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THE CHURCHMAN

A Monthly Magazine

*CONDUCTED BY CLERGYMEN AND LAYMEN
OF THE CHURCH OF ENGLAND*

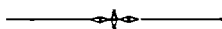
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And here I am quoting, not from a Speech, but from an Epistle, a circumstance which gives us a new insight into his vivid recollection of the guilt of this period of his life. Now the word "Church" in such passages has a very sacred and solemn meaning. It denotes the consecrated company—a company at that time weak and scanty—but still the consecrated company of Christ's disciples in a world of unbelievers. This company St. Paul did his utmost to scatter and destroy. He desired to *extirpate* the Religion of Christ. He was in open resistance to Him Who came to found a Church that could never die, Who identified Himself with those feeble believers, and Who called Saul out of his madness by the question: "Saul, Saul, why persecutest thou Me?" This proud rebel came to know that this Church was, to quote our Baptismal Service, "the very Spouse of Christ," that this Religion was the most precious inheritance of all the ages, and the concentrated hope of the world. He himself became the chief teacher of its doctrine. His whole being became devoted to the propagation of this faith. How well we can understand the feelings with which he quoted the wondering words of the Christians, in the earlier days of his Ministry: "He which persecuted us in times past, now preacheth the faith which once he destroyed;" and with which he adds: "They glorified God in me!"¹

Thus, placing before our view these three aspects of the sin committed by this Apostle when a persecutor, and without seeking to add anything further, we see how true it is that in his Conversion the Lord Jesus Christ "showed all long-suffering for a pattern to them that should thereafter believe on Him." We see clearly, when reading this history, that there is hope for every man, that there is no blindness too dark to be illuminated, no mistake too serious to be corrected, no sin too bad to be forgiven, no life so utterly wrong but that, through Conversion, it may be made a life of devotedness to Christ and a blessing to mankind.

J. S. HOWSON.



ART. IV.—MEDICAL MISSIONS IN INDIA.

IF I were asked, What is the Missionary agency in India from which we may hope to obtain most success? I should answer, Medical Missions.

¹ Gal. i. 23, 24.

This may appear to be a strong statement, and it requires some explanation.

The object of the present paper is to show some reasons for having Medical Missions—what may be hoped from them; also to point out the chief difficulties and dangers which are experienced in making use of this agency; and lastly, to give some of my own personal experience of Medical Missionary work.

I. One argument in favour of Medical Missions, and a legitimate one as it seems to me, may be drawn from our Lord's own words and practice. When the Twelve, and afterwards the Seventy, were sent forth by our Lord, He bade them preach that the Kingdom of Heaven had come, and He commanded them to heal the sick. He seems to have joined these two offices together for some special reason: and that reason must surely have been to win men's confidence by acts of kindness, and then to draw them into that Kingdom which He had come to establish. In one place, indeed (St. Luke x. 9), He gave an extraordinary prominence to these acts of mercy and love, for He placed the office of "healing the sick" actually before the other, and the more spiritual one, of proclaiming that the "Kingdom of God has come nigh."

What we see in our Lord's command to the disciples, we constantly see illustrated in His own work and life. He went about doing good, healing the sick, casting out devils, feeding the hungry, raising the dead; and we are told in the Gospels what use He made of influence thus gained. He taught the people, too, as no other ever taught, or could teach; He taught in parables from nature; His whole life's work was a parable; and thus also He healed men's bodies to show that He was able and willing to heal the soul.

So, if anyone question the necessity for Medical Missions, our first answer is, "The Master sent out Medical Missionaries—nay more, He was a Medical Missionary Himself."

