~~was~~ might. They said if I could not, they would take her back, and they did so. She lived until she got back home. If she had stayed in the hospital, it is more than likely she would have recovered. But she died. Those are two cases, and I have known repeatedly cases where wives have taken out pieces of their flesh to make broth for their husbands when they were sick. I have known that scores and scores of times.

Q. Did you ever hear of any husband taking out a piece?

A. No, I never knew that. But this liver case would seem incredible, but it is absolutely true. Four of us western doctors saw it and examined the piece of liver after it had been boiled for broth, and it was actually true. The Chinese officials thought so much of that woman that they gave her presents of money. They thought she was a wonderful woman. I told them they ought to be bamboozed themselves for making such a fuss as that over the woman. The mother ~~was~~ got well with a few doses of quinin, for she had malaria.

Dr. Kellogg. This is certainly thrillingly interesting, we may say, and our students must be inspired by an increased desire to get out to that country and teach people some better sort of medication. What a frightful thing it is that a great nation should be in such degradation and ignorance. I presume some other of our missionaries here could give us some interesting incidents.

Q. Why do missionaries object to the Christian doctor going to a foreign land without at the same time doing evangelistic work?

Dr. McCartney. We generally expect them to do it. I think it has a

tendency to win them from it, so they are rather an obstacle than a help.

Dr. Nassau. I feel very strongly on that subject myself. On the West Coast of Africa the natives know two classes of white people--the Christian and the unchristian. And when we missionaries, ministers, those who go out as missionaries ~~and~~ allow that doctor to associate with us and to be on our list and in our church, and he should do nothing at all for evangelistic work, they would not understand it. I remember there was a man who did not often go to church, and the natives said the doctor was studying his books Sunday morning, attending to his medical work; and one native woman came to me and said, "Is Dr. So-and-so a Christian?" just because he devoted himself more to his books than even going to church. I want the doctor to express himself as a Christian and an evangelist quite as much as a physician.

Dr. Wilcox. I think there ought to be a word said for community physicians in China at least. There are some excellent men there who are devoted to the health of the community. At Foo-Chow there is a medical hospital, a community hospital, and Dr. Renney, our ~~physician~~ physician and one of the leading physicians in the far East, devotes a great deal of his time to those people. He is a missionary, a most excellent man of excellent moral character and his sympathies are with us. And they have that class of men in Chee-Foo and in Shanghai. They don't go out as missionaries. The question was whether Christian physicians out there not engaged in mission work are an obstacle. Some of these men are not professed Christian men, but in general their sympathies are with the mission work. We owe a great deal to Dr. Renney. The medical missionaries owe a great deal to Dr. Renney and to such men though they are not missionaries; their sympathies are with the missionaries and they are ready to help the medical missionaries.

Dr. Kellogg. It would seem as though there was very little inducement to the physician to go out to one of these heathen lands for medical practice unless he wanted either to go as a missionary or else to exploit the natives. Now, I think that, as Dr. Nassau has been saying, ~~xxxxx~~ and others who have spoken here, that to say simply that the man who goes out there and professes to be a Christian doctor and does not engage in missionary work, must be more or less ~~at~~ under suspicion and a stumbling block.

Q. Is the medical missionary more successful in converting the heathen than the minister or the ordinary evangelist in China?

Dr. Wilcox. I don't know. I tell you we always have co-operated in that matter. We keep a list of all the patients that come and even the outdoor or the dispensary patients, find out where their homes are and we follow them up. I try to follow them up in the country through the native workers and my own visitations in the district, as I am a ministerial missionary, not medical, and I don't know which one does win more souls. I think they both have a good chance. A good, earnest, Christian medical missionary will do as good a work perhaps as a clerical missionary. Each one has some special opportunities, but the thing is to co-operate. That is the great work. The best results are brought about by co-operation.

Q. The converts then are won by the mission rather than by the missionary?

Dr. Wilcox. Of course there has got to be individual effort all the time, but the physician is just as capable of that as the clerical missionary if he is an earnest worker.

