

MID-WAY TO THE JUBILEE

The Story of Twenty-Five years
of Baptist Medical Missions.



By
W. Y. FULLERTON, D.D.

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R. Fletcher Woodhead.

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I

FOR every reason it is an epoch worth commemorating. Probably it will be generally called the Semi-Jubilee, but that is apt to suggest that the trumpet gives an uncertain sound, that the joy is chastened, that the future is insecure, whereas the opposite is true. It is not the Jubilee that lingers, but the years. Mid-way we rehearse the triumph of the future and blow the bugles in exultant hope : mid-way we recall the great years that are past and praise God for the wonders He has wrought. We record the evidences of His approval in the sixteen hospitals established in far lands, with seven hundred beds ; seven thousand patients occupying them during the year, and seventy thousand different persons during the same period receiving medical care without admission to the hospitals. It is simply impossible to exaggerate the joy that lies behind such a review.

Of course it is possible to make too great a claim for medical missions, and to weaken the appeal by over-emphasis : for they do not, and

cannot, stand alone. To apply the instructions the Master gave for the temporary mission of his disciples, as recorded in the tenth chapter of Matthew, for instance, proves too much : for there are other commands there that are now incapable of being obeyed, yet if we accept one we must accept all. But if an exaggerated claim is perilous, it is most perilous, when we seek to save men and women in Christ's name, to neglect their bodies because we care for their souls. Ultimately it will be found perilous also to neglect their circumstances, but to begin with, the missionary is face to face with the man himself, his personal need of grace and peace and health. Of grace, to meet the deep underlying need of sin ; of peace, to free his mind from falsehood and fear ; of health, to make the body a fit vehicle for a redeemed soul and spirit.

Every missionary, whether he is a doctor or not, must meet suffering and try to alleviate it. It is useless to say " Be ye warmed and fed," and to point only to a happy future, to promise people a throne in heaven and not offer them a chair on earth. Every missionary all along the history of missions, who has had the spirit of Christ, has done his best to help people in their sickness and pain, and what men and women without medical training have accomplished is nothing short of miraculous. Their unskilled achievements claim our wonder and admiration. But the very fact that, out of pure human sympathy, they have been compelled to do so much, makes it imperative

that we should do more, and send to suffering people everywhere, to the extent of our ability, the best help we can devise.

The greatest of the three ills that afflict humanity—sickness and fear and sin—must be dealt with first. The gospel of Christ goes to the root of the trouble and proclaims deliverance from sin. That must be the primary witness of Christ's disciples. That same gospel brings also deliverance from fear—fear of death, fear of the unknown, fear of the future. And then, even without medicine, it brings healing for the body, but we who send the gospel must also send the medicine, and send the men and women to know how to use it. What we know we are bound to share, this is the law of Christ's kingdom. That is the difference between a doctor and a quack. Christ's people cannot be quacks. We still find perhaps that we must give the lesser thing in order to lead to the higher, but always we shall remember that even health without grace avails nothing in the Eternal values.

If we follow Christ we shall never offer people our second best, and in medical missions this is especially true. However expensive the best may be, it is always economical. Better to do a little well than more badly. That is why all missionary work is now much more costly than at the beginning, that is why medical mission work is the most costly of all. As an illustration of the difference take this : in the earliest booklet issued by the Medical

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Mission, twenty-four years ago, it was estimated that to equip a hospital would cost from £120 to £600; now it could not be attempted for less than £3,000, and would probably cost much more. But even to the lowest of the people we dare not give less than our best.

II

WE look back longer than twenty-five years. The very first missionary of the Baptist Missionary Society was a doctor. William Carey and John Thomas went to India together in 1793: Carey was the leader, but it was Carey who joined Thomas, not Thomas who joined Carey. Unstable and eccentric indeed, but burning with ardour for the conversion of the Indians, Thomas fulfilled his course. It was largely through his ministry of healing that the first convert, Krishna Pal, was won. And all along the one hundred and eleven years before the Medical Mission Auxiliary was established there were missionaries who had proper medical qualifications, only a few it must be confessed—"a few, that is eight," and there were others who had cut short their medical preparation because of the clamant need of the moment.