But there are special reasons, I think, for Medical Missions at the present time. Various causes often combine in these days to weaken the position of the ambassador of Christ. First we have infidelity, and especially that form of it known as Agnosticism, with its doubts and denials, so easy to suggest and so difficult to answer, published all over the world in books, papers, and pamphlets, and too readily studied. Again, we have the luxury of civilized life, and the consequent self-indulgence of the rich on the one hand, and the discontent of the poor on the other; and in India we have the additional barrier between us and the natives, that we are not only of another race, but of the conquering race. These and perhaps other chilling influences should make us consider what can

be done to restore confidence between the preachers of the Gospel and those we wish to help, so that they may be led to believe that we have, at any rate, their best interests at heart, and fully sympathize with them in all their troubles and difficulties. Now I would be bold to affirm, even if we had no hint to this effect in the Bible, that Medical Missions form the very agency to help us under these circumstances; but with the words and example of Christ Himself, recorded in the Gospels, I should make use of such Missions with the greatest confidence of success.

II. The object of Medical Missions may be stated as follows :

(1) *Simply to relieve suffering.*—Though we have still higher objects which we hope to gain, I am sure that this alone is an object high enough to cause us to open a Mission Hospital or Dispensary in any locality where there is no institution, or at any rate no efficient institution, already established for this purpose. I lay stress upon this point, for I do not think it is sufficiently appreciated by friends of Missions, or by Missionary Societies.

(2) *To remove prejudice and suspicion, and to promote confidence and affection between Missionaries and the natives.*—In no place, perhaps, has this been better exemplified than in Kashmir, where I had the pleasure of working for six years. Dr. Elmslie went to Kashmir in 1865 and met with great opposition. Sepoys were ordered by the Government officials to prevent patients attending the Hospital. Mr. (now Bishop) French and Mr. Clark tried to preach in the bazaar, and were pelted with mud and stones. I left Kashmir in 1882, and at that time Sepoys attended the Hospital in great numbers in preference to the Government Hospital, and in spite of being stopped occasionally by feeble orders from Government officials. Natives of the valley and people from a distance came to the Hospital in very large numbers; and Missionary work was as easily carried on in Kashmir at that time as it is among a Mahomedan population in any part of India.

(3) *To teach spiritual truths.*—We wish the healing of the body to be an outward and visible sign of the still more important healing of the soul; and we wish the natives to accept any assistance we can give them—not from us, but from our Master, Who said, “freely have ye received, freely give.” An Indian newspaper a few years ago, writing about Medical Missions, brought the charge against us of bribing the natives to become Christians, by giving them medical treatment. If giving relief to the suffering, with a view to showing that we feel for them, and really wish to be their friends, means bribery, I suppose we must plead guilty to the charge. It is, however, a kind of bribery which is the opposite of corruption,

and I for one can see no harm in doing a double good. They say that "Two wrongs can never make a right;" and I see no reason why the converse should not be equally true, that "Two rights can never make one wrong."

III. We must consider some of the chief difficulties and dangers met with in making use of such Missions.

(1) Medical Missions are expensive, and the financial secretaries of our Missionary Societies will tell us that this is a great drawback. There are two ways of meeting this difficulty: one, to get friends of Missions to subscribe more money; and another, to make Medical Missionary work more economical. The former, if practicable, is much the best of the two.¹

As to economy, I must explain that the work can be carried on either with the Hospital or the Dispensary systems. By a Hospital, I mean a building into which in-patients are admitted, treated, and fed; by a Dispensary, I mean a building or tent where only out-patients are seen, but where medicine is dispensed, and small operations performed; under these circumstances, serious cases can generally be treated by the Missionary in their own homes. Now, the former, *i.e.* the Hospital system, though far the most satisfactory, is also far the most expensive plan. It is reckoned in North India that each bed in a Hospital costs about £10 a year to maintain, without including the salaries of the Missionary and his assistants; we did it very much cheaper in Kashmir, but I must confess that our wards were painfully rough and dirty, and the food was very coarse. When funds will not permit us to have a Hospital, it may be possible to work on a Dispensary system, and Dispensary practice can be very economically conducted; with a few exceptions the necessary drugs are inexpensive, and many may be bought for a trifle in the bazaars of India; the surgical instruments and appliances that are absolutely necessary for such practice, are few and simple. A committee of a few medical men who have practised in India could often cut down the expenses of an inexperienced Medical Missionary's surgery to one-half the amount that he would at