Dr. McCartney. I would hate to express myself on that out of respect

for the clerical missionaries here. I have always thought the medical missionary had greatest influence, and his work will go farther than the clerical, on account of the fact that he has alleviated the suffering body, and the opportunities for preaching effectively to the natives are better in the hospital than anywhere else in China. I think in Western China we could show that really more permanent good has been done through the evangelistic agency, working through the medical work, than in any other way. Foo-Chow had an evangelistic force at work years before they had any medical work; but in West China, our work was started almost with it; and the medical work developed faster I think than in any other part of China, if they will pardon me for saying so.

Dr. Wilcox. The question never comes ~~axt~~ up out there, and we never make comparisons.

Dr. Kellogg. Dr. Wilcox, do you consider that the medical education, the medical advantages of the medical missionary are any impediment to him in any way?

Dr. Wilcox. They are a great advantage to him. I have often wished I had them along with the theological training.

Dr. Nassau. I would say so too.

Dr. Kellogg. It has often occurred to me that if the medical missionary is able not only to open the way for himself but also for other missionaries to work in his shadow, so to speak, certainly, if every missionary were a medical missionary as well as an evangelist, it ought to add very great power to the work. It would seem that that must be necessarily so.

Dr. Wilcox. I don't mean quite that--that they ought all to be medical missionaries. It is too much almost to expect a man to prepare--

Dr. Kellogg. I didn't say they ought to be,--oh, no. It was only the question as to which was more successful, and I only made that little argument

in behalf of the medical missionary. But at the same time you have just said it is no impediment but it is a help; so if it is a help it would be no disadvantage; but as Paul taught us long ago there are different talents. Now, we all know perfectly well that there are those who have no taste for medicine and perhaps might not be successful in medicine, but can be splendid evangelists; so by joining hands altogether, a greater work can be done than can be done by any one who goes alone in his own particular line. I am sure the doctor will quite agree to that. When a large mission is established, there is work to be done besides medical work. The education and the teaching and the civilization is just as important as ministering to the needs of the body.

Q. Are there opportunities for self-support in most heathen lands? In other words, what chance is there for the independent medical missionary?

Dr. McCartney. In China the opportunities are great for self-supporting work.

Dr. Dowkontt. There is a young man out in China under your mission there that we brought through in New York; his father was a missionary before him. That young man when he was here more than a year ago told me, if my memory is not deceiving me, on the business, that he had turned in no less than fifty thousand dollars in eleven years to the mission board while he had drawn out just his salary--about \$1200; and that is what happens oftentimes on the fidd; but those things are not put in print generally or spoken of as I am speaking of here, where they get in print, because then people would ask the mission boards, "Why don't you put them all on the same line?" And that is just it.

Dr. Wilcox. The conditions are different in different parts of China. The people are poor in some parts.

Dr. Dowkontt. He came in contact with the nephew of Li Hung Chang, and when he left China and came to my house, he showed me a watch that had been

especially made in Switzerland and presented to him. He didn't know what it did cost, but certainly it was from \$500 to \$1000. They told him, "This is for you yourself; don't you put that in with the funds as you have other money. You will need something for your vurlough, vacation," and gave him a thousand dollars right there.

Dr. McCartney. In our own work in Chung King, our hospital has been self-supporting for sixteen years. It has not cost the missionary society a cent either to build our new buildings or to run the work; and last year we closed it with a balance on the right side of over two thousand dollars; and we are paying the salary of all the foreign help except myself, which comes from the missionary society, and as I said, I suppose during the last eighteen years I have turned into the missionary society at least one hundred thousand Mexican dollars, and have received only my own support from them. I don't say that in a spirit of bragging at all, because I know that in other places in China the same thing is being done.

Dr. Kellogg. Some of the heathen have some money, then, it would seem.

Dr. McCartney. Oh, yes.

Dr. Kellogg. Do the people pay for what they get?