When at the end of the year 1901 the time had arrived for a more specific and determined effort, it was two doctors from the field, Dr. Ellen Farrer and Dr. Russell Watson, who joined two doctors at home, Dr. Percy Lush and (Sir) Alfred Pearce Gould, to take action.

They did not wait until the whole Society was ready to swing into line. They just began. Like Harlan Page, that notable soul-winner, who, on a New Year's Day, adopted his life motto, " Resolved that I will act as if there were none else to act, not waiting for others," they just began, calling those like-minded to form a band of people who would make it their business to maintain and extend practical intelligent interest in the medical mission work of the Baptist Missionary Society and the Baptist Zenana Mission.

Their first business was to discover an advocate for the thing they considered so desirable, and happily that did not prove to be difficult. In fact, they discovered an advocate who thought it even more desirable than they did. God had been before them, preparing the way, and He never makes half a pair of scissors : if He makes one side, He makes the other ; since He had prepared the people, He had also prepared the man. Here we may learn that God often fulfils His purpose by denial, carries out His plans by frustrating ours. At the very time a man was needed, there was a man who, having devoted his life to missionary work, had prepared for it by taking a medical course, to find at last that his hopes must, at least for the present, be put on one side, owing to a family bereavement (the death of his father). Wondering whether he could yet do anything to further the need that had laid hold on him with such insistence, the opportunity of helping to send others to do work

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such as he himself had hoped to be permitted to do, seemed to indicate God's will for him. On the one hand, he felt that he must, on the other that he must not, and between the two there was a current that drove him to answer the new call of the Society he had hoped to represent abroad. The die was cast. He would help at home.

So Dr. Robert Fletcher Moorshead, Fellow of the Royal College of Surgeons, with his academic distinctions, came to Furnival Street, to the position which he has so fruitfully occupied for a quarter of a century; and as he is yet a comparatively young man, it is the hope of his friends that he may join in the actual Jubilee celebrations before he claims honourable release.

When we are tempted to rebel against the refusals of the doctors to confirm the desire of candidates, otherwise suitable, for missionary service, we do well to remember that consecration to such a career, and even preparation for it, may be fruitfully used to other ends. Dr. Moorshead himself cannot forget that fact when he presents the medical verdict to the Candidate Board. David was not permitted to build the Temple at Jerusalem, but he did well that it was in his heart, and the stones he had gathered greatly helped Solomon in the building of it. Since we consult medical men we must perforce, as responsible people, abide by their decision. We may think that the Apostle Paul would have had scant hope of a favourable verdict. He probably felt that

himself, for he did not venture into Europe without taking a doctor with him.

This at once suggests the gain to missionaries themselves in having medical help at hand, and while we admire the heroism of the early pioneers who went out, taking all risks, we cannot but be sensible of the advantage to the mission staff in the presence amongst them of competent doctors. To save the life of a missionary or even shorten his illness is a very appreciable addition to the effective force in the field.

The denial of Dr. Moorshead's early hopes may be put alongside the disappointment of another candidate who had treasured the design of working in the Congo, and was brought to sudden pause by the medical verdict. Instead of being embittered by the refusal, he accepted it as God's will, and determined to do his utmost at home to send others where he himself was not permitted to go—to give his whole life to it as he would have done had he gone forth, entering into business and devoting the whole of the profits to the mission embassy. Year after year he has been true to his purpose, contributing increasing sums each year, until after fifteen years he has given more than £30,000. The point in both cases is that the whole life has been dedicate, not the fragments of the career, but the career itself: that the men have been united to the purpose which irrevocably claimed their life in early days, united to it for better, for worse, for richer, for poorer; and

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mid-way to the Jubilee Dr. Moorshead can rejoice that in response to his efforts and the efforts of those associated with him a sum approaching £30,000 a year is now raised for medical mission work, where before there were no special gifts at all. If the critic suggests that some of these gifts might have gone to other parts of the missionary service, had there been no special medical appeal, he may conceivably have ground for the contention ; but that does not in the least lessen the glory of the achievement, and in any case the missionary work is not the loser.