¹ Medical Missions, I think, should be taken up as a special agency, and thus presented in a special way to the public, in the same way that Zenana work is presented: and I cannot help thinking that it should be done by one large undenominational Society and Committee rather than by separate Churches. In this way Medical Missions might form a common meeting-ground for all the Churches; and the Medical Missionaries going out from one centre to all the different Missions, would be one bond of union between them. Such a Society, if properly managed, could hardly fail to obtain large subscriptions which might or might not require to be supplemented by the different Missionary Societies in carrying out the work in the different stations.

first sight deem necessary, without seriously curtailing his usefulness.

(2) A great difficulty is said to be found in getting suitable medical men to become Missionaries. This no doubt is the case at present; but the reason seems to me to be that no Society makes it their business to obtain or train suitable men, with the exception of Dr. Lowe's admirable institution in Edinburgh. Now, it is too much to hope that trained Medical Missionaries should fall into our hands without trouble or expense. Dr. Lowe's institution should be well supported in every way; and one other institution at least should be started in London, with a powerful committee of medical men and others. If properly conducted and supported, many suitable young men from our universities and elsewhere would join such an institution. I cannot believe that it is more difficult to train Christian Doctors than Christian Ministers for the Mission-field.¹

A digression here may be excused, in order to answer a question which is often asked. The question is this: "Is it necessary that the Medical Missionary, whether male or female, should hold a legal diploma?" I do not think it is necessary in all cases; but the person practising without a legal qualification should have some medical training which should be good so far as it goes, and he must not be induced to do more than he conscientiously feels that he fully understands. An operation, or a difficult case, must be handed over to a qualified doctor—a qualified Medical Missionary—if possible. Far from thinking a little knowledge a dangerous thing, I think that, in a country like India, very often the want of a little knowledge (of course I mean real knowledge) of disease and its treatment, constitutes the true danger; whether in the Missionary itinerating in the jungle, or the lady visiting in the Zenana.

(3) Another difficulty is that of getting suitable native assistants for our Hospitals and Dispensaries. It would be better if all assistants and servants could be Christians; but

¹ I am, perhaps, hardly correct in saying that there is no institution for training Medical Missionaries except that of Dr. Lowe, in Edinburgh. Dr. Saunders has a Medical Mission at Endell Street, St. Giles's, London, which cannot be too highly spoken of. Though, I believe, that Dr. Saunders does not undertake to train Medical Missionaries, he indirectly attracts students to Missionary work. This he is able to do through his connection with the Medical Prayer Union. I believe that this work is capable of great development. Sometimes I think a very good plan would be to select a Missionary already tried and experienced and who has a taste for medical work, and send him home for four or five years and make a doctor of him.

it does not matter much if the servants are not Christians. The assistants, however, should always be Christians: I mean, the native doctor, the dressers, and the compounders. We did not act on this rule in Kashmir, but I now feel that it would have been better had we done so, even if we had been forced to close our medical work for a considerable time. From my own experience, I would say that, except under very peculiar circumstances, no Mission Hospital or Dispensary should be established unless the native assistants are honest, moral, and respectable, if not spiritually-minded native Christians.

It would be better, of course, if these assistants could be trained before being sent to their work; but even this is of minor importance, for the Medical Missionary can train them himself. But the difficulty is to get the men. Missionaries in charge of stations will not send their good men; they say "they are wanted for schoolmasters or evangelists." Now let it be understood once for all, we cannot get on with men who are not good enough to be employed in schools or in evangelistic work; it is simply waste of time and money to attempt to train such men. Missionaries in charge of stations must be sufficiently self-denying to give us some of their best native Christians to be our assistants if Medical Missions are to prosper as evangelizing agents.