Dr. Wilcox. As there is a record being made of this, I think it ought to be known that there are parts of China, as the Fukien province, where a very large part of the people are very poor, and it is wonderful what they do do for self-support, and they all pay something, they all pay fees I believe, and I really admire them for what they do out of their poverty. They have not attained entire self-support in any hospital in the Fukien province so far as I know, in south-eastern China.

Dr. Kellogg. Of course, there must be the same differences in foreign lands as we have in this country. There are certain portions as in parts of our

great cities where medical men are working where they find it very hard indeed to support themselves.

Q. Do the natives of China for example, contribute readily to any benevolent cause as well as to missionary efforts?

Dr. McCartney. To medical work they do and to educational work too, but otherwise I don't think they do. Dr. Hartwell knows more about that than I do-- to church work as a whole.

Dr. Hartwell. Outside of the church, no, sir.

Dr. McCartney. I suppose in Chung King we have had about two thousand dollars a year in subscriptions from the natives themselves,--not Christians; I am speaking of the officials. As a rule we get anywhere from a hundred to a thousand dollars from the viceroy of the province. Just before I left I had an official in there for a very slight operation, and when he went out he handed me a hundred dollars. He expected I was going to keep it myself, but I didn't; we don't do that; we turn it into the work because our pride is in the work, and if the work is self-supporting, that is the highest ambition we have got.

Dr. Wilcox. I have heard of fine donations to the medical work and the educational work in China. Two of our three big dormitories there, of the Anglo-Chinese college were built entirely by subscriptions from officials, and literary men of China, not Christians, in the city, and there are some very fine subscriptions; and I think we may say the Chinese are quite benevolent. I have noticed that they are very willing to help good causes, especially educational and medical causes.

Dr. McCartney. If I remember rightly, I think two years ago the sub-

scriptions given by the Chinese to the medical work all over China footed up something like \$250,000 Mexicans. That would mean a million dollars in America and more too. One dollar there will go as far as twenty dollars here. You must not calculate that it takes so much to run the work there as here. The purchasing power of a dollar there will go as far as twenty dollars here. \$25.00 will support a boy for a year in China and here it will take \$500. There \$250 will endow a bed, and here it takes \$5000. That \$250,000 Mexicans would mean at least a million dollars in this country, even more.

Dr. Wilcox. The living, clothing and food are proportionately cheaper. It is expensive for us foreigners, because our food and clothing are imported, and it costs us more to live there than here.

Dr. Kellogg. The sacrifice on the part of the donors is just as great as though a million dollars had been given in this country?

Dr. McCartney. About the same, I suppose.

Voice. In Turkey when a man is sick of malarial fever, they kill a sheep and wrap him in the skin while it is still warm.

Dr. Kellogg. What is the philosophy or the rationality of that?

Voice. I don't know that. It is said to cure people in that country. I have not heard of it in the cities.

Dr. Kellogg. Dr. Wilcox inquires what effect it has on the patient. It is quite possible the patients might be benefited sometimes. It might be as good as a hot water bag, might make the patient perspire, and perspiration induced in malarial disease, the intermittent form, if it is induced just before the time for the chill to occur, vigorous perspiration will often avoid the chill. That is one of the hyriatic methods, a very old fashioned one, for treating

malarial fever, and often is quite successful.

Dr. Kellogg. If we had time for another session to discuss more particularly the methods, it would be extremely interesting. Perhaps some of our medical missionaries will be remaining a few days so we can have an opportunity for another meeting. Perhaps we can select some time next week that will be just as well.

The medical students would like to formally express their thanks to the missionaries here who have given us such a delightful and instructive presentation of this question and these various questions. Do I hear a motion?

Voice. I make a motion we extend a vote of thanks to missionaries for their instruction as well as their inspiration.

Voice. I second the motion.

Dr. Kellogg. It is moved and seconded that this body express to the missionaries for the instruction and the inspiration we have received from them this morning a vote of thanks. All in favor of this motion will please rise to their feet. The motion is carried unanimously.

Benediction by Dr. Hartwell.

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