The fact that Dr. Moorshead himself compiles the reports of the medical mission side of things has obscured somewhat the debt we owe to him. If Kipling could write of him as of Lord Roberts, he might say : " He's little but he's wise, He's a beggar for his size. And he don't advertise, Do 'e, Bobs ? " He has every qualification for his work except robust health, and had he possessed that he might never been in the work at all. So even that may be looked upon as a qualification : it certainly evokes sympathy for those who similarly suffer. With singleness of purpose and readiness of speech, he combines prophetic imagination and apostolic fervour. His career is the best explanation of his character. He is medical missions incarnate, he thinks medical missions, he dreams medical missions, he lives medical missions. He is never off duty. Medical missions are his golf and his tennis. At times when he might with advantage rest,

his brain is busy devising plans to help medical missions ; defeated in one plan, he turns to another until he discovers what he wants. He has sympathy with all other aspects of missions, but in conversation it will not be long before, by some skilful turn, he reaches the subject nearest his heart. And in his home he has the constant support and sympathy of a gifted lady who is almost as great an enthusiast as himself. Indeed, between them they have made their home an annex of the Mission House, constantly caring there for some fellow-worker or prospective candidate. In addition, Dr. Moorshead is the medical officer of the B.M.S., and in this capacity he is charged with the oversight of the health of the missionaries at home and abroad.

It is a matter of great satisfaction that two other medical men, who have resigned practice, devote themselves to the interests of the work—Dr. Arnold Ingle, who with Dr. and Mrs. Moorshead went as medical deputation to China, and Dr. Thomas Horton, who unstintedly gives his welcome services whenever there is a call for them.

III

A quarter of a century ago there were but ten doctors on the active staff, only one of whom remains to-day. The frequent changes incident to this side of missionary operations are indeed one of its chief difficulties. A quarter of a century ago there were no mission-

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ary nurses appointed as such, though the woman missionary and the missionary wife were greatly in request for such service, as they are still.

Despite the fact that during this quarter of a century eight doctors have died, most of them from devotion to their work, some of them as the direct cause of it: that twenty have resigned: and that four, having fulfilled their service, have retired, there are now thirty-four doctors on the staff, making a total of sixty-six men and women who, for longer or shorter periods, with professional skill and missionary impulse, able to occupy positions of responsibility at home, have gone overseas precisely on the same conditions as other missionaries, receiving the same allowances and subject to the same conditions. Six of these have won the coveted degree of F.R.C.S.(Eng.), six the M.D. or M.Ch., and six the D.T.M. and H. of Tropical Schools. A truly noble record! And it is a joy to report that a fine array of students are preparing to follow in their train.

There are also twenty-six missionary nurses where before were none, and these sisters are, in their own sphere, not a whit behind the doctors whom they assist. In eight or nine of the hospitals on the field there are now schools for the training of nurses from amongst the people of the country, and already there has been surprising success in this direction, the women showing great aptitude and quick understanding.

It is too late in the day to defend medical missions. Nobody opposes them, but that way lies their present danger. They may be taken too readily for granted, the healing of the body may be considered an end in itself, whereas our Lord always attached to it a spiritual conception ("Thy sins be forgiven thee": "Go and sin no more") and the humanitarian appeal may render the divine sanction less operative. It cannot be too greatly stressed to-day that however praiseworthy may be the cure of the bodies, it must not be dissociated from the cure of souls. If the body comes first in the order of time, it must always be second in the order of intention.

The cult of medical missions to-day, on the one hand happily a sign of the widening of our conception of the purpose of Christ in the world, is, on the other, in the case of some at least, an evidence of the decay of faith, at home as well as abroad, as if not being quite certain of the spiritual value of the gospel, we should devote ourselves to the things of which we are sure. The effective way is, of course, to get sure of both. There must be no divorce on this matter, whichever comes first in thought or practice. Body or soul, it is the whole man we are after, soul as well as body, and what God hath joined together let no man put asunder.

Whichever comes first! It is true that the doctor often makes an opening for the evangelist: but it is even more true to history to say that the evangelist has made an opening

for the doctor. It would be a hopeless thing to plant down a hospital and a doctor amongst a lot of savages who have never been otherwise approached : they need to be in measure evangelised before organised medical work is possible. The doctor, in fact, either must be an evangelist or he must follow the evangelist, and then, for the success of the whole, the evangelist must follow the doctor, reaping where he has sown, the sower and the reaper, at times changing places, always rejoicing together.