(4) There is a danger which applies to the Medical Missionary himself. The medical part of his work is so engrossing that there is a great danger of his being too much absorbed in it. Pain and sickness are so real, that he is soon tempted to think that attending to them is the chief, if not the only, part of his work; but it is only a part, and not the most important. He has gone out to bring sin-sick souls to the great Physician. I would advise every Medical Missionary, no matter how busy he may be, to give up a certain time every day to doing distinct evangelistic work. In training medical men as Missionaries this point should be remembered; and one most important part of their preparation should be to accustom them to doing evangelistic work.

IV. I will ask my readers to picture to themselves our Medical Mission in Kashmir.

Before taking you to our Hospital to show you our work there, let me show you a more extended view of the country in which we are working. In order to get a good view, then, let us suppose that we are at Gulmarg, 8,500 feet above the sea-level, and about 3,500 feet above the valley of Kashmir. We are in a beautiful spot among the pine forests, on the slopes of the mountains which form the southern boundary of the valley. It is the place where the visitors retire in the summer when the heat in the valley is excessive. I and my

family always spent a few weeks here every year in the middle of the summer. Looking down the mountain-slopes, covered with thick pine forests, we see the valley below, with a large lake called the Wular in the middle of it; beyond this lake other mountains rise, and we see range after range till at last the grassy or forest-covered ranges change to the white of the everlasting snow. Truly we are looking at the Himálya, the abode of snow! Far away on the horizon, in the centre of those snowy ranges, at a distance from us, as the crow flies, of about 100 miles, rises one monster peak, pointing upward to the skies like the spire of a colossal cathedral—it appears to be just one mass of ice. It is the “Nanga Parbat,” the fourth highest mountain in the world. One cannot help wondering, as one looks at this wild scene, what sort of country and what sort of people are over there. They are a collection of wild Mahomedan tribes, some subjects of the Maharajah of Kashmir, some independent; and farther on is the valley of the Indus, and farther still is Gilgit, Káshgár-i-Khurd, and the Hindu Kush, the home of the Siah-Posh Kafirs. A friend of mine, travelling from a village near this great mountain northwards to Iskardo, found that my name and that of our Mission Hospital is well known there: would that the message of salvation was as well known! But is it not something to say of the mighty power of Medical Missions, that in six years’ time one’s name should be known as that of a friend, even by people whom one has never seen and whose language one does not understand? But I can say even more. At a distance as far, or farther, the other side of this huge mountain as it is from the spot at which we are supposed to be standing, I am known to this day as a friend.

Some years ago a party of strangers arrived in Gilgit from Badakhshan, on the Oxus; the chief of the party was one Mir Hussein Beg. He was the rightful ruler of Badakhshan: but Abdul Rahman, the present Amir of Kabul, on his way from Bokhara to Kabul, took possession of Badakhshan, and Mir Hussein Beg with his followers fled for his life. In the winter of 1880 he arrived, ill with consumption, in Kashmir, and came to me for treatment; the case was hopeless, and at last he died, leaving a will that his body should be buried in Badakhshan. The unfortunate followers sat round the body and mourned, but had no idea of how they could comply with their master’s dying request. After some days I heard of their trouble, and paid them a visit. I obtained permission and assistance from our Government for them, embalmed the body, and sent them off. Nothing could exceed their gratitude as they left Kashmir. I heard that they arrived safely in Badakhshan with their precious burden; and should any-

thing ever take me to that far-off land, I am sure that I should find a hearty welcome there.

About half-way from Gulmarg to this giant mountain is a valley called Gores, a truly lovely spot: I have had many patients from this place. One remarkable case was that of a woman with a huge abdominal tumour, which I successfully removed, and in consequence of this I had many friends in that neighbourhood.

Far to the north of the mountainous district round Nanga Parbat, and across several lofty mountain ranges, is another valley, Yarkund. From this country I have had many patients: let me mention two. One was a Mahomedan of some position on his way back from a pilgrimage to Mecca; he consulted me about his sight. He had a cataract in one eye, which I removed, and his vision was completely restored, to his great satisfaction and delight. The other Yarkundi was also a Mahomedan, returning from Mecca with a large retinue; he was suffering from very extensive disease of the lower jaw. I removed the lower jaw, and the healing process was so satisfactory that, I think, one would hardly have imagined that any very serious operation had been performed; but he took back a positive proof in the shape of the jaw itself, which he asked to be allowed to take home with him. It was given to him, as I so well remember, by the Native Doctor, carefully folded up in a sheet of old newspaper. These are two out of many cases from that far-off land, now a part of Chinese territory; and the name of the Kashmir Medical Mission, you may be sure, is well known in those parts. How else, may I ask, could influence be exercised so wide spread, in a fanatical Mahomedan population, except by the agency of a Medical Mission?

Let us now descend from Gulmarg, and return through pine forests, and through miles of rice-fields in the valley, to Srinagar, the capital of Kashmir, where our Mission Hospital is placed. Between a lake, described in "Lalla Rookh," now called the City Lake, from the fact of its extending for a long distance on the north of the city, and the orchards on the banks of the Jhelum, called the Moonshi Bagh, where the English visitors encamp, is a hill called Rustam Ghari. On the northern slope of this hill is a large cemetery; on the western slope are some rough, ill-constructed buildings, which constitute the Mission Hospital. Two roads which pass, one on the north and the other on the south slope of this hill, meet on the western side of the hill just below the Hospital, and thence form one road which extends to the City Lake. On each side of this road from the Hospital to the lake, are houses and shops forming a large village called Drogjan;

which, situated on the shores of the City Lake, forms a suburb to the town of Srinagar, and about a mile from it. This not very desirable position for a Hospital was fixed by the Kashmiri Government. Notwithstanding the inconvenience of its situation, crowds of people attend it four days in the week. The in-patients are attended to early in the morning, and at twelve o'clock in the day the Medical Missionary sees the out-patients for four days in the week, and on the other two days he attends at the same hour to perform any operations that require more time than can be spared for them in the consulting-room.

Let us imagine that we accompany the Missionary at about twelve o'clock on a summer's day to the veranda of the front row of the Hospital building. As we stand here, we see about a hundred sick folks coming slowly and feebly along the three roads below, towards the Hospital; if we remain long enough, we shall find that they will continue to come, though in fewer numbers, till quite late in the afternoon.

We find that the hour has struck, and our Missionary asks an old Kashmiri Christian, who is standing with us, to speak a few words to those who are already gathered together. He is about ninety years old, and is nearly blind, but he speaks to them in their own language with considerable energy, explaining some simple truths of the Gospel. We cannot allow him very much time, as there is a day's work before us, and the people have come from afar; and as he forgets how time goes, we have, after ten minutes, to remind him that he must draw his address to a close, and offer up a few words of prayer. He prays for a blessing on God's Word; that God's Spirit may be outpoured; that Jesus Christ may be made known to his countrymen and countrywomen, and may be received as a Saviour by many. As he speaks he becomes deeply affected, and as he prays to God for his poor fellow-countrymen, he pleads that many are poor, ignorant, wretched, sinful, suffering, and oppressed. The tears pour down his cheeks; the emotion is felt by his hearers, and many weep too. He prays that their homes may be made happier; their sufferings alleviated or cured; that the medicine and advice given may be blessed; that the Lord Jesus may make them heirs of glory, washing away their sins in His own blood; and as he prays, choruses of "Amen! Amen!" bursting from the poor sufferers sitting on the ground below, attest that this prayer has touched their hearts.

We then walk upstairs, and sit down at the table in the consulting-room, and the business of the day begins. I have seen as many as three hundred patients before leaving, on many a hot summer's day, with the thermometer registering about 90°. Our wards in the other buildings are rough, and are

meant to accommodate about sixty in-patients, men and women; but I have had double the number. There is a kitchen, too, where the food is cooked, and rooms where medicine and stores are kept. Near the women's ward we have fitted up a room as a chapel, and twice on Sunday we have a service for native Christians, and many of the patients attend.