The mission hospital will always make a stronger appeal to the people than the hospital supported by the State, just as the voluntary support of our hospitals at home more than doubles their value. Especially in a country under alien government, the medical work of the mission is an actual wall of defence, winning the confidence and approval of the State authorities for the whole mission, when the evangelical side of it might otherwise provoke opposition. Indeed, even where there is a government hospital close at hand, an appeal has been made to the missionary to establish another because of the unwillingness of the people to go to the one, and their readiness to take advantage of the other. The very success of medical missions may be embarrassing.

To encourage this confidence and increase it is the aim of the Medical Committee. It should not only give to the people the utmost help suggested by medical service, but must maintain at each hospital a staff sufficient to ensure the

continuance of the work when furloughs are due or when some member of the staff may be invalided. It is a task of much complexity and frequent disappointment, and the Medical Secretary deserves deep sympathy in his frequent difficulties. There is always the temptation to extend our borders in response to repeated representations of the need, even to establish a new hospital because of some generous gift, when there are barely men and women enough to staff the work in hand. When the line is too thin it is almost certain to break, and few things are sadder than a hospital building standing idle because there is no doctor available. Sometimes, to their praise be it spoken, although it is quite unprofessional, the nurses dare to continue the work in the absence of doctors, and frequently with the best results; but in such cases there is always the possibility of awkward complications.

New avenues of service are constantly opening up to medical missionaries. Child-welfare is now a recognized arm of their work, and pre-natal and post-natal midwifery, specially necessary on all fields, is receiving increased attention and commending itself more and more to the women of the countries. Epidemics, sleeping sickness on the Congo, cholera and plague in the East, and leprosy, which is now largely amenable to treatment if taken in hand sufficiently early, call forth much of their energies, and as a practical evidence of the appreciation of their efforts,

it may be noted that no less a sum than £8,606 was contributed locally last year, one hundred times as much as in the first year of the medical mission.

Friends at home, on various occasions, have embraced the opportunity of establishing hospitals overseas as a memorial of some of their honoured dead, and the Committee have been as ready to associate the names of outstanding missionaries with the hospitals where they have served. Over all is inscribed the Name of Him of whom it is written : " The Son of Man came not to destroy men's lives but to save them."

IV

IT is a singular thing that in India the B.M.S. has only one hospital solely for men, the earliest, and that the gift of a father in memory of a daughter in 1905 for the work of Dr. Vincent Thomas. Four of the hospitals are all for women, one of them side by side with the men's hospital at Palwal, which is the centre of a large country district near Delhi, giving access to many village communities. Another, at Chandraghona, is for men and women.

At Bhiwani, north of Delhi, the largest and most influential hospital, with fifty beds, has recently been rebuilt. It is associated with the name of Dr. Ellen Farrer, whose unwearied labours over a long stretch of years is commemorated with it, and lends it distinction.

The hospital in the native state of Dholpur, south of Delhi, owes its origin to a successful operation upon a suffering Indian woman, by which two lives were saved. The people of the State raised a fund to build a women's hospital as a token of gratitude for Dr. Mary Raw's adventurous help.

These four form a group in the north-west of India.

In Berhampur the beneficent work for women is being maintained in the province of Orissa, not without difficulty, but with admirable results. Also at Bolangir, where a dispensary is provided for outcaste women.

Across the Bay of Bengal, at Chandraghona, with a dispensary at Lungleh among the Lushais, doctors and nurses are commending the Great Physician to the Hill peoples.

These four form another group in mid-east India.

IN China six centres have medical missions. It is of course impossible, in the midst of the present upheaval in the country, to forecast the future of missionary work in the land. It may be hoped that, after a time of trial, past experience may be repeated, and the things that seem adverse may turn out to the furtherance of the Gospel; but whatever happens to churches and schools, it may be expected that the operations of medical missions will still be welcomed.

The B.M.S. has a very important share, as

one of the original founders in the work of the Shantung Christian University at Tsinanfu, being hitherto responsible for no less than eight of its staff on the medical side, in addition to its share in the Theological and Arts departments. Here there is not only an important hospital but a College for the training of Chinese doctors and nurses, who, during the recent emergency, carried on the work in the absence of the European missionaries. This is one of the great inter-denominational and international centres of light in that vast country.

Nearer the coast, at Chowtsun, a busy commercial centre, there is an important hospital, one of the largest sustained by the B.M.S. in the country : and at Tsingchoufu, still nearer the coast, the scene of our earliest mission work in China, the good work established many years ago is still being carried forward with success.

These three are in the province of Shantung.

In the province of Shansi there is but one centre—the martyr city of Tai Yuan Fu. If ever a city was claimed for Christ this is the city. It has two hospitals, one for men and one for women. Twice destroyed by fire, the first time deliberately during the Boxer rising, the second time accidentally, the men's hospital has been twice rebuilt. It was erected in memory of Dr. Harold Schofield, and in 1918 gifted to the B.M.S. by Dr. E. H. Edwards, whose own long service was given to the city, whose doctor son, after a few years

of unstinted labour, died there at his post, and whose doctor daughter was for some years in charge of the women's hospital erected hard by.

Farther inland, far from all amenities, in the province of Shensi, at Sianfu, stands a great hospital around which gathers romantic interest. It bears the names of two heroic pioneers, Dr. Stanley Jenkins and Dr. Cecil Robertson, who both gave their lives in the strenuous and dangerous work they undertook in Christ's name. It has felt the ravages of war, revolution and earthquake, it is difficult to imagine any other sort of trouble that can come to it. It has been built and rebuilt, planned and replanned, and finally, last year, it proved to be the rallying centre of the distressed people during the nine months' siege of the city. The story of the siege is an epic and should be put on record, but this is not the place to tell it, though the whole case for medical missions might be rested on the service rendered to the people during that critical time.

At San Yuan, across the river, there is an auxiliary hospital which has also borne the brunt of war, and has more than once been a place of refuge for the stricken people. The name of Dr. Andrew Young, another medical martyr, will ever be remembered in association with it. Alas, that it has to be recorded that the hospital is now in a dismantled state, having been commandeered by the military in the recent Civil War in Shensi.

THESE pages are being written as the good ship which is bearing me to South Africa is about to cross the Equator, so it is with special sympathy that the paragraphs about medical work on the Congo are penned.

At San Salvador, where the B.M.S. first took root in the Congo country, medical work has been in progress all through the years, and has done much to stabilize the Mission. Experiments in the cure of sleeping sickness were successfully carried out years ago.

Bolobo on the Upper Congo, where Miss de Hailes for many years dispensed medicine to crowds of people, has now a well-equipped hospital, erected as the result of the Missionary Exhibition at Liverpool, and bearing the name of that city.

Away in the very heart of Africa, at Yakusu, is the hospital bearing the name of Stapleton, one of the worthiest names in the history of Congo Missions. All sorts of developments have recently been witnessed here, Government recognition has been given to the work being done on behalf of the people, and young men are being trained in considerable numbers as hospital assistants and are in great request even in Government institutions.

In addition to these three regularized hospitals, dispensary work is in full swing at Wathen, Thysville, Kibentele, Kinshasa, Upoto and Yalamba. Its extent may be gathered by the report that at the station last named there were last year no less than 28,691 attendances.

It is probable that an addition may be

made to the number of hospitals in Congo as the result of a family gift for that purpose, and that it will be built at Upoto ; but before this can be done the Congo medical staff must be reinforced. It must be remembered, too, that the expense of a mission hospital does not cease with its erection.

THIS in brief, much remaining untold, is the story of the quarter of a century. Who shall say that the work is unworthy, who will fail to rejoice in the repeated and sustained testimony to the Lord of all true living, who Himself, when in the flesh, went about doing good and healing all manner of diseases? Who can recall the incessant, patient, condescending service and sacrifice of all these years, many times multiplied, without a throb of admiration? Who can do other than desire a continuance and increase of such deeds, behind which lie unimaginable heroisms? For it must not be forgotten that these doctors and nurses are missionaries. Their healing is preaching : their sympathy the Heart of Jesus going forth to suffering : their ministry the Hand of Jesus stretched out to the dying : their whole history as truly a Sign as any recorded in the Gospels, a Sign of the grace of the Lord Christ, who though He was rich, yet for our sakes became poor, that we through His poverty might be made rich.



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