In order to show the extent of work done, a few numbers may be given. During the five years 1877 to 1881, over 70,000 visits were paid to the Hospital; over 30,000 of these were new patients. During this time, over 4,000 in-patients were treated, lodged, and fed in the Hospital; and nearly 4,000 operations of all kinds, small and great, were performed. To give my readers an idea of the suffering and pain, and the dreadful diseases that are to be seen daily in that Mission Hospital, is not in my power: no words could describe it! The dumb, the lame, the halt, and the blind are all represented; the lepers are there, too, with all their hideous sores. Little children, the victims of the sins of the fathers from the third and fourth generation, are brought in their mothers' arms. There are men and women, old and young; the dying are often carried here as a last resource. Men whose limbs have been broken by an accident, are often carried from long distances: all are clamorous for attention, and eager for advice. We get hardly any impostors. All have to be attended, and though time is short, none must go away without our doing the best we can for them. Sometimes it is a simple matter—a tooth has to be extracted, or an abscess opened; sometimes a bottle of medicine is ordered and given; sometimes the patient is admitted into Hospital for a serious operation. The day goes on, one is weary of seeing the same sad cases of suffering; but we cannot send them away without help. After some hours, the last patient is seen, the assistants are left to give the in-patients their medicine and their evening meal; and as the shadows of evening are lengthening, we return to the Mission House in the Moonshi Bagh.

This is a sketch of our work in Kashmir, and I dare say that the work in other places, where there are Medical Missions, much resembles it; though it is to be hoped that it is seldom that so much dirt and squalor is unavoidable as seems to be the case in Kashmir. Want of funds prevents us from doing all that we should wish to do; we can, however, only do our best. One thing we may say, that however rough the accommodation, and however coarse the food of our Hospital, that of our patients' homes is rougher and coarser; so we may be sure that they are less dissatisfied with it than we are: and I am thankful to say that the results of our treatment are far

better than could be expected ; in fact, they would bear favourable comparison with those of a well-ordered Hospital at home.

We have left our Hospital to which I invited you in imagination to accompany me ; and my thoughts go back to those evenings when, tired with the day's work, I used to ride my pony back to our comfortable Mission House in the Moonshi Bagh, among the orchards on the banks of the Jhelum ; had you been with me on one such occasion, I should have asked you to sit down in our garden and have a cup of tea, and talk over the day's work. I can imagine how we should have discussed Medical Missions as we spoke of all the incidents of the day ; and should we not have agreed that Medical Missions are a powerful agency for doing good and winning souls to Christianity and to Christ ; and that, if there are defects in our work, it is only because we are not enough supported ; that we want more Missionaries and more money ; and that Medical Missions should be established not only in Kashmir, but in many places in India and all over the world ?

E. DOWNES, M.D.

ART. V.—BISHOP KEN AND IZAAK WALTON.

A STUDY FOR AN UNPUBLISHED BIOGRAPHY.

I AM about to claim for the author of the "Complete Angler" a larger share in the formation of Ken's character than the biographers of either have assigned to him. It may be questioned, perhaps, whether one in a hundred of those who use the Morning and Evening Hymns know of the close tie by which the two men were connected with each other ; whether one in a thousand of those who look to Walton for their guidance in catching trout, roach, or grayling, or enjoy the pleasant, cheerful, just a wee bit garrulous, talk in which that guidance is conveyed, have ever thought of the author as the virtual foster-father, the actual brother-in-law, of the Nonjuring Bishop ? To me, after a careful study of the lives of the two men, it seems scarcely an exaggeration to say that the environment of the home in which Ken found a refuge after his father's death, left an indelible impression on his character, and determined the direction of his mental and moral growth, that his whole after-life was fashioned by the atmosphere which he there breathed, and the books which he read there. I find in Walton's "Lives" the unconscious prophecy of all into which that life was, as it were, destined to develop, in proportion as it followed the vocation which was thus conveyed to it.

I doubt, indeed, whether any but a few students of English,